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COMMITTEE/SUBCOMMI	ITTEE ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Committee/Subcommittee hearing bill: Health & Human Services Committee

Representative Plakon offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Subsections (2) and (3) of section 430.501, Florida Statutes, are amended to read:

430.501 Alzheimer's Disease Advisory Committee; research grants.—

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

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administrative matters that relate to <u>persons living with</u> Alzheimer's disease victims and their caretakers.

- (3) (a) The committee membership shall <u>include the</u> following be representative as follows:
 - 1. Eleven members appointed by the Governor.
- \underline{a} . At least 4 of the $\underline{11}$ $\underline{10}$ members must be licensed pursuant to chapter 458 or chapter 459 or hold a Ph.D. degree and be currently involved in the research of Alzheimer's disease.
- <u>b.</u> 2. The 10 members must include At least 4 of the 11 members must be persons who have been caregivers of persons living with victims of Alzheimer's disease.
- <u>c. 3.</u> Whenever possible, the <u>10</u> members <u>appointed by the Governor</u> shall include 1 each of the following professionals: a gerontologist, a geriatric psychiatrist, a geriatrician, a neurologist, a social worker, <u>and</u> a registered nurse, <u>and</u> a first responder.
- 2. Two members appointed by the President of the Senate, one of whom must be a sitting member of the Senate; and two members appointed by the Speaker of the House of Representatives, one of whom must be a sitting member of the House of Representatives.
- (b)1. The Governor shall appoint members from a broad cross-section of public, private, and volunteer sectors. All

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nominations shall be forwarded to the Governor by the Secretary of Elderly Affairs in accordance with this subsection.

- 2. Members shall be appointed to 4-year staggered terms in accordance with s. 20.052, except for the sitting members of the Senate and House of Representatives, who must be appointed to a term corresponding to their term of office.
- 3. The Secretary of Elderly Affairs shall serve as an ex officio member of the committee.
- 4. The committee shall elect one of its members to serve as chair for a term of 1 year.
- 5. The committee may establish subcommittees as necessary to carry out the functions of the committee.
- 6. The committee shall meet quarterly, or as frequently as needed.
- 7. The committee shall submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Elderly Affairs on or before September 1 of each year. The annual report shall include information and recommendations on Alzheimer's disease policy; all state-funded efforts in Alzheimer's disease research, clinical care, institutional, home-based and community-based programs and the outcomes of such efforts; and any proposed updates to the Alzheimer's disease state plan submitted under subparagraph 8.

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

- <u>a. Assess the current and future impact of Alzheimer's</u> disease and related forms of dementia on the state.
- b. Examine the existing industries, services, and resources addressing the needs of persons having Alzheimer's disease or a related form of dementia and their family caregivers.
- c. Examine the needs of persons of all cultural backgrounds having Alzheimer's disease or a related form of dementia and how their lives are affected by the disease from younger-onset, through mid-stage, to late-stage.
- d. Develop a strategy to mobilize a state response to this public health crisis.
 - e. Provide information regarding:
- (I) State trends with respect to persons having

 Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

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	(A)	The	role	of t	he s	tate	in	providi	ng c	ommun	ity-b	ased
care,	lon	g-tei	cm car	ce, a	nd f	amily	7 C	aregiver	sup	port,	incl	uding
respi	te,	educa	ation,	and	ass	istar	nce	to pers	ons	who a	re in	the
early	sta	ges (of Alz	zheim	er's	dise	ease	e, who h	ave	young	er-on	set
Alzhe	eimer	's d	isease	e, or	who	have	e a	related	for	m of	demen	tia.
	(B)	The	devel	-mao.	nt c	of sta	ıte	policy	with	resp	ect to	0

- (B) The development of state policy with respect to persons having Alzheimer's disease or a related form of dementia.
- (C) Surveillance of persons having Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state at present and projected population levels.
- (II) Existing services, resources, and capacity, including, but not limited to:
- (A) The type, cost, and availability of dementia-specific services throughout the state.
- (B) Policy requirements and effectiveness for dementiaspecific training for professionals providing care.
- (C) Quality care measures employed by providers of care, including providers of respite, adult day care, assisted living facility, skilled nursing facility, and hospice services.
- (D) The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia, including, but not

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114	limited	to,	responding	to	their	disappea	arance,	search	and
			se, elopeme						

- (E) The availability of home and community-based services and respite care for persons having Alzheimer's disease or a related form of dementia and education and support services to assist their families and caregivers.
- (F) An inventory of long-term care facilities and community-based services serving persons having Alzheimer's disease or a related form of dementia.
- (G) The adequacy and appropriateness of geriatric-psychiatric units for persons having behavior disorders associated with Alzheimer's disease or a related form of dementia.
- (H) Residential assisted living options for persons having Alzheimer's disease or a related form of dementia.
- (I) The level of preparedness of service providers before, during, and after a catastrophic emergency involving a person having Alzheimer's disease or a related form of dementia and their caregivers and families.
- (III) Needed state policies or responses, including, but not limited to, directions for the provision of clear and coordinated care, services, and support to persons having Alzheimer's disease or a related form of dementia and their caregivers and families and strategies to address any identified gaps in the provision of services.

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139	<u>9.</u> 7.	The Department of Elderly Affairs shall provide st	aff
140	support to	assist the committee in the performance of its	
141	duties.		

- 10.8. Members of the committee and subcommittees shall receive no salary, but are entitled to reimbursement for travel and per diem expenses, as provided in s. 112.061, while performing their duties under this section.
- Section 2. Subsection (1) of section 430.502, Florida

 147 Statutes, is amended to read:
 - 430.502 Alzheimer's disease; memory disorder clinics and day care and respite care programs.—
 - (1) There is established:
 - (a) A memory disorder clinic at each of the three medical schools in this state;
 - (b) A memory disorder clinic at a major private nonprofit research-oriented teaching hospital, and may fund a memory disorder clinic at any of the other affiliated teaching hospitals;
 - (c) A memory disorder clinic at the Mayo Clinic in Jacksonville;
- 159 (d) A memory disorder clinic at the West Florida Regional
 160 Medical Center;
- 161 (e) A memory disorder clinic operated by Health First in 162 Brevard County;

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163	(f) A memory disorder clinic at the Orlando Regional
164	Healthcare System, Inc.;
165	(g) A memory disorder center located in a public hospital
166	that is operated by an independent special hospital taxing
167	district that governs multiple hospitals and is located in a
168	county with a population greater than 800,000 persons;
169	(h) A memory disorder clinic at St. Mary's Medical Center
170	in Palm Beach County;
171	(i) A memory disorder clinic at Tallahassee Memorial
172	Healthcare;
173	(j) A memory disorder clinic at Lee Memorial Hospital
174	created by chapter 63-1552, Laws of Florida, as amended;
175	(k) A memory disorder clinic at Sarasota Memorial Hospital
176	in Sarasota County;
177	(1) A memory disorder clinic at Morton Plant Hospital,
178	Clearwater, in Pinellas County;
179	(m) A memory disorder clinic at Florida Atlantic
180	University, Boca Raton, in Palm Beach County; and
181	(n) A memory disorder clinic at Florida Hospital in Orange
182	County; and τ
183	(o) A memory disorder clinic at Miami Jewish Health System
184	in Miami-Dade County
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186	for the purpose of conducting research and training in a

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diagnostic and therapeutic setting for persons suffering from

Alzheimer's disease and related memory disorders. However, memory disorder clinics funded as of June 30, 1995, shall not receive decreased funding due solely to subsequent additions of memory disorder clinics in this subsection.

Section 3. This act shall take effect July 1, 2019

2.01

TITLE AMENDMENT

Remove everything before the enacting clause and insert:
An act relating to Alzheimer's disease; amending s.
430.501, F.S.; increasing membership of the
Alzheimer's Disease Advisory Committee; revising
representative requirements of the committee;
requiring the committee to submit an annual report to
specified parties that includes certain information
and recommendations; requiring the Department of
Elderly Affairs to review and update the Alzheimer's
disease state plan every 3 years in collaboration with
certain parties; providing requirements for the plan;
amending s. 430.502, F.S.; adding a memory disorder
clinic; providing that certain clinics shall not
receive decreased funding for a specified reason;
providing an effective date.

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