

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 247

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DATE	D-PG	OFFICIAL STATUS
01/22/2015	112	Introduction and first reading Referred to Health, Human Services and Housing
02/09/2015	224a	Comm report: To pass as amended and re-refer to State and Local Government
02/16/2015	299a	Comm report: To pass as amended and re-refer to Finance See SF1458, Art. 7, Sec. 26, Art. 14, Sec. 2

A bill for an act

relating to health; creating a grant program for research on Alzheimer's disease and other dementias; creating a grant program for a public awareness campaign concerning Alzheimer's disease and other dementias; establishing the Alzheimer's Research Advisory Council; requiring reports; appropriating money; amending Minnesota Statutes 2014, section 256.975, subdivision 2, by adding subdivisions; proposing coding for new law in Minnesota Statutes, chapter 136A.

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

Section 1. **[136A.89] ALZHEIMER'S RESEARCH GRANT PROGRAM.**

Subdivision 1. **Competitive grant program.** (a) The commissioner of the Office of Higher Education shall establish a competitive grant program to award grants to conduct research into Alzheimer's disease and other dementias. By June 1, 2016, and by each June 1 thereafter, the commissioner, in consultation with the Alzheimer's Research Advisory Council established under section 136A.891, shall award the grants to conduct research into the prevention, treatment, causes, and cures of Alzheimer's disease and other dementias.

(b) Eligible applicants for the grants are research facilities, universities, and health systems located in Minnesota. Beginning in 2016, applicants must submit proposals to the Alzheimer's Research Advisory Council by April 1 of each year.

Subd. 2. **Report.** (a) By January 1, 2017, and each January 1 thereafter, any institutions receiving grants under this section shall submit a progress report on the use of funds to the commissioner. The report shall include:

(1) a list of research projects supported by the grant; and

(2) evidence of publications in peer-reviewed journals involving research supported by projects funded by the grants.

2.1 (b) By January 15, 2017, and each January 15 thereafter, the commissioner shall
2.2 submit a report on the use of grant funds under this section to the chairs and ranking
2.3 minority members of the senate and house of representatives committees and divisions
2.4 having jurisdiction over health care policy and funding. The report shall include:

2.5 (1) a list of grants;

2.6 (2) a summary of projects undertaken under each grant and an explanation of
2.7 activities of those projects; and

2.8 (3) a review of the effectiveness of the projects contained in each grant.

2.9 **EFFECTIVE DATE.** This section is effective July 1, 2015.

2.10 Sec. 2. **[136A.891] ALZHEIMER'S RESEARCH ADVISORY COUNCIL.**

2.11 Subdivision 1. **Membership.** The commissioner shall appoint an 11-member
2.12 advisory council consisting of two gerontologists, two geriatric psychiatrists, two
2.13 geriatricians, two neuroscientists, and three neurologists. Each member of the council
2.14 must have professional experience in Alzheimer's disease or related biomedical research.

2.15 Subd. 2. **Organization.** The advisory council shall be organized and administered
2.16 under section 15.059, except that section 15.059, subdivision 2, shall not apply. Except
2.17 as provided in section 7 of this bill, the commissioner shall appoint council members to
2.18 four-year terms. An appointed member may not serve more than two consecutive terms.
2.19 The chair of the council shall be elected from the membership of the council and shall
2.20 serve as chair for two years. The council shall adopt internal organizational procedures
2.21 as necessary for its efficient organization.

2.22 Subd. 3. **Conflict of interest.** Council members must disclose in a written statement
2.23 any financial interest in any organization that the council recommends to receive a grant.
2.24 The written statement must accompany the grant recommendation and must explain the
2.25 nature of the conflict. The council is not subject to policies developed by the commissioner
2.26 of administration under section 16B.98.

2.27 Subd. 4. **Duties.** (a) The advisory council shall:

2.28 (1) develop criteria for evaluating and awarding the research grants under section
2.29 136A.89;

2.30 (2) review research grant proposals and make recommendations by May 1 of each
2.31 year to the commissioner for the purposes of awarding research grants under section
2.32 136A.89; and

2.33 (3) perform other duties as authorized by the commissioner.

3.1 (b) In making its recommendations on proposals to the commissioner, the
3.2 Alzheimer's Research Advisory Council must give priority to those proposals that have
3.3 the greatest scientific merit and are most likely to be effective.

3.4 (c) Beginning in 2016, the council shall make its criteria for evaluating and awarding
3.5 research grants available to potential applicants no later than March 1 of each year.

3.6 **EFFECTIVE DATE.** This section is effective July 1, 2015.

3.7 Sec. 3. Minnesota Statutes 2014, section 256.975, subdivision 2, is amended to read:

3.8 Subd. 2. **Duties.** The ~~board~~ Minnesota Board on Aging shall carry out the following
3.9 duties:

3.10 (1) to advise the governor and heads of state departments and agencies regarding
3.11 policy, programs, and services affecting the aging;

3.12 (2) to provide a mechanism for coordinating plans and activities of state departments
3.13 and citizens' groups as they pertain to aging;

3.14 (3) to create public awareness of the special needs and potentialities of older persons;

3.15 (4) to gather and disseminate information about research and action programs,
3.16 and to encourage state departments and other agencies to conduct needed research in
3.17 the field of aging;

3.18 (5) to stimulate, guide, and provide technical assistance in the organization of local
3.19 councils on aging;

3.20 (6) to provide continuous review of ongoing services, programs and proposed
3.21 legislation affecting the elderly in Minnesota;

3.22 (7) to administer and to make policy relating to all aspects of the Older Americans
3.23 Act of 1965, as amended, including implementation thereof; ~~and~~

3.24 (8) to award grants, enter into contracts, and adopt rules the Minnesota Board on
3.25 Aging deems necessary to carry out the purposes of this section;₂

3.26 (9) develop the criteria and procedures to allocate the grants under subdivisions 11
3.27 and 12, evaluate all applications on a competitive basis and award the grants, and select
3.28 qualified providers to offer technical assistance to grant applicants and grantees. The
3.29 selected provider shall provide applicants and grantees assistance with project design,
3.30 evaluation methods, materials, and training; and

3.31 (10) submit by January 15, 2017, and on each January 15 thereafter, a progress
3.32 report on the dementia grants programs under subdivisions 11 and 12 to the chairs and
3.33 ranking minority members of the senate and house of representatives committees and
3.34 divisions with jurisdiction over health finance and policy. The report shall include:

3.35 (i) information on each grant recipient;

- 4.1 (ii) a summary of all projects or initiatives undertaken with each grant;
 4.2 (iii) the measurable outcomes established by each grantee, an explanation of the
 4.3 evaluation process used to determine whether the outcomes were met, and the results of
 4.4 the evaluation;
 4.5 (iv) an accounting of how the grant funds were spent; and
 4.6 (v) the overall impact of the projects and initiatives that were conducted.

4.7 Sec. 4. Minnesota Statutes 2014, section 256.975, is amended by adding a subdivision
 4.8 to read:

4.9 Subd. 11. **Statewide dementia grants.** (a) The Minnesota Board on Aging shall
 4.10 award competitive grants to eligible applicants for statewide projects and initiatives to
 4.11 promote awareness of Alzheimer's disease and other dementias, increase the rate of
 4.12 cognitive testing in the population at risk for dementias, promote the benefits of early
 4.13 diagnosis of dementias, or connect caregivers of persons with dementia to education
 4.14 and resources.

4.15 (b) Project areas for statewide grants include:

4.16 (1) statewide public education and information campaigns either promoting the
 4.17 benefits of physician consultations for all individuals who suspect a memory or cognitive
 4.18 problem, or promoting the benefits of early diagnosis of Alzheimer's disease and other
 4.19 dementias; or

4.20 (2) a statewide dementia resource clearinghouse to provide informational materials
 4.21 and other resources to caregivers of persons with dementia.

4.22 (c) Eligible applicants for the statewide dementia grants may include, but are
 4.23 not limited to, nonprofit organizations, colleges and universities, professional health
 4.24 associations, and other health organizations.

4.25 (d) Applicants must submit proposals for available grants to the Minnesota Board on
 4.26 Aging by September 1, 2015, and each September 1 thereafter. The application must:

4.27 (1) describe the proposed initiative, including how the initiative meets the
 4.28 requirements of this subdivision; and

4.29 (2) identify the proposed outcomes of the initiative and the evaluation process to be
 4.30 used to measure these outcomes.

4.31 (e) In awarding the grants, the Minnesota Board on Aging must give priority to
 4.32 applicants who demonstrate that the proposed project:

4.33 (1) is conducted by an applicant able to demonstrate expertise in the project area;

4.34 (2) utilizes and enhances existing activities and resources, or involves innovative
 4.35 approaches to achieve success in the project areas; and

5.1 (3) strengthens community relationships and partnerships in order to achieve the
5.2 project areas.

5.3 (f) The board shall award any available grants by October 1, 2015, and each October
5.4 1 thereafter.

5.5 (g) Each grant recipient shall report to the board on the progress of the initiative at
5.6 least once during the grant period, and within two months of the end of the grant period
5.7 shall submit a final report to the board that includes the outcome results.

5.8 **EFFECTIVE DATE.** This section is effective July 1, 2015.

5.9 Sec. 5. Minnesota Statutes 2014, section 256.975, is amended by adding a subdivision
5.10 to read:

5.11 Subd. 12. **Regional and local dementia grants.** (a) The Minnesota Board on
5.12 Aging shall award competitive grants to eligible applicants for regional and local projects
5.13 and initiatives targeted to a designated community, which may consist of a specific
5.14 geographic area or population, to increase awareness of Alzheimer's disease and other
5.15 dementias, increase the rate of cognitive testing in the population at risk for dementias,
5.16 promote the benefits of early diagnosis of dementias, or connect caregivers of persons
5.17 with dementia to education and resources.

5.18 (b) The project areas for grants include:

5.19 (1) local or community-based initiatives to promote the benefits of physician
5.20 consultations for all individuals who suspect a memory or cognitive problem;

5.21 (2) local or community-based initiatives to promote the benefits of early diagnosis of
5.22 Alzheimer's disease and other dementias; and

5.23 (3) local or community-based initiatives to provide informational materials and
5.24 other resources to caregivers of persons with dementia.

5.25 (c) Eligible applicants for local and regional grants may include, but are not limited
5.26 to, community health boards, school districts, colleges and universities, community
5.27 clinics, tribal communities, nonprofit organizations, and other health care organizations.

5.28 (d) Applicants must submit proposals for available grants to the Minnesota Board on
5.29 Aging by September 1, 2015, and each September 1 thereafter. The application must:

5.30 (1) describe the proposed initiative, including the targeted community and how the
5.31 initiative meets the requirements of this subdivision; and

5.32 (2) identify the proposed outcomes of the initiative and the evaluation process to be
5.33 used to measure these outcomes.

5.34 (e) In awarding the regional and local dementia grants, the Minnesota Board on
5.35 Aging must give priority to applicants who demonstrate that the proposed project:

6.1 (1) is supported by and appropriately targeted to the community in which the
6.2 applicant serves;

6.3 (2) is designed to coordinate with other community activities related to other health
6.4 initiatives, particularly those initiatives targeted at the elderly;

6.5 (3) is conducted by an applicant able to demonstrate expertise in the project areas;

6.6 (4) utilizes and enhances existing activities and resources or involves innovative
6.7 approaches to achieve success in the project areas; and

6.8 (5) strengthens community relationships and partnerships in order to achieve the
6.9 project areas.

6.10 (f) The board shall divide the state into specific geographic regions and allocate a
6.11 percentage of the money available for the local and regional dementia grants to projects or
6.12 initiatives aimed at each geographic region.

6.13 (g) The board shall award any available grants by October 1, 2015, and each
6.14 October 1 thereafter.

6.15 (h) Each grant recipient shall report to the board on the progress of the initiative at
6.16 least once during the grant period, and within two months of the end of the grant period
6.17 shall submit a final report to the board that includes the outcome results.

6.18 Sec. 6. Minnesota Statutes 2014, section 256.975, is amended by adding a subdivision
6.19 to read:

6.20 Subd. 13. **Alzheimer's public information program.** The Minnesota Board on
6.21 Aging shall design and implement an ongoing statewide public information program
6.22 promoting the benefits of cognitive testing, awareness of Alzheimer's disease and other
6.23 dementias, and awareness of the needs of caregivers. The program must include messages
6.24 directed at the general population, as well as culturally specific and community-based
6.25 messages. The program shall include public service announcements, public education
6.26 forums, mass media, and written materials, as well as a toll-free resources and referral
6.27 telephone line and Web site designed to meet the needs of caregivers of persons with
6.28 dementia. The program must also include background survey research and evaluation.
6.29 The program must be designed to run at least five years. The Minnesota Board on Aging
6.30 may contract with one or more third parties to carry out some or all of the program,
6.31 provided the contracted third party has prior experience promoting Alzheimer's awareness
6.32 and the contract is awarded through a competitive process.

6.33 **EFFECTIVE DATE.** This section is effective July 1, 2015.

7.1 Sec. 7. ALZHEIMER'S RESEARCH ADVISORY COUNCIL; INITIAL TERMS
7.2 AND APPOINTMENTS.

7.3 The commissioner shall appoint the first members of the Alzheimer's Research
7.4 Advisory Council established under Minnesota Statutes, section 136A.891, by September
7.5 1, 2015. The commissioner shall convene the council's first meeting by November 1,
7.6 2015. The commissioner shall designate five of the initial council members to serve
7.7 two-year terms. The other six initial members shall serve four-year terms.

7.8 Sec. 8. APPROPRIATIONS.

7.9 (a) \$5,000,000 for fiscal year 2016 and \$5,000,000 for fiscal year 2017 are
7.10 appropriated from the general fund to the commissioner of the Office of Higher Education
7.11 for Alzheimer's research grants authorized in Minnesota Statutes, section 136A.89. This
7.12 amount shall be added to the base. Up to ... percent of each appropriation may be used by
7.13 the commissioner to administer the Alzheimer's research grant program.

7.14 (b) \$500,000 for fiscal year 2016 and \$500,000 for fiscal year 2017 are appropriated
7.15 from the general fund to the commissioner of human services for the Minnesota Board
7.16 on Aging for statewide dementia grants authorized in Minnesota Statutes, section
7.17 256.975, subdivision 11. This amount shall be added to the base. Up to 1 percent of each
7.18 appropriation may be used by the board to administer the statewide dementia grant program.

7.19 (c) \$500,000 for fiscal year 2016 and \$500,000 for fiscal year 2017 are appropriated
7.20 from the general fund to the commissioner of human services for the Minnesota Board on
7.21 Aging for regional and local dementia grants authorized in Minnesota Statutes, section
7.22 256.975, subdivision 12. This amount shall be added to the base. Up to 1 percent of each
7.23 appropriation may be used by the board to administer the regional and local dementia
7.24 grant program.

7.25 (d) \$250,000 for fiscal year 2016 is appropriated from the general fund to the
7.26 commissioner of human services for the Minnesota Board on Aging for the purpose of
7.27 the Alzheimer's public information program in Minnesota Statutes, section 256.975,
7.28 subdivision 13.