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**HOUSE BILL 1646**

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**State of Washington**

**67th Legislature**

**2022 Regular Session**

**By** Representatives Bateman, Harris, Leavitt, Walen, Dolan, Bronoske, Callan, Eslick, Goodman, Macri, Simmons, Tharinger, Kloba, Stonier, Davis, Riccelli, and Ormsby

Prefiled 12/15/21. Read first time 01/10/22. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to continuing the work of the dementia action  
2 collaborative; adding a new section to chapter 43.20A RCW; creating a  
3 new section; and providing an expiration date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) In 2020, an estimated 120,000 Washingtonians age 65 and older  
7 were living with Alzheimer's disease or another dementia and the  
8 number is expected to rise to 140,000 by 2025;

9 (2) Dementia affects the whole family in many ways, including  
10 pulling family members, most often women, out of the workforce to  
11 care for their loved ones with the disease;

12 (3) There are an estimated 295,000 unpaid caregivers in  
13 Washington providing 426,000,000 total hours of unpaid care annually;

14 (4) The legislature authorized the preparation of the first  
15 Washington state plan to address Alzheimer's disease and other  
16 dementias in 2016; and

17 (5) There is great value in continuing to improve awareness and  
18 services for individuals living with Alzheimer's disease and other  
19 dementias, and reestablishing the formal dementia action  
20 collaborative to update the state plan and make recommendations is  
21 essential.

1        NEW SECTION.    **Sec. 2.**    A new section is added to chapter 43.20A  
2    RCW to read as follows:

3        (1) The dementia action collaborative is established with members  
4    as provided in this subsection.

5        (a) The governor shall appoint:

6        (i) A representative of the governor's office;

7        (ii) A representative and an alternate from the department in the  
8    aging and long-term support administration;

9        (iii) A representative and an alternate from the department in  
10   the developmental disabilities administration;

11       (iv) A representative and an alternate from the department of  
12   health;

13       (v) A representative and an alternate from the health care  
14   authority;

15       (vi) A representative and an alternate from the office of the  
16   state long-term care ombuds;

17       (vii) At least one person with Alzheimer's disease or another  
18   dementia;

19       (viii) A caregiver of a person with Alzheimer's disease or  
20   another dementia;

21       (ix) A representative of the University of Washington's memory  
22   and brain wellness center;

23       (x) A representative of an organization representing area  
24   agencies on aging;

25       (xi) A representative of an association representing long-term  
26   care facilities in Washington;

27       (xii) A representative of an association representing physicians  
28   in Washington;

29       (xiii) A representative of a Washington-based organization of  
30   volunteers, family, and friends of those affected by Alzheimer's  
31   disease and other dementias;

32       (xiv) A representative of an Alzheimer's advocacy organization;

33       (xv) An attorney who specializes in elder law;

34       (xvi) An Alzheimer's disease researcher;

35       (xvii) A representative of an organization representing emergency  
36   medical service providers in Washington; and

37       (xviii) An expert in workforce development.

38       (b) In appointing members to the dementia action collaborative,  
39   the governor shall give priority to persons who had previously served  
40   on the Alzheimer's disease working group established pursuant to

1 chapter 89 (Senate Bill No. 6124), Laws of 2014, and its successor  
2 work groups.

3 (2) (a) The department shall convene the dementia action  
4 collaborative, provide any necessary administrative support, and  
5 submit all required reports.

6 (b) Meetings of the dementia action collaborative must be open to  
7 the public. At least one meeting each year must accept comments on  
8 the dementia action collaborative's proposed recommendations from  
9 members of the public, including comments from persons and families  
10 affected by Alzheimer's disease or other dementias. The department  
11 must use technological means, such as web casts, to assure public  
12 participation.

13 (3) (a) The dementia action collaborative must assess the current  
14 and future impacts of Alzheimer's disease and other dementias on  
15 Washington residents, including:

16 (i) Examining progress in implementing the Washington state  
17 Alzheimer's plan adopted in 2016;

18 (ii) Assessing available services and resources for serving  
19 persons with Alzheimer's disease and other dementias, as well as  
20 their families and caregivers;

21 (iii) Examining and developing strategies to rectify disparate  
22 effects of Alzheimer's disease and other dementias on people of  
23 color; and

24 (iv) Developing a strategy to mobilize a state response to this  
25 public health crisis.

26 (b) In addition to the activities in (a) of this subsection, the  
27 dementia action collaborative must review and revise the Washington  
28 state Alzheimer's plan adopted in 2016, and any subsequent revisions  
29 to that plan. Revisions to the plan must evaluate and address:

30 (i) Population trends related to Alzheimer's disease and other  
31 dementias, including:

32 (A) Demographic information related to Washington residents  
33 living with Alzheimer's disease or other dementias, including average  
34 age, average age at first diagnosis, gender, race, and comorbidities;  
35 and

36 (B) Disparities in the prevalence of Alzheimer's disease and  
37 other dementias between different racial and ethnic populations;

38 (ii) Existing services, resources, and health care system  
39 capacity, including:

1 (A) The types, cost, and availability of dementia services for  
2 seniors, medicaid reimbursement rates for dementia services for  
3 seniors, and the effect of medicaid reimbursement rates on the  
4 availability of dementia services for seniors;

5 (B) Dementia-specific training requirements for long-term  
6 services and supports staff;

7 (C) The needs of public safety and law enforcement to respond to  
8 persons with Alzheimer's disease or other dementias;

9 (D) The availability of home and community-based resources,  
10 including respite care and other services to assist families, for  
11 persons with Alzheimer's disease or other dementias;

12 (E) Availability of long-term dementia care beds, regardless of  
13 payer;

14 (F) State funding and Alzheimer's disease research through  
15 Washington universities and other resources; and

16 (G) Advances in knowledge regarding brain health, dementia, and  
17 risk reduction related to Alzheimer's disease and other dementias  
18 since the adoption of the Washington state Alzheimer's plan  
19 established in 2016.

20 (4) The department must submit a report of the dementia action  
21 collaborative's findings and recommendations to the governor and the  
22 legislature in the form of an updated Washington state Alzheimer's  
23 plan no later than October 1, 2023. The department must submit annual  
24 updates and recommendations of the dementia action collaborative for  
25 legislative and executive branch agency action to the governor and  
26 the legislature each October 1st, beginning October 1, 2024.

27 (5) This section expires July 1, 2027.

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