1	A bill to be entitled
2	An act relating to Alzheimer's disease; amending s.
3	430.501, F.S.; increasing membership of the
4	Alzheimer's Disease Advisory Committee; revising
5	representative requirements of the committee;
6	requiring the committee to submit an annual report to
7	specified parties that includes certain information
8	and recommendations; requiring the Department of
9	Elderly Affairs to review and update the Alzheimer's
10	disease state plan every 3 years in collaboration with
11	certain parties; providing requirements for the plan;
12	amending s. 430.502, F.S.; providing that certain
13	clinics shall not receive decreased funding for a
14	specified reason; providing an effective date.
15	
16	Be It Enacted by the Legislature of the State of Florida:
17	
18	Section 1. Subsections (2) and (3) of section 430.501,
19	Florida Statutes, are amended to read:
20	430.501 Alzheimer's Disease Advisory Committee; research
21	grants
22	(2) There is created an Alzheimer's Disease Advisory
23	Committee, composed of $\underline{11}$ $\underline{10}$ members to be selected by the
24	Governor, which shall advise the Department of Elderly Affairs
25	in the performance of its duties under this act. All members
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26 must be residents of the state. The committee shall advise the 27 department regarding legislative, programmatic, and 28 administrative matters that relate to Alzheimer's disease 29 victims and their caretakers.

30 (3)(a) The committee membership shall be representative as 31 follows:

32 1. At least 4 of the <u>11</u> 10 members must be licensed 33 pursuant to chapter 458 or chapter 459 or hold a Ph.D. degree 34 and be currently involved in the research of Alzheimer's 35 disease.

36 2. The <u>11</u> 10 members must include at least 4 persons who 37 have been caregivers of <u>persons living with</u> victims of 38 Alzheimer's disease.

39 3. Whenever possible, the <u>11</u> 10 members shall include 1 40 each of the following professionals: a gerontologist, a 41 geriatric psychiatrist, a geriatrician, a neurologist, a social 42 worker, and a registered nurse, and a first responder.

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

47 2. Members shall be appointed to 4-year staggered terms in48 accordance with s. 20.052.

3. The Secretary of Elderly Affairs shall serve as an exofficio member of the committee.

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51	4. The committee shall elect one of its members to serve
52	
	as chair for a term of 1 year.
53	5. The committee may establish subcommittees as necessary
54	to carry out the functions of the committee.
55	6. The committee shall meet quarterly, or as frequently as
56	needed.
57	7. The committee shall submit an annual report to the
58	Governor, the President of the Senate, the Speaker of the House
59	of Representatives, and the Secretary of Elderly Affairs on or
60	before September 1 of each year. The annual report shall include
61	information and recommendations on Alzheimer's disease policy;
62	all state-funded efforts in Alzheimer's disease research,
63	clinical care, institutional, home-based and community-based
64	programs and the outcomes of such efforts; and any proposed
65	updates to the Alzheimer's disease state plan submitted under
66	subparagraph 8.
67	8. Beginning in 2020, and every third year thereafter, on
68	or before November 1, the Department of Elderly Affairs shall
69	review the Alzheimer's disease state plan and submit an updated
70	state plan to the Governor, the President of the Senate, and the
71	Speaker of the House of Representatives. The Department of
72	Elderly Affairs shall utilize the annual reports submitted by
73	the committee and collaborate with state Alzheimer's disease
74	organizations and professionals when considering such updates to
75	the Alzheimer's disease state plan. The state plan shall:
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76	a. Assess the current and future impact of Alzheimer's
77	disease and related forms of dementia on the state.
78	b. Examine the existing industries, services, and
79	resources addressing the needs of persons having Alzheimer's
80	disease or a related form of dementia and their family
81	caregivers.
82	c. Examine the needs of persons of all cultural
83	backgrounds having Alzheimer's disease or a related form of
84	dementia and how their lives are affected by the disease from
85	younger-onset, through mid-stage, to late-stage.
86	d. Develop a strategy to mobilize a state response to this
87	public health crisis.
88	e. Provide information regarding:
89	(I) State trends with respect to persons having
90	Alzheimer's disease or a related form of dementia and their
91	needs, including, but not limited to:
92	(A) The role of the state in providing community-based
93	care, long-term care, and family caregiver support, including
94	respite, education, and assistance to persons who are in the
95	early stages of Alzheimer's disease, who have younger-onset
96	Alzheimer's disease, or who have a related form of dementia.
97	(B) The development of state policy with respect to
98	persons having Alzheimer's disease or a related form of
99	dementia.

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100 Surveillance of persons having Alzheimer's disease or (C) 101 a related form of dementia for the purpose of accurately 102 estimating the number of such persons in the state at present 103 and projected population levels. 104 (II) Existing services, resources, and capacity, 105 including, but not limited to: 106 (A) The type, cost, and availability of dementia-specific 107 services throughout the state. (B) 108 Policy requirements and effectiveness for dementia-109 specific training for professionals providing care. 110 Quality care measures employed by providers of care, (C) 111 including providers of respite, adult day care, assisted living 112 facility, skilled nursing facility, and hospice services. 113 (D) The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's 114 115 disease or a related form of dementia, including, but not 116 limited to, responding to their disappearance, search and 117 rescue, abuse, elopement, exploitation, or suicide. 118 The availability of home and community-based services (E) 119 and respite care for persons having Alzheimer's disease or a 120 related form of dementia and education and support services to 121 assist their families and caregivers. 122 (F) An inventory of long-term care facilities and 123 community-based services serving persons having Alzheimer's 124 disease or a related form of dementia.

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125 The adequacy and appropriateness of geriatric-(G) 126 psychiatric units for persons having behavior disorders 127 associated with Alzheimer's disease or a related form of 128 dementia. 129 (H) Residential assisted living options for persons having 130 Alzheimer's disease or a related form of dementia. 131 (I) The level of preparedness of service providers before, 132 during, and after a catastrophic emergency involving a person 133 having Alzheimer's disease or a related form of dementia and 134 their caregivers and families. 135 (III) Needed state policies or responses, including, but 136 not limited to, directions for the provision of clear and 137 coordinated care, services, and support to persons having 138 Alzheimer's disease or a related form of dementia and their 139 careqivers and families and strategies to address any identified 140 gaps in the provision of services. 141 9.7. The Department of Elderly Affairs shall provide staff 142 support to assist the committee in the performance of its 143 duties. 144 10.8. Members of the committee and subcommittees shall 145 receive no salary, but are entitled to reimbursement for travel and per diem expenses, as provided in s. 112.061, while 146 performing their duties under this section. 147 148 Section 2. Subsection (1) of section 430.502, Florida 149 Statutes, is amended to read:

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150 430.502 Alzheimer's disease; memory disorder clinics and day care and respite care programs.-151 152 (1)There is established: 153 A memory disorder clinic at each of the three medical (a) 154 schools in this state; 155 (b) A memory disorder clinic at a major private nonprofit 156 research-oriented teaching hospital, and may fund a memory disorder clinic at any of the other affiliated teaching 157 158 hospitals; 159 (c) A memory disorder clinic at the Mayo Clinic in 160 Jacksonville; 161 (d) A memory disorder clinic at the West Florida Regional 162 Medical Center; (e) A memory disorder clinic operated by Health First in 163 164 Brevard County; 165 A memory disorder clinic at the Orlando Regional (f) 166 Healthcare System, Inc.; A memory disorder center located in a public hospital 167 (q) 168 that is operated by an independent special hospital taxing 169 district that governs multiple hospitals and is located in a county with a population greater than 800,000 persons; 170 171 (h) A memory disorder clinic at St. Mary's Medical Center in Palm Beach County; 172 173 (i) A memory disorder clinic at Tallahassee Memorial Healthcare; 174

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175 A memory disorder clinic at Lee Memorial Hospital (ij) 176 created by chapter 63-1552, Laws of Florida, as amended; 177 (k) A memory disorder clinic at Sarasota Memorial Hospital 178 in Sarasota County; 179 (1) A memory disorder clinic at Morton Plant Hospital, 180 Clearwater, in Pinellas County; (m) A memory disorder clinic at Florida Atlantic 181 182 University, Boca Raton, in Palm Beach County; and (n) A memory disorder clinic at Florida Hospital in Orange 183 184 County, 185 186 for the purpose of conducting research and training in a 187 diagnostic and therapeutic setting for persons suffering from 188 Alzheimer's disease and related memory disorders. However, 189 memory disorder clinics funded as of June 30, 1995, shall not 190 receive decreased funding due solely to subsequent additions of 191 memory disorder clinics in this subsection. Section 3. This act shall take effect July 1, 2019. 192

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