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S.B. 24
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Bill Analysis

Version: As Introduced

Primary Sponsors: Sens. Wilson and Yuko

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Summary

- Establishes within the Ohio Department of Health the Alzheimer's Disease and Related Dementias Task Force and requires it to consider and make findings and recommendations on topics of concern pertaining to these conditions.
- Requires the Task Force to submit to the Governor and General Assembly a report detailing those findings and recommendations.
- Specifies that the Task Force ceases to exist on the report's submission.

Detailed Analysis

Alzheimer's Disease and Related Dementias Task Force

The bill establishes within the Ohio Department of Health (ODH) the Alzheimer's Disease and Related Dementias Task Force.¹ The Task Force is temporary; it ceases to exist after the Task Force submits its report to the Governor and General Assembly (see "**Report**," below).²

Membership

The Task Force is to consist of 21 members. The following members must be appointed by the Governor:³

- One individual who has been diagnosed with Alzheimer's disease or related dementia;
- One individual who is the caregiver of an individual diagnosed with Alzheimer's disease or related dementia;
- One individual who represents nursing homes;

¹ Section 1(A).

² Section 3.

³ Section 1(A).

- One individual who represents residential care facilities;⁴
- One individual who represents adult day habilitation services providers;
- One individual who represents medical care providers;
- One physician who has experience diagnosing, treating, and researching Alzheimer's disease;
- One psychologist who specializes in dementia care;
- One individual who conducts research regarding Alzheimer's disease or related dementia;
- Two individuals, each of whom represents an organization that advocates on behalf of individuals diagnosed with Alzheimer's disease or related dementias (at least one of these individuals must be selected by the Alzheimer's Association); and
- Two individuals, each of whom has experience in Alzheimer's-related care, treatment, research, education, or advocacy.

Additional members include:

- The Director of Health or the Director's designee (who serves as the Task Force's chairperson);
- The Director of Aging or the Director's designee;
- The Medicaid Director or the Director's designee;
- The Executive Director of the Governor's Office of Health Transformation or the Executive Director's designee;
- Two members of the Ohio Senate, one from the majority caucus and one from the minority caucus, appointed by the Senate President; and
- Two members of the Ohio House of Representatives, one from the majority caucus and one from the minority caucus, appointed by the House Speaker.

Appointments must be made not later than 90 days after the bill's effective date. Vacancies are to be filled in the same manner as original appointments.⁵ Members serve without compensation, except to the extent that serving on the Task Force is considered part of the member's regular duties of employment; however, they are to be reimbursed for actual and necessary expenses incurred in performing their official duties.⁶

Meetings

The bill requires the Task Force to hold its first meeting not later than 30 days after members are appointed. Thereafter, the Task Force must meet at the call of the Director of

⁴ "Residential care facilities" are commonly known as assisted living facilities.

⁵ Section 1(B).

⁶ Section 1(C).

Health (the Task Force's chairperson). A majority of the members constitutes a quorum. The Task Force must comply with existing public records and open meetings laws.⁷

Duties

The bill requires the Task Force to examine the needs of individuals diagnosed with Alzheimer's disease or related dementias, the services available in Ohio for those individuals, and the ability of health care providers and facilities to meet the individuals' current and future needs. The Task Force must consider and make findings and recommendations on all of the following topics:⁸

1. Trends in Ohio's Alzheimer's disease and related dementias populations and service needs, including:
 - 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;
 - The state's policies regarding individuals with Alzheimer's disease or related dementias;
 - The fiscal impact of Alzheimer's disease and related dementias on publicly funded health care programs; and
 - 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 those numbers.
2. Existing resources, services, and capacity relating to the care of individuals diagnosed with Alzheimer's disease or related dementias, including:
 - The type, cost, and availability of dementia care services;
 - Dementia-specific training requirements for employees of long-term care facilities;
 - Quality care measures for residential care facilities;
 - Home and community-based services, including respite care, for individuals diagnosed with Alzheimer's disease or related dementias and their families;
 - Number and availability of long-term care dementia units or providers;
 - The adequacy and appropriateness of geriatric psychiatric units for individuals with behavioral disorders associated with Alzheimer's disease and related dementias;
 - Assisted living options for individuals diagnosed with Alzheimer's disease or related dementias; and
 - State-supported Alzheimer's and related dementias research conducted at universities located in Ohio.

⁷ Section 1(D) and (E).

⁸ Section 2.

3. Policies and strategies that address the following:

- Increasing public awareness of Alzheimer's disease and related dementias;
- Encouraging improved detection and diagnosis of Alzheimer's disease and related dementias;
- Improving the health care received by individuals diagnosed with Alzheimer's disease or related dementias;
- Improving the quality of the health care system in serving individuals diagnosed with Alzheimer's disease or related dementias;
- Evaluating the capacity of the health care system in meeting the growing number and needs of those with Alzheimer's disease and related dementias;
- Equipping health care professionals and others to better care for individuals with Alzheimer's disease or related dementias;
- Increasing the number of health care professionals necessary to treat the growing aging and Alzheimer's disease and dementia populations;
- 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;
- Improving long-term care, including assisted living, for those with Alzheimer's disease or related dementias;
- Assisting unpaid Alzheimer's disease or dementia caregivers;
- Increasing and improving research on Alzheimer's disease and related dementias;
- Promoting activities to maintain and improve brain health;
- Improving the collection of data and information related to Alzheimer's disease and related dementias and their public health burdens;
- Improving public safety and addressing the safety-related needs of those with Alzheimer's disease or related dementias;
- Addressing legal protections for, and legal issues faced by, individuals with Alzheimer's disease or related dementias; and
- 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.

Report; sunset

The bill requires the Task Force, not later than 18 months after the bill's effective date, to submit to the Governor and General Assembly a report detailing its findings and recommendations. On submission of the report, the Task Force ceases to exist.⁹

⁹ Section 3.

Administrative support

The bill requires ODH to provide meeting space and staff and administrative support for the Task Force.¹⁰

History

Action	Date
Introduced	02-12-19

S0024-I-133/ts

¹⁰ Section 4.