AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES

SUMMARY: This act modifies continuing education requirements for physicians and advanced practice registered nurses (APRNs). Prior law allowed physicians, and required APRNs, to complete at least two contact hours of training or education during the first license renewal period in which continuing education is required, and at least once every six years thereafter, on mental health conditions common to veterans and their family members.

Starting January 1, 2020, the act retains this continuing education requirement for APRNs but allows physicians to instead complete at least two contact hours of training or education in the following:

1. diagnosing and treating cognitive conditions, including Alzheimer’s disease, dementia, delirium, related cognitive impairments, and geriatric depression, or
2. diagnosing and treating any mental health conditions, instead of only those common to veterans and their family members.

It also allows, but does not require, APRNs to complete on the same schedule at least two contact hours of training or education on diagnosing and treating cognitive and mental conditions, including those listed above. By law, physicians and APRNs generally must complete 50 contact hours of continuing education every two years, starting with their second license renewal.

Additionally, the act requires the executive director of the Commission on Women, Children, and Seniors (CWCS) to establish a nine-member working group on Alzheimer’s disease and dementia. The working group must report its findings and recommendations to the Aging Committee by January 30, 2020, and terminates on the date it submits its report, or December 1, 2020, whichever is later. (PA 19-117, §§ 105-143 & 398, merges CWCS and the Commission on Equity and Opportunity into a new entity, the Commission on Women, Children, Seniors, Equity and Opportunity.)

EFFECTIVE DATE: January 1, 2020, except the working group provisions are effective upon passage.

WORKING GROUP ON ALZHEIMER’S DISEASE AND DEMENTIA

Duties

The act requires the working group to (1) review the recommendations of the Task Force on Alzheimer’s Disease and Dementia established by SA 13-11, (2) determine gaps in implementing these recommendations, and (3) make
recommendations on best practices for Alzheimer’s disease and dementia care.

SA 13-11 created the 23-member task force to analyze and make recommendations on Alzheimer’s disease and dementia, including (1) service provision, (2) legislative policy changes, (3) state and private agency coordination, and (4) placement of individuals with these conditions in health care facilities and community settings. The task force reported its findings and recommendations to the legislature in 2014.

Membership

Under the act, the working group consists of the following members:
1. the CWCS executive director, Department of Rehabilitative Services (DORS) commissioner (PA 19-157 renames DORS as the “Department on Aging and Disability Services”), and long-term care ombudsman, or their designees;
2. the executive directors of the Connecticut chapter of the Alzheimer’s Association and the Connecticut chapter of the American Association of Retired Persons, or their designees; and
3. four members appointed by the CWCS executive director:
   (a) one family representative each of a person with Alzheimer’s disease and a person with dementia,
   (b) one person diagnosed with Alzheimer’s disease or dementia, and
   (c) one health care professional with expertise in diagnosing and treating Alzheimer’s disease and dementia.

The act requires the CWCS executive director or his designee to serve as the working group’s chairperson. The executive director must make appointments and convene the group by July 31, 2019, and fill any vacancy. The commission’s administrative staff must serve as the working group’s administrative staff.