

**ONE HUNDRED SEVENTH LEGISLATURE - SECOND SESSION - 2022**  
**COMMITTEE STATEMENT**  
**LB374**

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**Hearing Date:** Wednesday January 27, 2021  
**Committee On:** Health and Human Services  
**Introducer:** DeBoer  
**One Liner:** Adopt the Alzheimer's Disease and Other Dementia Support Act

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**Roll Call Vote - Final Committee Action:**  
Advanced to General File with amendment(s)

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**Vote Results:**  
**Aye:** 7 Senators Arch, Cavanaugh, M., Day, Hansen, B., Murman, Walz, Williams  
**Nay:**  
**Absent:**  
**Present Not Voting:**

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**Oral Testimony:**

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|--------------------------------------------|-------------------------------------|
| <b>Proponents:</b><br>Senator Wendy DeBoer | <b>Representing:</b><br>District 10 |
| <b>Opponents:</b>                          | <b>Representing:</b>                |
| <b>Neutral:</b>                            | <b>Representing:</b>                |

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**Submitted Written Testimony:**

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|-----------------------------------------------|--------------------------------------------------------------------------|
| <b>Proponents:</b><br>Jina Ragland<br>Tim Gay | <b>Representing:</b><br>AARP<br>Catalyst Public Affairs for Home Instead |
| <b>Opponents:</b>                             | <b>Representing:</b>                                                     |
| <b>Neutral:</b>                               | <b>Representing:</b>                                                     |

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**Summary of purpose and/or changes:**

LB 374 would adopt the Alzheimer's Disease and Other Dementia Support Act. It would create the Alzheimer's Disease and Other Dementia Advisory Council (Council) under the jurisdiction of the Department of Health and Human Services (DHHS). (Section 3, p. 2).

The council would include eleven voting members appointed by the CEO of DHHS, including the following: 1) an individual living with a dementia disease or a family member of such individual; 2) an individual who is a family caregiver of an individual living with a dementia disease; 3) a nursing home representative; 4) an assisted-living facility representative; 5) an adult day care services provider representative; 6) a home care provider representative; 7) a medical professional experienced in diagnosing and treating Alzheimer's disease; 8) a researcher or Alzheimer's or other dementia; 9) a

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representative of a national advocacy organization for individuals with dementia diseases; 10) an area agency on aging representative; and 11) a representative of an organization that advocates for older adults. (Section 4, p. 2).

The council would include five non-voting members including the Director of Public Health or his or her designee; DHHS' Director of Medicaid and Long-Term Care or his or her designee; a representative from the State Unit on Aging; a representative of the Nebraska Workforce Development Board; and the state long-term care ombudsman or his or her designee. (Section 4, p. 3).

Council appointments would be made within 90 days, and would serve for a term of two years, serving without compensation. The council would meet at least quarterly. (Section 4 (2) (3) (4) and (6), p. 3).

DHHS and The Legislative Research Office would provide staff and support to the council as necessary. (Section 4 (7), p. 3)

The council would examine the needs of individuals living with a dementia disease, services available in the state for individuals and caregivers, and the ability of health care providers and facilities to meet those needs. The council would collaborate with DHHS to gather input and identify proactive approaches on an ongoing basis. (Section 5, p. 4).

The council would make findings and recommendations on topics including:

- 1) Trends in Alzheimer's and other dementia populations and service needs;
- 2) Existing resources, services, and capacity relating to diagnosis and care; and
- 3) Policies and strategies addressing numerous topics for those with Alzheimer's™s and other dementia including:

Public awareness;

Educating providers;

Improving health care;

Evaluating capacity;

Increasing health care professionals;

Improving home and community services;

Improving long-term care;

Assisting unpaid caregivers;

Increasing and improving research;

Promoting activities that maintain and improve brain health;

Improving data collection;

Improving public safety;

Addressing legal protections; and

Improving how the government evaluates and adopts policies assisting individuals.

(Section 6, p. 5-6)

Within 18 months, the council would submit their findings to the Legislature and the Governor as a State Alzheimer's Plan. They would submit an annual status report on implementation of the plan to the Legislature and Governor by October 1. Every four years, the council would issue an updated State Alzheimer's Plan. (Section 7, p. 6)

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### **Explanation of amendments:**

AM 1504, per the office of Senator DeBoer, would replace previous amendments AMs 38, 55, and 194.

AM 1504 would remove language referencing appointment by the CEO of DHHS, and would replace that language with "Governor." It would also change service terms from two years to four years, and allow for one four year reappointment. AM 1504 would also change who presides over the first meeting, from the CEO of DHHS or her designee to the Director of Public Health or designee. Finally, it removes the requirement that the office of Legislative Research provide staff and support to the council.

The legislative fiscal note will likely change, though the Department's fiscal note will likely not.

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John Arch, Chairperson