

1 A CONCURRENT RESOLUTION establishing the Alzheimer's and Dementia
2 Workforce Assessment Task Force.

3 WHEREAS, dementia is not a specific disease but an overall term that describes a
4 group of symptoms associated with a decline in memory or other thinking skills severe
5 enough to reduce a person's ability to perform everyday activities; and

6 WHEREAS, Alzheimer's is a type of dementia that causes problem with memory,
7 thinking, and behavior; and

8 WHEREAS, Alzheimer's accounts for 60 percent to 80 percent of dementia cases;
9 and

10 WHEREAS, 71,000 Kentuckians are currently living with Alzheimer's or other
11 forms of dementia; and

12 WHEREAS, the number of Kentuckians living with Alzheimer's or other forms of
13 dementia is expected to grow to more than 85,000 by 2025; and

14 WHEREAS, in addition to the tens of thousands of Kentuckians currently living
15 with Alzheimer's or other forms of dementia, 12 percent of people over 45 years of age
16 report experiencing some level of subjective cognitive decline, more than 90 percent of
17 whom have also been diagnosed with another chronic condition such as asthma,
18 cardiovascular disease, or diabetes; and

19 WHEREAS, 272,000 family caregivers in Kentucky have provided more than 300
20 million hours of unpaid care, valued at \$3.9 million, to loved ones diagnosed with
21 Alzheimer's or other forms of dementia; and

22 WHEREAS, as the population of older adults in Kentucky continues to grow, there
23 will be an increased demand for residential, home-based, and community-based services
24 that will in turn mean an increased demand for direct care workers, including home health
25 aides, certified nursing assistants, and personal care aides; and

26 WHEREAS, the United States is experiencing a well-documented health care
27 workforce shortage that could jeopardize care for individuals living with Alzheimer's or

1 other forms of dementia; and

2 WHEREAS, the United States Bureau of Labor Statistics estimates that 1.1 million
3 new direct care workers will be needed by 2024, a 26 percent increase from 2014; and

4 WHEREAS, in 2017 there were fewer than 7,000 certified geriatricians practicing
5 in the United States, less than half of the number of certified geriatricians needed to meet
6 current needs; and

7 WHEREAS, the American Geriatrics Society estimates that an additional 23,750
8 geriatricians will need to be trained before 2030 to meet the needs of an aging population;
9 and

10 WHEREAS, researchers estimate that nationwide the United States will have need
11 for 19 percent more neurologists by 2025; and

12 WHEREAS, in 2017 Kentucky was identified as one of 20 states that were deemed
13 to be "neurology deserts" due to a projected shortage of neurologists combined with the
14 expected increase in the number of individuals diagnosed with Alzheimer's and other
15 forms of dementia; and

16 WHEREAS, if current workforce trends continue, in 2020 people with various
17 forms of dementia likely will have to wait more than 18 months to receive treatment from
18 specialty care providers, resulting in approximately 2.1 million individuals with mild
19 cognitive impairment developing Alzheimer's while waiting for treatment; and

20 WHEREAS, in 2016 the Kentucky Occupational Outlook to 2024 projected
21 Healthcare Support Occupations to be the fastest growing occupational group in the state
22 with a 38.2 percent increase in employment by 2024; and

23 WHEREAS, a significant portion of the growth in Healthcare Support Occupations
24 likely will include nursing aides, medical assistants, home health aides, and similar
25 occupations; and

26 WHEREAS, according to the 2018 Kentucky Workforce Innovation Board report,
27 the state's economic development priorities and industry growth projections are heavily

1 weighted toward health care;

2 NOW, THEREFORE,

3 ***Be it resolved by the Senate of the General Assembly of the Commonwealth of***
4 ***Kentucky, the House of Representatives concurring therein:***

5 ➔Section 1. The Legislative Research Commission shall establish the Alzheimer's
6 and Dementia Workforce Assessment Task Force to study the state's health care
7 workforce needs as well as the state's long-term care services and supports infrastructure,
8 including long-term care facilities that are used to provide care to individuals diagnosed
9 with Alzheimer's or dementia.

10 ➔Section 2. The duties of the task force shall include but are not limited to:

11 (1) Assessing the current health care workforce to identify current or anticipated
12 workforce shortages and possible steps to ameliorate any shortages;

13 (2) Evaluating the effectiveness of current initiatives to develop, recruit, and retain
14 highly skilled direct care workers, geriatricians, gerontologists, neurologists, and
15 other professionals involved in providing care and treatment to individuals
16 diagnosed with Alzheimer's or dementia;

17 (3) Evaluating the current state of long-term care services and supports infrastructure
18 and providing recommendations for improvement; and

19 (4) Examining existing workforce training initiatives and making recommendations to
20 improve career mobility and retention among health care workers, including
21 continuing education requirements and the current credentialing process.

22 ➔Section 3. The Alzheimer's and Dementia Workforce Assessment Task Force
23 shall be composed of the following members with final membership of the task force
24 being subject to the consideration and approval of the Legislative Research Commission:

25 (1) Two members of the House Health and Family Services Committee appointed by
26 the Speaker of the House of Representatives, one of whom shall be designated by
27 the Speaker of the House of Representatives as a co-chair of the task force;

- 1 (2) One member of the House Health and Family Services Committee appointed by the
2 Minority Floor Leader of the House of Representatives;
- 3 (3) Two members of the Senate Health and Welfare Committee appointed by the
4 President of the Senate, one of whom shall be designated by the President of the
5 Senate as a co-chair of the task force;
- 6 (4) One member of the Senate Health and Welfare Committee appointed by the
7 Minority Floor Leader of the Senate;
- 8 (5) The Commissioner of the Department for Public Health;
- 9 (6) The President of the Kentucky Association for Gerontology;
- 10 (7) The Executive Director of the Greater Kentucky and Southern Indiana chapter of
11 the Alzheimer's Association or two consumer advocates recommended by the
12 executive director;
- 13 (8) Three members of the Alzheimer's Disease and Related Disorders Advisory Council
14 selected from a list of council members submitted by the chair of the council;
- 15 (9) The Commissioner for the Department for Aging and Independent Living;
- 16 (10) One representative from the Kentucky Nurses Association;
- 17 (11) One representative from the Kentucky Council of Area Development Districts who
18 has professional experience in the areas of aging and independent living;
- 19 (12) One representative from the Kentucky Workforce Innovation Board; and
- 20 (13) One representative from the Kentucky Association of Health Care Facilities who
21 specializes in Alzheimer's and dementia care giving.

22 ➔Section 4. The task force shall meet monthly during the 2019 Interim of the
23 General Assembly. The task force shall submit findings and recommendations to the
24 Legislative Research Commission for referral to the appropriate committee or committees
25 by December 1, 2019. Consistent with Governor Matt Bevin's Red Tape Reduction
26 Initiative, the task force shall include in its findings and recommendations identification
27 of any administrative regulations or policies related to the provision of care and services

1 to individuals diagnosed with Alzheimer's or dementia that warrant consideration for
2 amendment or repeal by the appropriate administrative agency.

3 ➔Section 5. Provisions of this Resolution to the contrary notwithstanding, the
4 Legislative Research Commission shall have the authority to alternatively assign the
5 issues identified herein to an interim joint committee or subcommittee thereof, and to
6 designate a study completion date.