

1.1 moves to amend H.F. No. 262, the first engrossment, as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. ALZHEIMER'S DISEASE WORKING GROUP.

1.4 Subdivision 1. Members. (a) The Minnesota Board on Aging must appoint 16 members
1.5 to an Alzheimer's disease working group, as follows:

1.6 (1) a caregiver of a person who has been diagnosed with Alzheimer's disease;

1.7 (2) a person who has been diagnosed with Alzheimer's disease;

1.8 (3) two representatives from the nursing facility or senior housing profession;

1.9 (4) a representative of the home care or adult day services profession;

1.10 (5) two geriatricians, one of whom serves a diverse or underserved community;

1.11 (6) a psychologist who specializes in dementia care;

1.12 (7) an Alzheimer's researcher;

1.13 (8) a representative of the Alzheimer's Association;

1.14 (9) two members from community-based organizations serving one or more diverse or
1.15 underserved communities;

1.16 (10) the commissioner of human services or a designee;

1.17 (11) the commissioner of health or a designee;

1.18 (12) the ombudsman for long-term care or a designee; and

1.19 (13) one member of the Minnesota Board on Aging, selected by the board.

1.20 (b) The executive director of the Minnesota Board on Aging serves on the working group
1.21 as a nonvoting member.

2.1 (c) The appointing authorities under this subdivision must complete their appointments
2.2 no later than December 15, 2017.

2.3 (d) To the extent practicable, the membership of the working group must reflect the
2.4 diversity in Minnesota, and must include representatives from rural and metropolitan areas
2.5 and representatives of different ethnicities, races, genders, ages, cultural groups, and abilities.

2.6 Subd. 2. **Duties; recommendations.** The Alzheimer's disease working group must
2.7 review and revise the 2011 report, Preparing Minnesota for Alzheimer's: the Budgetary,
2.8 Social and Personal Impacts. The working group shall consider and make recommendations
2.9 and findings on the following issues:

2.10 (1) trends and disparities in the state's Alzheimer's population;

2.11 (2) public awareness, knowledge, and attitudes, including knowledge gaps, stigma,
2.12 availability of information, and supportive community environments;

2.13 (3) risk reduction, including health education and health promotion on risk factors,
2.14 safety, and potentially avoidable hospitalizations;

2.15 (4) diagnosis and treatment, including early detection, access to diagnosis, quality of
2.16 dementia care, and cost of treatment;

2.17 (5) professional education and training, including geriatric education for licensed health
2.18 care professionals and dementia-specific training for direct care workers, first responders,
2.19 and other professionals in communities;

2.20 (6) residential services, including cost to families as well as regulation and licensing
2.21 gaps;

2.22 (7) research and data collection, including public health surveillance; and

2.23 (8) cultural competence and responsiveness to reduce health disparities and improve
2.24 access to high-quality dementia care.

2.25 Subd. 3. **Meetings.** The Board on Aging must designate one member to convene the
2.26 first meeting of the working group no later than January 15, 2018, and to serve as chair.
2.27 Meetings of the working group must be open to the public, and to the extent practicable,
2.28 technological means, such as Web casts, shall be used to reach the greatest number of people
2.29 throughout the state.

2.30 Subd. 4. **Compensation.** Members of the working group serve without compensation,
2.31 except for reimbursement for allowed actual and necessary expenses incurred in the
2.32 performance of the working group's duties.

3.1 Subd. 5. **Administrative support.** The Minnesota Board on Aging will provide
3.2 administrative support and arrange meeting space for the working group.

3.3 Subd. 6. **Report.** The Board on Aging must submit a report providing the findings and
3.4 recommendations of the working group, including any draft legislation necessary to
3.5 implement the recommendations, to the governor and chairs and ranking minority members
3.6 of the legislative committees with jurisdiction over health care by January 15, 2019.

3.7 Subd. 7. **Expiration.** The working group shall expire on June 30, 2019, or the day after
3.8 the working group submits the report required in subdivision 6, whichever is earlier.

3.9 Sec. 2. **APPROPRIATION.**

3.10 \$..... in fiscal year 2018 is appropriated from the general fund to the Minnesota Board
3.11 on Aging for the Alzheimer's disease working group."

3.12 Amend the title accordingly