

**As Passed by the Senate**

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**Am. S. B. No. 24**

**Senators Wilson, Yuko**

**Cosponsors: Senators Eklund, Kunze, Hackett, Terhar, Antonio, Fedor, Thomas, Williams, Brenner, Burke, Coley, Craig, Dolan, Gavarone, Hoagland, Hottinger, Huffman, M., Huffman, S., Lehner, Maharath, Manning, McColley, Obhof, O'Brien, Roegner, Rulli, Sykes, Uecker**

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**A BILL**

To establish the Alzheimer's Disease and Related  
Dementias Task Force. 1  
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**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** (A) There is hereby established within the 3  
Department of Aging 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 or a family member of such an 8  
individual; 9

(2) One individual who is the caregiver of an individual 10  
diagnosed with Alzheimer's disease or related dementia; 11

(3) One individual who represents nursing homes; 12

(4) One individual who represents residential care 13  
facilities; 14

(5) One individual who represents providers of adult day habilitation services;	15 16
(6) One individual who represents providers of medical care;	17 18
(7) One physician who has experience diagnosing, treating, and researching Alzheimer's disease;	19 20
(8) One psychologist who specializes in dementia care;	21
(9) One individual who conducts research regarding Alzheimer's disease or related dementias;	22 23
(10) Two individuals, each of whom represents an organization that advocates on behalf of individuals diagnosed with Alzheimer's disease or related dementias;	24 25 26
(11) Two individuals, each of whom has experience in Alzheimer's-related care, treatment, research, education, or advocacy;	27 28 29
(12) One individual who represents LeadingAge Ohio;	30
(13) One individual who represents the Ohio Health Care Association;	31 32
(14) One individual who represents the Ohio Assisted Living Association;	33 34
(15) One individual who represents the Ohio Council for Home Care and Hospice;	35 36
(16) One individual who represents the Association of Area Agencies on Aging;	37 38
(17) The Director of Health or the Director's designee;	39
(18) The Director of Aging or the Director's designee;	40

(19) The Medicaid Director or the Director's designee;	41
(20) The Director of Veterans Services or the Director's designee;	42 43
(21) The State Long-term Care Ombudsman or the Ombudsman's designee;	44 45
(22) Two members of the Ohio Senate, one from the majority caucus and one from the minority caucus;	46 47
(23) Two members of the Ohio House of Representatives, one from the majority caucus and one from the minority caucus.	48 49
(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.	50 51 52 53 54 55 56 57 58 59 60
(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.	61 62 63 64 65
(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	66 67 68 69

later than 30 days after the appointment of its members. 70  
Thereafter, the Task Force shall meet at the call of the 71  
chairperson. 72

(E) A majority of the members constitutes a quorum for the 73  
conduct of meetings. The Task Force shall comply with public 74  
records and open meetings requirements as described in sections 75  
121.22 and 149.43 of the Revised Code. 76

**Section 2.** The Alzheimer's Disease and Related Dementias 77  
Task Force shall examine the needs of individuals diagnosed with 78  
Alzheimer's disease or related dementias, the services available 79  
in this state for those individuals, and the ability of health 80  
care providers and facilities to meet the individuals' current 81  
and future needs. The Task Force shall consider and make 82  
findings and recommendations on all of the following topics: 83

(A) Trends in the state's Alzheimer's disease and related 84  
dementias populations and service needs, including: 85

(1) The state's role in providing or facilitating long- 86  
term care, family caregiver support, and assistance to those 87  
with early-stage or early-onset Alzheimer's disease or related 88  
dementias; 89

(2) The state's policies regarding individuals with 90  
Alzheimer's disease or related dementias; 91

(3) The fiscal impact of Alzheimer's disease and related 92  
dementias on publicly funded health care programs; 93

(4) The establishment of a surveillance system to better 94  
determine the number of individuals diagnosed with Alzheimer's 95  
disease or related dementias and to monitor changes to such 96  
numbers. 97

(B) Existing resources, services, and capacity relating to	98
the care of individuals diagnosed with Alzheimer's disease or	99
related dementias, including:	100
(1) The type, cost, and availability of dementia care	101
services;	102
(2) Dementia-specific training requirements for employees	103
of long-term care facilities;	104
(3) Quality care measures for residential care facilities;	105
(4) Home and community-based services, including respite	106
care, for individuals diagnosed with Alzheimer's disease or	107
related dementias and their families;	108
(5) Number and availability of long-term care dementia	109
units or providers;	110
(6) The adequacy and appropriateness of geriatric	111
psychiatric units for individuals with behavioral disorders	112
associated with Alzheimer's disease and related dementias;	113
(7) Assisted living options for individuals diagnosed with	114
Alzheimer's disease or related dementias;	115
(8) State-supported Alzheimer's and related dementias	116
research conducted at universities located in this state.	117
(C) Policies and strategies that address the following:	118
(1) Increasing public awareness of Alzheimer's disease and	119
related dementias;	120
(2) Encouraging improved detection and diagnosis of	121
Alzheimer's disease and related dementias;	122
(3) Improving the health care received by individuals	123
diagnosed with Alzheimer's disease or related dementias;	124

(4) Improving the quality of the health care system in	125
serving individuals diagnosed with Alzheimer's disease or	126
related dementias;	127
(5) Evaluating the capacity of the health care system in	128
meeting the growing number and needs of those with Alzheimer's	129
disease and related dementias;	130
(6) Equipping health care professionals and others to	131
better care for individuals with Alzheimer's disease or related	132
dementias;	133
(7) Increasing the number of health care professionals	134
necessary to treat the growing aging and Alzheimer's disease and	135
dementia populations;	136
(8) Improving services provided in the home and community	137
to delay and decrease the need for institutionalized care for	138
individuals with Alzheimer's disease or related dementias;	139
(9) Improving long-term care, including assisted living,	140
for those with Alzheimer's disease or related dementias;	141
(10) Assisting unpaid Alzheimer's disease or dementia	142
caregivers;	143
(11) Increasing and improving research on Alzheimer's	144
disease and related dementias;	145
(12) Promoting activities to maintain and improve brain	146
health;	147
(13) Improving the collection of data and information	148
related to Alzheimer's disease and related dementias and their	149
public health burdens;	150
(14) Improving public safety and addressing the safety-	151

related needs of those with Alzheimer's disease or related	152
dementias;	153
(15) Addressing legal protections for, and legal issues	154
faced by, individuals with Alzheimer's disease or related	155
dementias;	156
(16) Improving the ways in which the government evaluates	157
and adopts policies to assist individuals diagnosed with	158
Alzheimer's disease or related dementias and their families.	159
<b>Section 3.</b> Not later than eighteen months after the	160
effective date of this act, the Task Force shall submit to the	161
Governor and General Assembly a report detailing its findings	162
and recommendations. The report shall be submitted to the	163
General Assembly in accordance with section 101.68 of the	164
Revised Code. On submission of its report, the Task Force shall	165
cease to exist.	166
<b>Section 4.</b> The Department of Aging shall provide meeting	167
space and staff and administrative support for the Task Force.	168