

Chapter 306

(House Bill 690)

AN ACT concerning

Virginia I. Jones Alzheimer's Disease and Related Disorders Council

FOR the purpose of establishing the Virginia I. Jones Alzheimer's Disease and Related Disorders Council; providing for the membership of the Council; requiring the Governor to consider the geographic and demographic diversity of the State in appointing individuals to the Council; requiring the Secretary of Health and Mental Hygiene and the Secretary of Aging, or their designees, to cochair the Council; requiring the Department of Health and Mental Hygiene, with assistance from the Department of Aging, to provide staff support for the Council; authorizing the Department to request certain staffing assistance; providing that a member of the Council may not receive certain compensation but is entitled to certain reimbursement; providing for the duties of the Council; defining a certain term; providing for the termination of this Act; and generally relating to the Virginia I. Jones Alzheimer's Disease and Related Disorders Council.

BY adding to

Article – Health – General

Section 13–3101 through 13–3106 to be under the new subtitle “Subtitle 31.

Virginia I. Jones Alzheimer's Disease and Related Disorders Council”

Annotated Code of Maryland

(2009 Replacement Volume and 2012 Supplement)

Preamble

WHEREAS, There are more than 5.4 million Americans living with Alzheimer's disease and someone new is added to that number approximately every 68 seconds; and

WHEREAS, There are an estimated 86,000 individuals in Maryland with Alzheimer's disease, and this number is expected to increase with the general aging of the population; and

WHEREAS, Alzheimer's disease and related disorders are also associated with a number of seriously disabling illnesses, including high blood pressure, high cholesterol, and other cardiovascular diseases; and

WHEREAS, Individuals with Alzheimer's disease and related disorders live many years after diagnosis and are at increased risk for high health care costs, social isolation, and institutionalization; and

WHEREAS, Family members and caregivers of individuals with Alzheimer's disease and related disorders commonly do not have access to services or knowledge of the resources and information needed to provide effective and efficient care and treatment of the disease; and

WHEREAS, The lack of access to and utilization of information results in less effective treatment of Alzheimer's disease and related disorders and increases the burden of care, leading to poorer outcomes for individuals living with the disease or related disorders and their caregivers; and

WHEREAS, There is a need for more successful collaborative efforts in Maryland, such as the annual Pythias A. and Virginia I. Jones African American Community Forum on Memory Loss, created in the memory of Virginia I. Jones, a Marylander committed to public service, who lived with the devastation of Alzheimer's disease for approximately 10 years prior to diagnosis and for 17 years after diagnosis, and her husband, who was also an Alzheimer's victim and her primary caregiver for all of those 17 years; and

WHEREAS, The Forum brings together a public, private, and community collaboration to inform the community and others about Alzheimer's disease and related disorders, to support caregivers, to share information on services available, and to bring the promise of research and opportunities to network with others who share similar concerns; and

WHEREAS, Many Maryland agencies, associations, and institutions have Alzheimer's disease and related disorders expertise but gaps remain in the coordination of services and information relating to these chronic diseases; and

WHEREAS, The Governor established by Executive Order the Maryland Alzheimer's Disease and Related Disorders Commission; and

WHEREAS, The Maryland Alzheimer's Disease and Related Disorders Commission released its 2012 Maryland State Plan on Alzheimer's Disease and Related Disorders which recommended the establishment of a permanent Alzheimer's Disease and Related Disorders Council; now, therefore,

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

SUBTITLE 31. VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DISORDERS COUNCIL.

13-3101.

IN THIS SUBTITLE, "COUNCIL" MEANS THE VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DISORDERS COUNCIL.

13-3102.

THERE IS A VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DISORDERS COUNCIL.

13-3103.

(A) THE COUNCIL CONSISTS OF THE FOLLOWING MEMBERS:

(1) ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE PRESIDENT OF THE SENATE;

(2) ONE MEMBER OF THE HOUSE OF DELEGATES, APPOINTED BY THE SPEAKER OF THE HOUSE;

(3) THE SECRETARY OF HEALTH AND MENTAL HYGIENE, OR THE SECRETARY'S DESIGNEE;

(4) THE SECRETARY OF AGING, OR THE SECRETARY'S DESIGNEE;

(5) THE SECRETARY OF DISABILITIES, OR THE SECRETARY'S DESIGNEE;

(6) THE MARYLAND INSURANCE COMMISSIONER, OR THE COMMISSIONER'S DESIGNEE; AND

(7) THE FOLLOWING MEMBERS, APPOINTED BY THE GOVERNOR:

(I) A REPRESENTATIVE OF THE U.S. DEPARTMENT OF VETERANS AFFAIRS WITH EXPERTISE IN ALZHEIMER'S DISEASE AND RELATED DISORDERS;

(II) AN ATTORNEY WHO WORKS DIRECTLY WITH DISABLED OR ELDERLY INDIVIDUALS;

(III) A REPRESENTATIVE OF THE ALZHEIMER'S ASSOCIATION, GREATER MARYLAND CHAPTER;

(IV) A PHYSICIAN WHO CONDUCTS RESEARCH IN ALZHEIMER'S DISEASE AND RELATED DISORDERS;

(V) A HEALTH PROFESSIONAL WITH EXPERTISE IN ADDRESSING RACIAL AND ETHNIC HEALTH DISPARITIES;

(VI) A SOCIAL WORKER WITH EXPERIENCE WORKING WITH INDIVIDUALS AND FAMILIES AFFECTED BY ALZHEIMER'S DISEASE AND RELATED DISORDERS;

(VII) A PSYCHOLOGIST ~~OR PSYCHIATRIST~~ WITH EXPERTISE IN ALZHEIMER'S DISEASE AND RELATED DISORDERS;

(VIII) A PSYCHIATRIST WITH EXPERTISE IN ALZHEIMER'S DISEASE AND RELATED DISORDERS;

~~(VIII)~~ (IX) A PHYSICIAN WITH EXPERIENCE IN END-OF-LIFE CARE AND PAIN MANAGEMENT;

~~(IX)~~ (X) A REGISTERED NURSE WITH EXPERTISE IN ALZHEIMER'S DISEASE AND RELATED DISORDERS;

~~(X)~~ (XI) A LICENSED NURSE PRACTITIONER WITH EXPERTISE IN END-OF-LIFE CARE AND PAIN MANAGEMENT;

~~(XI)~~ (XII) A REPRESENTATIVE OF THE NURSING HOME ~~AND ASSISTED-LIVING~~ INDUSTRY;

~~(XII)~~ (XIII) AN INDIVIDUAL WITH EARLY-ONSET ALZHEIMER'S DISEASE OR A RELATED DISORDER; ~~AND~~

~~(XIII)~~ (XIV) TWO FAMILY CAREGIVERS, ONE OF WHOM IS A FAMILY MEMBER OF AN INDIVIDUAL WITH ALZHEIMER'S DISEASE OR A RELATED DISORDER;

(XV) A REPRESENTATIVE OF THE ASSISTED LIVING INDUSTRY; AND

(XVI) A REPRESENTATIVE OF THE MEDICAL ADULT DAY CARE INDUSTRY.

(B) TO THE EXTENT PRACTICABLE, THE MEMBERS APPOINTED TO THE COUNCIL SHALL REFLECT THE GEOGRAPHIC, RACIAL, ETHNIC, CULTURAL, AND GENDER DIVERSITY OF THE STATE.

13-3104.

(A) THE SECRETARY OF HEALTH AND MENTAL HYGIENE AND THE SECRETARY OF AGING, OR THEIR DESIGNEES, SHALL COCHAIR THE COUNCIL.

(B) A MEMBER OF THE COUNCIL:

(1) MAY NOT RECEIVE COMPENSATION AS A MEMBER OF THE COUNCIL; BUT

(2) IS ENTITLED TO REIMBURSEMENT FOR EXPENSES UNDER THE STANDARD STATE TRAVEL REGULATIONS, AS PROVIDED IN THE STATE BUDGET.

13-3105.

(A) THE DEPARTMENT, WITH ASSISTANCE FROM THE DEPARTMENT OF AGING, SHALL PROVIDE STAFF SUPPORT FOR THE COUNCIL.

(B) THE DEPARTMENT MAY REQUEST STAFFING ASSISTANCE FROM PUBLIC HEALTH ENTITIES WITH AN INTEREST IN THE DUTIES OF THE COUNCIL.

13-3106.

THE COUNCIL SHALL:

(1) CONTINUE THE WORK INITIATED BY THE MARYLAND ALZHEIMER'S DISEASE AND RELATED DISORDERS COMMISSION, INCLUDING THE DEVELOPMENT AND MONITORING OF THE 2012 MARYLAND STATE PLAN ON ALZHEIMER'S DISEASE AND RELATED DISORDERS;

(2) INCLUDE IN THE STATE PLAN STRATEGIES AND ACTIONS THAT:

(I) SUPPORT PREVENTION AND EARLY DETECTION OF ALZHEIMER'S DISEASE AND RELATED DISORDERS, INCLUDING EARLY STAGE IDENTIFICATION;

(II) ADDRESS CHRONIC DISEASE FACTORS CONTRIBUTING TO DISPARITIES IN ALZHEIMER'S DISEASE; ~~AND~~

(III) ENHANCE THE QUALITY OF CARE THROUGH:

1. **BUILDING A WORKFORCE TRAINED TO CARE FOR AND TREAT ALZHEIMER'S DISEASE AND RELATED DISORDERS;**
2. **EDUCATING PRIMARY CARE PROVIDERS ON BEST PRACTICES; AND**
3. **PROMOTING ALZHEIMER'S DISEASE AND RELATED DISORDERS CARE GUIDELINES AND PATIENT-CENTERED APPROACHES IN ALL CARE SETTINGS; AND**

(IV) IMPROVE ACCESS TO AND COORDINATION OF SERVICES AND KNOWLEDGE OF THE RESOURCES AND INFORMATION AVAILABLE TO INDIVIDUALS WITH ALZHEIMER'S DISEASE, THEIR FAMILY MEMBERS, AND THEIR CAREGIVERS;

(3) REVIEW STATE STATUTES, POLICIES, AND PROGRAMS TO IMPROVE AND ENHANCE QUALITY OF LIFE AND SUPPORT AND SERVICES FOR INDIVIDUALS LIVING WITH ALZHEIMER'S DISEASE AND RELATED DISORDERS AND THEIR FAMILIES BY PROMOTING AND EXPANDING THE AVAILABILITY AND ACCESSIBILITY OF HOME- AND COMMUNITY-BASED SUPPORT AND SERVICE PROGRAMS;

(4) ~~CONDUCT~~ DEVELOP A PUBLIC EDUCATION CAMPAIGN ON:

- (I) THE RISK FACTORS FOR DEMENTIA;**
- (II) THE IMPORTANCE OF SCREENING FOR DEMENTIA;**
- (III) THE AVAILABLE SUPPORT SERVICES AND RESOURCES;**
- (IV) THE NEED FOR ADVANCE PLANNING AND DECISION MAKING; AND**
- (V) THE MARYLAND ACCESS POINT; AND**

(5) IMPROVE DATA COLLECTION CAPACITY ON ALZHEIMER'S DISEASE AND RELATED DISORDERS IN THE STATE TO BETTER TARGET SUPPORT, SERVICES, AND NEEDS.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013. It shall remain effective for a period of 3 years and, at the end of

September 30, 2016, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Approved by the Governor, May 2, 2013.