

Improving Dementia Care Treatment for Older Adults Act of 2012
Introduced by Sens. Herb Kohl, Charles Grassley and Richard Blumenthal

Section 1: Short Title

The Act is cited as the “Improving Dementia Care Treatment for Older Adults Act of 2012.”

Section 2: Findings

Section 3: Prescriber Education Programs

This section establishes provider education programs to promote high-quality, evidence-based treatment by providing objective informational materials to physicians and other providers. The Centers for Medicare and Medicaid Services (CMS) will establish this program in consultation with the Food and Drug Administration (FDA) and the Agency for Healthcare Research and Quality (AHRQ). The education programs are funded by a portion of the settlements, penalties and damages recovered in cases related to off-label marketing of prescription drugs.

Section 4: Review and Reporting of Antipsychotics Prescribed to Residents with Dementia

Current law requires consultant pharmacists to conduct a monthly drug regimen review of medications administered to nursing home residents. Using that existing process, this section directs consultant pharmacists to prepare a summary of instances where antipsychotics are administered to residents with dementia for uses not approved by FDA. The summary is submitted to the facility’s Administrator, Medical Director and Director, and to the Secretary of Health and Human Services (HHS).

Section 5: Requirement to Obtain Informed Consent Prior to Prescribing Antipsychotics

This section directs the Secretary of HHS to develop standardized informed consent protocols that can be used prior to prescribing an antipsychotic to a resident diagnosed with dementia. Following completion of a GAO analysis on state informed consent laws, and consultation with expert stakeholders, the Secretary would make the protocols available for use by nursing homes. Compliance is required no later than 18 months following enactment.

The informed consent protocols would provide clear information about possible side effects and risks associated with antipsychotics, as well as any alternative treatment modalities, including non-pharmacologic interventions, and would be consistent with resident plans of care. An alternative informed consent protocol would be developed for emergencies and for those residents who lacked a designated health care agent or

other surrogate under state law or regulation. If a resident is already prescribed an antipsychotic on admission and the medication is continued, nursing homes are directed to obtain informed consent after the first drug regimen review is conducted.

This section also requires the Secretary to develop a risk-adjusted measure of utilization of antipsychotics to be included on the agency's Nursing Home Compare website as part of either quality or health inspection measures used in the "Five Star Quality Rating System."

Section 6: GAO Study and Report on Standardized Protocol for Obtaining Informed Consent.

This section requires the Government Accountability Office (GAO) to study the impact of the Secretary's standardized informed consent protocols two years after implementation. GAO is instructed to look at differences in antipsychotic utilization, whether patients were now being treated in different care settings, changes in treatment modalities, and trends of antipsychotic prescribing in care settings other than nursing homes, including hospitals and assisted living communities.

Section 7: IOM Study on Antipsychotics Across Care Settings.

This section instructs the Secretary of HHS to enter into an agreement with the Institutes of Medicine (IOM) to conduct a study of the appropriate prescribing of antipsychotics for hospital inpatients, and whether documentation of antipsychotic use in patients with dementia is provided during transitions of care from hospitals to other care settings. The IOM is directed to report findings to Congress and the Secretary.