

A bill for an act
relating to health; requiring the Minnesota Board on Aging to convene an
Alzheimer's disease working group; requiring a report.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **ALZHEIMER'S DISEASE WORKING GROUP.**

Subdivision 1. Establishment; members. The Minnesota Board on Aging must
convene an Alzheimer's disease working group that consists of no more than 20 members
including, but not limited to:

(1) at least one caregiver of a person who has been diagnosed with Alzheimer's
disease;

(2) at least one person who has been diagnosed with Alzheimer's disease;

(3) a representative of the nursing facility industry;

(4) a representative of the assisted living industry;

(5) a representative of the adult day services industry;

(6) a representative of the medical care provider community;

(7) a psychologist who specializes in dementia care;

(8) an Alzheimer's researcher;

(9) a representative of the Alzheimer's Association;

(10) the commissioner of human services or a designee;

(11) the commissioner of health or a designee;

(12) the ombudsman for long-term care or a designee; and

(13) at least two members named by the governor.

Subd. 2. Duties; recommendations. The Alzheimer's disease working group must
examine the array of needs of individuals diagnosed with Alzheimer's disease, services

available to meet these needs, and the capacity of the state and current providers to meet these and future needs. The working group shall consider and make recommendations on the following issues:

(1) trends in the state's Alzheimer's population and service needs including, but not limited to:

(i) the state's role in long-term care, family caregiver support, and assistance to persons with early-stage and early-onset of Alzheimer's disease;

(ii) state policy regarding persons with Alzheimer's disease and dementia; and

(iii) establishment of a surveillance system for the purpose of having proper estimates of the number of persons in the state with Alzheimer's disease, and the changing population with dementia;

(2) existing resources, services, and capacity including, but not limited to:

(i) type, cost, and availability of dementia services;

(ii) dementia-specific training requirements for long-term care staff;

(iii) quality care measures for residential care facilities;

(iv) availability of home and community-based resources for persons with Alzheimer's disease, including respite care;

(v) number and availability of long-term care dementia units;

(vi) adequacy and appropriateness of geriatric psychiatric units for persons with behavior disorders associated with Alzheimer's and related dementia; and

(vii) assisted living residential options for persons with dementia; and

(3) needed policies or responses including, but not limited to, the provision of coordinated services and supports to persons and families living with Alzheimer's and related disorders, the capacity to meet these needs, and strategies to address identified gaps in services.

Subd. 3. **Meetings.** At least four working group meetings must be public meetings, and to the extent practicable, technological means, such as Web casts, shall be used to reach the greatest number of people throughout the state.

Subd. 4. **Report.** The Board on Aging must submit a report and recommendations to the governor and chairs and ranking minority members of the legislative committees with jurisdiction over health care no later than January 15, 2011.

Subd. 5. **Private funding.** To the extent available, the Board on Aging may utilize funding provided by private foundations and other private funding sources to complete the duties of the Alzheimer's disease working group.

Subd. 6. **Sunset.** The Alzheimer's disease working group sunsets upon delivery of the required report to the governor and legislative committees.