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.; establishing a specified 13 memory disorder clinic; providing that certain clinics 14 shall not receive decreased funding for a specified 15 reason; providing an effective date. 16 17 Be It Enacted by the Legislature of the State of Florida: 18 19 Section 1. Subsections (2) and (3) of section 430.501, Florida Statutes, are amended to read: 20 21 430.501 Alzheimer's Disease Advisory Committee; research 22 grants.-23 There is created an Alzheimer's Disease Advisory Committee, composed of 15 10 members to be selected by the 24

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Governor, which shall advise the Department of Elderly Affairs

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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 administrative matters that relate to persons living with 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.2.</u> 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 <u>first responder</u>.
- 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.

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(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.

- 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 shall 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.

- 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	respe	ect to	o pe	ersons :	hav	<u> ing</u>	
Alzhe	imer'	's dise	ease or	a re	elated	form	of	dement	ia	and	their
needs	, inc	cluding	g, but	not 1	imite	d to:					

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

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(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
limited to, responding to their disappearance, search and
rescue, abuse, elopement, exploitation, or suicide.
(E) The availability of home and community-based service

- (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

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149	caregivers and families and strategies to address any identified
150	gaps in the provision of services.
151	9.7. The Department of Elderly Affairs shall provide staff
152	support to assist the committee in the performance of its
153	duties.
154	10.8. Members of the committee and subcommittees shall
155	receive no salary, but are entitled to reimbursement for travel
156	and per diem expenses, as provided in s. 112.061, while
157	performing their duties under this section.
158	Section 2. Subsection (1) of section 430.502, Florida
159	Statutes, is amended to read:
160	430.502 Alzheimer's disease; memory disorder clinics and
161	day care and respite care programs.—
162	(1) There is established:
163	(a) A memory disorder clinic at each of the three medical
164	schools in this state;

148 Alzheimer's disease or a related form of dementia and their

- (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;
- (d) A memory disorder clinic at the West Florida Regional Medical Center;

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173	(e) A memory disorder clinic operated by Health First in
174	Brevard County;
175	(f) A memory disorder clinic at the Orlando Regional
176	Healthcare System, Inc.;
177	(g) A memory disorder center located in a public hospital
178	that is operated by an independent special hospital taxing
179	district that governs multiple hospitals and is located in a
180	county with a population greater than 800,000 persons;
181	(h) A memory disorder clinic at St. Mary's Medical Center
182	in Palm Beach County;
183	(i) A memory disorder clinic at Tallahassee Memorial
184	Healthcare;
185	(j) A memory disorder clinic at Lee Memorial Hospital
186	created by chapter 63-1552, Laws of Florida, as amended;
187	(k) A memory disorder clinic at Sarasota Memorial Hospital
188	in Sarasota County;
189	(1) A memory disorder clinic at Morton Plant Hospital,
190	Clearwater, in Pinellas County;
191	(m) A memory disorder clinic at Florida Atlantic
192	University, Boca Raton, in Palm Beach County; and
193	(n) A memory disorder clinic at Florida Hospital in Orange
194	County; and
195	(o) A memory disorder clinic at Miami Jewish Health System
196	in Miami-Dade County,

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for the purpose of conducting research and training in a 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.

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

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