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**SUBSTITUTE HOUSE BILL 1646**

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**State of Washington 67th Legislature 2022 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Bateman, Harris, Leavitt, Walen, Dolan, Bronoske, Callan, Eslick, Goodman, Macri, Simmons, Tharinger, Kloba, Stonier, Davis, Riccelli, and Ormsby)

AN ACT Relating to continuing the work of the dementia action collaborative; adding a new section to chapter 43.20A RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  The legislature finds that:

(1) In 2020, an estimated 120,000 Washingtonians age 65 and older were living with Alzheimer's disease or another dementia and the number is expected to rise to 140,000 by 2025;

(2) Dementia affects the whole family in many ways, including pulling family members, most often women, out of the workforce to care for their loved ones with the disease;

(3) There are an estimated 295,000 unpaid caregivers in Washington providing 426,000,000 total hours of unpaid care annually;

(4) The legislature authorized the preparation of the first Washington state plan to address Alzheimer's disease and other dementias in 2016; and

(5) There is great value in continuing to improve awareness and services for individuals living with Alzheimer's disease and other dementias, and reestablishing the formal dementia action collaborative to update the state plan and make recommendations is essential.

NEW SECTION. **Sec.**  A new section is added to chapter 43.20A RCW to read as follows:

(1) The dementia action collaborative is established with members as provided in this subsection.

(a) The governor shall appoint the following members, and may appoint additional members at the governor's discretion:

(i) A representative of the governor's office;

(ii) A representative and an alternate from the department in the aging and long-term support administration;

(iii) A representative and an alternate from the department in the developmental disabilities administration;

(iv) A representative and an alternate from the department of health;

(v) A representative and an alternate from the health care authority;

(vi) A representative and an alternate from the office of the state long-term care ombuds;

(vii) At least one person with Alzheimer's disease or another dementia;

(viii) A caregiver of a person with Alzheimer's disease or another dementia;

(ix) A representative of the University of Washington's memory and brain wellness center;

(x) A representative of an organization representing area agencies on aging;

(xi) A representative of an association representing long-term care facilities in Washington;

(xii) A representative of an association representing physicians in Washington;

(xiii) A representative of a Washington-based organization of volunteers, family, and friends of those affected by Alzheimer's disease and other dementias;

(xiv) A representative of an Alzheimer's advocacy organization;

(xv) An attorney who specializes in elder law;

(xvi) An Alzheimer's disease researcher;

(xvii) A representative of an organization representing emergency medical service providers in Washington;

(xviii) An expert in workforce development;

(xix) A representative of the Washington state council on aging;

(xx) A representative of the governor's office of Indian affairs;

(xxi) A licensed behavioral health provider with clinical expertise in Alzheimer's disease or other dementias;

(xxii) A representative of a health care organization that primarily serves people of color, including seniors; and

(xxiii) A nurse with expertise in serving individuals with Alzheimer's disease or other dementias.

(b) In appointing members to the dementia action collaborative, the governor shall give priority to persons who had previously served on the Alzheimer's disease working group established pursuant to chapter 89 (Senate Bill No. 6124), Laws of 2014, and its successor work groups.

(2)(a) The secretary or the secretary's designee shall convene the dementia action collaborative and submit all required reports. The secretary or the secretary's designee shall serve as the cochair with either the member representing an Alzheimer's disease advocacy organization or the member representing the Washington-based organization of volunteers, family, and friends of those affected by Alzheimer's disease and other dementias.

(b) The department shall provide any necessary administrative support to the dementia action collaborative.

(c) Meetings of the dementia action collaborative must be open to the public. At least one meeting each year must accept comments on the dementia action collaborative's proposed recommendations from members of the public, including comments from persons and families affected by Alzheimer's disease or other dementias. The department must use technological means, such as web casts, to assure public participation.

(3)(a) The dementia action collaborative must assess the current and future impacts of Alzheimer's disease and other dementias on Washington residents, including:

(i) Examining progress in implementing the Washington state Alzheimer's plan adopted in 2016;

(ii) Assessing available services and resources for serving persons with Alzheimer's disease and other dementias, as well as their families and caregivers;

(iii) Examining and developing strategies to rectify disparate effects of Alzheimer's disease and other dementias on people of color; and

(iv) Developing a strategy to mobilize a state response to this public health crisis.

(b) In addition to the activities in (a) of this subsection, the dementia action collaborative must review and revise the Washington state Alzheimer's plan adopted in 2016, and any subsequent revisions to that plan. Revisions to the plan must evaluate and address:

(i) Population trends related to Alzheimer's disease and other dementias, including:

(A) Demographic information related to Washington residents living with Alzheimer's disease or other dementias, including average age, average age at first diagnosis, gender, race, and comorbidities; and

(B) Disparities in the prevalence of Alzheimer's disease and other dementias between different racial and ethnic populations;

(ii) Existing services, resources, and health care system capacity, including:

(A) The types, cost, and availability of dementia services, medicaid reimbursement rates for dementia services, and the effect of medicaid reimbursement rates on the availability of dementia services;

(B) Dementia-specific training requirements for long-term services and supports staff;

(C) The needs of public safety and law enforcement to respond to persons with Alzheimer's disease or other dementias;

(D) The availability of home and community-based resources, including respite care and other services to assist families, for persons with Alzheimer's disease or other dementias;

(E) Availability of long-term dementia care beds, regardless of payer;

(F) State funding and Alzheimer's disease research through Washington universities and other resources; and

(G) Advances in knowledge regarding brain health, dementia, and risk reduction related to Alzheimer's disease and other dementias since the adoption of the Washington state Alzheimer's plan established in 2016.

(4) The department must submit a report of the dementia action collaborative's findings and recommendations to the governor and the legislature in the form of an updated Washington state Alzheimer's plan no later than October 1, 2023. The department must submit annual updates and recommendations of the dementia action collaborative for legislative and executive branch agency action to the governor and the legislature each October 1st, beginning October 1, 2024.

**--- END ---**