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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,
20	Florida Statutes, are amended to read:
21	430.501 Alzheimer's Disease Advisory Committee; research
22	grants
23	(2) There is created an Alzheimer's Disease Advisory
24	Committee, composed of $\underline{15}$ $\underline{10}$ members to be selected by the
25	Governor, which shall advise the Department of Elderly Affairs
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26	in the performance of its duties under this act. All members
27	must be residents of the state. The committee shall advise the
28	department regarding legislative, programmatic, and
29	administrative matters that relate to persons living with
30	Alzheimer's disease victims and their caretakers.
31	(3)(a) The committee membership shall include the
32	following be representative as follows:
33	1. Eleven members appointed by the Governor.
34	<u>a.</u> At least 4 of the <u>11</u> 10 members must be licensed
35	pursuant to chapter 458 or chapter 459 or hold a Ph.D. degree
36	and be currently involved in the research of Alzheimer's
37	disease.
38	<u>b.</u> 2. The 10 members must include At least 4 of the 11
39	members must be persons who have been caregivers of persons
40	living with victims of Alzheimer's disease.
41	$\underline{\text{c.3.}}$ Whenever possible, the 10 members appointed by the
42	Governor shall include 1 each of the following professionals: a
43	gerontologist, a geriatric psychiatrist, a geriatrician, a
44	neurologist, a social worker, and a registered nurse <u>, and a</u>
45	first responder.
46	2. Two members appointed by the President of the Senate,
47	one of whom must be a sitting member of the Senate, and two
48	members appointed by the Speaker of the House of
49	Representatives, one of whom must be a sitting member of the
50	House of Representatives.

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51	(b)1. The Governor shall appoint members from a broad
52	cross-section of public, private, and volunteer sectors. All
53	nominations shall be forwarded to the Governor by the Secretary
54	of Elderly Affairs in accordance with this subsection.
55	2. Members shall be appointed to 4-year staggered terms in
56	accordance with s. 20.052, except for the sitting members of the
57	Senate and House of Representatives, who shall be appointed to a
58	term corresponding to their term of office.
59	3. The Secretary of Elderly Affairs shall serve as an ex
60	officio member of the committee.
61	4. The committee shall elect one of its members to serve
62	as chair for a term of 1 year.
63	5. The committee may establish subcommittees as necessary
64	to carry out the functions of the committee.
65	6. The committee shall meet quarterly, or as frequently as
66	needed.
67	7. The committee shall submit an annual report to the
68	Governor, the President of the Senate, the Speaker of the House
69	of Representatives, and the Secretary of Elderly Affairs on or
70	before September 1 of each year. The annual report shall include
71	information and recommendations on Alzheimer's disease policy;
72	all state-funded efforts in Alzheimer's disease research,
73	clinical care, institutional, home-based and community-based
74	programs and the outcomes of such efforts; and any proposed
75	updates to the Alzheimer's disease state plan submitted under

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76	subparagraph 8.
77	8. Beginning in 2020, and every third year thereafter, on
78	or before November 1, the Department of Elderly Affairs shall
79	review the Alzheimer's disease state plan and submit an updated
80	state plan to the Governor, the President of the Senate, and the
81	Speaker of the House of Representatives. The Department of
82	Elderly Affairs shall utilize the annual reports submitted by
83	the committee and collaborate with state Alzheimer's disease
84	organizations and professionals when considering such updates to
85	the Alzheimer's disease state plan. The state plan shall:
86	a. Assess the current and future impact of Alzheimer's
87	disease and related forms of dementia on the state.
88	b. Examine the existing industries, services, and
89	resources addressing the needs of persons having Alzheimer's
90	disease or a related form of dementia and their family
91	caregivers.
92	c. Examine the needs of persons of all cultural
93	backgrounds having Alzheimer's disease or a related form of
94	dementia and how their lives are affected by the disease from
95	younger-onset, through mid-stage, to late-stage.
96	d. Develop a strategy to mobilize a state response to this
97	public health crisis.
98	e. Provide information regarding:

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99	(I) State trends with respect to persons having
100	Alzheimer's disease or a related form of dementia and their
101	needs, including, but not limited to:
102	(A) The role of the state in providing community-based
103	care, long-term care, and family caregiver support, including
104	respite, education, and assistance to persons who are in the
105	early stages of Alzheimer's disease, who have younger-onset
106	Alzheimer's disease, or who have a related form of dementia.
107	(B) The development of state policy with respect to
108	persons having Alzheimer's disease or a related form of
109	dementia.
110	(C) Surveillance of persons having Alzheimer's disease or
111	a related form of dementia for the purpose of accurately
112	estimating the number of such persons in the state at present
113	and projected population levels.
114	(II) Existing services, resources, and capacity,
115	including, but not limited to:
116	(A) The type, cost, and availability of dementia-specific
117	services throughout the state.
118	(B) Policy requirements and effectiveness for dementia-
119	specific training for professionals providing care.
120	(C) Quality care measures employed by providers of care,
121	including providers of respite, adult day care, assisted living
122	facility, skilled nursing facility, and hospice services.
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123	(D) The capability of public safety workers and law
124	enforcement officers to respond to persons having Alzheimer's
125	disease or a related form of dementia, including, but not
126	limited to, responding to their disappearance, search and
127	rescue, abuse, elopement, exploitation, or suicide.
128	(E) The availability of home and community-based services
129	and respite care for persons having Alzheimer's disease or a
130	related form of dementia and education and support services to
131	assist their families and caregivers.
132	(F) An inventory of long-term care facilities and
133	community-based services serving persons having Alzheimer's
134	disease or a related form of dementia.
135	(G) The adequacy and appropriateness of geriatric-
136	psychiatric units for persons having behavior disorders
137	associated with Alzheimer's disease or a related form of
138	dementia.
139	(H) Residential assisted living options for persons having
140	Alzheimer's disease or a related form of dementia.
141	(I) The level of preparedness of service providers before,
142	during, and after a catastrophic emergency involving a person
143	having Alzheimer's disease or a related form of dementia and
144	their caregivers and families.
145	(III) Needed state policies or responses, including, but
146	not limited to, directions for the provision of clear and
147	coordinated care, services, and support to persons having
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148	Alzheimer's disease or a related form of dementia and their
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;
165	(b) A memory disorder clinic at a major private nonprofit
166	research-oriented teaching hospital, and may fund a memory
167	disorder clinic at any of the other affiliated teaching
168	hospitals;
169	(c) A memory disorder clinic at the Mayo Clinic in
170	Jacksonville;
171	(d) A memory disorder clinic at the West Florida Regional
172	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	<u>in Miami-Dade County</u> ,
197	

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198 for the purpose of conducting research and training in a 199 diagnostic and therapeutic setting for persons suffering from 200 Alzheimer's disease and related memory disorders. However, 201 memory disorder clinics funded as of June 30, 1995, shall not 202 receive decreased funding due solely to subsequent additions of 203 memory disorder clinics in this subsection.

204

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

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