

**As Introduced**

**132nd General Assembly  
Regular Session  
2017-2018**

**S. B. No. 348**

**Senator Wilson**

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**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

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| (7) One physician who has experience diagnosing, treating,<br>and researching Alzheimer's disease;   | 18<br>19                         |
| (8) One psychologist who specializes in dementia care;   | 20                               |
| (9) One individual who conducts research regarding<br>Alzheimer's disease or related dementias;  | 21<br>22                         |
| (10) Two individuals, each of whom represents an<br>organization that advocates on behalf of individuals diagnosed<br>with Alzheimer's disease or dementia;  | 23<br>24<br>25                   |
| (11) Two individuals, each of whom shall have experience<br>in Alzheimer's-related care, treatment, research, education, or<br>advocacy;   | 26<br>27<br>28                   |
| (12) The Director of Health or the Director's designee;  | 29                               |
| (13) The State Long-Term Care Ombudsman or the Ombudsman's<br>designee;  | 30<br>31                         |
| (14) The Medicaid Director or the Director's designee;   | 32                               |
| (15) The Executive Director of the Governor's Office of<br>Health Transformation or the Executive Director's designee;   | 33<br>34                         |
| (16) Two members of the Ohio Senate, one from the majority<br>caucus and one from the minority caucus;   | 35<br>36                         |
| (17) Two members of the Ohio House of Representatives, one<br>from the majority caucus and one from the minority caucus.   | 37<br>38                         |
| The Governor shall appoint the members described in<br>divisions (A) (1) to (11) of this section. Of the members<br>described in division (A) (10) of this section, the Governor<br>shall appoint at least one individual selected by the<br>Alzheimer's Association. The Senate President shall appoint the<br>members described in division (A) (16) of this section and the | 39<br>40<br>41<br>42<br>43<br>44 |

Speaker of the House of Representatives shall appoint the 45  
members described in division (A) (17) of this section. 46  
Appointments shall be made not later than ninety days after the 47  
effective date of this section. Vacancies shall be filled in the 48  
same manner as original appointments. 49

Members shall serve without compensation, except to the 50  
extent that serving on the Task Force is considered part of the 51  
member's regular duties of employment, but shall be reimbursed 52  
for actual and necessary expenses incurred in the performance of 53  
official duties. 54

(B) The Alzheimer's Disease and Related Dementias Task 55  
Force shall examine the needs of individuals diagnosed with 56  
Alzheimer's disease or related dementias, the services available 57  
in this state for those individuals, and the ability of health 58  
care providers and facilities to meet the individuals' current 59  
and future needs. The Task Force shall consider and make 60  
findings and recommendations on all of the following topics: 61

(1) Trends in the state's Alzheimer's disease and related 62  
dementias populations and service needs, including: 63

(a) The state's role in providing or facilitating long- 64  
term care, family caregiver support, and assistance to those 65  
with early-stage or early-onset Alzheimer's disease or related 66  
dementias; 67

(b) The state's policies regarding individuals with 68  
Alzheimer's disease or related dementias; 69

(c) The fiscal impact of Alzheimer's disease and related 70  
dementias on publicly funded health care programs; 71

(d) The establishment of a surveillance system to better 72  
determine the number of individuals diagnosed with Alzheimer's 73

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| disease or related dementias and to monitor changes to such numbers.   | 74<br>75       |
| (2) Existing resources, services, and capacity relating to the care of individuals diagnosed with Alzheimer's disease or related dementias, including:                   | 76<br>77<br>78 |
| (a) The type, cost, and availability of dementia care services;  | 79<br>80       |
| (b) Dementia-specific training requirements for employees of long-term care facilities;  | 81<br>82       |
| (c) Quality care measures for residential care facilities;   | 83             |
| (d) Home and community-based services, including respite care, for individuals diagnosed with Alzheimer's disease or related dementias and their families;               | 84<br>85<br>86 |
| (e) Number and availability of long-term care dementia units or providers;   | 87<br>88       |
| (f) The adequacy and appropriateness of geriatric psychiatric units for individuals with behavioral disorders associated with Alzheimer's disease and related dementias; | 89<br>90<br>91 |
| (g) Assisted living options for individuals diagnosed with Alzheimer's disease or related dementias;   | 92<br>93       |
| (h) State-supported Alzheimer's and related dementias research conducted at universities located in this state.  | 94<br>95       |
| (3) Policies and strategies that address the following:  | 96             |
| (a) Increasing public awareness of Alzheimer's disease and related dementias;  | 97<br>98       |
| (b) Encouraging improved detection and diagnosis of Alzheimer's disease and dementia;  | 99<br>100      |

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| (c) Improving the health care received by individuals diagnosed with Alzheimer's disease or related dementias;   | 101<br>102        |
| (d) Improving the quality of the health care system in serving individuals diagnosed with Alzheimer's disease and related dementias;   | 103<br>104<br>105 |
| (e) Evaluating the capacity of the health care system in meeting the growing number and needs of those with <u>Alzheimer's</u> disease and related dementias;                      | 106<br>107<br>108 |
| (f) Equipping health care professionals and others to better care for individuals with Alzheimer's disease or related dementias;   | 109<br>110<br>111 |
| (g) Increasing the number of health care professionals necessary to treat the growing aging and Alzheimer's disease and dementia populations;                                      | 112<br>113<br>114 |
| (h) 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; | 115<br>116<br>117 |
| (i) Improving long-term care, including assisted living, for those with Alzheimer's disease or related dementias;  | 118<br>119        |
| (j) Assisting unpaid Alzheimer's disease or dementia caregivers;   | 120<br>121        |
| (k) Increasing and improving research on Alzheimer's disease and related dementias;  | 122<br>123        |
| (l) Promoting activities to maintain and improve brain health;   | 124<br>125        |
| (m) Improving the collection of data and information related to Alzheimer's disease and dementia and their public  | 126<br>127        |

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| health burdens;   | 128   |
| (n) Improving public safety and addressing the safety-<br>related needs of those with Alzheimer's disease or related<br>dementias;  | 129<br>130<br>131                             |
| (o) Addressing legal protections for, and legal issues<br>faced by, individuals with Alzheimer's disease or related<br>dementias;   | 132<br>133<br>134                             |
| (p) Improving the ways in which the government evaluates<br>and adopts policies to assist individuals diagnosed with<br>Alzheimer's disease or related dementias and their families.  | 135<br>136<br>137                             |
| (C) The Director of Health or Director's designee shall<br>serve as the Task Force's chairperson. The Task Force shall hold<br>its first meeting not later than 30 days after the appointment<br>of its members. Thereafter, the Task Force shall meet at the<br>call of the chairperson.   | 138<br>139<br>140<br>141<br>142               |
| A majority of the members constitutes a quorum for the<br>conduct of meetings. As applicable, the Task Force shall comply<br>with the public records and open meetings requirements described<br>in sections 121.22 and 149.43 of the Revised Code. The<br>Department of Health shall provide meeting space and staff and<br>administrative support for the Task Force.                             | 143<br>144<br>145<br>146<br>147<br>148        |
| (D) Not later than eighteen months after the effective<br>date of this section, the Task Force shall submit to the<br>Governor and General Assembly a report detailing its findings<br>and recommendations. The report shall be submitted to the<br>General Assembly in accordance with section 101.68 of the<br>Revised Code. On submission of its report, the Task Force shall<br>cease to exist. | 149<br>150<br>151<br>152<br>153<br>154<br>155 |
| (E) The Department of Health may use funding from private   | 156   |

sources to assist the Department and Task Force in the 157  
completion of the duties described in this section. 158