A bill for an act

relating to health; requiring collection and reporting of certain data related to Alzheimer's disease; establishing a learning collaborative; proposing coding for new law in Minnesota Statutes, chapter 62U.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **[62U.15] ALZHEIMER'S DISEASE; PREVALENCE AND SCREENING MEASURES.**

Subdivision 1. **Data from providers.** (a) Beginning July 1, 2012, and annually thereafter, the commissioner shall collect the following measurements for Minnesotans 65 years of age and older from physician clinics:

(1) rates and results of cognitive screening;

(2) rates of Alzheimer's and other dementia diagnoses; and

(3) general information about prescribed care and treatment plans.

(b) The commissioner may contract with a private entity to complete the requirements in this subdivision. If the commissioner contracts with a private entity already under contract through section 62U.02, then the commissioner may use a sole source contract and is exempt from competitive procurement processes.

Subd. 2. **Learning collaborative.** By July 1, 2012, the commissioner shall develop a health care home learning collaborative curriculum that includes screening and education on best practices regarding identification and management of Alzheimer's and other dementia patients under section 256B.0751, subdivision 5, for providers, clinics, care coordinators, clinic administrators, patient partners and families, and community resources including public health.

Subd. 3. **Comparison data.** The commissioner, with the commissioner of human services, the Minnesota Board on Aging, and other appropriate state offices, shall jointly review existing and forthcoming literature in order to estimate differences in the outcomes and costs of current practices for caring for those with Alzheimer's disease and other dementias, compared to the outcomes and costs resulting from:

(1) earlier identification of Alzheimer's and other dementias;

(2) improved support of family caregivers; and

(3) improved collaboration between medical care management and community-based supports.

Subd. 4. **Reporting.** (a) By January 15, 2013, the commissioner must report to the legislature on progress in data collection and analysis required under this section.

(b) Beginning January 15, 2013, the commissioner must annually report on the analysis and findings required under this section to the public via the department's Web site and to the legislature.