

# HOUSE BILL REPORT

## SSB 6124

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**As Passed House:**  
March 6, 2014

**Title:** An act relating to developing a state Alzheimer's plan.

**Brief Description:** Developing a state Alzheimer's plan.

**Sponsors:** Senate Committee on Health Care (originally sponsored by Senators Keiser, Dammeier, Hargrove, Ranker, McCoy, Hasegawa, Conway, Darneille, McAuliffe, Cleveland, Billig, Rolfes, Nelson, Mullet, Fraser, Frockt, Eide, Kohl-Welles, Kline, Hobbs, Pedersen, Hatfield, Parlette, Roach and Becker).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/24/14, 2/26/14 [DP].

**Floor Activity:**

Passed House: 3/6/14, 90-6.

**Brief Summary of Substitute Bill**

- Creates an Alzheimer's disease working group to develop a state Alzheimer's plan.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 15 members: Representatives Cody, Chair; Riccelli, Vice Chair; Schmick, Ranking Minority Member; Harris, Assistant Ranking Minority Member; Clibborn, Green, G. Hunt, Jinkins, Manweller, Morrell, Rodne, Ross, Short, Tharinger and Van De Wege.

**Staff:** Chris Blake (786-7392).

**Background:**

Alzheimer's disease is a form of dementia that affects parts of the brain that control thought, memory, language, and functional status. Alzheimer's disease is an irreversible, progressive brain disease that results in death of the individual. In more than 90 percent of people with

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Alzheimer's disease, symptoms do not appear until after age 60. The causes of Alzheimer's disease are not known, but are believed to be associated with a combination of genetic, environmental, and lifestyle factors.

The United States Centers for Disease Control and Prevention estimates that approximately 5.6 million Americans have Alzheimer's disease. Nationally, it is the sixth leading cause of death for American adults. In 2012 Alzheimer's disease was the third most common cause of death in Washington, accounting for over 6 percent of all deaths in the state.

### **Summary of Bill:**

The Department of Social and Health Services (DSHS) must convene an Alzheimer's disease working group. The working group must develop a state Alzheimer's plan. The working group must examine the needs of individuals diagnosed with Alzheimer's, the services available to meet those needs, and the capacity of the state and providers to meet those needs. The working group must adopt recommendations and findings related to:

- trends in the state's Alzheimer's population and service needs, including the state's role in long-term care, family caregiver support, and assistance to persons with Alzheimer's disease; state policy regarding persons with Alzheimer's disease and dementia; and estimates of current and future impacts of Alzheimer's disease in Washington;
- existing resources, services, and capacity, including types, costs, and availability of dementia services; dementia-specific training requirements for long-term care staff; quality measures for long-term care facilities; availability of home and community-based resources for person's with Alzheimer's disease; availability of dementia units; adequacy of geriatric psychiatric units; assisted living residential options for persons with dementia; and state support of Alzheimer's disease research; and
- needed policies or responses, including promoting the early detection of Alzheimer's disease and dementia, coordinated services and supports, the capacity to meet needs, and strategies to identify gaps in services.

The working group consists of:

- unpaid and professional caregivers of persons who have been diagnosed with Alzheimer's disease;
- individual provider caregivers of persons who have been diagnosed with Alzheimer's disease;
- persons who have been diagnosed with Alzheimer's disease;
- representatives of nursing homes, assisted living facilities, and adult family homes;
- a representative of home care agencies that care for persons with Alzheimer's disease;
- a representative of adult day services;
- a health care professional who treats people with Alzheimer's disease;
- a psychologist who specializes in dementia care;
- a person who conducts research on Alzheimer's disease;
- representatives of the Alzheimer's Association and the Alzheimer Society of Washington;
- Executive branch representatives from the Governor's Office, DSHS, the Department of Health, the Health Care Authority, and the Department of Veterans Affairs;
- the Long-Term Care Ombuds;

- members of the House and Senate committees with jurisdiction over health care issues;
- five health policy advocates;
- representatives of the University of Washington's Alzheimer's Disease Research Center; and
- a person with experience in elder law or guardianship issues.

The DSHS must submit a report of the working group's findings and recommendations, including any draft legislation required to implement the recommendations, to the Governor and the Legislature by January 1, 2016.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Alzheimer's disease is the third leading cause of death in Washington. Currently about 150,000 Washingtonians are living with Alzheimer's disease or other dementias. Alzheimer's disease is a public health epidemic and a comprehensive Alzheimer's plan is an effective way to deal with that. Alzheimer's disease not only impacts the well-being and finances of individuals with dementia and their families, but also impacts businesses, health care, and public long-term services and supports systems in Washington. The Governor held a conference over the summer regarding the issues facing the elderly and there was much discussion of the needs of those with Alzheimer's disease and other forms of dementia.

Washington must reduce redundant approaches to dementia care and encourage best practices. With the anticipated age wave, now is the time for Washington to begin its own comprehensive, coordinated effort to promote cognitive health and increase the dementia capability of the intersecting systems of supports and services for people with dementia and their caregivers.

This study should also look at how to protect vulnerable adults from predatory guardians who take advantage of the elderly and how the elderly with Alzheimer's disease are treated in the state.

(Opposed) None.

**Persons Testifying:** Senator Keiser, prime sponsor; Bob Leroy, Alzheimer's Association Western/Central Washington Chapter; Myriam Marquez; Claudia Donnelly; and Bea Rector, Department of Social and Health Services.

**Persons Signed In To Testify But Not Testifying:** None.