

As Introduced

**132nd General Assembly
Regular Session
2017-2018**

S. B. No. 348

Senator Wilson

A BILL

To establish the Alzheimer's Disease and Related
Dementias Task Force.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. (A) There is hereby established within the
Department of Health the Alzheimer's Disease and Related
Dementias Task Force, consisting of all of the following
members:

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(1) One individual who has been diagnosed with Alzheimer's
disease or related dementia;

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(2) One individual who is the caregiver of an individual
diagnosed with Alzheimer's disease or related dementia;

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(3) One individual who represents nursing homes;

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(4) One individual who represents residential care
facilities;

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(5) One individual who represents providers of adult day
habilitation services;

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(6) One individual who represents providers of medical
care;

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(7) One physician who has experience diagnosing, treating,	18
and researching Alzheimer's disease;	19
(8) One psychologist who specializes in dementia care;	20
(9) One individual who conducts research regarding	21
Alzheimer's disease or related dementias;	22
(10) Two individuals, each of whom represents an	23
organization that advocates on behalf of individuals diagnosed	24
with Alzheimer's disease or dementia;	25
(11) Two individuals, each of whom shall have experience	26
in Alzheimer's-related care, treatment, research, education, or	27
advocacy;	28
(12) The Director of Health or the Director's designee;	29
(13) The State Long-Term Care Ombudsman or the Ombudsman's	30
designee;	31
(14) The Medicaid Director or the Director's designee;	32
(15) The Executive Director of the Governor's Office of	33
Health Transformation or the Executive Director's designee;	34
(16) Two members of the Ohio Senate, one from the majority	35
caucus and one from the minority caucus;	36
(17) Two members of the Ohio House of Representatives, one	37
from the majority caucus and one from the minority caucus.	38
The Governor shall appoint the members described in	39
divisions (A) (1) to (11) of this section. Of the members	40
described in division (A) (10) of this section, the Governor	41
shall appoint at least one individual selected by the	42
Alzheimer's Association. The Senate President shall appoint the	43
members described in division (A) (16) of this section and the	44

Speaker of the House of Representatives shall appoint the 45
members described in division (A) (17) of this section. 46
Appointments shall be made not later than ninety days after the 47
effective date of this section. Vacancies shall be filled in the 48
same manner as original appointments. 49

Members shall serve without compensation, except to the 50
extent that serving on the Task Force is considered part of the 51
member's regular duties of employment, but shall be reimbursed 52
for actual and necessary expenses incurred in the performance of 53
official duties. 54

(B) The Alzheimer's Disease and Related Dementias Task 55
Force shall examine the needs of individuals diagnosed with 56
Alzheimer's disease or related dementias, the services available 57
in this state for those individuals, and the ability of health 58
care providers and facilities to meet the individuals' current 59
and future needs. The Task Force shall consider and make 60
findings and recommendations on all of the following topics: 61

(1) Trends in the state's Alzheimer's disease and related 62
dementias populations and service needs, including: 63

(a) The state's role in providing or facilitating long- 64
term care, family caregiver support, and assistance to those 65
with early-stage or early-onset Alzheimer's disease or related 66
dementias; 67

(b) The state's policies regarding individuals with 68
Alzheimer's disease or related dementias; 69

(c) The fiscal impact of Alzheimer's disease and related 70
dementias on publicly funded health care programs; 71

(d) The establishment of a surveillance system to better 72
determine the number of individuals diagnosed with Alzheimer's 73

disease or related dementias and to monitor changes to such numbers.	74 75
(2) Existing resources, services, and capacity relating to the care of individuals diagnosed with Alzheimer's disease or related dementias, including:	76 77 78
(a) The type, cost, and availability of dementia care services;	79 80
(b) Dementia-specific training requirements for employees of long-term care facilities;	81 82
(c) Quality care measures for residential care facilities;	83
(d) Home and community-based services, including respite care, for individuals diagnosed with Alzheimer's disease or related dementias and their families;	84 85 86
(e) Number and availability of long-term care dementia units or providers;	87 88
(f) The adequacy and appropriateness of geriatric psychiatric units for individuals with behavioral disorders associated with Alzheimer's disease and related dementias;	89 90 91
(g) Assisted living options for individuals diagnosed with Alzheimer's disease or related dementias;	92 93
(h) State-supported Alzheimer's and related dementias research conducted at universities located in this state.	94 95
(3) Policies and strategies that address the following:	96
(a) Increasing public awareness of Alzheimer's disease and related dementias;	97 98
(b) Encouraging improved detection and diagnosis of Alzheimer's disease and dementia;	99 100

(c) Improving the health care received by individuals	101
diagnosed with Alzheimer's disease or related dementias;	102
(d) Improving the quality of the health care system in	103
serving individuals diagnosed with Alzheimer's disease and	104
related dementias;	105
(e) Evaluating the capacity of the health care system in	106
meeting the growing number and needs of those with <u>Alzheimer's</u>	107
disease and related dementias;	108
(f) Equipping health care professionals and others to	109
better care for individuals with Alzheimer's disease or related	110
dementias;	111
(g) Increasing the number of health care professionals	112
necessary to treat the growing aging and Alzheimer's disease and	113
dementia populations;	114
(h) Improving services provided in the home and community	115
to delay and decrease the need for institutionalized care for	116
individuals with Alzheimer's disease or related dementias;	117
(i) Improving long-term care, including assisted living,	118
for those with Alzheimer's disease or related dementias;	119
(j) Assisting unpaid Alzheimer's disease or dementia	120
caregivers;	121
(k) Increasing and improving research on Alzheimer's	122
disease and related dementias;	123
(l) Promoting activities to maintain and improve brain	124
health;	125
(m) Improving the collection of data and information	126
related to Alzheimer's disease and dementia and their public	127

health burdens; 128

(n) Improving public safety and addressing the safety- 129
related needs of those with Alzheimer's disease or related 130
dementias; 131

(o) Addressing legal protections for, and legal issues 132
faced by, individuals with Alzheimer's disease or related 133
dementias; 134

(p) Improving the ways in which the government evaluates 135
and adopts policies to assist individuals diagnosed with 136
Alzheimer's disease or related dementias and their families. 137

(C) The Director of Health or Director's designee shall 138
serve as the Task Force's chairperson. The Task Force shall hold 139
its first meeting not later than 30 days after the appointment 140
of its members. Thereafter, the Task Force shall meet at the 141
call of the chairperson. 142

A majority of the members constitutes a quorum for the 143
conduct of meetings. As applicable, the Task Force shall comply 144
with the public records and open meetings requirements described 145
in sections 121.22 and 149.43 of the Revised Code. The 146
Department of Health shall provide meeting space and staff and 147
administrative support for the Task Force. 148

(D) Not later than eighteen months after the effective 149
date of this section, the Task Force shall submit to the 150
Governor and General Assembly a report detailing its findings 151
and recommendations. The report shall be submitted to the 152
General Assembly in accordance with section 101.68 of the 153
Revised Code. On submission of its report, the Task Force shall 154
cease to exist. 155

(E) The Department of Health may use funding from private 156

sources to assist the Department and Task Force in the	157
completion of the duties described in this section.	158