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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 278

01/22/2015 Authored by Kiel; Dean, M.; Schomacker; Johnson, S.; Hausman and others  
The bill was read for the first time and referred to the Committee on Aging and Long-Term Care Policy

1.1 A bill for an act  
1.2 relating to health; creating a grant program for research on Alzheimer's  
1.3 disease and other dementias; creating a grant program for a public awareness  
1.4 campaign concerning Alzheimer's disease and other dementias; establishing the  
1.5 Alzheimer's Research Advisory Council; requiring reports; appropriating money;  
1.6 proposing coding for new law in Minnesota Statutes, chapter 145.

1.7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8 Section 1. **[145.133] ALZHEIMER'S RESEARCH GRANT PROGRAM.**

1.9 Subdivision 1. **Competitive grant program.** (a) The commissioner of health shall  
1.10 establish a competitive grant program to award grants to conduct research into Alzheimer's  
1.11 disease and other dementias. The commissioner, in consultation with the Alzheimer's  
1.12 Research Advisory Council established under section 145.1331, shall award to successful  
1.13 applicants grants to conduct research into the prevention, treatment, causes, and cures of  
1.14 Alzheimer's disease and other dementias.

1.15 (b) Eligible applicants for the grants are research facilities, universities, and health  
1.16 systems located in Minnesota. Applicants must submit proposals to the Alzheimer's  
1.17 Research Advisory Council.

1.18 (c) In making its recommendations on proposals to the commissioner, the  
1.19 Alzheimer's Research Advisory Council must give priority to those proposals that have  
1.20 the greatest scientific merit and are most likely to be effective.

1.21 Subd. 2. **Report.** (a) By January 1, 2017, and each January 1 thereafter, any  
1.22 institutions receiving grants under this section shall submit a progress report on the use  
1.23 of funds to the commissioner. The report shall include:

1.24 (1) a list of research projects supported by the grant; and

2.1 (2) evidence of publications in peer-reviewed journals involving research supported  
 2.2 by projects funded by the grants.

2.3 (b) By January 15, 2017, and each January 15 thereafter, the commissioner shall  
 2.4 submit a progress report on the use of grant funds under this section to the chairs and  
 2.5 ranking minority members of the senate and house of representatives committees and  
 2.6 divisions having jurisdiction over health care policy and funding. The report shall include:

2.7 (1) a list of grants;

2.8 (2) a summary of projects undertaken under each grant and an explanation of  
 2.9 activities of those projects; and

2.10 (3) a review of the effectiveness of the projects contained in each grant.

2.11 **EFFECTIVE DATE.** This section is effective July 1, 2015.

2.12 Sec. 2. **[145.1331] ALZHEIMER'S RESEARCH ADVISORY COUNCIL.**

2.13 Subdivision 1. **Membership.** The commissioner shall appoint an 11-member  
 2.14 advisory council consisting of two gerontologists, two geriatric psychiatrists, two  
 2.15 geriatricians, two neuroscientists, and three neurologists. Each member of the council  
 2.16 must have experience in Alzheimer's disease or related biomedical research.

2.17 Subd. 2. **Organization.** The advisory council shall be organized and administered  
 2.18 under section 15.059, except that section 15.059, subdivision 2, shall not apply. Except as  
 2.19 provided in subdivision 4, the commissioner shall appoint council members to four-year  
 2.20 terms. An appointed member may not serve more than two consecutive terms. The chair  
 2.21 of the council shall be elected from the membership of the council and shall serve as chair  
 2.22 for two years. The council shall adopt internal organizational procedures as necessary for  
 2.23 its efficient organization.

2.24 Subd. 3. **First appointment and first meeting.** The commissioner shall appoint  
 2.25 the first members of the council by September 1, 2015. The chair shall convene the first  
 2.26 meeting by November 1, 2015.

2.27 Subd. 4. **Terms of initial council members.** The commissioner shall designate five  
 2.28 of the initial council members to serve two-year terms. The other six initial members  
 2.29 shall serve four-year terms.

2.30 Subd. 5. **Conflict of interest.** Council members must disclose in a written statement  
 2.31 any financial interest in any organization that the council recommends to receive a grant.  
 2.32 The written statement must accompany the grant recommendation and must explain the  
 2.33 nature of the conflict. The council is not subject to policies developed by the commissioner  
 2.34 of administration under section 16B.98.

2.35 Subd. 6. **Duties.** The advisory council shall:

3.1 (1) develop criteria for evaluating and awarding the research grants under section  
 3.2 145.133;

3.3 (2) review research grant proposals and make recommendations by January 15 of  
 3.4 each year to the commissioner for the purposes of awarding research grants under section  
 3.5 145.133; and

3.6 (3) perform other duties as authorized by the commissioner.

3.7 **EFFECTIVE DATE.** This section is effective July 1, 2015.

3.8 **Sec. 3. [145.134] DEMENTIA GRANTS.**

3.9 **Subdivision 1. Statewide dementia grants.** (a) The Minnesota Board on Aging  
 3.10 shall award competitive grants to eligible applicants for statewide projects and initiatives  
 3.11 to promote awareness of Alzheimer's disease and other dementias, increase the rate of  
 3.12 cognitive testing in the population at risk for dementias, promote the benefits of early  
 3.13 diagnosis of dementias, or connect caregivers of persons with dementia to education and  
 3.14 resources. Project areas for statewide grants include:

3.15 (1) statewide public education and information campaigns promoting the benefits of  
 3.16 physician consultations for all individuals who suspect a memory or cognitive problem, or  
 3.17 promoting the benefits of early diagnosis of Alzheimer's disease and other dementias; or

3.18 (2) a statewide dementia resource clearinghouse to provide informational materials  
 3.19 and other resources to caregivers of persons with dementia.

3.20 (b) Eligible applicants for the statewide dementia grants may include, but are  
 3.21 not limited to, nonprofit organizations, colleges and universities, professional health  
 3.22 associations, and other health organizations.

3.23 (c) Applicants must submit proposals for available grants to the Minnesota Board on  
 3.24 Aging by September 1, 2015, and each September 1 thereafter. The application must:

3.25 (1) describe the proposed initiative, including how the initiative meets the  
 3.26 requirements of this subdivision; and

3.27 (2) identify the proposed outcomes of the initiative and the evaluation process to be  
 3.28 used to measure these outcomes.

3.29 (d) In awarding the grants, the Minnesota Board on Aging must give priority to  
 3.30 applicants who demonstrate that the proposed project:

3.31 (1) is conducted by an applicant able to demonstrate expertise in the project area;

3.32 (2) utilizes and enhances existing activities and resources, or involves innovative  
 3.33 approaches to achieve success in the project areas; and

3.34 (3) strengthens community relationships and partnerships in order to achieve the  
 3.35 project areas.

4.1 (e) The board shall award any available grants by October 1, 2015, and each October  
 4.2 1 thereafter.

4.3 (f) Each grant recipient shall report to the board on the progress of the initiative at  
 4.4 least once during the grant period, and within two months of the end of the grant period  
 4.5 shall submit a final report to the board that includes the outcome results.

4.6 Subd. 2. **Regional and local dementia grants.** (a) The Minnesota Board on Aging  
 4.7 shall award competitive grants to eligible applicants for regional and local projects and  
 4.8 initiatives targeted to a designated community, which may consist of a specific geographic  
 4.9 area or population, to increase awareness of Alzheimer's disease and other dementias,  
 4.10 increase the rate of cognitive testing in the population at risk for dementias, promote the  
 4.11 benefits of early diagnosis of dementias, or connect caregivers of persons with dementia to  
 4.12 education and resources. The project areas for grants include:

4.13 (1) local or community-based initiatives to promote the benefits of physician  
 4.14 consultations for all individuals who suspect a memory or cognitive problem;

4.15 (2) local or community-based initiatives to promote the benefits of early diagnosis of  
 4.16 Alzheimer's disease and other dementias; and

4.17 (3) local or community-based initiatives to provide informational materials and  
 4.18 other resources to caregivers of persons with dementia.

4.19 (b) Eligible applicants for local and regional grants may include, but are not limited  
 4.20 to, community health boards, school districts, colleges and universities, community  
 4.21 clinics, tribal communities, nonprofit organizations, and other health care organizations.

4.22 (c) Applicants must submit proposals for available grants to the Minnesota Board on  
 4.23 Aging by September 1, 2015, and each September 1 thereafter. The application must:

4.24 (1) describe the proposed initiative, including the targeted community and how the  
 4.25 initiative meets the requirements of this subdivision; and

4.26 (2) identify the proposed outcomes of the initiative and the evaluation process to be  
 4.27 used to measure these outcomes.

4.28 (d) In awarding the regional and local dementia grants, the Minnesota Board on  
 4.29 Aging must give priority to applicants who demonstrate that the proposed project:

4.30 (1) is supported by and appropriately targeted to the community in which the  
 4.31 applicant serves;

4.32 (2) is designed to coordinate with other community activities related to other health  
 4.33 initiatives, particularly those initiatives targeted at the elderly;

4.34 (3) is conducted by an applicant able to demonstrate expertise in the project areas;

4.35 (4) utilizes and enhances existing activities and resources or involves innovative  
 4.36 approaches to achieve success in the project areas; and

5.1 (5) strengthens community relationships and partnerships in order to achieve the  
 5.2 project areas.

5.3 (e) The Minnesota Board on Aging shall divide the state into specific geographic  
 5.4 regions and allocate a percentage of the money available for the local and regional  
 5.5 dementia grants to projects or initiatives aimed at that geographic region.

5.6 (f) The board shall award any available grants by October 1, 2015, and each October  
 5.7 1 thereafter.

5.8 (g) Each grant recipient shall report to the board on the progress of the initiative at  
 5.9 least once during the grant period, and within two months of the end of the grant period  
 5.10 shall submit a final report to the board that includes the outcome results.

5.11 Subd. 3. **Duties of the Minnesota Board on Aging.** The Minnesota Board on  
 5.12 Aging shall:

- 5.13 (1) develop the criteria and procedures to allocate the grants under this section;  
 5.14 (2) evaluate all applications on a competitive basis and award the grants; and  
 5.15 (3) select qualified providers to offer technical assistance to grant applicants and  
 5.16 grantees. The selected provider shall provide applicants and grantees assistance with  
 5.17 project design, evaluation methods, materials, and training.

5.18 Subd. 4. **Progress report.** By January 15, 2017, and on each January 15  
 5.19 thereafter, the Minnesota Board on Aging shall submit a progress report on the dementia  
 5.20 grants program to the chairs and ranking minority members of the senate and house of  
 5.21 representatives committees and divisions with jurisdiction over health finance and policy.  
 5.22 The report shall include:

- 5.23 (1) information on each grant recipient;  
 5.24 (2) a summary of all projects or initiatives undertaken with each grant;  
 5.25 (3) the measurable outcomes established by each grantee, an explanation of the  
 5.26 evaluation process used to determine whether the outcomes were met, and the results of  
 5.27 the evaluation;  
 5.28 (4) an accounting of how the grant funds were spent; and  
 5.29 (5) the overall impact of the projects and initiatives that were conducted.

5.30 **EFFECTIVE DATE.** This section is effective July 1, 2015.

5.31 Sec. 4. **[145.1341] ALZHEIMER'S PUBLIC INFORMATION PROGRAM.**

5.32 The Minnesota Board on Aging shall design and implement an ongoing statewide  
 5.33 public information program promoting the benefits of cognitive testing, awareness of  
 5.34 Alzheimer's disease and other dementias, and awareness of the needs of caregivers. The  
 5.35 program must include messages directed at the general population, as well as culturally

6.1 specific and community-based messages. The program shall include public service  
6.2 announcements, public education forums, mass media, and written materials, as well as a  
6.3 toll-free resources and referral telephone line and Web site designed to meet the needs of  
6.4 caregivers of persons with dementia. The program must also include background survey  
6.5 research and evaluation. The program must be designed to run at least five years. The  
6.6 Minnesota Board on Aging may contract with one or more third parties to carry out some  
6.7 or all of the program, provided the contracted third party has prior experience promoting  
6.8 Alzheimer's awareness and the contract is awarded through a competitive process.

6.9 **EFFECTIVE DATE.** This section is effective July 1, 2015.

6.10 **Sec. 5. APPROPRIATION.**

6.11 (a) \$5,000,000 for fiscal year 2016 and \$5,000,000 for fiscal year 2017 are  
6.12 appropriated from the general fund to the commissioner of health for Alzheimer's research  
6.13 grants authorized in Minnesota Statutes, section 145.133. This amount shall be added to  
6.14 the base. Up to ... percent of each appropriation may be used by the commissioner to  
6.15 administer the Alzheimer's research grant program.

6.16 (b) \$..... for fiscal year 2016 and \$..... for fiscal year 2017 are appropriated from the  
6.17 general fund to the commissioner of human services for the Minnesota Board on Aging for  
6.18 statewide dementia grants authorized in Minnesota Statutes, section 145.134, subdivision  
6.19 1. This amount shall be added to the base. Up to ... percent of each appropriation may be  
6.20 used by the board to administer the statewide dementia grant program.

6.21 (c) \$..... for fiscal year 2016 and \$..... for fiscal year 2017 are appropriated from  
6.22 the general fund to the commissioner of human services for the Minnesota Board on  
6.23 Aging for regional and local dementia grants authorized in Minnesota Statutes, section  
6.24 145.134, subdivision 2. This amount shall be added to the base. Up to ... percent of each  
6.25 appropriation may be used by the board to administer the regional and local dementia  
6.26 grant program.

6.27 (d) \$..... for fiscal year 2016 is appropriated from the general fund to the  
6.28 commissioner of human services for the Minnesota Board on Aging for the purpose of the  
6.29 Alzheimer's public information program in Minnesota Statutes, section 145.1341.