

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Children, Families &
 2 Seniors Subcommittee

3 Representative Willhite offered the following:

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5 **Amendment (with title amendment)**

6 Remove lines 17-70 and insert:

7 Section 1. Subsections (2) and (3) of section 430.501,
 8 Florida Statutes, are amended to read:

9 430.501 Alzheimer's Disease Advisory Committee; research
 10 grants.-

11 (2) There is created an Alzheimer's Disease Advisory
 12 Committee, composed of 11 ~~10~~ members to be selected by the
 13 Governor, which shall advise the Department of Elderly Affairs
 14 in the performance of its duties under this act. All members
 15 must be residents of the state. The committee shall advise the
 16 department regarding legislative, programmatic, and

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17 administrative matters that relate to Alzheimer's disease
18 victims and their caretakers.

19 (3) (a) The committee membership shall be representative as
20 follows:

21 1. At least 4 of the 11 ~~10~~ members must be licensed
22 pursuant to chapter 458 or chapter 459 or hold a Ph.D. degree
23 and be currently involved in the research of Alzheimer's
24 disease.

25 2. The 11 ~~10~~ members must include at least 4 persons who
26 have been caregivers of persons living with ~~victims of~~
27 Alzheimer's disease.

28 3. Whenever possible, the 11 ~~10~~ members shall include 1
29 each of the following professionals: a gerontologist, a
30 geriatric psychiatrist, a geriatrician, a neurologist, a social
31 worker, ~~and~~ a registered nurse, and a first responder.

32 (b)1. The Governor shall appoint members from a broad
33 cross-section of public, private, and volunteer sectors. All
34 nominations shall be forwarded to the Governor by the Secretary
35 of Elderly Affairs in accordance with this subsection.

36 2. Members shall be appointed to 4-year staggered terms in
37 accordance with s. 20.052.

38 3. The Secretary of Elderly Affairs shall serve as an ex
39 officio member of the committee.

40 4. The committee shall elect one of its members to serve
41 as chair for a term of 1 year.

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42 5. The committee may establish subcommittees as necessary
43 to carry out the functions of the committee.

44 6. The committee shall meet quarterly, or as frequently as
45 needed.

46 7. The committee shall submit an annual report to the
47 Governor, the President of the Senate, the Speaker of the House
48 of Representatives, and the Secretary of Elderly Affairs on or
49 before September 1 of each year. The annual report shall include
50 information and recommendations on Alzheimer's disease policy;
51 all state-funded efforts in Alzheimer's disease research,
52 clinical care, institutional, home-based and community-based
53 programs and the outcomes of such efforts; and any proposed
54 updates to the Alzheimer's disease state plan submitted under
55 subparagraph.

56 8. Beginning in 2020, and every third year thereafter, on
57 or before November 1 the Department of Elderly Affairs shall
58 review the Alzheimer's disease state plan and submit an updated
59 state plan to the Governor, the President of the Senate, and the
60 Speaker of the House of Representatives. The Department of
61 Elderly Affairs shall utilize the annual reports submitted by
62 the committee and collaborate with state Alzheimer's disease
63 organizations and professionals when considering such updates to
64 the Alzheimer's disease state plan. The state plan shall:

65 a. Assess the current and future impact of Alzheimer's
66 disease and related forms of dementia on the state.

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67 b. Examine the existing industries, services, and resources
68 addressing the needs of persons having Alzheimer's disease or a
69 related form of dementia and their family caregivers.

70 c. Examine the needs of persons of all cultural backgrounds
71 having Alzheimer's disease or a related form of dementia and how
72 their lives are affected by the disease from younger-onset,
73 through mid-stage, to late-stage.

74 d. Develop a strategy to mobilize a state response to this
75 public health crisis.

76 e. Provide information regarding:

77 (I) State trends with respect to persons having Alzheimer's
78 disease or a related form of dementia and their needs,
79 including, but not limited to:

80 (A) The role of the state in providing community-based
81 care, long-term care, and family caregiver support, including
82 respite, education, and assistance to persons who are in the
83 early stages of Alzheimer's disease, who have younger-onset
84 Alzheimer's disease, or who have a related form of dementia.

85 (B) The development of state policy with respect to persons
86 having Alzheimer's disease or a related form of dementia.

87 (C) Surveillance of persons having Alzheimer's disease or a
88 related form of dementia for the purpose of accurately
89 estimating the number of such persons in the state at present
90 and projected population levels.

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91 (II) Existing services, resources, and capacity, including,
92 but not limited to:

93 (A) The type, cost, and availability of dementia-specific
94 services throughout the state.

95 (B) Policy requirements and effectiveness for dementia-
96 specific training for professionals providing care.

97 (C) Quality care measures employed by providers of care,
98 including providers of respite, adult day care, assisted living
99 facility, skilled nursing facility, and hospice services.

100 (D) The capability of public safety workers and law
101 enforcement officers to respond to persons having Alzheimer's
102 disease or a related form of dementia, including, but not
103 limited to, responding to their disappearance, search and
104 rescue, abuse, elopement, exploitation, or suicide.

105 (E) The availability of home and community-based services
106 and respite care for persons having Alzheimer's disease or a
107 related form of dementia and education and support services to
108 assist their families and caregivers.

109 (F) An inventory of long-term care facilities and
110 community-based services serving persons having Alzheimer's
111 disease or a related form of dementia.

112 (G) The adequacy and appropriateness of geriatric-
113 psychiatric units for persons having behavior disorders
114 associated with Alzheimer's disease or a related form of
115 dementia.

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116 (H) Residential assisted living options for persons having
117 Alzheimer's disease or a related form of dementia.

118 (I) The level of preparedness of service providers before,
119 during, and after a catastrophic emergency involving a person
120 having Alzheimer's disease or a related form of dementia and
121 their caregivers and families.

122 (III) Needed state policies or responses, including, but
123 not limited to, directions for the provision of clear and
124 coordinated care, services, and support to persons having
125 Alzheimer's disease or a related form of dementia and their
126 caregivers and families and strategies to address any identified
127 gaps in the provision of services.

128 ~~9.7.~~ The Department of Elderly Affairs shall provide staff
129 support to assist the committee in the performance of its
130 duties.

131 ~~10.8.~~ Members of the committee and subcommittees shall
132 receive no salary, but are entitled to reimbursement for travel
133 and per diem expenses, as provided in s. 112.061, while
134 performing their duties under this section.

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T I T L E A M E N D M E N T

Remove lines 3-4 and insert:

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 449 (2019)

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141 430.501 F.S.; increasing membership of the Alzheimer's Disease
142 Advisory Committee; revising representative requirements of the
143 committee;

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