

As Reported by the House Aging and Long-Term Care Committee

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Am. S. B. No. 24

Senators Wilson, Yuko

Cosponsors: Senators Eklund, Kunze, Hackett, Terhar, Antonio, Fedor, Thomas, Williams, Brenner, Burke, Coley, Craig, Dolan, Gavarone, Hoagland, Hottinger, Huffman, M., Huffman, S., Lehner, Maharath, Manning, McColley, Obhof, O'Brien, Roegner, Rulli, Sykes, Uecker Representatives Arndt, Howse, Clites, Green, Liston, Roemer, Russo, Scherer

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 Aging 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 or a family member of such an
individual;

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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;	15 16
(6) One individual who represents providers of medical care;	17 18
(7) One physician who has experience diagnosing, treating, and researching Alzheimer's disease;	19 20
(8) One psychologist who specializes in dementia care;	21
(9) One individual who conducts research regarding Alzheimer's disease or related dementias;	22 23
(10) Two individuals, each of whom represents an organization that advocates on behalf of individuals diagnosed with Alzheimer's disease or related dementias;	24 25 26
(11) Two individuals, each of whom has experience in Alzheimer's-related care, treatment, research, education, or advocacy;	27 28 29
(12) One individual who represents LeadingAge Ohio;	30
(13) One individual who represents the Ohio Health Care Association;	31 32
(14) One individual who represents the Ohio Assisted Living Association;	33 34
(15) One individual who represents the Ohio Council for Home Care and Hospice;	35 36
(16) One individual who represents the Association of Area Agencies on Aging;	37 38
(17) One individual who represents the Ohio Commission on Minority Health;	39 40

(18) The Director of Health or the Director's designee;	41
(19) The Director of Aging or the Director's designee;	42
(20) The Medicaid Director or the Director's designee;	43
(21) The Director of Veterans Services or the Director's designee;	44 45
(22) The State Long-term Care Ombudsman or the Ombudsman's designee;	46 47
(23) Two members of the Ohio Senate, one from the majority caucus and one from the minority caucus;	48 49
(24) Two members of the Ohio House of Representatives, one from the majority caucus and one from the minority caucus.	50 51
(B) The Governor shall appoint the members described in divisions (A) (1) to (17) of this section. Of the members described in division (A) (10) of this section, the Governor shall appoint at least one individual selected by the Alzheimer's Association. The Senate President shall appoint the members described in division (A) (23) of this section and the Speaker of the House of Representatives shall appoint the members described in division (A) (24) of this section. Appointments shall be made not later than ninety days after the effective date of this act. Vacancies shall be filled in the same manner as original appointments.	52 53 54 55 56 57 58 59 60 61 62
(C) Members shall serve without compensation, except to the extent that serving on the Task Force is considered part of the member's regular duties of employment, but shall be reimbursed for actual and necessary expenses incurred in the performance of official duties.	63 64 65 66 67
(D) The Director of Aging or Director's designee shall	68

serve as the Task Force's chairperson. The Director of Health or 69
the Director's designee shall serve as the Task Force's vice 70
chairperson. The Task Force shall hold its first meeting not 71
later than 30 days after the appointment of its members. 72
Thereafter, the Task Force shall meet at the call of the 73
chairperson. 74

(E) A majority of the members constitutes a quorum for the 75
conduct of meetings. The Task Force shall comply with public 76
records and open meetings requirements as described in sections 77
121.22 and 149.43 of the Revised Code and may give public notice 78
one week before all meetings. 79

Section 2. The Alzheimer's Disease and Related Dementias 80
Task Force shall examine the needs of individuals diagnosed with 81
Alzheimer's disease or related dementias, the services available 82
in this state for those individuals, and the ability of health 83
care providers and facilities to meet the individuals' current 84
and future needs. The Task Force shall consider and make 85
findings and recommendations on all of the following topics: 86

(A) Trends in the state's Alzheimer's disease and related 87
dementias populations and service needs, including: 88

(1) The state's role in providing or facilitating long- 89
term care, family caregiver support, and assistance to those 90
with early-stage or early-onset Alzheimer's disease or related 91
dementias; 92

(2) The state's policies regarding individuals with 93
Alzheimer's disease or related dementias; 94

(3) The fiscal impact of Alzheimer's disease and related 95
dementias on publicly funded health care programs; 96

(4) The establishment of a surveillance system to better 97

determine the number of individuals diagnosed with Alzheimer's	98
disease or related dementias and to monitor changes to such	99
numbers.	100
(B) Existing resources, services, and capacity relating to	101
the care of individuals diagnosed with Alzheimer's disease or	102
related dementias, including:	103
(1) The type, cost, and availability of dementia care	104
services;	105
(2) Dementia-specific training requirements for employees	106
of long-term care facilities;	107
(3) Quality care measures for residential care facilities;	108
(4) Home and community-based services, including respite	109
care, for individuals diagnosed with Alzheimer's disease or	110
related dementias and their families;	111
(5) Number and availability of long-term care dementia	112
units or providers;	113
(6) The adequacy and appropriateness of geriatric	114
psychiatric units for individuals with behavioral disorders	115
associated with Alzheimer's disease and related dementias;	116
(7) Assisted living options for individuals diagnosed with	117
Alzheimer's disease or related dementias;	118
(8) State-supported Alzheimer's and related dementias	119
research conducted at universities located in this state.	120
(C) Policies and strategies that address the following:	121
(1) Increasing public awareness of Alzheimer's disease and	122
related dementias;	123
(2) Encouraging improved detection and diagnosis of	124

Alzheimer's disease and related dementias;	125
(3) Improving the health care received by individuals	126
diagnosed with Alzheimer's disease or related dementias;	127
(4) Improving the quality of the health care system in	128
serving individuals diagnosed with Alzheimer's disease or	129
related dementias;	130
(5) Evaluating the capacity of the health care system in	131
meeting the growing number and needs of those with Alzheimer's	132
disease and related dementias;	133
(6) Equipping health care professionals and others to	134
better care for individuals with Alzheimer's disease or related	135
dementias;	136
(7) Increasing the number of health care professionals	137
necessary to treat the growing aging and Alzheimer's disease and	138
dementia populations;	139
(8) Improving services provided in the home and community	140
to delay and decrease the need for institutionalized care for	141
individuals with Alzheimer's disease or related dementias;	142
(9) Improving long-term care, including assisted living,	143
for those with Alzheimer's disease or related dementias;	144
(10) Assisting unpaid Alzheimer's disease or dementia	145
caregivers;	146
(11) Increasing and improving research on Alzheimer's	147
disease and related dementias;	148
(12) Promoting activities to maintain and improve brain	149
health;	150
(13) Improving the collection of data and information	151

related to Alzheimer's disease and related dementias and their	152
public health burdens;	153
(14) Improving public safety and addressing the safety-	154
related needs of those with Alzheimer's disease or related	155
dementias;	156
(15) Addressing legal protections for, and legal issues	157
faced by, individuals with Alzheimer's disease or related	158
dementias;	159
(16) Improving the ways in which the government evaluates	160
and adopts policies to assist individuals diagnosed with	161
Alzheimer's disease or related dementias and their families.	162
Section 3. Not later than eighteen months after the	163
effective date of this act, the Task Force shall submit to the	164
Governor and General Assembly a report detailing its findings	165
and recommendations. The report shall be submitted to the	166
General Assembly in accordance with section 101.68 of the	167
Revised Code. On submission of its report, the Task Force shall	168
cease to exist.	169
Section 4. The Department of Aging shall provide meeting	170
space and staff and administrative support for the Task Force.	171