

## HOW THE FINAL HEALTH CARE REFORM LEGISLATION HELPS INDIVIDUALS WITH ALZHEIMER'S DISEASE

*While the Alzheimer's Association did not endorse any specific health care reform bill, the Association did work to ensure that all bills under consideration contained the strongest provisions as possible to help people with Alzheimer's disease, their families, and their caregivers. Following are the substantial benefits that those with Alzheimer's disease and other dementias – and their caregivers – will receive under the final health care reform bill.*

**CLASS Act:** A new voluntary insurance program will help people who are unable to perform two or more functional activities of daily living pay for nonmedical services and supports – to help them remain within their homes and communities for as long as they can. Individuals pay premiums while they are working and then are eligible for cash benefits if they become functionally impaired. Eligibility for the cash payments specifically includes people who develop substantial cognitive impairment. Benefits can be used to pay for such things as home modifications, assistive technology, accessible transportation, homemaker services, respite care, personal assistance services, and home care aides.

**Medical Research:** A new medical research program – the Cures Acceleration Network – will focus on developing treatments and cures for high-need diseases. Currently, many laboratory discoveries never make it to market; that is, no treatments or medications are ever developed. The Cures Acceleration Network will emphasize funding research that bridges the gap between laboratory discoveries and actual treatments – so that more patients can benefit from discoveries made in the lab. The program is funded at \$500 million a year.

**Care Coordination:** Individuals with Alzheimer's often have one or more other chronic medical conditions. As a result, care coordination – effective communication among medical and community care providers and connecting an Alzheimer patient and his/her family with the services they need – is crucial to providing better medical care and to increasing the opportunity to remain at home. On this front, the final health care bill:

- Establishes an “Innovation Center” at the Centers for Medicare and Medicaid Services (CMS) to test various ways to promote care coordination in the Medicare program, with language specifically encouraging CMS to test care coordination models that include people with cognitive impairment and dementia;
- Creates an “Independence at Home” pilot project to provide high-cost Medicare beneficiaries, including those with Alzheimer's, with coordinated, primary care services in lower-cost settings, rather than more expensive institutional settings;
- Allows groups of health care providers who join together to provide care for Medicare patients to share in any cost-savings they would achieve by being more efficient and cost-effective, provided that these “Accountable Care Organizations” coordinate care for those with multiple chronic conditions; and
- Provides private HMOs that participate in the “Medicare Advantage” program with a bonus payment for undertaking care coordination among seniors enrolled in their plans.

**Transitional Care:** A new Medicare transitional care pilot project will provide services to seniors at a high risk of reentering the hospital. Those with cognitive impairment are specifically included in the pilot project.

**Home- and Community-Based Services:** Federal Medicaid payments will increase for those states that provide home- and community-based services to individuals who are otherwise eligible for nursing home care. This will encourage more states to provide – or to continue to provide – care for seniors with Alzheimer’s in their homes and communities, rather than only through nursing homes.

**Insurance Reforms for Those with Younger-Onset Alzheimer’s:** Individuals with younger-onset Alzheimer’s disease – those under the age of 65 – often have a difficult time getting and keeping private health insurance. The federal government will now provide premium subsidies to low- and moderate-income individuals to help them purchase insurance as well as subsidies to businesses that provide health insurance coverage to retirees aged 55-64. More important, insurance companies will be required to:

- Issue insurance to all individuals who want to purchase it, thus ending pre-existing condition exclusions;
- Renew the policy to any enrolled individual wishing to renew;
- Maintain insurance for individuals who pay their premiums, thus ending the practice of rescinding the insurance coverage of high-cost individuals; and
- Limit the premiums charged to older individuals to no more than three times the amount charged to younger individuals;

Finally, individuals shopping for health insurance on their own will now have a centralized “exchange” at which they can obtain information about the various plans and at which they can purchase an individual insurance policy. This “exchange” is meant to foster competition among health insurers and therefore hold down premium rates.

**Family Caregiver Assistance:** Education and training grants will be provided to Geriatric Education Centers. To receive the federal funding, these Centers must offer at least two free or nominal-cost courses a year to family caregivers, including instruction on managing the psychological and behavioral aspects of dementia.

**Workforce Training:** Skilled nursing facilities and nursing homes will now be required to provide dementia management training for nurse aides. In addition, training and certification programs will be developed for home care aides to ensure they know how best to provide for an individual’s needs, including the needs of those individuals with dementia. Finally, funding will be provided for dental training programs, including programs that teach oral health care for people with cognitive impairment.

**Quality Indicators:** For many diseases, expert panels of doctors and scientists have established quality care indicators – best medical practices for treating and caring for someone with a particular disease. Alzheimer’s disease is *not* one of those conditions. The Department of Health and Human Services will now identify the diseases and conditions for which there are no quality care indicators and will then develop indicators for those conditions.

**Closing the “Donut” Hole:** At a certain point under the Medicare prescription drug program – a point known as the “coverage gap” or “donut hole” – Medicare stops paying part of the costs of a senior’s prescription drugs, requiring seniors to pay the full cost themselves. This gap will be phased out by 2020. And, in 2010, all seniors who reach the coverage gap will receive a \$250 rebate. In addition, all prescription drug cost sharing under Medicare Part D will be eliminated for individuals who are on both Medicare and Medicaid and are receiving home- and community-based services.