
UNFINISHED BUSINESS

Bill No: SB 48
Author: Limón (D), et al.
Amended: 8/16/21
Vote: 21

PRIOR VOTES NOT RELEVANT

SENATE HEALTH COMMITTEE: 8-1, 9/8/21 (Pursuant to Senate Rule 29.10)
AYES: Pan, Gonzalez, Hurtado, Leyva, Limón, Roth, Rubio, Wiener
NOES: Melendez
NO VOTE RECORDED: Eggman, Grove

ASSEMBLY FLOOR: 77-0, 9/2/21 - See last page for vote

SUBJECT: Medi-Cal: annual cognitive health assessment

SOURCE: Alzheimer's Association

DIGEST: This bill requires an annual cognitive health assessment be a covered benefit for Medi-Cal beneficiaries who are 65 years of age or older and not otherwise eligible for a similar assessment as part of the Medicare program. This bill also requires the Department of Health Care Services to determine the training and validated tools in order for Medi-Cal providers to render and receive payment for the covered benefit.

Assembly Amendments delete the entire Senate version of this bill and add the current language establishing an annual cognitive health assessment benefit for Medi-Cal beneficiaries, as specified.

ANALYSIS:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), under which low-income individuals are eligible for medical coverage. [WIC §14000, et seq.]

- 2) Requires Home and Community Based Services (HCBS) to be a covered benefit to extent federal financial participation is available and services are approved by the United States Department of Health and Human Services (HHS). Limits covered benefits to the terms, conditions and duration of federal waivers. [WIC §14132]
- 3) Requires adult day health care to be a covered Medi-Cal benefit and authorizes adults who meet Medi-Cal eligibility to receive those benefits if they meet specified criteria, including having a cognitive impairment. [WIC §14520-14590]
- 4) Defines “cognitive impairment” as the loss or deterioration of intellectual capacity characterized by impairments in short- or long-term memory, language, concentration and attention, orientation to people, place, or time, visual-spatial abilities or executive functions, including, but not limited to, mild cognitive impairment, Alzheimer’s disease or other form of dementia, or brain injury. [WIC §14522.4]
- 5) Establishes the California Department of Public Health (CDPH) in the California Health and Human Services Agency (CHHSA). [GOV §12803]
- 6) Encourages the establishment of California Alzheimer’s Disease Centers (CADCs) within CDPH, which are geographically dispersed diagnostic and treatment centers for Alzheimer’s disease within every postsecondary higher educational institution with a medical center, to encourage research to discover the cause of, and a cure for, Alzheimer’s disease. [HSC §125275]
- 7) Requires the functions of the CADCs to be designed to serve all of the following purposes:
 - a) To provide diagnostic and treatment services and improve the quality of care to victims of Alzheimer’s disease;
 - b) To increase research by faculty and students in discovering the cause of, and a cure for, Alzheimer’s disease;
 - c) To provide training, monitoring, consultation, and continuing education to the families of those who are affected by Alzheimer’s disease;
 - d) To increase the training of health care professionals with respect to Alzheimer’s disease and other acquired brain impairments to the extent that the centers have the requisite expertise; and,
 - e) Authorizes the CADCs to collaborate with the Caregiver Resource Centers for Cognitively Impaired Adults, as specified. [HSC §125275]

- 8) Requires CHHSA to establish an Alzheimer's Disease and Related Disorders Advisory Committee consisting of 14 members, as specified, and requires the committee to regularly review and update the recommendations of the California Alzheimer's Disease Task Force Report. [HSC §1568.17]

This bill:

- 1) Requires an annual cognitive health assessment be a covered benefit for Medi-Cal beneficiaries who are 65 years of age or older and not otherwise eligible for a similar assessment as part of the Medicare program.
- 2) Requires an annual cognitive health assessment to identify signs of Alzheimer's disease or dementia, consistent with standards for detecting cognitive impairment under the federal Centers for Medicare and Medicaid Services (CMS) and the recommendations by the American Academy of Neurology.
- 3) Requires DHCS to reimburse a Medi-Cal provider who renders the annual cognitive health assessment. Requires reimbursement to be available for the cognitive health assessment only upon appropriation by the Legislature.
- 4) Requires a Medi-Cal provider to be eligible to receive payment if the provider meets both of the following conditions:
 - a) Completes a cognitive health assessment training specified and approved by DHCS; and,
 - b) Conducts the cognitive health assessment using validated tools recommended by DHCS.
- 5) Requires DHCS to determine the cognitive health assessment training and validated tools required by this bill, in consultation with CDPH, CADCs, the Alzheimer's Disease and Related Disorders Advisory Committee, and representatives of primary care physician specialties.
- 6) Requires DHCS to select multiple validated tools to meet the requirements of this bill and to include at least one tool that does not carry any copyright or trademark restrictions.
- 7) Requires DHCS to do both of the following, beginning January 1, 2024 and every two years thereafter:
 - a) Consolidate and analyze data on the administration of the cognitive health assessment in the Medi-Cal managed care and fee-for-service delivery systems; and,
 - b) Post utilization and payment information for the benefit required by this bill on its website.

- 8) Authorizes DHCS to implement this bill by means of all-plan letter, provider bulletins, or similar instructions without taking any further regulatory action.
- 9) Implements this bill only to the extent any necessary federal approvals are obtained and federal financial participation is available.

Comments

- 1) *Author's statement.* 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.
- 2) *Alzheimer's disease.* According to CDPH, Alzheimer's disease is a type of dementia that causes problems with memory, thinking, and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. Dementia is a general term for memory loss and other cognitive problems that are serious enough to interfere with daily life. Alzheimer's disease accounts for 60% to 80% of dementia cases. Treatments for Alzheimer's can temporarily slow the worsening of dementia symptoms, and improve quality of life for those with Alzheimer's and their caregivers. However, there is no cure for Alzheimer's and treatments cannot stop the disease from progressing. According to the Centers for Disease Control and Prevention (CDC), Alzheimer's disease is the sixth leading cause of death among adults in the United States and the fifth leading cause of death among adults aged 65 or older. In California, Alzheimer's is the fourth leading cause of death. In 2020, an estimated 5.8 million Americans aged 65 and older had Alzheimer's disease, including 690,000 Californians.
- 3) *Master Plan on Aging.* In June 2019, Governor Newsom issued Executive Order N-14-19, calling for the development of a Master Plan for Aging in order to serve as a blueprint for state government, local government, private sector and philanthropy to better serve the needs of older Californians. The Master Plan on Aging was released on January 6, 2021. It outlines five goals for the state to meet by 2030 and includes recommendations by the Governor's Task Force on Alzheimer's Prevention and Preparedness. Recommendations outlined by the Master Plan on Aging related to dementia include promoting the screening, diagnosis, and care planning for Alzheimer's and related dementias; direct caregiver training opportunities; and, consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care.

- 4) *HCBS Spending Plan*. On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) of 2021 (H.R. 1319), which provides states with temporary enhanced federal funding for HCBS programs. The 2021-22 Budget includes \$3 billion in HCBS funding through ARPA. DHCS released an HCBS spending plan for claiming the enhanced federal funding that includes recommendations put forward by the Governor's Task Force on Alzheimer's Prevention and Preparedness and the Master Plan on Aging. The HCBS spending plan includes \$25 million in enhanced federal funds for dementia care, including:
- a) *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, CDPH's Alzheimer's Disease Program, and its ten CADCs.
 - b) *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 Department of Health Care Access and Information (previously known as 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 DHCS, the HCBS spending plan was submitted to the CMS on July 12, 2021, and is currently pending CMS review and approval.

- 5) *Medi-Cal beneficiaries*. According to DHCS, as of July 2021, there are approximately 1.3 million Medi-Cal beneficiaries who are age 65 or older. Of those beneficiaries, over 1.1 million are eligible for both Medi-Cal and Medicare and 181,584 are eligible for Medi-Cal only.

Related/Prior Legislation

AB 388 (Limon, 2019) would have required the CDPH to implement action items in the Healthy Brain Initiative and coordinate a statewide public awareness campaign on the signs and symptoms of Alzheimer's disease and other dementias

and to reach consumers at risk of cognitive impairment. AB 388 also would have required CDPH, upon appropriation of funding, to establish pilot programs in up to eight counties, consistent with the Healthy Brain Initiative, and to conduct an evaluation of the pilot programs. *AB 388 was held on the Senate Appropriations Suspense file.*

SB 440 (Pan, 2019) would have required CHSSA to convene a task force to study and assess the need for a cognitive impairment safety net for adults with cognitive impairment, and would have required the task force to present its findings in a report with recommendations to the Legislature and the Governor by January 1, 2021. *SB 440 was held on the Senate Appropriations Suspense file.*

AB 1955 (Limon, 2018) would have required the Department of Aging to develop and implement a campaign to raise public awareness of the warning signs of Alzheimer's disease and dementia in order to promote early detection and accurate diagnosis. *AB 1955 was held in the Assembly Appropriations Committee suspense file.*

SB 613 (Allen, Chapter 577, Statutes of 2015) required CDPH to convene a workgroup to update the Guidelines for Alzheimer's Disease Management in California to address changes in the health care system, including changes in the Affordable Care Act, Medicaid, and Medicare.

SB 491 (Alquist, Chapter 339, Statutes of 2008) expanded the membership of the Alzheimer's Disease and Related Disorders Advisory Committee from 12 to 14 and required an update to the California Alzheimer's Disease Task Force Report.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

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.

SUPPORT: (Verified 9/8/21)

Alzheimer's Association (source)
AARP
Biogen
California Academy of Family Physicians
California Alliance for Retired Americans
California Assisted Living Association

California Commission on Aging
California Life Sciences
California Long-term Care Ombudsman Association
California PACE Association
California Senior Legislature
California State Association of Psychiatrists
Justice in Aging
LeadingAge California
Retired Public Employees Association

OPPOSITION: (Verified 9/8/21)

None received

ARGUMENTS IN SUPPORT: This bill is sponsored by the Alzheimer's Association, which writes that one of the largest issues facing those impacted by Alzheimer's is receiving a timely diagnosis. They state that without diagnosis an individual cannot access clinical trials, care planning resources, and other crucial information for themselves and their family members. They note that while there is currently cognitive screening reimbursement available for Medicare patients, through the annual wellness visit, 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. They argue that the state has modeled how such a program could be successful through Adverse Childhood Experiences (ACEs). The program provides financial incentives for physicians serving a Medi-Cal population to conduct ACEs screenings. They conclude that this bill would use the same model for Alzheimer's and dementia.

ASSEMBLY FLOOR: 77-0, 9/2/21

AYES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Berman, Bigelow, Bloom, Boerner Horvath, Bryan, Burke, Calderon, Carrillo, Cervantes, Chau, Chen, Chiu, Choi, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Fong, Frazier, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Lorena Gonzalez, Gray, Grayson, Holden, Irwin, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mathis, Mayes, McCarty, Medina, Mullin, Muratsuchi, Nazarian, O'Donnell, Patterson, Petrie-Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Salas, Santiago, Seyarto, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wood

NO VOTE RECORDED: Nguyen, Rendon

Prepared by: Kimberly Chen / HEALTH / (916) 651-4111
9/8/21 19:55:27

**** **END** ****