

SENATE THIRD READING
SB 48 (Limón)
As Amended August 16, 2021
Majority vote

SUMMARY

Requires an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older to be a Medi-Cal covered benefit if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program. Requires the Department of Health Care Services (DHCS) to provide reimbursement to a Medi-Cal provider who conducts the annual cognitive health assessment, if the provider has completed cognitive health assessment training, as specified and approved by DHCS, and conducts the cognitive health assessment using a validated tool recommended by DHCS in consultation with specified entities.

- 1) Requires an annual cognitive health assessment for Medi-Cal beneficiaries who are 65 years of age or older to be a covered benefit if they are otherwise ineligible for a similar assessment as part of an annual wellness visit under the Medicare Program.
- 2) Requires the payment for the cognitive health assessment to only be available upon appropriation by the Legislature for these purposes.
- 3) Requires DHCS, subject to 3) below, to provide reimbursement to a Medi-Cal provider who renders this service.
- 4) Requires a Medi-Cal provider to only be eligible to receive the payment for the cognitive health assessment if the provider complies with both of the following requirements:
 - a) Completes cognitive health assessment training, as specified and approved by DHCS.
 - b) Conducts the cognitive health assessment using validated tools recommended by DHCS.
- 5) Requires DHCS to shall determine the cognitive health assessment training and validated tools, in consultation with the Department of Public Health's Alzheimer's Disease Program, that program's 10 California Alzheimer's Disease Centers, representatives of primary care physician specialties, including, but not limited to, family medicine, and the Alzheimer's Disease and Related Disorders Advisory Committee of the California Health and Human Services Agency.
- 6) Requires DHCS, with respect to the validated tools, to select multiple tools. Prohibits, in order to improve overall accessibility of these tools and minimize access barriers, at least one of those tools from carrying any restrictions on copyright or trademark.
- 7) Requires an annual cognitive health assessment to identify signs of Alzheimer's disease or dementia, consistent with the standards for detecting cognitive impairment under the federal Centers for Medicare and Medicaid Services and the recommendations by the American Academy of Neurology.

- 8) Requires DHCS, by January 1, 2024, and every two years thereafter, to do both of the following:
 - a) Consolidate and analyze the data on the administration of the cognitive health assessment in the Medi-Cal managed care and fee-for-service delivery systems; and,
 - b) Post information on the utilization of and payment for this benefit on its internet website.
 - 9) Permits DHCS to implement this bill, in whole or in part, by means of all-plan letters, provider bulletins, or similar instructions, without taking any further regulatory action.
 - 10) Implements this bill only to the extent any necessary federal approvals are obtained and federal financial participation is available.
- COMMENTS**

According to the Centers for Disease Control and Prevention, Alzheimer's disease, a type of dementia, is an irreversible, progressive brain disease that affects an estimated 5.7 million Americans. Alzheimer's disease slowly destroys brain function, leading to cognitive decline (e.g., memory loss, language difficulty, poor executive function), behavioral and psychiatric disorders (e.g., depression, delusions, agitation), and declines in functional status (e.g., ability to engage in activities of daily living and self-care). It is the sixth leading cause of death among all adults and the fifth leading cause for those aged 65 or older. The causes of Alzheimer's disease and other dementias are not completely understood, but researchers believe they include a combination of genetic, environmental, and lifestyle factors. In more than 90% of people with Alzheimer's, symptoms do not appear until after age 60. The incidence of the disease increases with age and doubles every five years beyond age 65.

This bill is modeled on the existing Adverse Childhood Experiences (ACEs) program, which provides financial incentives for physicians serving a Medi-Cal population for conducting ACEs screening. For a health care provider to receive these financial incentives, they must complete a two-hour online course which includes information on DHCS' policies and requirements for providers, how to screen for ACEs using PEARLS (Pediatric ACEs and Related Life-Events Screener) and ACEs tools, the science of trauma, and how to implement trauma-informed care. An additional \$29 Medi-Cal payment is provided for ACES screening. This bill is intended to improve screening by providing Medi-Cal providers training, validated assessment tools, and payment incentives for conducting cognitive health assessments in order to achieve the statewide goal of improved Alzheimer's detection and diagnosis. In September 2019, the American Academy of Neurology (AAN) recommended physicians measure how frequently they complete annual assessments of people age 65 and older for thinking and memory problems. The AAN metric for yearly cognitive screening tests is part of an AAN quality measurement set published in *Neurology*, the medical journal of the AAN. By contrast, the United States Preventive Services Task Force (USPSTF) recommendation from February 2020 found, for asymptomatic community-dwelling adults 65 years and older, the evidence to be insufficient to assesses the balance of benefits and harms of screening for cognitive impairment in older adults, indicating more research is needed. The USPSTF recommendation that there is insufficient evidence to recommend for or against screening for cognitive impairment indicated clinicians should remain alert to early signs or symptoms of cognitive impairment (e.g., problems with memory or language) and evaluate as appropriate.

The federal Patient Protection and Affordable Care Act (ACA) added an Annual Wellness Visit (AWV) as a benefit in the Medicare program. The federal Centers for Medicare and Medicaid

Services indicates detecting cognitive impairment is a required element of Medicare's AWW. In addition, if a provider detects cognitive impairment at an AWW or other routine visit, they may perform a more detailed cognitive assessment and develop a care plan during a separate visit. This additional evaluation may be helpful to diagnose a person with dementia, such as Alzheimer's disease, and to identify treatable causes or co-occurring conditions such as depression or anxiety. A November 2020 *Health Affairs* article found that approximately one-half of beneficiaries reported having an annual wellness visit, but only about a quarter of total respondents reported receiving a structured cognitive assessment at an annual wellness visit, even though (under the ACA), detection of cognitive impairment is a required component of the visit.

California's Home and Community-Based Services (HCBS) Spending Plan. The Governor's 2021-22 May Budget Revision released a HCBS spending plan released by the California Health and Human Services Agency that includes recommendations put forward by the Governor's Task Force on Alzheimer's Prevention and Preparedness. The HCBS spending plan allocates \$25 million in enhanced federal funds for two broad components related to dementia care:

- 1) **Dementia Aware:** Develop an annual cognitive health assessment that identifies signs of Alzheimer's disease or other dementias in Medi-Cal beneficiaries. Develop provider training in culturally competent dementia care. Develop a referral protocol on cognitive health and dementia for Medi-Cal beneficiaries, consistent with the standards for detecting cognitive impairment under the federal Medicare Program and the recommendations by the American Academy of Neurology, the California Department of Public Health's Alzheimer's Disease Program, and its ten California Alzheimer's Disease Centers.
- 2) **Geriatric/Dementia Continuing Education,** for all Licensed Health/Primary Care Providers: Make continuing education in geriatrics/dementia available to all licensed health/primary care providers, in partnership with Department of Consumer Affairs and the Office of Statewide Health Planning and Development, by 2024. This education of current providers complements the Administration's geriatric pipeline proposals for future providers; it is needed to close the gap between current health professionals with any geriatric-training and the rapidly growing and diversifying 60-plus population.

According to the Author

This bill creates an innovative program to give Medi-Cal providers training, validated assessment tools, and payment incentives for conducting cognitive health assessments in order to achieve the statewide goal of improved Alzheimer's detection and diagnosis. Less than half of individuals living with Alzheimer's have been given a diagnosis. This leads to a number of challenges related to planning, care, cost of care, and engagement in clinical trials. The author concludes this bill is an important step to ensure individuals receive a timely and accurate diagnosis while giving physicians the tools to effectively assess a patient's chances of having Alzheimer's disease and dementia.

Arguments in Support

This bill is sponsored by the Alzheimer's Association (AA), which writes that this bill would improve the ability of Californians to receive a timely and accurate diagnosis as well as quality care by creating an innovative program that gives Medi-Cal providers training, validated assessment tools, and payment incentives for conducting cognitive health assessments for beneficiaries over age 60. While there is currently cognitive screening reimbursement available

for Medicare patients through the annual wellness visit, the AA states only 20.5% of California Medicare beneficiaries have received this benefit, based on 2018 data. Furthermore, while the majority of Californians over 65 are Medicare beneficiaries, over 180,000 Californians over 65 only have access to Medi-Cal, and not Medicare, resulting in a significant gap in access to cognitive health assessments. The AA writes that California has modeled how such a program could be successful through ACEs.

Arguments in Opposition

There is no known opposition.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, DHCS was unable to provide fiscal information for this bill. While the number of individuals eligible for the new benefit may be less than 200,000, the combination of a new benefit plus requirements related to the screening tool and oversight for provider reimbursement could exceed \$150,000.

VOTES

SENATE FLOOR: 38-0-2

YES: Allen, Archuleta, Atkins, Bates, Becker, Borgeas, Bradford, Caballero, Cortese, Dahle, Dodd, Durazo, Eggman, Glazer, Gonzalez, Grove, Hertzberg, Hueso, Hurtado, Kamlager, Laird, Leyva, Limón, McGuire, Melendez, Min, Newman, Ochoa Bogh, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener, Wilk

ABS, ABST OR NV: Jones, Nielsen

ASM HEALTH: 15-0-0

YES: Wood, Mayes, Aguiar-Curry, Arambula, Bigelow, Calderon, Carrillo, Flora, Maienschein, McCarty, Nazarian, Luz Rivas, Rodriguez, Santiago, Waldron

ASM APPROPRIATIONS: 16-0-0

YES: Lorena Gonzalez, Bigelow, Bryan, Calderon, Carrillo, Chau, Megan Dahle, Davies, Fong, Gabriel, Eduardo Garcia, Levine, Quirk, Robert Rivas, Akilah Weber, Kalra

UPDATED

VERSION: August 16, 2021

CONSULTANT: Scott Bain / HEALTH / (916) 319-2097

FN: 0001233