As Introduced

133rd General Assembly

Regular Session 2019-2020

S. B. No. 24

Senators Wilson, Yuko

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

A BILL

То	establish	the	Alzheimer's	Disease	and	Related	-	L
	Dementias	Task	Force.				2	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 habilitation services;	14 15
(6) One individual who represents providers of medical	16

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

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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	100
Alzheimer's disease or related dementias;	101
(8) State-supported Alzheimer's and related dementias	102
research conducted at universities located in this state.	103
(C) Policies and strategies that address the following:	104
(1) Increasing public awareness of Alzheimer's disease and	105
related dementias;	106
(2) Encouraging improved detection and diagnosis of	107
Alzheimer's disease and related dementias;	108
(3) Improving the health care received by individuals	109
diagnosed with Alzheimer's disease or related dementias;	110
(4) Improving the quality of the health care system in	111
serving individuals diagnosed with Alzheimer's disease or	112
related dementias;	113
(5) Evaluating the capacity of the health care system in	114
meeting the growing number and needs of those with Alzheimer's	115
disease and related dementias;	116
(6) Equipping health care professionals and others to	117
better care for individuals with Alzheimer's disease or related	118
dementias;	119
(7) Increasing the number of health care professionals	120
necessary to treat the growing aging and Alzheimer's disease and	121
dementia populations;	122
(O) Tournesian consider an arrival in the home and community	100
(8) Improving services provided in the home and community	123
to delay and decrease the need for institutionalized care for individuals with Alzheimer's disease or related dementias;	124 125
Individuals with Alzheimer's disease of felated dementias;	123
(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	128
caregivers;	129
(11) Increasing and improving research on Alzheimer's	130
disease and related dementias;	131
(12) Promoting activities to maintain and improve brain	132
health;	133
(13) Improving the collection of data and information	134
related to Alzheimer's disease and related dementias and their	135
<pre>public health burdens;</pre>	136
(14) Improving public safety and addressing the safety-	137
related needs of those with Alzheimer's disease or related	138
dementias;	139
(15) Addressing legal protections for, and legal issues	140
faced by, individuals with Alzheimer's disease or related	141
dementias;	142
(16) Improving the ways in which the government evaluates	143
and adopts policies to assist individuals diagnosed with	144
Alzheimer's disease or related dementias and their families.	145
Section 3. Not later than eighteen months after the	146
effective date of this act, the Task Force shall submit to the	147
Governor and General Assembly a report detailing its findings	148
and recommendations. The report shall be submitted to the	149
General Assembly in accordance with section 101.68 of the	150
Revised Code. On submission of its report, the Task Force shall	151
cease to exist.	152
Section 4. The Department of Health shall provide meeting	153
space and staff and administrative support for the Task Force.	154