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## **OLR Bill Analysis**

### **sHB 6912**

#### ***AN ACT ESTABLISHING AN ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE.***

#### **SUMMARY**

This bill establishes a 15-member Alzheimer's Disease and Dementia Task Force. It requires the task force to develop a State Alzheimer's Plan, which must make certain findings and recommendations about the care of people living with Alzheimer's disease or dementia.

The bill requires the task force to annually report, beginning by January 1, 2027, to the governor and the Aging, Human Services, and Public Health committees. The report must include recommendations for implementing the State Alzheimer's Plan and identify any implementation barriers. Lastly, the bill requires the task force to update the plan every four years.

EFFECTIVE DATE: October 1, 2025

#### **ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE**

Under the bill, the task force must (1) examine the needs of people living with Alzheimer's or dementia, services available to them and their family caregivers, and health care providers' ability to meet the needs of people living with Alzheimer's or dementia and (2) develop a State Alzheimer's Plan.

#### **STATE ALZHEIMER'S PLAN**

##### ***Service Needs***

The plan must include findings and recommendations about the service needs of people living with Alzheimer's and dementia including the following:

1. the state's role in providing or facilitating long-term care, family caregiver support, and assistance to people with early-stage and

- early-onset Alzheimer's or dementia;
- 2. state policies regarding people living with Alzheimer's or dementia; and
- 3. the fiscal impact of Alzheimer's and dementia on publicly funded health care programs.

### ***Existing Resources***

The plan must also make findings and recommendations about the existing resources, services, and capacity to deliver those to people living with Alzheimer's or dementia, including the following:

- 1. the type, cost, and availability of dementia care services;
- 2. the availability of health care providers who can provide Alzheimer's or dementia-related services (e.g., neurologists);
- 3. dementia-specific training requirements for public and private employees who interact with people living with Alzheimer's or dementia (e.g., long-term care providers and first responders);
- 4. home and community-based services, including respite care;
- 5. quality of care measures for home and community-based services and residential care facilities; and
- 6. state-supported Alzheimer's and dementia research conducted at higher education institutions in Connecticut.

### ***Policies and Strategies***

Lastly, the plan must make findings and recommendations about policies and strategies that do the following:

- 1. increase public awareness of Alzheimer's and dementia;
- 2. educate health care providers to increase early detection and diagnosis of these diseases;
- 3. improve health care services for people living with Alzheimer's

and dementia;

4. evaluate the health care system's capacity to meet the growing number and needs of people living with Alzheimer's or dementia;
5. increase the number of health care providers available to treat the growing aging population and populations living with Alzheimer's or dementia;
6. improve services provided in the home and community to delay and decrease the need for institutionalized care for people living with these diseases;
7. improve long-term care services, including assisted living services for people living with Alzheimer's or dementia;
8. assist unpaid Alzheimer's and dementia caregivers;
9. increase and improve research on Alzheimer's and dementia;
10. promote activities to maintain and improve brain health;
11. improve data and information collection relating to Alzheimer's, dementia, and the public health burdens associated with these diseases;
12. improve public safety and address the safety-related needs of people living with Alzheimer's or dementia;
13. address legal protections for, and legal issues faced by, people living with these diseases; and
14. improve ways the state evaluates and adopts policies to assist people living with Alzheimer's or dementia.

#### **TASK FORCE COMPOSITION**

Under the bill, the task force consists of 15 members, 11 of whom the governor must appoint. The 11 appointees must include the following:

1. a person living with early-stage or early-onset Alzheimer's or dementia;

2. a family caregiver of a person living with Alzheimer's or dementia;
3. a representative from a municipality that provides services to senior citizens;
4. a person representing home health care agencies;
5. two health care providers with experience diagnosing and treating Alzheimer's disease;
6. a person representing a national organization that advocates for people living with Alzheimer's or dementia;
7. a person representing the area agencies on aging;
8. a person representing long-term care facilities;
9. an expert in aging policy issues; and
10. a person representing homemaker-companion agencies.

The task force must also include the state ombudsman and the aging and disability services, public health, and social services commissioners, or their designees.

All initial task force appointments must be made by January 1, 2026, and those initially appointed serve either a two- or three-year term as specified in the bill. Subsequent appointees must serve two-year terms. Members may be reappointed for an additional two-year term.

### **TASK FORCE ORGANIZATION**

The aging and disability services commissioner, or her designee, must convene the first task force meeting within 30 days after all members are appointed. Task force members must select a chairperson and vice chairperson, from among the task force's members, to serve in those roles for up to two consecutive years. The task force must meet at least quarterly.

The Aging Committee's administrative staff serves as the task force's

administrative staff.

**COMMITTEE ACTION**

Aging Committee

Joint Favorable Substitute

Yea 13 Nay 0 (03/04/2025)