



# House of Representatives

General Assembly

**File No. 111**

January Session, 2025

Substitute House Bill No. 6912

*House of Representatives, March 18, 2025*

The Committee on Aging reported through REP. GARIBAY of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (NEW) (*Effective October 1, 2025*) (a) There is established an  
2       Alzheimer's Disease and Dementia task force. The task force shall:

3       (1) Examine (A) the needs of persons living with Alzheimer's disease  
4       or dementia in the state, (B) the services available to such persons and  
5       their family caregivers, and (C) the ability of health care providers and  
6       institutions to meet the needs of such persons; and

7       (2) Develop a State Alzheimer's Plan, which shall make findings and  
8       recommendations regarding:

9       (A) State residents living with Alzheimer's disease and dementia and  
10      their service needs, including, but not limited to, (i) the state's role in  
11      providing or facilitating long-term care, family caregiver support and  
12      assistance to persons with early-stage and early-onset Alzheimer's

13 disease or dementia, (ii) state policies regarding persons living with  
14 Alzheimer's disease or dementia, and (iii) the fiscal impact of  
15 Alzheimer's disease and dementia on publicly funded health care  
16 programs;

17 (B) Existing resources, services and capacity relating to the diagnosis  
18 and care of persons living with Alzheimer's disease or dementia,  
19 including, but not limited to, (i) the type, cost and availability of  
20 dementia care services, (ii) the availability of health care providers who  
21 can provide Alzheimer's disease or dementia-related services,  
22 including, but not limited to, neurologists, geriatricians and direct care  
23 workers, (iii) dementia-specific training requirements for public and  
24 private employees who interact with persons living with Alzheimer's  
25 disease or dementia, including, but not limited to, long-term care  
26 providers, case managers, adult protective services employees and law  
27 enforcement personnel and other first responders, (iv) home and  
28 community-based services, including, but not limited to, respite care  
29 services, (v) quality of care measures for home and community-based  
30 services and residential care facilities, and (vi) state-supported  
31 Alzheimer's disease and dementia research conducted at higher  
32 education institutions located in the state; and

33 (C) Policies and strategies that (i) increase public awareness of  
34 Alzheimer's disease and dementia, (ii) educate health care providers to  
35 increase early detection and diagnosis of Alzheimer's disease and  
36 dementia, (iii) improve health care services for persons living with  
37 Alzheimer's disease or dementia, (iv) evaluate the capacity of the health  
38 care system in meeting the growing number and needs of persons living  
39 with Alzheimer's disease or dementia, (v) increase the number of health  
40 care providers available to treat the growing aging population and  
41 populations living with Alzheimer's disease or dementia, (vi) improve  
42 services provided in the home and community to delay and decrease  
43 the need for institutionalized care for persons living with Alzheimer's  
44 disease or dementia, (vii) improve long-term care services, including,  
45 but not limited to, assisted living services for persons living with  
46 Alzheimer's disease or dementia, (viii) assist unpaid Alzheimer's

47 disease and dementia caregivers, (ix) increase and improve research on  
48 Alzheimer's disease and dementia, (x) promote activities to maintain  
49 and improve brain health, (xi) improve data and information collection  
50 relating to Alzheimer's disease and dementia and the public health  
51 burdens associated with such diseases, (xii) improve public safety and  
52 address the safety-related needs of persons living with Alzheimer's  
53 disease or dementia, (xiii) address legal protections for, and legal issues  
54 faced by, persons living with Alzheimer's disease or dementia, and (xiv)  
55 improve methods through which the state evaluates and adopts policies  
56 to assist persons living with Alzheimer's disease or dementia.

57 (b) The task force shall consist of the following members:

58 (1) Eleven members appointed by the Governor, (A) one of whom  
59 shall be a person living with early-stage or early-onset Alzheimer's  
60 disease or dementia, (B) one of whom shall be a family caregiver of a  
61 person living with Alzheimer's disease or dementia, (C) one of whom  
62 shall represent a municipality that provides services to senior citizens,  
63 (D) one of whom shall represent home health care agencies, (E) two of  
64 whom shall be health care providers with experience diagnosing and  
65 treating Alzheimer's disease, (F) one of whom shall represent a national  
66 organization that advocates on behalf of persons living with  
67 Alzheimer's disease or dementia, (G) one of whom shall represent the  
68 area agencies on aging, established pursuant to section 17a-850 of the  
69 general statutes, (H) one of whom shall represent long-term care  
70 facilities, (I) one of whom shall have expertise in aging policy issues, and  
71 (J) one of whom shall represent homemaker-companion agencies;

72 (2) The Commissioner of Aging and Disability Services, or the  
73 commissioner's designee;

74 (3) The Commissioner of Public Health, or the commissioner's  
75 designee;

76 (4) The Commissioner of Social Services, or the commissioner's  
77 designee; and

78 (5) The State Ombudsman, or the State Ombudsman's designee.

79 (c) All initial appointments to the task force shall be made not later  
80 than January 1, 2026. Task force members first appointed pursuant to  
81 subparagraphs (A) to (D), inclusive, of subdivision (1) of subsection (b)  
82 of this section shall serve for a term of two years. Task force members  
83 first appointed pursuant to subparagraphs (E) to (J), inclusive, of  
84 subdivision (1) of subsection (b) of this section shall serve for a term of  
85 three years. Any subsequent task force member appointed pursuant to  
86 subdivision (1) of subsection (b) of this section shall serve for a term of  
87 two years, or until such member's successor is appointed. If the  
88 Governor determines that no suitable successor candidate exists to  
89 appoint to the task force, the Governor may reappoint an existing task  
90 force member for one two-year term.

91 (d) The Commissioner of Aging and Disability Services, or the  
92 commissioner's designee, shall convene the first meeting of the task  
93 force not later than thirty days after all task force members are  
94 appointed. At such meeting, the members of the task force shall select a  
95 chairperson and vice chairperson from among the members of the task  
96 force. The chairperson and vice chairperson may serve in such roles not  
97 more than two consecutive years. The task force shall meet not less than  
98 once every calendar quarter.

99 (e) The administrative staff of the joint standing committee of the  
100 General Assembly having cognizance of matters relating to aging shall  
101 serve as administrative staff of the task force.

102 (f) Not later than January 1, 2027, and annually thereafter, the task  
103 force shall submit a report on the State Alzheimer's Plan to the Governor  
104 and, in accordance with the provisions of section 11-4a of the general  
105 statutes, the joint standing committees of the General Assembly having  
106 cognizance of matters relating to aging, public health and human  
107 services. Such report shall include recommendations for the  
108 implementation of the State Alzheimer's Plan and identify any barriers  
109 to the implementation of such plan. The task force shall update the State  
110 Alzheimer's Plan every four years.

|                                                                               |  |  |
|-------------------------------------------------------------------------------|--|--|
| This act shall take effect as follows and shall amend the following sections: |  |  |
|-------------------------------------------------------------------------------|--|--|

|           |                        |             |
|-----------|------------------------|-------------|
| Section 1 | <i>October 1, 2025</i> | New section |
|-----------|------------------------|-------------|

***Statement of Legislative Commissioners:***

In Subsec. (f), the second reference to "State Alzheimer's Plan" in the first sentence was deleted for clarity.

**AGE**      *Joint Favorable Subst.*

*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

---

**OFA Fiscal Note****State Impact:** None**Municipal Impact:** None**Explanation**

The bill establishes an Alzheimer's Disease and Dementia task force, which does not result in a fiscal impact to the agencies involved in the task force's activities.

**The Out Years****State Impact:** None**Municipal Impact:** None

**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)