

As Introduced

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S. B. No. 24

Senators Wilson, Yuko

**Cosponsors: Senators Eklund, Kunze, Hackett, Terhar, Antonio, Fedor, Thomas,
Williams**

A BILL

To establish the Alzheimer's Disease and Related 1
Dementias Task Force. 2

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

Section 1. (A) There is hereby established within the 3
Department of Health the Alzheimer's Disease and Related 4
Dementias Task Force, consisting of all of the following 5
members: 6

(1) One individual who has been diagnosed with Alzheimer's 7
disease or related dementia; 8

(2) One individual who is the caregiver of an individual 9
diagnosed with Alzheimer's disease or related dementia; 10

(3) One individual who represents nursing homes; 11

(4) One individual who represents residential care 12
facilities; 13

(5) One individual who represents providers of adult day 14
habilitation services; 15

(6) One individual who represents providers of medical 16

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

Speaker of the House of Representatives shall appoint the 44
members described in division (A) (17) of this section. 45
Appointments shall be made not later than ninety days after the 46
effective date of this act. Vacancies shall be filled in the 47
same manner as original appointments. 48

(C) Members shall serve without compensation, except to 49
the extent that serving on the Task Force is considered part of 50
the member's regular duties of employment, but shall be 51
reimbursed for actual and necessary expenses incurred in the 52
performance of official duties. 53

(D) The Director of Health or Director's designee shall 54
serve as the Task Force's chairperson. The Task Force shall hold 55
its first meeting not later than 30 days after the appointment 56
of its members. Thereafter, the Task Force shall meet at the 57
call of the chairperson. 58

(E) A majority of the members constitutes a quorum for the 59
conduct of meetings. The Task Force shall comply with public 60
records and open meetings requirements as described in sections 61
121.22 and 149.43 of the Revised Code. 62

Section 2. The Alzheimer's Disease and Related Dementias 63
Task Force shall examine the needs of individuals diagnosed with 64
Alzheimer's disease or related dementias, the services available 65
in this state for those individuals, and the ability of health 66
care providers and facilities to meet the individuals' current 67
and future needs. The Task Force shall consider and make 68
findings and recommendations on all of the following topics: 69

(A) Trends in the state's Alzheimer's disease and related 70
dementias populations and service needs, including: 71

(1) The state's role in providing or facilitating long- 72

term care, family caregiver support, and assistance to those	73
with early-stage or early-onset Alzheimer's disease or related	74
dementias;	75
(2) The state's policies regarding individuals with	76
Alzheimer's disease or related dementias;	77
(3) The fiscal impact of Alzheimer's disease and related	78
dementias on publicly funded health care programs;	79
(4) The establishment of a surveillance system to better	80
determine the number of individuals diagnosed with Alzheimer's	81
disease or related dementias and to monitor changes to such	82
numbers.	83
(B) Existing resources, services, and capacity relating to	84
the care of individuals diagnosed with Alzheimer's disease or	85
related dementias, including:	86
(1) The type, cost, and availability of dementia care	87
services;	88
(2) Dementia-specific training requirements for employees	89
of long-term care facilities;	90
(3) Quality care measures for residential care facilities;	91
(4) Home and community-based services, including respite	92
care, for individuals diagnosed with Alzheimer's disease or	93
related dementias and their families;	94
(5) Number and availability of long-term care dementia	95
units or providers;	96
(6) The adequacy and appropriateness of geriatric	97
psychiatric units for individuals with behavioral disorders	98
associated with Alzheimer's disease and related dementias;	99

(7) Assisted living options for individuals diagnosed with Alzheimer's disease or related dementias;	100 101
(8) State-supported Alzheimer's and related dementias research conducted at universities located in this state.	102 103
(C) Policies and strategies that address the following:	104
(1) Increasing public awareness of Alzheimer's disease and related dementias;	105 106
(2) Encouraging improved detection and diagnosis of Alzheimer's disease and related dementias;	107 108
(3) Improving the health care received by individuals diagnosed with Alzheimer's disease or related dementias;	109 110
(4) Improving the quality of the health care system in serving individuals diagnosed with Alzheimer's disease or related dementias;	111 112 113
(5) Evaluating the capacity of the health care system in meeting the growing number and needs of those with Alzheimer's disease and related dementias;	114 115 116
(6) Equipping health care professionals and others to better care for individuals with Alzheimer's disease or related dementias;	117 118 119
(7) Increasing the number of health care professionals necessary to treat the growing aging and Alzheimer's disease and dementia populations;	120 121 122
(8) Improving services provided in the home and community to delay and decrease the need for institutionalized care for individuals with Alzheimer's disease or related dementias;	123 124 125
(9) Improving long-term care, including assisted living,	126

for those with Alzheimer's disease or related dementias;	127
(10) Assisting unpaid Alzheimer's disease or dementia caregivers;	128 129
(11) Increasing and improving research on Alzheimer's disease and related dementias;	130 131
(12) Promoting activities to maintain and improve brain health;	132 133
(13) Improving the collection of data and information related to Alzheimer's disease and related dementias and their public health burdens;	134 135 136
(14) Improving public safety and addressing the safety-related needs of those with Alzheimer's disease or related dementias;	137 138 139
(15) Addressing legal protections for, and legal issues faced by, individuals with Alzheimer's disease or related dementias;	140 141 142
(16) Improving the ways in which the government evaluates and adopts policies to assist individuals diagnosed with Alzheimer's disease or related dementias and their families.	143 144 145
Section 3. Not later than eighteen months after the effective date of this act, the Task Force shall submit to the Governor and General Assembly a report detailing its findings and recommendations. The report shall be submitted to the General Assembly in accordance with section 101.68 of the Revised Code. On submission of its report, the Task Force shall cease to exist.	146 147 148 149 150 151 152
Section 4. The Department of Health shall provide meeting space and staff and administrative support for the Task Force.	153 154