A BILL

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

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:

(1) One individual who has been diagnosed with Alzheimer's disease or related dementia or a family member of such an individual;

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

(3) One individual who represents nursing homes;

(4) One individual who represents residential care facilities;
(5) One individual who represents providers of adult day habilitation services;
(6) One individual who represents providers of medical care;
(7) One physician who has experience diagnosing, treating, and researching Alzheimer's disease;
(8) One psychologist who specializes in dementia care;
(9) One individual who conducts research regarding Alzheimer's disease or related dementias;
(10) Two individuals, each of whom represents an organization that advocates on behalf of individuals diagnosed with Alzheimer's disease or related dementias;
(11) Two individuals, each of whom has experience in Alzheimer's-related care, treatment, research, education, or advocacy;
(12) One individual who represents LeadingAge Ohio;
(13) One individual who represents the Ohio Health Care Association;
(14) One individual who represents the Ohio Assisted Living Association;
(15) One individual who represents the Ohio Council for Home Care and Hospice;
(16) One individual who represents the Association of Area Agencies on Aging;
(17) The Director of Health or the Director's designee;
(18) The Director of Aging or the Director's designee;
As Passed by the Senate

(19) The Medicaid Director or the Director's designee;

(20) The Director of Veterans Services or the Director's designee;

(21) The State Long-term Care Ombudsman or the Ombudsman's designee;

(22) Two members of the Ohio Senate, one from the majority caucus and one from the minority caucus;

(23) Two members of the Ohio House of Representatives, one from the majority caucus and one from the minority caucus.

(B) The Governor shall appoint the members described in divisions (A)(1) to (16) 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)(22) of this section and the Speaker of the House of Representatives shall appoint the members described in division (A)(23) 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.

(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.

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

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

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

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

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

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

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

        (4) The establishment of a surveillance system to better determine the number of individuals diagnosed with Alzheimer's disease or related dementias and to monitor changes to such numbers.
Existing resources, services, and capacity relating to the care of individuals diagnosed with Alzheimer's disease or related dementias, including:

1. The type, cost, and availability of dementia care services;
2. Dementia-specific training requirements for employees of long-term care facilities;
3. Quality care measures for residential care facilities;
4. Home and community-based services, including respite care, for individuals diagnosed with Alzheimer's disease or related dementias and their families;
5. Number and availability of long-term care dementia units or providers;
6. The adequacy and appropriateness of geriatric psychiatric units for individuals with behavioral disorders associated with Alzheimer's disease and related dementias;
7. Assisted living options for individuals diagnosed with Alzheimer's disease or related dementias;
8. State-supported Alzheimer's and related dementias research conducted at universities located in this state.

Policies and strategies that address the following:

1. Increasing public awareness of Alzheimer's disease and related dementias;
2. Encouraging improved detection and diagnosis of Alzheimer's disease and related dementias;
3. Improving the health care received by individuals diagnosed with Alzheimer's disease or related dementias;
(4) Improving the quality of the health care system in serving individuals diagnosed with Alzheimer's disease or related dementias;

(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;

(6) Equipping health care professionals and others to better care for individuals with Alzheimer's disease or related dementias;

(7) Increasing the number of health care professionals necessary to treat the growing aging and Alzheimer's disease and dementia populations;

(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;

(9) Improving long-term care, including assisted living, for those with Alzheimer's disease or related dementias;

(10) Assisting unpaid Alzheimer's disease or dementia caregivers;

(11) Increasing and improving research on Alzheimer's disease and related dementias;

(12) Promoting activities to maintain and improve brain health;

(13) Improving the collection of data and information related to Alzheimer's disease and related dementias and their public health burdens;

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

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

(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.

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.

Section 4. The Department of Aging shall provide meeting
space and staff and administrative support for the Task Force.