

Senate Bill 14

By: Senators Unterman of the 45th, Wilkinson of the 50th, Crosby of the 13th, Hill of the 4th and Orrock of the 36th

AS PASSED

A BILL TO BE ENTITLED

AN ACT

1 To amend Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to
2 indigent and elderly patients, so as to create a Georgia Alzheimer's and Related Dementias
3 State Plan Task Force; to provide for legislative intent; to provide for its members and
4 vacancies; to provide for duties and responsibilities; to provide for a chairperson; to provide
5 for a quorum for the transaction of business; to provide for a final report; to provide for
6 related matters; to provide an effective date; to provide for automatic repeal; to repeal
7 conflicting laws; and for other purposes.

8 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

9 **SECTION 1.**

10 Chapter 8 of Title 31 of the Official Code of Georgia Annotated, relating to indigent and
11 elderly patients, is amended by adding a new article to read as follows:

12 "ARTICLE 9

13 31-8-300.

14 The General Assembly finds and declares that Alzheimer's disease is a looming national
15 public health crisis and impacts every state. It is important for Georgia to assess its ability
16 to provide appropriate and necessary programs and services to Georgia's citizens living
17 with Alzheimer's disease and related dementias, and determine where Georgia is, where
18 Georgia is doing well, where gaps may exist, and where the private sector, public sector,
19 nonprofit and faith-based communities' resources may be leveraged to ensure that Georgia
20 grows to be fully dementia capable. The General Assembly further finds that access to
21 quality health care for Alzheimer's and related dementias and the rising cost of such care
22 are vitally important to the citizens of Georgia. Therefore, the General Assembly has
23 determined that it is in the best interests of the state and its citizenry to address this issue.

31-8-301.

There is created the Georgia Alzheimer's and Related Dementias State Plan Task Force for the purpose of studying and collecting information and data to assess the current and future impact of Alzheimer's disease on Georgia's citizens; to examine the existing industries, services, and resources addressing the needs of persons with Alzheimer's disease, their families, and caregivers; to review the National Alzheimer's Disease Plan currently under development by the federal Department of Health and Human Services; and to develop a strategy to mobilize a state response to Alzheimer's and related dementias as a public health crisis by creating a state plan.

31-8-302.

(a) The Georgia Alzheimer's and Related Dementias State Plan Task Force shall be composed of six members and shall include the director of the Division of Aging Services within the Department of Human Services, the commissioner of community health or his or her designee, the state health officer or his or her designee, the chairperson of the House Committee on the Health and Human Services, the chairperson of the Senate Health and Human Services Committee, and the chairperson of the House Committee on Human Relations and Aging.

(b) The director of the Division of Aging Services within the Department of Human Services shall serve as the chairperson of the task force. The task force may elect other officers as deemed necessary. The chairperson of the task force may designate and appoint committees from among the membership of the task force as well as appoint other persons to perform such functions as he or she may determine to be necessary as relevant to and consistent with this article. The chairperson shall only vote to break a tie.

(c) The task force shall invite other advisory members to assist the committee and may consider the following in making its selection: a person with Alzheimer's disease; a person with Alzheimer's related dementia; such person's caregiver; a representative of the nursing facility industry; a representative from the adult day care services industry; a representative of the home health industry; a representative of the personal care home industry; a physician; a consultant pharmacist; an Alzheimer's disease and related dementias researcher; law enforcement personnel; and other stakeholders from the public, private, and nonprofit sectors, voluntary health organizations, and the faith-based community.

31-8-303.

(a) The task force shall hold meetings at the call of the chairperson.

(b) A quorum for transacting business shall be a majority of the members of the task force.

(c) The members of the task force shall serve without compensation.

(d) The Division of Aging Services within the Department of Human Services shall provide administrative support to the task force.

(e) Each legislative member of the task force shall receive the allowances provided for in Code Section 28-1-8. Citizen members shall receive a daily expense allowance in the amount specified in subsection (b) of Code Section 45-7-21 as well as the mileage or transportation allowance authorized for state employees. Any members of the task force who are state officials, other than legislative members, and state employees shall receive no compensation for their services on the task force, but they shall be reimbursed for expenses incurred by them in the performance of their duties as members of the task force in the same manner as they are reimbursed for expenses in their capacities as state officials or employees. The funds necessary for the reimbursement of the expenses of state officials, other than legislative members, and state employees shall come from funds appropriated to or otherwise available to their respective departments. All other funds necessary to carry out the provisions of this article shall come from funds appropriated to the House of Representatives and the Senate.

31-8-304.

(a) The purpose of the task force shall be to create a comprehensive state plan for Georgia to address Alzheimer's and related dementias and shall include, at a minimum:

(1) Trends in state Alzheimer's and related dementias population and needs, including the changing population with dementia, including, but not limited to:

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

(B) State policy regarding persons with Alzheimer's disease and developmental disabilities; and

(C) Ongoing periodic surveillance of persons with Alzheimer's disease for purposes of having proper estimates of the number of persons in the state with Alzheimer's disease, and for the development of a response to this chronic condition that has risen to the level of a public health crisis;

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

(A) Type, cost, and availability of dementia services;

(B) Dementia-specific training requirements for long-term care staff;

(C) Quality care measures for long-term care facilities;

(D) Capacity of public safety and law enforcement to respond to persons with Alzheimer's disease;

(E) Availability of home- and community-based resources for persons with Alzheimer's disease and respite care to assist families;

(F) Inventory of long-term care dementia care units;

(G) Adequacy and appropriateness of geriatric-psychiatric units for persons with behavior disorders associated with Alzheimer's disease and related dementias;

(H) Assisted living residential options for persons with dementia;

(I) State support of Alzheimer's disease research through Georgia universities and other resources;

(J) Medical education, content, and quality of course offerings and requirements for dementia training provided to students in medical education programs at all levels of education within both state and private programs from emergency medical technician and nursing assistant programs through advanced medical specialties and medical continuing education;

(K) Inventory of federal agencies who provide funding, services, programs, or resources for individuals with Alzheimer's disease or a related dementia, caregivers, medical professionals, or professional care providers; and

(L) Gaps in services;

(3) Needed state policies or responses, including but not limited to directions for the provision of clear and coordinated services and support to persons and families living with Alzheimer's disease and related disorders and strategies to address any identified gaps in services;

(4) Ways in which state and local agencies, private sector, quasi-governmental, voluntary health organizations, the faith community, and nonprofit organizations can collaborate and work together to form a seamless network of education, support, and other needed services to those living with Alzheimer's disease and related dementias and their families; and

(5) Specific areas to addressed, including:

(A) Increasing awareness of Alzheimer's disease among the public;

(B) Encouraging increased detection and diagnosis of Alzheimer's disease;

(C) Improving the individual health care that those with Alzheimer's disease receive;

(D) Improving the quality of the health care system in serving people with Alzheimer's disease;

(E) Expanding the capacity of the health care system to meet the growing number and needs of those with Alzheimer's disease;

(F) Training and better equipping health care professionals and others to deal with individuals with Alzheimer's disease;

(G) Workforce development by increasing the number of health care professionals that will be necessary to treat the growing aging and Alzheimer's populations;

(H) Improving services provided in the home and community to delay and decrease the need for institutionalized care;

(I) Improving access to long-term care, including assisted living, for those with Alzheimer's disease;

(J) Assisting unpaid Alzheimer's caregivers;

(K) Increasing research on Alzheimer's disease;

(L) Promoting activities that would maintain and improve brain health;

(M) Creating a better system of data collection regarding Alzheimer's disease and its public health burden;

(N) Public safety and addressing the safety related needs of those with Alzheimer's disease, including in-home safety for those living at home, Mattie's Call and safety of those who wander or are found wandering but who need supervision until they can be reunited with their family or professional caregiver and driving safety, including assessments and taking the license away when a person with dementia is no longer capable of driving safely;

(O) Addressing legal protections for, and legal issues faced by, individuals with Alzheimer's disease; and

(P) Improving how state government evaluates and adopts policies to help people with Alzheimer's disease and their families; determination of which department of state government is the most appropriate agency to house the ongoing work of the Georgia Alzheimer's and Related Dementias State Plan Task Force as it convenes annually to ensure track and report progress as Georgia becomes a more dementia-capable state.

(b) The task force shall have the following powers:

(1) To hold public meetings and utilize technological means, such as webcasts, to gather feedback on the recommendations from persons and families affected by Alzheimer's disease and related dementias and from the general public;

(2) To request and receive data from and review the records of appropriate agencies and health care facilities to the greatest extent allowed by state and federal law;

(3) To accept public or private grants, devises, and bequests; and

(4) To enter into all contracts or agreements necessary or incidental to the performance of its duties.

(c) Prior to the final report required in subsection (d) of this Code section, the task force may advise on legislation and other recommended changes to the Governor and the General Assembly.

(d) The task force shall issue a state plan which shall include proposed legislation, if any, to the Governor and the General Assembly on or before March 31, 2014.

167 31-8-305.

168 (a) Upon the abolishment of the task force as provided by this article, there shall be created
169 the Georgia Alzheimer's and Related Dementias Advisory Council.

170 (b) The advisory council membership shall include the same membership as the original
171 task force as provided for in this article.

172 (c) The advisory council shall meet at least annually to review the progress of the state
173 plan and to make any recommendations for changes, as well as recommend any legislation
174 needed to implement the plan.

175 31-8-306.

176 The task force shall stand abolished on March 31, 2014."

177 **SECTION 2.**

178 This Act shall become effective upon its approval by the Governor or upon its becoming law
179 without such approval.

180 **SECTION 3.**

181 All laws and parts of laws in conflict with this Act are repealed.