

WEST VIRGINIA LEGISLATURE

2024 REGULAR SESSION

Introduced

Senate Bill 566

By Senators Takubo, Tarr, Chapman, Woelfel, Rucker,

Deeds, Jeffries, Maroney, and Plymale

[Introduced January 26, 2024; referred

to the Committee on Health and Human Resources]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §16-5R-8, relating to creating of a state Alzheimer's plan task force.

Be it enacted by the Legislature of West Virginia:

ARTICLE 5R. THE ALZHEIMER’S SPECIAL CARE STANDARDS ACT.

§16-5R-8. State Alzheimer’s Plan Task Force.

1 (a) There is created the Alzheimer's Disease and Other Dementia Advisory Council to
2 examine the needs of individuals living with Alzheimer's disease or other dementias, the services
3 available in the state for those individuals and the ability of health care providers and facilities to
4 meet the individuals' current and future needs and to submit a report with recommendations and to
5 require a State Alzheimer’s Plan.

6 (b) (1) The Alzheimer's Disease and Other Dementia Advisory Council consists of the
7 following voting members:

8 (A) One individual living with Alzheimer's disease or another dementia or a family member
9 of such an individual;

10 (B) One individual who is the family caregiver of an individual living with Alzheimer's
11 disease or another dementia;

12 (C) One individual who represents nursing homes;

13 (D) One individual who represents assisted living facilities;

14 (E) One individual who represents providers of adult day care services;

15 (F) One individual who represents the home care providers;

16 (G) One physician who has experience diagnosing and treating Alzheimer's;

17 (H) One individual who conducts research regarding Alzheimer's disease or other
18 dementias at West Virginia University;

19 (I) One individual who conducts research regarding Alzheimer's disease or other
20 dementias at Marshall University;

21 (J) At least one individual who represents the Alzheimer's Association West Virginia

22 Chapter;

23 (K) One individual who represents the Area Agencies on Aging; and

24 (L) One individual who represents an organization that advocates for older adults.

25 (2) The following five members shall be considered nonvoting members:

26 (A) The Secretary of the Department of Health or the Secretary's designee;

27 (B) The Commissioner of the Bureau for Public Health or the Commissioner's designee;

28 (C) The Commissioner of the Bureau of Senior Services or the Commissioner's designee;

29 (D) The Commissioner of the Bureau for Medical Services or the Commissioner's
30 designee;

31 (E) The State Long-term Care Ombudsman or the Ombudsman's designee.

32 (c) A voting member shall be appointed by the Secretary of the Department of Health and
33 shall serve for a term of 2 years, and until his successor is appointed and qualified. If there is no
34 suitable successor meeting the criteria, the voting member can be re-appointed to an additional
35 term of 2 years. Appointments shall be made not later than ninety days after the effective date of
36 this act. Vacancies shall be filled in the same manner as original appointments.

37 (d) Non-governmental members of the council shall not be compensated. The Department
38 of Health shall finance any costs of the council with existing funds.

39 (e) The members of the council shall select the chairperson and vice chairperson who shall
40 not be employees of the State and shall serve in their role for up to two consecutive years. The
41 council shall hold its first meeting not later than 30 days after the appointment of its members. For
42 purposes of the first meeting, the Secretary of Health or the Secretary's designee shall call and
43 preside over the first meeting until a chair is selected. Thereafter, the council shall meet at the call
44 of the chairperson at least once per quarter. Additional meetings shall be held as set forth in the
45 bylaws.

46 (f) A majority of the voting members shall constitute a quorum for the conduct of meetings.

47 (g) The Secretary of the Department of Health at his or her discretion may provide the

48 advisory council with administrative support reasonably necessary for the advisory council to carry
49 out its duties. In addition, the secretary may make and sign any agreements and may do and
50 perform any acts that are necessary to receive, accept, or secure gifts, grants, and bequests of
51 funds in the name of the advisory council.

52 (h) The Alzheimer's Disease and Other Dementias Advisory Council shall have the
53 following may:

54 (1) Examine the needs of individuals living with Alzheimer's disease or other dementias;

55 (2) Review the services available in the state for those individuals and their family
56 caregivers; and

57 (3) Assess the ability of health care providers and facilities to meet the individuals' current
58 and future needs.

59 (i) The advisory council shall consider and make findings and recommendations on all of
60 the following topics:

61 (1) Trends in the state's Alzheimer's disease and other dementias populations and service
62 needs, including:

63 (A) The state's role in providing or facilitating long-term care, family caregiver support, and
64 assistance to those with Alzheimer's disease or other dementias;

65 (B) The state's policies regarding individuals with Alzheimer's disease or other dementias;

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

68 (D) The state's policies on access to treatment for Alzheimer's disease and other
69 dementias;

70 (E) The state's role in facilitating risk reduction to the general public;

71 (F) The establishment of a surveillance system to better determine the number of
72 individuals diagnosed with Alzheimer's disease or other dementias and to monitor changes to
73 such numbers.

74 (2) Existing resources, services, and capacity relating to the diagnosis and care of
75 individuals living with Alzheimer's disease or other dementias, including;

76 (A) The type, cost, availability, and accessibility of dementia care services;

77 (B) The availability of health care workers who can serve people with dementia including,
78 but not limited to, neurologists, geriatricians, and direct care workers;

79 (C) Dementia-specific training requirements for public and private employees who interact
80 with people living with Alzheimer's or other dementias – which shall include but not be limited to
81 long-term care workers, case managers, adult protective services, law enforcement and first
82 responders;

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

85 (E) Quality care measures for home and community-based services and residential care
86 facilities; and

87 (F) State-supported Alzheimer's and other dementias research conducted at universities
88 located in this state.

89 (3) Policies and strategies that address the following:

90 (A) Educating providers to increase early detection and diagnosis of Alzheimer's disease
91 and other dementias;

92 (B) Improving the health care received by individuals diagnosed with Alzheimer's disease
93 or other dementias;

94 (C) Evaluating the capacity of the health care system in meeting the growing number and
95 needs of those with Alzheimer's disease and other dementias;

96 (D) Increasing the number of health care professionals necessary to treat the growing
97 aging and Alzheimer's disease and dementia populations;

98 (E) Improving services and access to the services provided in the home and community to
99 delay and decrease the need for institutionalized care for individuals with Alzheimer's disease or

100 other dementias;
101 (F) Improving long-term care, including assisted living, for those with Alzheimer's disease
102 or other dementias;
103 (G) Assisting unpaid Alzheimer's disease or dementia caregivers;
104 (H) Increasing public awareness of Alzheimer's disease and other dementias;
105 (I) Increasing and improving research on Alzheimer's disease and other dementias;
106 (J) Promoting activities to maintain and improve brain health;
107 (K) Improving access to treatments for Alzheimer's disease and other dementias'
108 (L) Improving the collection of data and information related to Alzheimer's disease and
109 other dementias and their public health burdens;
110 (M) Improving public safety and addressing the safety-related needs of those with
111 Alzheimer's disease or other dementias;
112 (N) Addressing legal protections for, and legal issues faced by, individuals with Alzheimer's
113 disease or other dementias; and
114 (O) Improving the ways in which the government evaluates and adopts policies to assist
115 individuals diagnosed with Alzheimer's disease or other dementias and their families.
116 (i) No later than eighteen months following the appointment of the council, the council shall
117 submit a new State Alzheimer's Plan to the Joint Committee on Health and the Governor. By
118 December 1 of each year, the Council shall submit to the Governor and the Joint Committee on
119 Health an annual report on the status of implementation of State Alzheimer's Plan
120 recommendations and any barriers to implementation.
121 (j) Every four years, the council shall issue an updated State Alzheimer's Plan addressing
122 the items in subsection (h) and any other issues the council deems necessary and relevant toward
123 addressing Alzheimer's and dementia.
124 (k) The Departments identified in the State Alzheimer's Plan shall implement the
125 recommendations in the plan. The status of implementation shall be included in the annual report.

NOTE: The purpose of this bill is to create a council to establish a state Alzheimer's Plan.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.