



State of Tennessee

PUBLIC CHAPTER NO. 1049

HOUSE BILL NO. 1686

By Representatives Williams, Whitson, Lynn, Faison, Vaughan, Ramsey, Vital, Marsh, Clemmons, Lamberth, Hall, Byrd, Jernigan, Casada, Freeman, Gary Hicks, Hawk, Tim Hicks, Sherrell, Terry, Hakeem, Helton, Gloria Johnson, Todd, Kumar, Gant, Gillespie, Love, Thompson, Calfee, White, Harris, Russell, Dixie, Shaw, Wright, Alexander, Ogles, Chism, Moon, Hulsey, Beck, Towns, Powell, Windle, Carringer, Ragan, Cepicky, Hurt, Carr, Weaver, Bricken, Crawford, Keisling, Hazlewood, Camper, Eldridge, Moody, Baum, Littleton, Rudder, Warner, Haston, Zachary, Powers, Jerry Sexton, Miller, Farmer, Lafferty, Sparks, Reedy, Mannis

Substituted for: Senate Bill No. 1749

By Senators Reeves, Massey, Briggs, Crowe, Hensley, Bowling, Johnson, Yarbro, Jackson, Swann, Campbell, White, Gilmore, Kyle, Niceley, Powers, Rose, Walley, Yager, Mr. Speaker McNally, Akbari, Watson

AN ACT to amend Tennessee Code Annotated, Title 4 and Title 71, relative to Alzheimer's care.

WHEREAS, families caring for a loved one with Alzheimer's or related dementia at home are often burdened with the excessive financial and personal costs of providing continuous care; and

WHEREAS, over half a million Tennesseans are directly affected by Alzheimer's and related dementia according to the Alzheimer's Association 2021 Facts and Figures report, which stated that 357,000 family caregivers across Tennessee provided nearly 500 million hours of unpaid care valued at over six billion dollars; and

WHEREAS, Medicare does not pay for long-term care or provide support to family caregivers; and

WHEREAS, long-term care insurance is costly and may not be affordable to low- and middle-income families and may not cover essential services for the length of time needed for an Alzheimer's patient; and

WHEREAS, providing respite and other care services to those with Alzheimer's may delay or supplant the need for transfer to a long-term skilled nursing facility, allowing for the individual with Alzheimer's to remain in their home environment; and

WHEREAS, this act is named in memoriam of Retired Colonel Thomas G. Bowden, who was born and raised in Tullahoma and was a Distinguished Military Graduate of Middle Tennessee State University. Colonel Bowden dedicated twenty-six years of service to the United States Army. A graduate of the Army War College and a recipient of the Distinguished Service Medal among other awards, he was a former commander of over 900 soldiers with responsibility for thirty-six nuclear capable Pershing II missile launchers. Colonel Bowden served two assignments at the Pentagon and commanded at the brigade level. Colonel Bowden was diagnosed with Alzheimer's at age sixty-three and lost his life to the disease at age sixty-eight; and

WHEREAS, this act serves as a testament to Colonel Bowden's life as well as a tribute to the loving care provided by his wife of forty-six years, Barbara; now, therefore,

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

SECTION 1. This act is known and may be cited as the "Colonel Thomas G. Bowden Act."

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SECTION 2. Tennessee Code Annotated, Section 71-2-105, is amended by adding the following as a new subsection:

(e)

(1) As used in this subsection (e):

(A) "Agency" means an area agency on aging and disability and has the same meaning as "area agency on aging" as defined in § 71-2-103;

(B) "Alzheimer's disease or related dementia" means the diseases and conditions characterized by a decline in memory, language, problem-solving, and other thinking skills that affect an individual's ability to perform everyday activities;

(C) "Informal caregiver" means a spouse, adult child, relative, or friend who provides unpaid care services to an individual, in the individual's home, who suffers from Alzheimer's disease or related dementia;

(D) "Program" means the Alzheimer's and dementia care respite program created by this subsection (e); and

(E) "Respite care":

(i) Means temporary, substitute support or living arrangements to provide a brief period of relief or rest for informal caregivers; and

(ii) May include in-home care by appropriately trained individuals, or care in an adult day care, assisted living, or nursing home setting, on an intermittent, occasional, or emergency basis.

(2)

(A) There is created the Alzheimer's and dementia respite care pilot program to provide home- and community-based services through grants provided to each of the nine (9) area agencies on aging and disability in this state.

(B) The program may be operated using an agency's existing respite care infrastructure.

(C) An agency shall report the costs of the agency's respite care infrastructure to the commission each year of the pilot program.

(D) The program must:

(i) Be based on grants provided to each of the nine (9) area agencies on aging and disability in this state for respite care services for the sole benefit of individuals who are experiencing symptoms of Alzheimer's disease or related dementia and who have received a clinical diagnosis of Alzheimer's disease or related dementia;

(ii) Be operated from July 1, 2022, to June 30, 2025;

(iii) Actively serve up to a total of two hundred twenty-five (225) enrollees in each fiscal year of the program's operation;

(iv) Give priority for enrollment to those individuals on the wait list for the current state-funded OPTIONS program as of the effective date of this act;

(v) Exclude an individual with Alzheimer's disease or related dementia who is eligible for long-term care services under the Medical Assistance Act of 1968, compiled in chapter 5, part 1 of this title; and

(vi) Be composed of the following two (2) tiers based on a sliding fee scale:

(a) Tier 1, which is designed to provide services to those applicants with an income level that does not permit personal financing of caregiver services; and

(b) Tier 2, which is designed to provide services to those applicants with an income level that allows for cost-sharing of services between the applicant and the program.

(3) Each agency shall submit a written report no later than January 15, 2023, and by January 15 each year thereafter until the close of the pilot program period, to the chairs of the health and welfare committee of the senate and the health committee of the house of representatives on the status of the program. The report must include, at a minimum, the following:

(A) The total funds spent on the program;

(B) The amount of administrative costs to operate the program;

(C) The number of individuals and informal caregivers served by the program;

(D) The income ranges of the individuals and informal caregivers served by the program; and

(E) The efficacy of the program.

(4) This subsection (e) does not create an entitlement to services through the program, and the services provided and the number of individuals served by the program are subject to appropriations by the general assembly.

SECTION 3. This act takes effect upon becoming a law, the public welfare requiring it.

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PASSED: April 27, 2022



CAMERON SEXTON, SPEAKER
HOUSE OF REPRESENTATIVES



RANDY MCNALLY
SPEAKER OF THE SENATE

APPROVED this 25th day of May 2022



BILL LEE, GOVERNOR