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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. **262**

01/17/2017 Authored by Kiel, Poppe, O'Driscoll, Howe, Murphy, E., and others

The bill was read for the first time and referred to the Committee on Health and Human Services Reform

02/23/2017 Adoption of Report: Amended and re-referred to the Committee on Government Operations and Elections Policy

- 1.1 A bill for an act
- 1.2 relating to human services; extending the Alzheimer's disease working group;
- 1.3 proposing coding for new law in Minnesota Statutes, chapter 256.
- 1.4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.5 Section 1. [256.999] ALZHEIMER'S DISEASE WORKING GROUP.
- 1.6 Subdivision 1. Establishment; members. (a) The Minnesota Board on Aging must
- 1.7 appoint an Alzheimer's disease working group that consists of no more than 20 members
- 1.8 including, but not limited to:
- 1.9 (1) a caregiver of a person who has been diagnosed with Alzheimer's disease;
- 1.10 (2) a person who has been diagnosed with Alzheimer's disease;
- 1.11 (3) two representatives from the nursing facility or senior housing profession;
- 1.12 (4) a representative of the home care or adult day services profession;
- 1.13 (5) two representatives of the medical care provider community, one of whom serves a
- 1.14 diverse or underserved community;
- 1.15 (6) a psychologist who specializes in dementia care;
- 1.16 (7) an Alzheimer's researcher;
- 1.17 (8) a representative of the Alzheimer's Association;
- 1.18 (9) two members from community-based organizations serving one or more diverse or
- 1.19 underserved communities;
- 1.20 (10) the commissioner of human services or a designee;

2.1 (11) the commissioner of health or a designee;

2.2 (12) the ombudsman for long-term care or a designee; and

2.3 (13) at least two public members named by the governor.

2.4 (b) The appointing authorities under this subdivision must complete their appointments
2.5 no later than July 15, 2017.

2.6 (c) The membership of the working group must reflect the diversity in Minnesota, and
2.7 must include representatives from rural and metropolitan areas and representatives of
2.8 different ethnicities, races, genders, ages, cultural groups, and abilities.

2.9 Subd. 2. **Duties; recommendations.** The Alzheimer's disease working group must
2.10 review and revise the 2011 report, Preparing Minnesota for Alzheimer's: the Budgetary,
2.11 Social and Personal Impacts, which examined the array of needs of individuals diagnosed
2.12 with Alzheimer's disease, services available to meet these needs, and the capacity of the
2.13 state and current providers to meet these and future needs. The working group shall consider
2.14 and make recommendations and findings on the following issues:

2.15 (1) cultural competency and responsiveness to reduce health disparities and improve
2.16 access to high-quality dementia care;

2.17 (2) trends and disparities in the state's Alzheimer's population;

2.18 (3) public awareness, knowledge, and attitudes, including knowledge gaps, stigma,
2.19 availability of information, and supportive community environments;

2.20 (4) risk reduction, including health education and health promotion on risk factors,
2.21 safety, and potentially avoidable hospitalizations;

2.22 (5) diagnosis and treatment, including early detection, access to diagnosis, quality of
2.23 dementia care, and cost of treatment;

2.24 (6) professional education and training, including geriatric education for physicians and
2.25 nurses, and dementia-specific training for direct care workers, first responders, and other
2.26 professionals in communities;

2.27 (7) caregivers, including contributions, supports, family caregiver education, and unmet
2.28 needs;

2.29 (8) home and community-based care versus residential care, including research efforts;

2.30 (9) home and community-based services, including cost to families, access to affordable,
2.31 quality services, service planning and delivery, and workforce development;

3.1 (10) residential services, including cost to families as well as regulation and licensing
3.2 gaps;

3.3 (11) financing long-term care, including Medicare, Medicaid, and long-term care
3.4 insurance; and

3.5 (12) research and data collection, including public health surveillance.

3.6 Subd. 3. **Meetings.** (a) The board must select a designee to convene the first meeting of
3.7 the working group no later than July 15, 2017. Meetings of the working group must be open
3.8 to the public, and to the extent practicable, technological means, such as Web casts, shall
3.9 be used to reach the greatest number of people throughout the state. The members of the
3.10 working group shall select a chair from their membership at the first meeting.

3.11 (b) The working group shall meet at least once every four years.

3.12 Subd. 4. **Report.** The Board on Aging must submit a report providing the findings and
3.13 recommendations of the working group, including any draft legislation necessary to
3.14 implement the recommendations, to the governor and chairs and ranking minority members
3.15 of the legislative committees with jurisdiction over health care no later than January 15,
3.16 2018, and must provide an updated report every four years thereafter.