HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/CS/HB 299 Education and Training for Alzheimer's Disease and Related Forms of Dementia **SPONSOR(S):** Health & Human Services Committee, Healthcare Regulation Subcommittee, Black and others

TIED BILLS: IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthcare Regulation Subcommittee	17 Y, 0 N, As CS	Guzzo	McElroy
2) Health & Human Services Committee	17 Y, 0 N, As CS	Guzzo	Calamas

SUMMARY ANALYSIS

Current laws require certain employees of nursing homes, home health agencies, assisted living facilities (ALFs), and adult day care centers to complete training on Alzheimer's disease or related disorders (ADRD). Employees of ALFs, other than special care ALFs, nurse registries, homemaker and companion service providers, and adult family care homes are not currently required to complete ADRD training.

The required training applies to employees whose duties require them to have direct contact with or provide direct care to individuals with ADRD. No other employees are required to receive ADRD training other than receiving basic written information, in most instances. The required number of hours of training and the timeframes in which the training must be completed vary among the above provider types. This initial training must be completed within three months of beginning employment.

The bill requires all employees of nursing homes, home health agencies, nurse registries, homemaker and companion service providers, ALFs, adult family-care homes, and adult day care centers, to complete one hour of initial ADRD training; not just those who have direct contact with individuals with ADRD. The bill requires the training to be completed within 30 days of beginning employment, instead of within three months.

In addition to the initial training, current law requires employees of nursing homes, home health agencies, and adult day care centers who provide direct care to individuals with ADRD to complete additional ADRD training within nine months of beginning employment. Current law does not require additional training for such employees of ALFs, home health agencies, nurse registries, homemaker and companion services providers, or adult family care homes. The bill fills in the gaps of facility types not currently required to complete additional training in the first year of employment by requiring employees of ALFs, nurse registries, homemaker and companion service providers, and adult family-care homes who provide direct care to individuals with ADRD to complete the additional training.

Current law requires employees who provide direct care to individuals with ADRD in ALFs and adult day care centers that provide special care for individuals with ADRD to complete four hours of continuing education annually. However, current law does not require such employees of adult family-care homes to complete continuing education. The bill fills in another gap to make training consistent among facility types by requiring employees of adult family-care homes to complete special care for individuals with ADRD – four hours annually.

Current law does not require employees of health care services pools to complete any ADRD training. The bill requires them to complete any training that is applicable to the type of facility they are working in.

The bill requires all individuals currently employed, contracted, or referred to provide services when the bill becomes effective to complete the required training by July 1, 2026. Individuals, newly employed, contracted, or referred to provide services on or after the effective date of the bill may complete training using any existing training curriculum approved by DOEA. The bill provides a grandfather clause for an employee who shows proof of completion of training that is equivalent to the training requirements of the bill.

The bill has no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2023.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Alzheimer's Disease

Alzheimer's disease is a form of dementia, a general term for memory loss. It is a progressive brain disorder that damages and eventually destroys brain cells, leading to memory loss and changes in the functions of the brain. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. Alzheimer's disease is a progressive disease in which dementia symptoms worsen gradually over time. In the early stages of Alzheimer's disease, memory loss is mild; in late-stages, individuals lose the ability to carry on a conversation and respond to their environment. Currently, the disease has no cure, but treatment can temporarily slow the worsening of symptoms.¹

There are an estimated 6.2 million people in the United States with Alzheimer's disease.² By 2050, the number of people age 65 and older with Alzheimer's disease in the U.S. is expected to double to a projected 12.7 million people.³

Florida has an increasing number of individuals with Alzheimer's disease. An estimated 580,000 Floridians have Alzheimer's disease.⁴ The projected number of Floridians with Alzheimer's disease is estimated to increase by 24% to 720,000 individuals by 2025.⁵

Nursing Homes

A nursing home is a facility that provides 24-hour nursing care, personal care, or custodial care to individuals who are ill or physically infirm.⁶ Nursing homes are licensed and regulated by the Agency for Health Care Administration (AHCA) under part II of ch. 400, F.S.

Nursing homes are required to provide basic written information to new employees, upon beginning employment, about interacting with individuals with ADRD.⁷ If the employee's duties require them to have direct contact with residents with ADRD, they must complete one hour of initial training on ADRD within three months of beginning employment.⁸ The initial training must address the following subject areas:

- Understanding ADRD;
- Characteristics of ADRD; and
- Communicating with residents who have ADRD.⁹

⁹ Rule 58A-4.001(1)(a), F.A.C. **STORAGE NAME**: h0299c.HHS

¹ Alzheimer's Association, 2021 Alzheimer's Disease Facts and Figures, available at <u>https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf</u> (last accessed March 9, 2023).

² Rajan KB, Weuve J, Barnes LL, McAninch EA, Wilson RS, Evans DA, *Population Estimate of People with Clinical AD and Mild Cognitive Impairment in the United States (2020-2060)*. Alzheimers Dement. 2021 Dec;17(12):1966-1975. doi: 10.1002/alz.12362. Epub 2021 May 27. PMID: 34043283. ³ Id.

⁴ Florida Department of Elder Affairs, 2021 Alzheimer's Disease Advisory Committee Annual Report, available at <u>https://elderaffairs.org/wp-content/uploads/ADAC-Report-2021_FINAL.pdf</u> (last accessed March 9, 2023).

 ⁵ Id.
 ⁶ S. 400.021(7), F.S.
 ⁷ S. 400.1755(1), F.S.
 ⁸ S. 400.1755(2), F.S.

DATE: 4/11/2023

Those employees who provide direct care to residents with ADRD must complete an additional three hours of training within nine months of beginning employment. The additional training must address the following subject areas:

- Behavior management;
- Assistance with activities of daily living;
- Activities for residents: •
- Stress management for care givers;
- Family issues; •
- Resident environment; and
- Ethical issues.¹⁰

Home Health Agencies

A home health agency provides one or more of the following home health services: nursing care; therapy; home health aide services; dietetics and nutrition; or medical supplies.¹¹ Home health agencies are licensed and regulated by AHCA under part III of ch. 400, F.S.

Home health agencies are required to provide basic written information to new employees, upon beginning employment, about interacting with individuals with ADRD.¹² Those employees who provide direct care to residents with ADRD must complete two hours of training on ADRD within nine months of beginning employment.¹³ The training must include:

- An overview of dementia;
- A demonstration of basic skills in communicating with individuals with dementia; .
- Information on managing problem behaviors; •
- Information about promoting the client's independence in activities of daily living; and •
- Skills for working with families and caregivers.¹⁴ .

Assisted Living Facilities (ALFs)

An ALF is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.¹⁵ ALFs are licensed and regulated by AHCA under part I of ch. 429, F.S. An ALF that advertises that it provides special care for individuals with ADRD is required to meet certain staffing and ADRD training requirements that are not required of other ALFs.¹⁶

All ALF employees are required to attend a preservice orientation provided by the facility prior to interacting with residents. The preservice orientation must be at least two hours and must cover certain topics, including resident's rights and the services offered by the facility.¹⁷

ADRD training is only required for employees of ALFs that provide special care for residents with ADRD.¹⁸ ALFs that provide special care for residents with ADRD are required to provide basic written

¹⁶ S. 429.177, F.S., and s. 429.178(1), F.S.

¹⁰ Rule 58A-4.001(1)(b), F.A.C.

¹¹ S. 400.462(12) and (14), F.S.

¹² S. 400.4785(1)(a), F.S.

¹³ S. 400.4785(1)(b), F.S.

¹⁴ ld.

¹⁵ S. 429.02(5), F.S.

¹⁷ S. 429.52(1), F.S., and rule 59A-36.011(2), F.S.

¹⁸ S. 429.178(1), F.S., requires an ALF that advertises that it provides special care for persons with ADRD to meet certain stan dards of operation that are not required of other ALFs. This is not a separate licensure category. The additional standards of operation include: have an awake staff member on duty 24 hours a day, if the facility has 17 or more residents; if the facility has fewer than 17 residents, the facility may have mechanisms in place to monitor residents instead of having an awake staff member on duty 24 hours a day; offer activities specifically designed for persons who are cognitively impaired; have a physical environment that provides for the safety and welfare of the residents; and employstaff who have completed the required training and continuing education. STORAGE NAME: h0299c.HHS PAGE: 3

information to new employees about interacting with individuals with ADRD within 3 months of beginning employment.¹⁹

An employee who has regular contact with residents who have ADRD but does not provide direct care to such residents is required to complete four hours of initial ADRD training within three months of beginning employment.²⁰ The initial training must address the following subject areas:

- Understanding ADRD;
- Characteristics of ADRD;
- Communicating with residents who have ADRD;
- Family issues;
- Resident environment; and
- Ethical issues.²¹

A direct caregiver who is employed by an ALF that provides special care for residents with ADRD is required to complete four hours of additional training within nine months of beginning employment.²² The additional training must address the following subject areas:

- Behavior management;
- Assistance with activities of daily living;
- Activities for residents;
- Stress management for caregivers; and
- Medical information.²³

They are also required to complete four hours of continuing education on ADRD every year.²⁴

Adult Family-Care Homes

An adult family-care home is a private home, under which a person who owns or rents the home provides room, board, and personal care in a family-like living arrangement, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives of the homeowner.²⁵ Adult family-care homes are licensed and regulated by AHCA under part II of ch. 429, F.S.

An adult family-care home that claims to provide special care for individuals with ADRD is required to disclose in its advertisements, or in a separate document, those services that distinguish the care as being especially applicable to, or suitable for, such persons.²⁶

Employees of adult family-care homes are not currently required to complete any ADRD training.

Adult Day Care Centers

Adult day care centers provide therapeutic services and activities for adults in a non-institutional setting.²⁷ Participants may utilize a variety of services offered during any part of a day totaling less than 24-hours. Basic services provided by adult day care centers include leisure activities, self-care training, nutritional services, and respite care.²⁸

²⁸ ld.

¹⁹ S. 429.178(2)(c), F.S.

²⁰ S. 429.178(2)(a), F.S.

²¹ Rule 59A-36.011(10)(a), F.A.C.

²² S. 429.178(2)(b), F.S.

²³ Rule 59A-36.011(10)(c), F.A.C.

²⁴ S. 429.178(3), F.S. ²⁵ S. 429.65(2), F.S.

²⁶ S. 429.83, F.S.

²⁷ S. 429.901(3), F.S.

STORAGE NAME: h0299c.HHS DATE: 4/11/2023

Adult day care centers are required to provide basic written information to new employees, upon beginning employment, about interacting with individuals with ADRD.²⁹ If the employee's duties require them to have direct contact with residents with ADRD, they must complete one hour of initial training on ADRD within three months of beginning employment.³⁰ The initial training must address the following subject areas:

- Understanding ADRD;
- Characteristics of ADRD; and
- Communicating with participants who have ADRD.³¹

Those employees who provide direct care to residents with ADRD must also complete an additional three hours of training on ADRD within nine months of beginning employment.³² The additional training must address the following subject areas:

- Behavior management;
- Assistance with activities of daily living to promote the participant's independence;
- Stress management for the caregiver;
- Family issues;
- Participant environment; and
- Ethical issues.³³

An adult day care center may hold a license designated by AHCA as a specialized Alzheimer's services adult day care center if it meets certain requirements.³⁴ Employees of specialized Alzheimer's services adult day care centers, who have direct contact with, or provide direct care to, individuals with ADRD are required to receive four hours of ADRD training within three months of beginning employment.³⁵ Employees of specialized Alzheimer's services adult day care centers who provide direct care to participants with ADRD are required to receive an additional four hours of training within six months of beginning employment.³⁶ The curriculum for the additional four hours of training must address the following subject areas:

- Understanding brain disease;
- Normal brain functions and normal aging;
- Understanding treatable and irreversible dementia;
- Mental status tests;
- Communication and the effects of damage to brain cells;
- Influences on behavior and brain deterioration;
- Interventions;
- Physical causes and pain indications;
- Common ADRD medications and side effects;
- Malnutrition and dehydration;
- Activities of daily living;
- Validation therapy;
- Safety; and
- Caregiver stress management.

²⁹ S. 429.917(1)(a), F.S.

³⁰ S. 429.917(1)(b), F.S.

³¹ Rule 59A-16.110(1)(a), F.A.C.

³² S. 429.917(1)(c), F.S.

³³ Rule 59A-16.110(1)(b), F.A.C.

³⁴ S. 429.918(4), F.S.

³⁵ Rule 59A-16.111(2), F.A.C. ³⁶ Rule 59A-16.111(3), F.A.C.

STORAGE NAME: h0299c.HHS

DATE: 4/11/2023

Employees of specialized Alzheimer's services adult day care centers who provide direct care to participants with ADRD are also required to receive 4-hours of continuing education annually in topics related to ADRD.³⁷

Nurse Registries and Companion and Homemaker Services

A nurse registry is an agency licensed to secure employment for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, and homemakers, who are compensated by fees as independent contractors to provide services in a patient's home or with health care facilities or other entities.³⁸ Nurse registries are governed by part II of chapter 408, F.S., and the nurse registry rules in Chapter 59A-18, F.A.C. A nurse registry must be licensed by AHCA to offer contracts in Florida.³⁹ Current law does not require contracted personnel of nurse registries to complete training on ADRD.

Companions spend time with and care for elderly, handicapped, or convalescent individuals, prepare and serve meals to such individuals, and accompany such individuals on trips and outings. Companions are prohibited from providing hands-on personal care to a client.⁴⁰

Homemakers perform household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for elderly, handicapped, or convalescent individuals. Homemakers are prohibited from providing hands-on personal care to a client.⁴¹

Health Care Services Pools

A health care services pool is a business that hires licensed, certified or trained health care personnel to work as temporary staff in health care facilities and residential facilities to support or supplement the facilities' work force as necessary to cover employee absences, temporary skill shortages, seasonal workloads, and special assignments and projects.⁴²

Current law does not require employees of health care services pools to complete ADRD training.

³⁷ Rule 59A-16.111(5), F.A.C.
³⁸ S. 400.462(21), F.S.
³⁹ S. 400.506(1), F.S.
⁴⁰ S. 400.462(7), F.S.
⁴¹ S. 400.462(18), F.S.
⁴² S. 400.980, F.S., and rule 59A-27.001(1), F.A.C. **STORAGE NAME:** h0299c.HHS
DATE: 4/11/2023

ADRD Training Providers and Curricula

The Department of Elder Affairs (DOEA) or its designee is responsible for approving ADRD training providers and curricula for employees of nursing homes, home health agencies, ALFs, and adult day care centers.⁴³ The University of South Florida (USF) administers the Program through a contract with DOEA.⁴⁴

To be approved as a training provider, an applicant must provide proof of certain educational and experience requirements, including:

- A Master's degree from an accredited college in health care, human services, or gerontology; or
- A Bachelor's degree from an accredited college, or licensure as a registered nurse; and
- One year of experience as an educator of caregivers for individuals with ADRD; or
- Completion of a specialized training program relating to ADRD, and a minimum of two years of
 practical experience in a program providing direct care to individuals with ADRD; or
- Three years of practical experience in a program providing direct care to individuals with ADRD.⁴⁵

Upon successful completion of training, the trainer is required to issue the trainee a certificate of completion.⁴⁶ Each facility is required to keep copies of training certificates in each employee's personnel file, which are reviewed by AHCA during facility inspections.⁴⁷

Training curricula is certified for a period of three years and must be resubmitted for approval.⁴⁸ Approval of training curricula is based on how well it addresses the required subject areas.⁴⁹

The table below depicts the number of approved trainers and training curricula by facility/provider type.⁵⁰

Facility/Provider Type	Approved Training Providers	Approved Training Curricula
Nursing Home	1,913	21
ALF	826	57
Home Health Agency	797	24
Adult Day Care Center	154	12
Total	3,690	135

Effect of the Bill

The bill makes the following changes (indicated by red font) to the ADRD training requirements for employees of nursing homes, home health agencies, nurse registries, ALFs, and adult day care centers to increase uniformity of training requirements across the long-term care industry.

Initial Training, All "Employees"		
Basic Written Info	Hour(s) of Initial Training	

⁴³ S. 400.1755(5), F.S., s. 400.4785(1)(f), F.S., s. 429.178(5), F.S., and s. 429.917(1)(g), F.S.

⁴⁴ University of South Florida College of Behavioral & Community Sciences, USF's Training Academy on Aging, available at <u>http://www.trainingonaging.usf.edu/products/faq.cfm</u> (last accessed March 9, 2023).

⁴⁵ Rule 58A-4.002(8), F.A.C., nursing homes; rule 59A-36.011(10)(h), F.A.C., special care ALFs; rule 58A-8(1)(c), F.A.C., home health agencies; rule 58A-6.016(1)(a), F.A.C., adult day care centers.

⁴⁶ S.400.1755(6), F.S., nursing homes; s. 429.178(4), F.S., special care ALFs; s. 400.4785(1)(g), F.S., home health agencies; and s. 429.917(1)(h), F.S., adult day care centers.

⁴⁷ Agency for Health Care Administration, 2022 Legislative Bill Analysis – HB 1507, January 20, 2022.

⁴⁸ Supra note 44.

⁴⁹ ld.

⁵⁰ University of South Florida's Training Academyon Aging, Find Approved Applications, available at <u>https://usfweb.usf.edu/trainingonAging/default.aspx</u>, (lastaccessed March 9, 2023). **STORAGE NAME:** h0299c.HHS

		Current	Effect of the Bill	Current	Effect of the Bill
Nursing Homes		Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Home Health Agencies		Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Nurse Registry Con Homemaker Se		None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
ALFs	Generally	None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
	Special Care	Basic written info w/in 1 st 3 months	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Adult Family-Care Home	Generally	None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
	Special Care	None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Adult Day Care	Generally	Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Centers	Special Care	Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days

				Personal Ca	re Workers		
		Initial Hour(s) of Training ⁵¹		Additional Training During First Year		Continuing	
		Current	Effect of the Bill	Current	Effect of the Bill	Current	Effect of the Bill
Nursin	g Homes	1 hr. w/in 1 st 3 months	1 hr w/in 1st30 days	3 hrs. w/in 1 st 9 months	3 hrs. w/in 1 st 7 months	None.	No change.
	e Health encies	None.	1 hr w/in 1st30 days	2 hrs. w/in 1 st 9 months	2 hrs. w/in 1 st <mark>7 months</mark>	None.	No change.
Comp	Registry anion or ker Service	None.	1 hr w/in 1st30 days	None.	2 hrs. w/in 1 st 7 months	None.	No change.
	Generally	None.	1 hr w/in 1st30 days	None.	3 hrs. w/in 1 st 7 months	None.	No change.
ALFs	Special Care	4 hrs. w/in 1 st 3 months	1 hr w/in 1st30 days	4 hrs. w/in 1 st 9 months	3 hrs. w/in 1 st 3 months plus 4 hrs.w/in 1 st 6 months	4 hrs., annually	No change.
Adult Family- Care Home	Generally	None.	1 hr w/in 1st30 days	None.	3 hrs. w/in 1 st 7 months	None.	No change.
	Special Care	None.	1 hr w/in 1st30 days	None.	3 hrs.w/in 1 st 3 months plus 4 hrs.w/in 1 st 6 months	None.	4 hrs., annually
Adult	Generally	1 hr. w/in 1 st 3 months	1 hr w/in 1st <mark>30</mark> days	3 hrs. w/in 1 st 9 months	3 hrs. w/in 1 st 7 months	None.	No change.
Day Care Centers	Special Care	4 hrs. w/in 1 st 3 months	1 hr w/in 1st30 days	4 hrs. w/in 1 st <u>6 months</u>	3 hrs.w/in 1 st 3 months plus 4 hrs. w/in 1 st 6 months	4 hrs., annually, <u>per rule</u>	4 hrs., annually, per statute

Current law does not require employees of health care services pools to complete any ADRD training. The bill requires them to complete the training above that is applicable to the type of facility they are working in.

⁵¹ Current law only provides an initial hour-based training requirement for the personal care workers of certain provider types. The proposed initial hourly training requirement applicable to all "employees" is repeated here since all "personal care workers" will have to complete this training. This initial training requirement is not in addition to the initial hour-based training that is currently applicable. **STORAGE NAME:** h0299c.HHS **PAGE: 8 DATE:** 4/11/2023

The bill allows the initial 1-hour training to count towards the 2-hour preservice orientation required to be completed by ALF employees. Additionally, the bill exempts an employee of an ALF with a limited mental health license from the 3 hours of training required to be completed within the first 7 months of employment.

The bill also allows the continuing education to be provided through contact hours, on-the-job training⁵², or electronic learning technology. On-the-job training may not count for more than 2 hours of continuing education each calendar year.

ADRD Training Providers and Curricula

Current law authorizes DOEA or its designee to approve ADRD training curricula and training providers. Currently, all ADRD training curricula and training providers are approved by DOEA's designee—USF. The bill removes DOEA's authority to delegate the approval of ADRD training curricula and training providers. As a result, DOEA will be solely responsible for approving ADRD training curricula and training providers. The bill authorizes DOEA to establish training curricula guidelines for the additional training (post-initial training) curricula, and the continuing education curricula. For the initial 1-hour training requirement, the bill requires DOEA to provide the training for free and make it available online.

The bill provides an exemption from approval for a training provider who is approved by a board of the Department of Health (DOH) to provide training and is registered with the DOH electronic continuing education tracking system. The training provider must also meet one of the following experience requirements:

- At least one year of teaching experience as an educator for caregivers of persons with ADRD; or
- At least one year of practical experience in a program providing care to persons with ADRD; or
- Completion of a specialized ADRD training program from an accredited health care, human services, or gerontology education provider.

Additionally, the bill provides a grandfather clause for training providers approved by DOEA or USF prior to the effective date of the bill.

The bill authorizes DOEA to adopt rules to establish requirements for the approval of other qualified training providers, and to conduct samplings of training curricula as necessary to monitor for compliance with curriculum guidelines.

Training Records

Under the bill, employees are not required to repeat any of the training requirements in the bill upon a change of employment to a different covered provider. To facilitate this, the bill addresses employee access to their own training records.

For the initial training, the bill requires trainers to provide a record of an employee's completion of training to the covered provider. The bill requires the covered provider to maintain a record of the employee's completion of the training, and upon written request by the employee, provide a copy of the record of completion to the employee.

For post-initial training and continuing education, the bill requires trainers to provide a record of an employee's completion of training and continuing education, but it does not specify who the record must be provided to (covered provider or employee). Further, the bill does not require a covered provider to maintain the record of completion or provide a copy of the record of completion like it does for records of completion of initial training.

Implementation

⁵² On-the-job training means a form of direct coaching in which a facility administrator or his or her designee instructs an employee w ho provides personal care with guidance, support, or hands-on experience to help develop and refine the employee's skills for caring for a person with ADRD. **STORAGE NAME**: h0299c.HHS
PAGE: 9
DATE: 4/11/2023

The bill requires all employees hired before July 1, 2023, to complete the training requirements of the bill by July 1, 2026. Individuals newly employed, contracted, or referred to provide services on or after the effective date of the bill may complete training using any existing training curriculum approved by DOEA. The bill provides a grandfather clause for an employee who shows proof of completion of training that is equivalent to the training requirements of the bill. However, it is unlikely that many employees have received training that is equivalent to the enhanced training requirements of the bill.

The bill provides an effective date of July 1, 2023.

B. SECTION DIRECTORY:

- **Section 1:** Creates s. 430.5025, F.S., relating to Alzheimer's disease and related forms of dementia; education and training.
- Section 2: Amends s. 400.0239, F.S., relating to Quality of Long-Term Care Facility Improvement Trust Fund.
- **Section 3:** Amends s. 400.1755, F.S., relating to care for persons with Alzheimer's disease or related disorders.
- **Section 4:** Amends s. 400.4785, F.S., relating to patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.
- **Section 5:** Creates s. 400.510, F.S., relating to patients with Alzheimer's disease or other related disorders; staff training requirements.
- Section 6: Amends s. 400.980, F.S., relating to health care services pools.
- **Section 7:** Amends s. 429.178, F.S., relating to special care for persons with Alzheimer's disease or other related disorders.
- Section 8: Amends s. 429.52, F.S., relating to staff training and educational requirements.
- **Section 9:** Amends s. 429.83, F.S., relating to residents with Alzheimer's disease or other related disorders; certain disclosures.
- **Section 10:** Amends s. 429.917, F.S., relating to patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.
- **Section 11:** Amends s. 429.918, F.S., relating to licensure designation as a specialized Alzheimer's services adult day care center.
- Section 12: Provides an effective date of July 1, 2023.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

- A. FISCAL IMPACT ON STATE GOVERNMENT:
 - 1. Revenues:

None.

2. Expenditures:

None.

- B. FISCAL IMPACT ON LOCAL GOVERNMENTS:
 - 1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The bill is likely to have a negative fiscal impact on health care facilities and providers as a result of the increased training requirements of the bill. The level of fiscal impact is indeterminate.

D. FISCAL COMMENTS:

None.

III. COMMENTS

- A. CONSTITUTIONAL ISSUES:
 - 1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rule-making authority to DOEA to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On March 9, 2023, the Healthcare Regulation Subcommittee adopted an amendment and reported the bill favorably as a committee substitute. The amendment:

- Removed authority for DOEA to delegate the administration of any of the bill provisions;
- Made employees responsible for compliance with the training requirements instead of employers;
- Required DOEA to provide a record of the completion of the 1-hour training program to the provider;
- Made the training requirements apply to employees who provide personal care to any resident of a facility, instead of only to residents with Alzheimer's disease;
- Authorized DOEA to develop or provide continuing education training or curricula;
- Removed authority for a person with a master's or doctoral degree in health care, social services, or gerontology to act as a training provider;
- Authorized DOEA to adopt rules to create training curriculum guidelines;
- Retained current law relating to training requirements on Alzheimer's disease for hospice employees;
- Removed a duplicative requirement for assisted living facility administrators to complete training on Alzheimer's disease; and
- Allowed the 1-hour training requirement for assisted living facility employees to count toward the 2-hour preservice orientation, if completed before interacting with residents.

On April 10, 2023, the Health & Human Services Committee adopted two amendments and reported the bill favorably as a committee substitute. The amendments:

- Required employees of health care services pools to comply with the training requirements of the bill applicable to the type of facility they are working in; and
- Provided that employees of an assisted living facility with a limited mental health license are not subject to the 3 hours of training required within the first 7 months of employment.

This analysis is drafted to the committee substitute as passed by the Health & Human Services Committee on April 10, 2023.