

Chapter 411

(Senate Bill 522)

AN ACT concerning

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

FOR the purpose of altering the membership of the *Virginia I. Jones Alzheimer's Disease and Related Disorders Council*; repealing the requirement that the Secretary of Health and the Secretary of Aging, or their designees, cochair the Council; requiring the members of the Council to select the chair of the Council; repealing certain duties of the Council and requiring the Council to update a certain plan, examine the needs of certain individuals and identify methods to meet certain needs, advise the Governor and the General Assembly on certain matters, and develop and promote certain strategies; requiring the Council to submit a certain report by a certain date each year to the Governor and the General Assembly; making a conforming change; extending the termination date of certain provisions of law that establish and govern the Council; and generally relating to the Virginia I. Jones Alzheimer's Disease and Related Disorders Council.

BY repealing and reenacting, without amendments,

Article – Health – General

Section 13-3201, ~~13-3204~~, and 13-3205

Annotated Code of Maryland

(2015 Replacement Volume and 2018 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General

Section 13-3203, ~~13-3204~~, and 13-3206

Annotated Code of Maryland

(2015 Replacement Volume and 2018 Supplement)

BY adding to

Article – Health – General

Section 13-3207

Annotated Code of Maryland

(2015 Replacement Volume and 2018 Supplement)

BY repealing and reenacting, with amendments,

Chapter 305 of the Acts of the General Assembly of 2013, as amended by Chapters 74 and 75 of the Acts of the General Assembly of 2016

Section 2

BY repealing and reenacting, with amendments,

Chapter 306 of the Acts of the General Assembly of 2013, as amended by Chapters 74 and 75 of the Acts of the General Assembly of 2016

Section 2

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

Article – Health – General

13–3201.

In this subtitle, “Council” means the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council.

13–3203.

(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, 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 Executive Director of the Alzheimer’s Association, Greater Maryland Chapter, or the Executive Director’s designee;

[(7)] **(6)** The President of the Alzheimer’s Association, National Capital Area Chapter, or the President’s designee; **AND**

[(8) A representative of the Maryland Medical Assistance Program, appointed by the Secretary; and]

[(9)] **(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 physician who conducts research in Alzheimer's disease and related disorders;
- (iv) A health professional with expertise in addressing racial and ethnic health disparities;
- (v) A social worker with experience working with individuals and families affected by Alzheimer's disease and related disorders;
- (vi) A psychologist with expertise in Alzheimer's disease and related disorders;
- (vii) A psychiatrist with expertise in Alzheimer's disease and related disorders;
- (viii) A physician with experience in end-of-life care and pain management;
- (ix) A registered nurse with expertise in Alzheimer's disease and related disorders;
- (x) A licensed nurse practitioner with expertise in end-of-life care and pain management;
- (xi) A representative of the nursing home industry;
- (xii) An individual with early-onset Alzheimer's disease or a related disorder;
- (xiii) Two family caregivers, one of whom is a family member of an individual with Alzheimer's disease or a related disorder;
- (xiv) A representative of the assisted living industry;
- (xv) A representative of the medical adult day care industry;
- (xvi) A representative from academia with relevant professional experience;
- (xvii) A public health professional with relevant experience; and
- (xviii) A representative of the home care industry.]

(I) SEVEN HEALTH CARE PROFESSIONALS WITH RELEVANT PROFESSIONAL EXPERIENCE;

(II) THREE HUMAN SERVICE PROFESSIONALS WITH RELEVANT PROFESSIONAL EXPERIENCE;

(III) ONE ELDER LAW ATTORNEY WITH RELEVANT PROFESSIONAL EXPERIENCE;

(IV) TWO RESEARCH PROFESSIONALS WITH RELEVANT PROFESSIONAL EXPERIENCE;

(V) TWO FAMILY CAREGIVERS OF INDIVIDUALS WITH ALZHEIMER’S DISEASE OR A RELATED DISORDER; AND

(VI) AT THE RECOMMENDATION OF THE COUNCIL, ANY OTHER MEMBER NECESSARY TO FULFILL THE DUTIES OF THE COUNCIL.

(b) To the extent practicable, the members appointed to the Council shall reflect the geographic, racial, ethnic, cultural, and gender diversity of the State.

13-3204.

(a) ~~The Secretary of Health and the Secretary of Aging, or their designees, shall co-chair~~ **MEMBERS OF THE COUNCIL SHALL SELECT THE CHAIR OF** 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.

13-3205.

(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.

13-3206.

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;

(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) 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.]

(1) UPDATE THE STATE PLAN ON ALZHEIMER'S DISEASE AND RELATED DISORDERS AND ADVOCATE FOR THE STATE PLAN;

(2) (i) EXAMINE THE NEEDS OF INDIVIDUALS WITH ALZHEIMER'S DISEASE AND RELATED DISORDERS AND THEIR CAREGIVERS; AND

(ii) IDENTIFY METHODS THROUGH WHICH THE STATE CAN MOST EFFECTIVELY AND EFFICIENTLY ASSIST IN MEETING THOSE NEEDS;

(3) ADVISE THE GOVERNOR AND THE GENERAL ASSEMBLY ON POLICY, FUNDING, REGULATORY, AND OTHER ISSUES RELATED TO INDIVIDUALS WITH ALZHEIMER'S DISEASE AND RELATED DISORDERS AND THEIR CAREGIVERS; AND

(4) DEVELOP AND PROMOTE STRATEGIES TO ENCOURAGE BRAIN HEALTH AND REDUCE COGNITIVE DECLINE.

13-3207.

ON OR BEFORE SEPTEMBER 1 EACH YEAR, THE COUNCIL SHALL REPORT TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY ON THE ACTIVITIES AND RECOMMENDATIONS OF THE COUNCIL.

Chapter 305 of the Acts of 2013, as amended by Chapters 74 and 75 of the Acts of 2016

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013. It shall remain effective for a period of [6] 11 years and, at the end of September 30, [2019] 2024, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

Chapter 306 of the Acts of 2013, as amended by Chapters 74 and 75 of the Acts of 2016

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013. It shall remain effective for a period of [6] 11 years and, at the end of September 30, [2019] 2024, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2019.

Approved by the Governor, May 13, 2019.