As Introduced

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H. B. No. 906

Representatives Salvo, Sims
Cosponsor: Representative Troy

To establish the Healthy Aging Task Force.

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

Section 1. (A) The Healthy Aging Task Force is established in the Department of Aging consisting of the following members:

(1) Three members of the Senate appointed by the President of the Senate, two from the majority party and one from the minority party;

(2) Three members of the House of Representatives appointed by the Speaker of the House of Representatives, two from the majority party and one from the minority party;

(3) The Director of Aging or the Director's designee;

(4) The Director of Health or the Director's designee;

(5) The Director of Behavioral Health or the Director's designee;

(6) The Director of Developmental Disabilities or the Director's designee;

(7) The following members appointed by the Director of Aging:

(a) One unpaid family caregiver of an older adult who is aging in the community;

(b) One older adult aging in the community, selected in consultation with Ohio's Area Agencies on Aging;

(c) One older adult residing in a nursing facility or other long-term care setting;

(d) One individual representing an Area Agency on Aging from an urban area;

(e) One individual representing an Area Agency on Aging from a rural area;

(f) One individual representing a residential care facility serving older adults, appointed to represent residential care facilities rather than skilled nursing facilities;

(g) One physician authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery with experience in diagnosing and treating older adults, including geriatric care;

(h) One individual with research expertise in aging, gerontology, or population health;

(i) One individual representing a statewide organization that advocates for older adults;

(j) One individual representing Ohio businesses;

(k) One individual representing home care services for older adults;

(l) One individual representing rural or Appalachian aging perspectives.

(B) When making appointments to the task force pursuant to division (A)(7) of this section, the Director of Aging shall consider geographic, professional, and experiential diversity and shall make appointments that reflect a balance of perspectives from the public and private sectors.

(C) Appointments to the task force shall be made within thirty days after the effective date of this section, and the task force shall meet not later than thirty days after all members have been appointed. The Director of Aging or the Director's designee shall serve as the chairperson. Thereafter, the task force shall meet at the call of the chairperson.

(D) Members of the task force shall serve without compensation, except that members who are not officers or employees of a public agency shall be reimbursed for mileage expenses incurred pursuant to fulfilling the member's task force duties.

(E) The task force shall evaluate evidence and develop legislative recommendations for short-term and long-term actions to promote healthy aging and improve outcomes for Ohioans in response to the state's changing demographic trends by focusing on the following five dimensions of healthy aging:

(1) The empowerment of Ohioans to live healthier lives across the lifespan by utilizing strategies that do the following:

(a) Promote physical, mental, and social well-being;

(b) Prevent or delay chronic disease;

(c) Reduce social isolation;

(d) Support healthy behaviors;

(e) Enable individuals to maintain independence and functional ability as they age.

(2) The potential impact of population aging on housing, transportation, recreation, community design, and other infrastructure and environmental factors that affect mobility, accessibility, safety, social connection, and the ability of Ohioans to age in place;

(3) The potential impact of population aging on the state's economy and workforce, including labor force participation, unpaid caregiving, workforce availability, productivity, employer impacts, and the broader economic implications of an aging population;

(4) The potential impact of population aging on the state's health care system including access to care, quality of care, system capacity, workforce availability, coordination of services, and the cost and sustainability of health care delivery;

(5) The potential impact of population aging on the state's long-term care system including nursing facilities, residential care facilities, home- and community-based supports, workforce capacity, transitions of care, and quality outcomes.

(F) In carrying out its duties pursuant to division (E) of this section, the task force shall do both of the following:

(1) Obtain and summarize expert and public perspectives on strategies and short-term and long-term actions to improve nursing home quality, safety, accountability, and resident outcomes;

(2) Provide opportunities for public testimony and stakeholder input, including public hearings or listening

sessions, to inform its work.

(G) Not later than September 30, 2027, the task force shall prepare and submit a report to the President of the Senate, Speaker of the House of Representatives, and chairpersons of any committees that consider legislation regarding aging detailing the task force's findings and legislative recommendations. Upon submission of the report the task force may continue to meet and provide guidance regarding the implementation of its recommendations at the discretion of the chairperson of the task force through December 31, 2027, after which the task force ceases to exist.

(H) The Department of Aging shall provide staffing, meeting space, and administrative support required by the task force to carry out its duties.