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AB-2207 State boards and commissions: representatives of older adults. (2023-2024)

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Assembly Bill No. 2207

CHAPTER 332

An act to amend Section 1568.17 of the Health and Safety Code, to amend Section 14012 of the Unemployment Insurance Code, and to amend Section 5771 of the Welfare and Institutions Code, relating to public health.

[Approved by Governor September 21, 2024. Filed with Secretary of State September 21, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2207, Reyes. State boards and commissions: representatives of older adults.

Existing law establishes the California Commission on Aging composed of 25 persons, as specified, and requires the commission to hire an executive director. Existing law also establishes the California Department of Aging and provides for a director of that department. Existing law establishes various state boards and commissions to address public health concerns throughout the state and generally requires that individuals appointed to these state entities be broadly reflective of the general public.

This bill would expand the membership of the Alzheimer's Disease and Related Disorders Advisory Committee, the California Workforce Development Board, and the California Behavioral Health Planning Council to include the Executive Director of the California Commission on Aging, or other persons that serve or advocate for older adults, as specified.

This bill would incorporate additional changes to Section 1568.17 of the Health and Safety Code proposed by AB 2680 to be operative only if this bill and AB 2680 are enacted and this bill is enacted last.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1568.17 of the Health and Safety Code is amended to read:

1568.17. (a) The California Health and Human Services Agency shall establish an Alzheimer's Disease and Related Disorders Advisory Committee consisting of 15 members selected as follows:

- (1) One representing the field of academic medical research.
- (2) One representing the field of social research.
- (3) One representing the field of mental health.
- (4) One representing the Alzheimer's daycare resource centers.
- (5) One representing the Alzheimer's disease diagnostic and treatment centers.

- (6) Two representing families of persons suffering from Alzheimer's disease or related disorders.
- (7) Two representing organizations providing services to Alzheimer's disease patients.
- (8) One representing a consumer organization representing persons with Alzheimer's disease.
- (9) One representing a member of the State Bar who is familiar with the legal issues confronting Alzheimer's disease victims and their families.
- (10) Two people who have been diagnosed with Alzheimer's disease to serve one-year terms.
- (11) The Secretary of California Health and Human Services or their designee.
- (12) The Executive Director of the California Commission on Aging or the director's designee.

(b) Members shall serve at the pleasure of the Secretary of California Health and Human Services. The agency secretary may establish fixed terms for advisory committee membership. For purposes of continuity, those terms shall be staggered.

(c) Members shall serve without compensation, but shall receive reimbursement for travel and other necessary expenses actually incurred in the performance of their official duties.

(d) The Alzheimer's Disease and Related Disorders Advisory Committee shall do all of the following:

- (1) Provide ongoing advice and assistance to the administration and the Legislature as to the program needs and priorities of the target population.
- (2) Provide planning support to the administration and the Legislature by updating recommendations of the 1987 California Alzheimer's Disease Task Force Report and regularly reviewing and updating recommendations as needed.
- (3) Appoint a chairperson and vice chairperson.
- (4) Meet quarterly.

(e) The Alzheimer's Disease and Related Disorders Advisory Committee shall do all of the following when making policy and plan recommendations:

- (1) Consult with a broad range of stakeholders, including, but not limited to, people diagnosed with Alzheimer's disease, family caregivers, community-based and institutional providers, Alzheimer's disease researchers and academicians, formal caregivers, the Alzheimer's Association, the California Commission on Aging, and other state entities.
- (2) Consider the recommendations of other state plans, including, but not limited to, the Olmstead Plan, the Long-Range Strategic Plan on Aging, and the California Department of Aging's State Plan on Aging.
- (3) Consider cultural and linguistic factors that impact persons with Alzheimer's disease and their families who are from diverse populations.
- (4) Review current state policies and practices concerning care and treatment related to Alzheimer's disease and other dementia disorders, and develop recommendations concerning all of the following issues:
 - (A) Community-based support for California's diverse people with Alzheimer's disease and their family members.
 - (B) Choices for care and residence for persons with Alzheimer's disease and their families.
 - (C) An integrated public health care management approach to Alzheimer's disease in health care settings that makes full use of dementia care practices.
 - (D) The dementia competence of health care professionals.
 - (E) Early identification and intervention through increasing public awareness of Alzheimer's disease.

(f) All meetings of the advisory committee, and any subcommittees thereof, shall be open to the public and adequate notice shall be provided in accordance with Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 1.5. Section 1568.17 of the Health and Safety Code is amended to read:

1568.17. (a) The California Health and Human Services Agency shall establish an Alzheimer's Disease and Related Conditions Advisory Committee representing the diversity of California and that consists of at least 17, but not more than 21, members,

which shall include, but not be limited to, all of the following:

(1) One representing the field of academic medical research.

(2) One representing the field of social research.

(3) One representing the field of behavioral health.

(4) One representing organizations providing adult day care services focused on persons living with Alzheimer's disease or related conditions.

(5) One representing the California Alzheimer's Disease Centers.

(6) Two representing families of persons directly affected by Alzheimer's disease or related conditions.

(7) Two representing organizations providing services to persons living with Alzheimer's disease or related conditions.

(8) One representing a consumer organization representing persons with Alzheimer's disease or related conditions.

(9) One representing a member of the State Bar who is familiar with the legal issues confronting those living with Alzheimer's disease or related conditions and their families.

(10) Two people who have been diagnosed with Alzheimer's disease or a related condition.

(11) The Executive Director of the California Commission on Aging or the director's designee.

(12) The Secretary of California Health and Human Services or their designee.

(13) Two ex officio, nonvoting members, consisting of one Senator appointed by the Senate Committee on Rules and one Member of the Assembly appointed by the Speaker of the Assembly. These members shall participate in the activities of the committee to the extent that their participation is not incompatible with their respective positions as Members of the Legislature.

(14) Up to four additional members selected by the Secretary of California Health and Human Services.

(b) Members described in paragraphs (1) to (11), inclusive, and paragraph (14), of subdivision (a) shall serve at the pleasure of the Secretary of California Health and Human Services. Members described in paragraph (13) of subdivision (a) shall serve at the pleasure of their appointing authority. The agency secretary may establish fixed terms for advisory committee membership. For purposes of continuity, those terms shall be staggered.

(c) Members shall serve without compensation, but shall receive reimbursement for travel and other necessary expenses actually incurred in the performance of their official duties.

(d) The Alzheimer's Disease and Related Conditions Advisory Committee shall do all of the following:

(1) Provide ongoing advice and assistance to the administration and the Legislature as to the program needs and priorities of the target population.

(2) Provide planning support to the administration and the Legislature by tracking, monitoring, and considering recommendations made in the final report of the Governor's Task Force on Alzheimer's (Disease) Prevention and Preparedness, and the California Master Plan for Aging, in addition to other state plans and reports, including the California State Plan for Alzheimer's Disease, as needed.

(3) Appoint a chairperson and vice chairperson.

(4) Meet quarterly.

(e) The Alzheimer's Disease and Related Conditions Advisory Committee shall do all of the following when making policy and plan recommendations:

(1) Consult with a broad range of stakeholders, including, but not limited to, people diagnosed with Alzheimer's disease or related conditions, family members or informal caregivers, community-based and institutional providers, Alzheimer's disease or related conditions researchers and academicians, direct care workforce, the Alzheimer's Association, the California Commission on Aging, and other state entities.

(2) Consider cultural and linguistic factors that impact persons with Alzheimer's disease or related conditions and their families who are from diverse communities.

(3) Review current state policies and practices concerning care and treatment related to Alzheimer's disease and other related conditions, as well as risk reduction, and develop recommendations concerning all of the following issues:

(A) Community-based support for California's racially, ethnically, culturally, and linguistically diverse people living with Alzheimer's disease or related conditions and their family members or informal caregivers.

(B) Choices for care and residence for persons with Alzheimer's disease or related conditions and their families.

(C) An integrated public health care management approach to Alzheimer's disease or related conditions in health care settings that makes full use of dementia care practices.

(D) The dementia training and competence of health care professionals.

(E) Risk reduction, early identification, and intervention through increasing public awareness of Alzheimer's disease and related conditions, as well as brain health.

(f) All meetings of the advisory committee, and any subcommittees thereof, shall be open to the public and adequate notice shall be provided in accordance with Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 2. Section 14012 of the Unemployment Insurance Code is amended to read:

14012. The board shall be appointed by the Governor to assist in the development of the State Plan and to carry out other functions, as described in Section 14103. The board shall be comprised of the Governor and representatives from the following categories:

(a) Two members of each house of the Legislature, appointed by the appropriate presiding officer of each house.

(b) A majority of board members shall be representatives of business who:

(1) Are owners of businesses, chief executives or operating officers of businesses, and other business executives or employers with optimum policymaking or hiring authority, who, in addition, may be members of a local board described in Section 3122(b) (2)(A)(i) of Title 29 of the United States Code.

(2) Represent businesses, including small businesses, or organizations representing businesses that include high-quality, work-relevant training and development in in-demand industry sectors or occupations in the state.

(3) Are appointed from a group of individuals nominated by state business organizations and business trade associations.

(c) (1) Not less than 20 percent of board members shall be representatives of the workforce within the state, including representatives of labor organizations nominated by state labor federations, who shall not be less than 15 percent of the board membership and who shall include at least one representative that is a member of a labor organization or a training director, from a joint labor-management apprenticeship program, or if no such joint program exists in the state, such a representative of an apprenticeship program in the state.

(2) Representatives appointed pursuant to this subdivision may include:

(A) Representatives of community-based organizations that have demonstrated experience and expertise in addressing the employment, training, or education needs of individuals with barriers to employment, including organizations that serve veterans, organizations that provide or support competitive, integrated employment for individuals with disabilities, organizations that serve transgender and gender nonconforming individuals, and organizations that represent or serve older adults.

(B) Representatives of organizations that have demonstrated experience and expertise in addressing the employment, training, or education needs of eligible youth, including representatives of organizations that serve out-of-school youth.

(d) The balance of board members:

(1) Shall include representatives of government that are lead state officials with primary responsibility for the core programs and shall include chief elected officials, collectively representing cities, counties, and cities and counties where appropriate.

(2) May include other representatives and officials as the Governor may designate, like any of the following:

(A) State agency officials from agencies that are one-stop partners, not specified in paragraph (1), including additional one-stop partners whose programs are covered by the State Plan, if any.

(B) State agency officials responsible for economic development or juvenile justice programs in the state.

(C) Individuals who represent an Indian tribe or tribal organization, as those terms are defined in Section 3221(b) of Title 29 of the United States Code.

(D) State agency officials responsible for education programs in the state, including chief executive officers, or their designees, of institutions of higher education, including, but not limited to, the California Community College system, the California State University system, the University of California system, and their respective individual campuses.

(E) State agency officials responsible for administering programs that serve, and state commission officials that advocate on behalf of, older adults or their designees.

(e) Other requirements of board membership shall include:

(1) The Governor shall select a chairperson for the board from among the representatives described in subdivision (b).

(2) The members of the board shall represent diverse geographic areas of the state, including urban, rural, and suburban areas.

(f) For purposes of this section, "older adults" means persons 60 years of age or older.

SEC. 3. Section 5771 of the Welfare and Institutions Code is amended to read:

5771. (a) Pursuant to Public Law 102-321, there is the California Behavioral Health Planning Council. The purpose of the planning council shall be to fulfill those mental health planning requirements mandated by federal law.

(b) (1) The planning council shall have 40 members, to be comprised of members appointed from both the local and state levels in order to ensure a balance of state and local concerns relative to planning.

(2) As required by federal law, eight members of the planning council shall represent various state departments.

(3) Members of the planning council shall be appointed in a manner that will ensure that at least one-half are adults with serious mental illness, including persons who are dually diagnosed with serious mental illness and substance use disorders, family members of persons with serious mental illness, including adults who are dually diagnosed with serious mental illness and substance use disorders, family members of children with emotional disturbance, and representatives of organizations advocating on behalf of persons with mental illness, including persons who are dually diagnosed with mental illness and substance use disorders. Persons with serious mental illness, including persons who are dually diagnosed with serious mental illness and substance use disorders, and family members shall be represented in equal numbers.

(4) The Director of Health Care Services shall make appointments from among nominees from various constituency organizations for mental health or mental health and substance use disorders, which shall include representatives of consumer-related advocacy organizations, representatives of professional and provider organizations for mental health or mental health and substance use disorders, and representatives who are direct service providers from both the public and private sectors. The director shall also appoint one representative of the California Coalition on Mental Health. The director shall also appoint the Executive Director of the California Commission on Aging or the executive director's designee.

(c) Members should be balanced according to demography, geography, gender, and ethnicity. Members should include representatives with interest in all target populations, including, but not limited to, children and youth, adults, and older adults.

(d) The planning council shall annually elect a chairperson and a chair-elect.

(e) The term of each member shall be three years, to be staggered so that approximately one-third of the appointments expire in each year.

(f) In the event of changes in the federal requirements regarding the structure and function of the planning council, or the discontinuation of federal funding, the State Department of Health Care Services shall, with input from state-level advocacy groups, consumers, family members and providers, and other stakeholders, propose to the Legislature modifications in the structure of the planning council that the department deems appropriate.

SEC. 4. Section 1.5 of this bill incorporates amendments to Section 1568.17 of the Health and Safety Code proposed by both this bill and Assembly Bill 2680. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 1568.17 of the Health and Safety Code, and (3) this bill is enacted after Assembly Bill 2680, in which case Section 1 of this bill shall not become operative.