

Sen. Suzy Glowiak

## Filed: 4/2/2019

	10100SB1726sam002 LRB101 06866 CPF 58989 a
1	AMENDMENT TO SENATE BILL 1726
2	AMENDMENT NO Amend Senate Bill 1726, AS AMENDED,
3	by replacing everything after the enacting clause with the
4	following:
5	"Section 5. The State Finance Act is amended by changing
6	Section 5.180 as follows:
7	(30 ILCS 105/5.180) (from Ch. 127, par. 141.180)
8	Sec. 5.180. The Alzheimer's Disease <u>Support</u> Research Fund.
9	(Source: P.A. 84-1308.)
10	Section 10. The Alzheimer's Disease Assistance Act is
11	amended by changing Section 6 and by adding Section 8 as
12	follows:
13	(410 ILCS 405/6) (from Ch. 111 1/2, par. 6956)
14	Sec. 6. <u>Alzheimer's Disease</u> <del>ADA</del> Advisory Committee.

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1	(a) There is created the Alzheimer's Disease Advisory
2	Committee consisting of 23 voting members appointed by the
3	Director of the Department, as well as 5 nonvoting members as
4	hereinafter provided in this Section. The Director or his
5	designee shall serve as one of the 23 voting members and as the
6	Chairman of the Committee. Those appointed as voting members
7	shall include persons who are experienced in research and the
8	delivery of services to individuals with Alzheimer's disease or
9	a related disorder and their families. Such members shall
10	include <u>:</u>
11	(1) one individual from a statewide association
12	dedicated to Alzheimer's care, support, and research;
13	(2) one individual from a non-governmental statewide
14	organization that advocates for seniors;
14 15	<u>organization that advocates for seniors;</u> (3) the Dementia Coordinator of the Illinois
15	(3) the Dementia Coordinator of the Illinois
15 16	(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's
15 16 17	(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's designee;
15 16 17 18	(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's designee; (4) one individual representing the Community Care
15 16 17 18 19	(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's designee; (4) one individual representing the Community Care Program's Home and Community Services Division;
15 16 17 18 19 20	(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's designee; (4) one individual representing the Community Care Program's Home and Community Services Division; (5) one individual representing the Adult Protective
15 16 17 18 19 20 21	(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's designee; (4) one individual representing the Community Care Program's Home and Community Services Division; (5) one individual representing the Adult Protective Services Unit;
15 16 17 18 19 20 21 22	(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's designee; (4) one individual representing the Community Care Program's Home and Community Services Division; (5) one individual representing the Adult Protective Services Unit; (6) 3 individuals from Alzheimer's Disease Assistance
15 16 17 18 19 20 21 22 23	<pre>(3) the Dementia Coordinator of the Illinois Department of Public Health, or the Dementia Coordinator's designee;    (4) one individual representing the Community Care Program's Home and Community Services Division;    (5) one individual representing the Adult Protective Services Unit;    (6) 3 individuals from Alzheimer's Disease Assistance Centers;</pre>

1	representing home care providers;
2	(9) one individual from a statewide trade organization
3	representing the interests of physicians licensed to
4	practice medicine in all of its branches in Illinois;
5	(10) one individual representing long-term care
6	facilities licensed under the Nursing Home Care Act, an
7	assisted living establishment licensed under the Assisted
8	Living and Shared Housing Act, or supportive living
9	facilities;
10	(11) one individual from a statewide association
11	representing the interests of social workers;
12	(12) one individual representing Area Agencies on
13	Aging;
14	(13) the Medicaid Director of the Department of
15	Healthcare and Family Services, or the Medicaid Director's
16	designee;
17	(14) one individual from a statewide association
18	representing health education and promotion and public
19	health advocacy;
20	(15) one individual with medical or academic
21	experience with early onset Alzheimer's disease or related
22	disorders;
23	(16) one individual representing a statewide
24	association of registered nurses;
25	(17) one individual who is an active member of a
26	police, fire, or emergency response department;

1	(18) 3 individuals who are family members or
2	representatives of individuals with Alzheimer's disease or
3	related disorders; and
4	<u>(19) one individual from a licensed hospital. <del>3</del></u>
5	physicians licensed to practice medicine in all of its
6	branches, one representative of a licensed hospital, one
7	registered nurse with a specialty in geriatric or dementia
8	care, one representative of a long term care facility under
9	the Nursing Home Care Act, one representative of a long
10	term care facility under the Assisted Living and Shared
11	Housing Act, one representative from a supportive living
12	facility specially serving individuals with dementia, one
13	representative of a home care agency serving individuals
14	with dementia, one representative of a hospice with a
15	specialty in palliative care for dementia, one
16	representative of an area agency on aging as defined by
17	Section 3.07 of the Illinois Act on the Aging, one
18	representative from a leading advocacy organization
19	serving individuals with Alzheimer's disease, one licensed
20	social worker, one representative of law enforcement, 2
21	individuals with early-stage Alzheimer's disease, 3 family
22	members or representatives of individuals with Alzheimer's
23	disease and related disorders, and 3 members of the general
24	public. Among the physician appointments shall be persons
25	with specialties in the fields of neurology, family
26	medicine, psychiatry and pharmacology. Among the general

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## public members, at least 2 appointments shall include persons 65 years of age or older.

3 (b) In addition to the 23 voting members, the Directors of 4 the following State agencies or their designees who are 5 qualified to represent each Department's programs and services 6 for those with Alzheimer's disease or related disorders shall 7 serve as nonvoting members: Department on Aging, Department of Healthcare and Family Services, Department of Public Health, 8 9 Department of Human Services, and Guardianship and Advocacy 10 Commission.

11 Each voting member appointed by the Director of Public Health shall serve for a term of 2 years, and until his 12 13 successor is appointed and qualified. Members of the Committee 14 shall not be compensated but shall be reimbursed for expenses 15 actually incurred in the performance of their duties. No more 16 than 12 voting members may be of the same political party. Vacancies shall be filled in the same manner as original 17 18 appointments.

19 The Committee shall review all State programs and services 20 provided by State agencies that are directed toward persons 21 with Alzheimer's disease and related dementias, and by 22 consensus recommend changes to improve the State's response to 23 this serious health problem. Such recommendations shall be 24 included in the State plan described in this Act.

25 (Source: P.A. 97-768, eff. 1-1-13.)

1	(410 ILCS 405/8 new)
2	Sec. 8. Alzheimer's Disease Support Fund; support. The
3	Department, in coordination with the members of the Alzheimer's
4	Disease Advisory Committee, shall make reasonable efforts to
5	promote the Alzheimer's Disease Support Fund during relevant
6	times, including, but not limited to, periods of time when tax
7	returns are typically received. Ways to promote the Fund
8	include, but are not limited to, issuing press releases and
9	posting on social media.

Section 15. The Alzheimer's Disease Research Act is amended by changing Sections 1, 2, 3, and by adding Sections 3.1, 3.2 and 3.3 as follows:

13 (410 ILCS 410/1) (from Ch. 111 1/2, par. 6901)

Sec. 1. <u>Short title.</u> This Act shall be known and may be cited as the Alzheimer's Disease <u>Support</u> <del>Research</del> Act. (Source: P.A. 84-324.)

17 (410 ILCS 410/2) (from Ch. 111 1/2, par. 6902)

18 Sec. 2. <u>Contributions on tax returns.</u> Each individual 19 taxpayer required to file a return pursuant to the Illinois 20 Income Tax Act desiring to contribute to the Alzheimer's 21 Disease <u>Support Research</u> Fund may do so by stating the amount 22 of such contribution (not less than \$1) on such return. This 23 Section shall not apply to an amended return. 10100SB1726sam002

1 (Source: P.A. 86-678.)

(410 ILCS 410/3) (from Ch. 111 1/2, par. 6903) 2 3 Sec. 3. Alzheimer's Disease Support Fund. 4 (a) There is created the Alzheimer's Disease Support Research Fund, a special fund in the State Treasury. 5 (b) The Department of Public Health shall deposit any 6 donations received under for the grant program created pursuant 7 8 to this Act in the Alzheimer's Disease Support Research Fund. 9 (c) The General Assembly may appropriate moneys monies in 10 the Alzheimer's Disease Support Research Fund to the Department of Public Health for the purpose of complying with the 11 12 requirements under Section 3.1 of awarding grants pursuant to this Act. 13 14 (Source: P.A. 84-1265.) (410 ILCS 410/3.1 new) 15 16 Sec. 3.1. Dementia Coordinator. (a) On or before October 1, 2020, the full-time position of 17 18 Dementia Coordinator shall be created within the Department of Public Health. The Dementia Coordinator shall be funded out of 19 20 the Alzheimer's Disease Support Fund. The Dementia Coordinator is responsible only for activities associated with and relevant 21 22 to the successful implementation of the State of Illinois 23 Alzheimer's Disease State Plan, including, but not limited to: (1) coordinating quality dementia services in the 24

1	State to ensure dementia capability;
2	(2) using dementia-related data to coordinate with the
3	Department to improve public health outcomes;
4	(3) increasing awareness and creating
5	dementia-specific training;
6	(4) providing access to quality coordinated care for
7	individuals with dementia in the most integrated setting
8	available;
9	(5) establishing and maintaining relationships with
10	other agencies and organizations within the State in order
11	to meet the needs of the affected population and prevent
12	duplication of services;
13	(6) identifying and managing grants to assist in the
14	funding of the position of Dementia Coordinator and other
15	programs and services to assist Illinois in becoming
16	dementia-capable;
17	(7) working with the Department's Behavioral Risk
18	Factor Surveillance System Coordinator and the Alzheimer's
19	Disease Advisory Committee in identifying available funds
20	to execute appropriate modules for critical data
21	collection and research, if and when necessary; moneys
22	appropriated to the Alzheimer's Disease Support Fund may be
23	considered;
24	(8) building and maintaining effective working
25	relationships with other departments and organizations to
26	ensure coordination between and the support of dementia

1	services;
2	(9) maintaining and applying knowledge of current
3	developments and trends in the assigned area of expertise
4	by reading appropriate journals, books, and other
5	professional literature, and attending related
6	conferences, seminars, and trainings;
7	(10) providing support for the Alzheimer's Disease
8	Advisory Committee's activities, including co-drafting the
9	State plan; and
10	(11) compiling and publishing an annual report on the
11	state of dementia care in Illinois, including, but not
12	limited to, the status of Illinois in becoming a
13	dementia-capable state.
14	(410 ILCS 410/3.2 new)
15	Sec. 3.2. Use of moneys in the Fund. Moneys in the
16	Alzheimer's Disease Support Fund shall be used by the
17	Department of Public Health to cover costs associated with this
18	Act, including, but not limited to, the following:
19	(1) salary and benefits for the full-time position of
20	Dementia Coordinator within the Department;
21	(2) other expenses contingent with the
22	responsibilities of the Dementia Coordinator, including,
23	but not limited to, travel and professional development
24	<u>opportunities;</u>
25	(3) the purchase of modules for the Department's

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1	Behavioral Risk Factor Surveillance System; and
2	(4) support for public outreach and training efforts
3	under this Act.
4	(410 ILCS 410/3.3 new)
5	Sec. 3.3. Administrative support. The Department of Public
6	Health shall be responsible for providing the Dementia
7	Coordinator with work space, supplies, and other
8	administrative office materials, as needed, through existing
9	resources and not with moneys from the Alzheimer's Disease
10	Support Fund.

11 (410 ILCS 410/4 rep.)

12 Section 20. The Alzheimer's Disease Research Act is amended

13 by repealing Section 4.".