

Senate File 2270 - Introduced

SENATE FILE 2270
BY COMMITTEE ON HUMAN
RESOURCES

(SUCCESSOR TO SSB 3149)

A BILL FOR

1 An Act relating to the state comprehensive Alzheimer's disease
2 response strategy.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 135P.1 **Definitions.**

2 As used in this chapter, unless the context otherwise
3 requires:

4 1. "*Alzheimer's disease*" or "*Alzheimer's*" means a
5 progressive, degenerative, fatal disorder that results in loss
6 of memory, loss of thinking and language skills, and behavioral
7 changes. "*Alzheimer's disease*" includes related dementias
8 including vascular dementia, Parkinson's disease, dementia with
9 Lewy bodies, frontotemporal dementia, Crutzfeldt-Jakob disease,
10 normal pressure hydrocephalus, and mixed dementia.

11 2. "*Department*" means the department of public health.

12 Sec. 2. NEW SECTION. 135P.2 **Alzheimer's disease —**
13 **state-level coordination and comprehensive response strategy.**

14 1. The department of public health shall lead the effort to
15 expand the state-level infrastructure necessary to prepare for
16 long-term, comprehensive support of Alzheimer's disease-related
17 activities in the state. The department shall develop and
18 administer a comprehensive Alzheimer's disease response
19 strategy and act as the coordination hub to facilitate,
20 integrate, and monitor interagency planning and policymaking;
21 expand public and private partnerships to enhance public
22 awareness and improve access to quality care; and identify
23 funding opportunities to further the goals of this chapter.

24 2. The department shall formulate and administer a
25 multiyear comprehensive Alzheimer's disease response strategy
26 that includes short-term and long-term objectives and
27 action steps. Both short-term and long-term objectives and
28 action steps should focus on ensuring that individuals with
29 Alzheimer's disease have access to the highest quality, most
30 appropriate care at all stages of the disease and in all
31 settings across the service and supports continuum. The
32 response strategy may include prioritization of objectives and
33 action steps to most efficiently utilize resources and funding.
34 The department shall update the initial strategy biennially to
35 address the challenges presented with increased prevalence of

1 the disease, and shall submit a progress report annually in
2 January to the governor and the general assembly.

3 3. In developing the necessary infrastructure and
4 formulating and administering the comprehensive Alzheimer's
5 disease response strategy, the department shall do all of the
6 following:

7 a. Establish a dedicated full-time position of Alzheimer's
8 disease coordinator within the department. The coordinator,
9 in partnership with public and private entities and the
10 multidisciplinary advisory council, shall to do all of the
11 following:

12 (1) Based upon the recommendations of Alzheimer's disease
13 workgroup pursuant to 2011 Iowa Acts, chapter 61, initially
14 formulate and subsequently update the comprehensive Alzheimer's
15 disease response strategy.

16 (2) Broaden awareness of the impact of individuals with
17 Alzheimer's disease, and coordinate a public awareness
18 and education campaign with public and private partners to
19 demystify and encourage public understanding and acceptance of
20 Alzheimer's disease, promote the importance of early detection
21 and diagnosis, promote efforts that educate physicians
22 and other health professionals in best practice standards,
23 collaborate in the dissemination of reliable information, and
24 promote resource and referral opportunities.

25 (3) Lead and coordinate data collection efforts among
26 public and private entities to provide a centralized point of
27 data collection and serve as a clearinghouse of information
28 regarding Alzheimer's disease. Data collection efforts
29 shall focus on increasing surveillance of the prevalence and
30 impact of Alzheimer's disease in the state and, to the extent
31 possible, utilize and enhance existing assessment tools to
32 promote common data elements and uniform collection of data.
33 Data collection should specifically include informing planning
34 for individuals with younger onset Alzheimer's disease.

35 (4) Coordinate efforts to expand access to quality

1 services. The effort shall focus on promoting a system of care
2 that provides equitable access to multiple, individualized
3 services and supports that are evidence-based, coordinated,
4 interdisciplinary, and person-centered. To the greatest extent
5 possible the system of care shall utilize a social rather than
6 medical model by incorporating and enhancing existing health
7 home and preventive care initiatives, home and community-based
8 services and supports, and technologies such as telemedicine
9 especially in rural and underserved areas of the state.

10 (5) Address workforce challenges specific to Alzheimer's
11 disease and dementia by coordinating with existing state
12 efforts that align and implement curriculum and training
13 requirements for providers who interact with persons with
14 Alzheimer's disease; and by supporting efforts to improve
15 recruitment and retention of targeted professionals with
16 dementia-specific education and training including but not
17 limited to psychiatrists, gerontologists, neurologists, and
18 direct care professionals.

19 (6) Act as a liaison to the aging and disability resource
20 centers, area agencies on aging, Alzheimer's association
21 chapters, the health and long-term care advisory council
22 created in sections 135.163 and 135.164, and other entities to
23 ensure Alzheimer's disease is appropriately addressed in the
24 state.

25 (7) Apply for public and private funding relating to
26 dementia to fulfill the duties specified under this chapter.

27 *b.* Convene a multidisciplinary advisory council. The
28 council shall assist and advise the department and the
29 coordinator; develop partnerships to provide coordination,
30 collaboration and support for Alzheimer's-related services
31 and programs throughout the state; and advocate on behalf of
32 persons with Alzheimer's disease and their families. The
33 advisory council shall, at a minimum, include representation
34 from individuals with Alzheimer's disease and their families;
35 caregivers and other providers of services and supports;

1 medical providers including primary and specialty care
2 providers including geriatricians, neurologists, and others
3 with expertise in Alzheimer's disease; the Alzheimer's
4 association; community-based organizations and other
5 organizations with interest or expertise in Alzheimer's
6 disease; academic institutions and programs with a focus
7 on Alzheimer's disease and dementia; and appropriate state
8 agencies including but not limited to the department on
9 aging, the department of human services, the department of
10 inspections and appeals, the department of public safety, and
11 the department of workforce development. The department shall
12 enlist private entities in providing staff support for the
13 council.

14 Sec. 3. REPEAL. Sections 135.171 and 231.62, Code and Code
15 Supplement 2011, are repealed.

16 Sec. 4. INCORPORATION OF EXISTING STATE DUTIES. The
17 department of public health shall incorporate the requirements
18 specified in sections 135.171 and 231.62, Code and Code
19 Supplement 2011, into the comprehensive Alzheimer's disease
20 strategy formulated and administered pursuant to this Act.

21 EXPLANATION

22 This bill relates to state-level coordination of and a
23 comprehensive response strategy for Alzheimer's disease. The
24 bill creates a new Code chapter, Code chapter 135P, to direct
25 that the department of public health (DPH) is to lead the
26 effort to expand the state-level infrastructure and develop
27 and administer a comprehensive Alzheimer's disease response
28 strategy. The bill provides a definition of Alzheimer's
29 disease which includes related dementias.

30 The bill directs DPH to formulate and administer a multiyear
31 comprehensive Alzheimer's disease response strategy, to update
32 the strategy biennially, and to submit a progress report
33 annually in January to the governor and the general assembly.
34 The response strategy may include prioritization of objectives
35 and action steps to most efficiently utilize resources and

1 funding.

2 In developing the necessary infrastructure and formulating
3 and administering the comprehensive Alzheimer's disease
4 response strategy, DPH is directed to establish a dedicated
5 full-time position of Alzheimer's disease coordinator within
6 the department and to convene a multidisciplinary advisory
7 council.

8 The coordinator, in partnership with public and private
9 entities and the multidisciplinary advisory council created in
10 the bill, is to initially formulate and subsequently update the
11 comprehensive Alzheimer's disease response strategy; broaden
12 awareness of the impact of Alzheimer's disease, and coordinate
13 a public awareness and education campaign with public and
14 private partners; lead and coordinate data collection efforts
15 among public and private entities to provide a centralized
16 point of data collection and serve as a clearinghouse of
17 information regarding Alzheimer's disease; coordinate efforts
18 to expand access to quality services; address workforce
19 challenges specific to Alzheimer's disease and dementia; act as
20 a liaison to public and private entities to ensure Alzheimer's
21 disease is appropriately addressed in the state; and apply for
22 public and private funding relating to dementia to fulfill the
23 duties specified under the bill.

24 The multidisciplinary advisory council is to assist and
25 advise the department and the coordinator; develop partnerships
26 related to Alzheimer's-related services and programs throughout
27 the state; and advocate on behalf of persons with Alzheimer's
28 disease and their families. The bill specifies the minimum
29 representation to be included in the advisory council, and
30 directs DPH to enlist private entities in providing staff
31 support for the council.

32 The bill repeals the Code section relating to a directive
33 to DPH to analyze Iowa's population to determine the existing
34 service utilization and future service needs of persons with
35 Alzheimer's disease and similar forms of irreversible dementia

1 (Code section 135.171). The bill also repeals the Code
2 section relating to a directive to the department on aging to
3 review trends and initiatives to address the long-term living
4 needs of Iowans with Alzheimer's disease and similar forms
5 of irreversible dementia, and to expand and improve training
6 and education of persons who regularly deal with persons with
7 Alzheimer's disease and similar forms of irreversible dementia
8 (Code section 231.62). DPH is required to incorporate both of
9 these directives into the comprehensive Alzheimer's disease
10 response strategy formulated and administered under the bill.