An Act to Establish the Alzheimer's Disease and Other Dementias Advisory Council Within the Department of Health and Human Services and to Require a State Plan to Address Alzheimer's Disease and Other Dementias

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.
Reference to the Committee on Health and Human Services suggested and ordered printed.

Presented by Representative CRAVEN of Lewiston.
Cosponsored by Representatives: BRIDGEO of Augusta, DILL of Old Town, DODGE of Belfast, GATTINE of Westbrook, HASENFUS of Readfield, MOONEN of Portland, STOVER of Boothbay, Senator: PIERCE of Cumberland.
Be it enacted by the People of the State of Maine as follows:

Sec. 1. 5 MRSA §12004-I, sub-§36-G is enacted to read:

36-G. Human Services Alzheimer's Disease and Other Dementias Advisory Council Expenses Only 22 MRSA §8553

Sec. 2. 22 MRSA c. 1678, headnote is amended to read:

CHAPTER 1678

ALZHEIMER SPECIAL CARE PROGRAMS AND ALZHEIMER'S DISEASE AND OTHER DEMENTIAS ADVISORY COUNCIL

Sec. 3. 22 MRSA §8553 is enacted to read:

§8553. Alzheimer's Disease and Other Dementias Advisory Council

The Maine Center for Disease Control and Prevention shall create the Alzheimer's Disease and Other Dementias Advisory Council, established under Title 5, section 12004-I, subsection 36-G and referred to in this section as "the council," to examine the needs of individuals living with Alzheimer's disease and other dementias, the services available in the State for those individuals and the ability of health care providers and facilities to meet those individuals' current and future needs.

1. Membership. The council consists of the following 15 members:

A. The following voting members:

(1) One individual living with Alzheimer's disease or another dementia or a family member of such an individual;
(2) One individual who is the family caregiver of an individual living with Alzheimer's disease or another dementia;
(3) One individual who represents nursing homes;
(4) One individual who represents assisted living facilities;
(5) One individual who represents providers of adult day care;
(6) One individual who represents home care providers;
(7) One physician who has experience diagnosing and treating Alzheimer's disease and other dementias;
(8) One individual who represents a leading nationwide organization that advocates for individuals living with Alzheimer's disease and other dementias;
(9) One individual who represents area agencies on aging; and
(10) One individual who represents an organization that advocates for older adults; and

B. The following nonvoting members:
1. Members. The council shall consist of:

   (1) The Director of the Maine Center for Disease Control and Prevention or the
director's designee;

   (2) The director of the department's office of aging and disability services or the
director's designee;

   (3) The Director of the Office of MaineCare Services or the director's designee;

   (4) The long-term care ombudsman or the ombudsman's designee; and

   (5) The department's director of workforce development or the director's designee.

Additional nonvoting members may be added at the discretion of the Director of the Maine
Center for Disease Control and Prevention for the purposes of conducting the council's
work at the subcommittee level. Each voting member must be appointed by the Director
of the Maine Center for Disease Control and Prevention and serve for a term of 2 years,
except that each member of the council shall serve until the member's successor is
appointed and qualified. If there is no suitable successor meeting the criteria, the voting
member may be reappointed for an additional 2-year term. Members of the council may
not be compensated for their participation in the council but may be reimbursed for
expenses incurred in the performance of their duties. The Director of the Maine Center for
Disease Control and Prevention shall appoint voting members of the council no later than
September 1, 2024.

2. Chair and vice-chair. Members of the council shall select a chair and vice-chair,
who may not be employees of the State and shall serve in their roles for up to 2 years.

3. Meetings. The council shall meet no fewer than 4 times per calendar year.

4. Duties. The council has the following duties.

   A. The council shall examine the needs of individuals living with Alzheimer's disease
and other dementias, the services available in the State for those individuals and their
family caregivers and the ability of health care providers and facilities to meet those
individuals' current and future needs.

   B. The council shall consider and make findings and recommendations on all of the
following topics:

      (1) Trends in the populations and service needs of individuals in the State living
with Alzheimer's disease and other dementias, including:

         (a) The State's role in providing or facilitating long-term care, family caregiver
support and assistance to individuals living with early-stage or early-onset
Alzheimer's disease and other dementias;

         (b) The State's policies regarding individuals living with Alzheimer's disease
and other dementias;

         (c) The fiscal impact of Alzheimer's disease and other dementias on publicly
funded health care programs; and

         (d) The establishment of a surveillance system to better determine the number
of individuals living with Alzheimer's disease and other dementias and to
monitor changes to such numbers;
(2) Existing resources, services and capacity relating to the diagnosis and care of individuals living with Alzheimer's disease and other dementias, including:

(a) The type, cost and availability of care services for Alzheimer's disease and other dementias;

(b) The availability of health care workers who can serve individuals living with Alzheimer's disease and other dementias, including, but not limited to, neurologists, geriatricians and direct care workers;

(c) Dementia-specific training requirements for public and private employees who interact with individuals living with Alzheimer's disease and other dementias, which must include but not be limited to long-term care workers, case managers, adult protective services personnel, law enforcement personnel and first responders;

(d) Home and community-based services, including respite care, for individuals living with Alzheimer's disease or other dementias and their families;

(e) Quality care measures for home and community-based services and residential care facilities; and

(f) State-supported research regarding Alzheimer's disease and other dementias conducted at public and private colleges and universities located in this State; and

(3) Policies and strategies that address the following:

(a) Increasing public awareness of Alzheimer's disease and other dementias;

(b) Educating health care providers to increase early detection and diagnosis of Alzheimer's disease and other dementias;

(c) Improving the health care received by individuals living with Alzheimer's disease and other dementias;

(d) Evaluating the capacity of the health care system in meeting the growing number and needs of individuals living with Alzheimer's disease and other dementias;

(e) Increasing the number of health care professionals available to treat the populations of aging individuals and individuals living with Alzheimer's disease and other dementias;

(f) Improving services provided in the home and community to delay and decrease the need for institutionalized care for individuals living with Alzheimer's disease and other dementias;

(g) Improving long-term care, including assisted living, for individuals living with Alzheimer's disease and other dementias;

(h) Assisting unpaid caregivers for individuals living with Alzheimer's disease and other dementias;

(i) Increasing and improving research on Alzheimer's disease and other dementias;
(j) Promoting activities to maintain and improve brain health;

(k) Improving the collection of data and information related to, and the public health burdens of, Alzheimer's disease and other dementias;

(l) Improving public safety and addressing the safety-related needs of individuals living with Alzheimer's disease and other dementias;

(m) Improving legal protections for, and legal issues faced by, individuals living with Alzheimer's disease and other dementias; and

(n) Improving the ways in which the State evaluates and adopts policies to assist individuals living with Alzheimer's disease and other dementias and their families.

C. No later than June 1, 2024, the council shall create and submit a state Alzheimer's disease and other dementias plan, referred to in this subsection as "the plan," to the Legislature and the Governor. The plan must address the duties of the council under paragraph B, subparagraphs (1) to (3) with significant input from nongovernmental stakeholders. The council shall determine which state agencies will implement the plan.

Every 5 years after June 1, 2024, the council shall update and reissue the plan to include any other issues the council considers necessary and relevant toward addressing Alzheimer's disease and other dementias.

D. By June 1st of each year, the council shall submit to the Governor and Legislature an annual report on the status of implementation of the plan, including any recommendations and a description of any barriers to implementation. The report must be made available to the public.

E. Subject to the appropriation of funds, the state agencies identified in the plan pursuant to paragraph C shall implement the recommendations in the plan.

SUMMARY

This bill establishes the Alzheimer's Disease and Other Dementias Advisory Council to examine the needs of individuals living with Alzheimer's disease and other dementias, the services available in the State for those individuals and the ability of health care providers and facilities to meet those individuals' current and future needs. It requires the Maine Center for Disease Control and Prevention within the Department of Health and Human Services to create the council. It also requires the council to develop a state plan to address Alzheimer's disease and other dementias and submit an annual report on implementation of the plan.