

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2013

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SENATE DRS15043-MG-44 (01/29)

Short Title: Establish Alzheimer's Disease Task Force. (Public)

Sponsors: Senators McKissick, Brown, and Daniel (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT CREATING AN ALZHEIMER'S DISEASE TASK FORCE IN THE  
3 DEPARTMENT OF HEALTH AND HUMAN SERVICES.

4 The General Assembly of North Carolina enacts:

5 **SECTION 1.(a)** The Alzheimer's Disease Task Force is created in the Department  
6 of Health and Human Services.

7 **SECTION 1.(b)** The Task Force shall have 21 members. The Governor shall  
8 appoint the chair, and the vice-chair shall be elected by the Task Force. The Secretary of the  
9 Department of Health and Human Services, along with the Directors of the Divisions of Social  
10 Services, Public Health, Aging and Adult Services, Health Service Regulation, Medical  
11 Assistance, and Mental Health, Developmental Disabilities, and Substance Abuse Services in  
12 the Department of Health and Human Services, or their designees, shall be members of the  
13 Task Force. Appointments to the Task Force shall be made as follows:

14 (1) By the General Assembly upon the recommendation of the President Pro  
15 Tempore of the Senate, as follows:

- 16 a. An individual diagnosed with early-stage Alzheimer's disease.
- 17 b. An individual who is a caregiver to an individual with Alzheimer's  
18 disease.
- 19 c. A representative of adult care homes that offer special care units for  
20 individuals with Alzheimer's disease.
- 21 d. A representative of nursing home facilities that provide special care  
22 for individuals with Alzheimer's disease.
- 23 e. A representative of the medical profession with experience treating  
24 individuals with Alzheimer's disease.
- 25 f. A representative of the North Carolina Alzheimer's Association.

26 (2) By the General Assembly upon the recommendation of the Speaker of the  
27 House of Representatives, as follows:

- 28 a. An individual diagnosed with early-stage Alzheimer's disease.
- 29 b. An individual who is a caregiver to an individual with Alzheimer's  
30 disease.
- 31 c. A representative of adult care homes that offer special care units for  
32 individuals with Alzheimer's disease.
- 33 d. A representative of nursing home facilities that provide special care  
34 for individuals with Alzheimer's disease.
- 35 e. A representative of the medical profession with experience treating  
36 individuals with Alzheimer's disease.



1 f. A representative of the North Carolina Alzheimer's Association.

2 (3) Two members at large appointed by the Governor.

3 **SECTION 1.(c)** Each appointing authority shall assure insofar as possible that its  
4 appointees to the Task Force reflect the composition of the North Carolina population with  
5 regard to ethnic, racial, age, gender, and religious composition.

6 **SECTION 1.(d)** The General Assembly and the Governor shall make their  
7 appointments to the Task Force not later than 30 days after the adjournment of the 2013  
8 Regular Session. A vacancy on the Task Force shall be filled by the original appointing  
9 authority, using the criteria set out in this section for the original appointment.

10 **SECTION 1.(e)** The Task Force shall meet at least quarterly, or more frequently at  
11 the call of the Chair. All meetings shall be open to the public and accessible by Webcast or  
12 other technological means that allow the public, especially individuals and families affected by  
13 Alzheimer's disease, to provide feedback to the Task Force on any of its proposed  
14 recommendations.

15 **SECTION 1.(f)** Members of the Task Force shall receive per diem and necessary  
16 travel and subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as  
17 applicable.

18 **SECTION 1.(g)** A majority of the Task Force shall constitute a quorum for the  
19 transaction of its business.

20 **SECTION 1.(h)** The Task Force has the following duties:

21 (1) Assess the current and future impact of Alzheimer's disease on North  
22 Carolina residents.

23 (2) Examine the existing industries, services, and resources available within this  
24 State to address the needs of individuals with Alzheimer's disease and their  
25 families and caregivers.

26 (3) Develop a strategy to mobilize a State response to this public health crisis.

27 (4) Examine State trends in the population of individuals with Alzheimer's  
28 disease, including the changing population of individuals with dementia, and  
29 their needs in all of the following areas:

30 a. State role in providing long-term care, family caregiver support, and  
31 assistance to individuals with early-stage and early onset of  
32 Alzheimer's disease.

33 b. State policy regarding individuals with Alzheimer's disease and  
34 developmental disabilities.

35 c. Surveillance of individuals with Alzheimer's disease for the purpose  
36 of developing proper estimates of the number of individuals in the  
37 State with Alzheimer's disease.

38 (5) Examine existing services, resources, and capacity for treating and managing  
39 Alzheimer's disease, including, but not limited to, all of the following:

40 a. Type, cost, and availability of dementia services.

41 b. Dementia-specific training requirements for long-term care staff.

42 c. Quality care measures for long-term care facilities.

43 d. Capacity of public safety and law enforcement to respond to  
44 individuals with Alzheimer's disease.

45 e. Availability of home and community-based resources for individuals  
46 with Alzheimer's disease and availability of respite care to assist  
47 families.

48 f. Inventory of long-term care dementia care units.

49 g. Adequacy and appropriateness of geriatric-psychiatric units for  
50 individuals with behavior disorders associated with Alzheimer's  
51 disease and related dementia.

1 h. Assisted living residential options for individuals with dementia.

2 i. State support of Alzheimer's research through The University of  
3 North Carolina System and other resources.

4 (6) Examine needed State policies or responses, including, but not limited to:

5 a. Directions for the provision of clear and coordinated services and  
6 supports to individuals and families living with Alzheimer's disease  
7 and related disorders.

8 b. Strategies to address any identified gaps in services for individuals  
9 and families living with Alzheimer's disease and related disorders.

10 **SECTION 1.(i)** The Task Force may submit an interim report of its findings and  
11 recommendations, including any proposed legislation, to the General Assembly and the Joint  
12 Legislative Oversight Committee on Health and Human Services. The Task Force shall submit  
13 a final report to the Governor, the General Assembly, and the Joint Legislative Oversight  
14 Committee on Health and Human Services prior to the convening of the 2015 Regular Session.  
15 The final report shall be in the form of a State Plan for Alzheimer's Disease and shall include an  
16 assessment of, and date-specific recommendations for, the issues specified in Section 1(h) of  
17 this act along with any proposed legislation. The Task Force shall terminate upon filing its final  
18 report or January 7, 2015, whichever is earlier.

19 **SECTION 2.** This act is effective when it becomes law.