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ALZHEIMER'S SPECIAL CARE UNITS

House Bill 5760 (Substitute H-1)
Sponsor: Rep. Gary Woronchak

House Bill 5761 (Substitute H-1)
Sponsor: Rep. Jerry Vander Roest

Committee: Senior Health, Security and
Retirement
First Analysis (5-18-00)

THE APPARENT PROBLEM:

According to the Alzheimer's Association, Alzheimer's disease is the most common cause of dementia in older people. The disease begins slowly, and at first the only symptom may be mild forgetfulness. People with Alzheimer's disease may have trouble remembering recent events, activities, or the names of familiar people or things. As the disease progresses, symptoms are more easily noticed and become serious enough to cause people with the disease or their family members to seek medical help. People with Alzheimer's disease may forget how to do simple tasks, they can no longer think clearly, and they begin to have problems speaking, understanding, reading, or writing. Later on, they may become anxious or aggressive, or wander away from home. Eventually, patients may need total care.

An estimated one half of nursing home residents have Alzheimer's disease or a related dementia. To meet the growing needs of this population, many nursing homes and residential care facilities have begun developing and marketing Alzheimer special care units and programs. But, the Alzheimer's Association points out that not all of the homes that market special care offer the same services or an equally high level of care. Often, the term "special care unit" has been used as a marketing tool, where the only thing that distinguished them as being special was that the unit was locked. Testimony presented to the House Committee on Senior Health, Security and Retirement documented cases of families placing their loved ones in special "memory care facilities" that promised to allow patients to "age in place", i.e., that the facilities could handle all of the patients' special care needs until the end of life. These families testified that these promises proved false, and that the special care promised was not adequate, was extremely expensive, that staff had no particular special training to care for Alzheimer's

patients, and that generally there appeared to be no "truth in advertising" of these facilities.

The Alzheimer's Association advocates that states pass special care unit disclosure laws to protect individuals with Alzheimer's disease and their families. To date, 22 states have passed such laws. Legislation has been proposed to enact such a law in Michigan.

THE CONTENT OF THE BILLS:

The bills would require facilities that advertise that they provide inpatient or residential care or services, or both, to persons diagnosed as having Alzheimer's disease or related conditions to provide certain information to prospective patients or their caretakers.

A facility would have to provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided to those diagnosed as having Alzheimer's disease or a related condition. The written description would have to include all of the following:

- the overall philosophy and mission reflecting the needs of residents diagnosed with Alzheimer's disease or a related condition;
- the process and criteria for placement in or transfer or discharge from a program for these residents;
- the process used for assessment and establishment of a plan of care and its implementation;
- staff training and continuing education practices;
- the physical environment and design features appropriate to support the function of residents with Alzheimer's disease or a related condition;

- the frequency and types of activities for these residents; and
- identification of supplemental fees for services provided to these residents.

House Bill 5760 would amend the Public Health Code (MCL 333.20178) and would apply to nursing homes, homes for the aged, and county medical care facilities. House Bill 5761 would amend the Adult Foster Care Facility Licensing Act (MCL 400.726b) and would apply to adult foster care large group homes.

FISCAL IMPLICATIONS:

Fiscal information is not available.

ARGUMENTS:

For:

Appropriate care for persons with Alzheimer’s disease is different than the care required for other frail adults who need skilled nursing care. Care for Alzheimer’s patients should focus on the psychosocial needs of the individual and provide specific therapeutic activities designed to maximize the individual’s remaining cognitive and physical abilities, and to manage difficult behaviors that are often symptoms of the disease. Inappropriate care for these patients may result in excess disability and severely reduced quality of life. Residential care facilities that offer “special care” for Alzheimer’s patients are a growing part of the nursing home/adult foster care market. But at present, there are no regulations governing claims of special care. A 1993 study by the Alzheimer’s Association found that in many instances there was nothing “special” about these units. The study found that many of these facilities did not advise family members of alternatives to nursing home placement, did not discuss how physicians and other staff were selected and trained, did not make efforts to adapt the physical environment to the patients’ needs, or did not have special furnishings designed to meet the special needs of residents with Alzheimer’s disease. Special care unit disclosure legislation, such as House Bills 5760 and 5761, simply requires that residential facilities that choose to market themselves as providing special care clearly spell out for consumers what care is offered, what fees are assessed, and other basic facts needed to select quality care.

Response:

The Department of Consumer and Industry Services suggests amending House Bill 5761 so that it would

apply to all adult foster care facilities (regardless of size) and congregate care facilities.

Against:

Representatives of provider groups assert that self regulation and market forces are the best way to assure quality services in long term care facilities. Associations of long term care providers have developed model contracts for facilities to use, and support voluntary efforts to provide public education and disclosure to prospective long term care residents and their families.

POSITIONS:

A representative of the Alzheimer’s Association testified in support of the bills. (5-10-00)

The Department of Consumer and Industry Services supports the bills. (5-17-00)

The Health Care Association of Michigan opposes the bills. (5-17-00)

A representative of the Michigan Center for Assisted Living testified in opposition to the bills. (5-17-00)

Analyst: D. Martens

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.