

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [CS/HB 493](#)

TITLE: Agency for Health Care Administration

SPONSOR(S): Redondo

COMPANION BILL: [SB 1588](#) (Simon)

LINKED BILLS: None

RELATED BILLS: [SB 1588](#) (Simon)

Committee References

[Health Care Facilities & Systems](#)

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SUMMARY

Effect of the Bill:

The bill creates minimum licensure standards for assisted living facilities (ALFs) who claim to provide memory care services to ensure ALF residents receive the memory care specialty services that they pay for, by holding ALFs accountable to the provision of such services as advertised.

Fiscal or Economic Impact:

The Agency for Health Care Administration may incur administrative costs associated with enforcement of the minimum licensure standards created by the bill; however, any such costs will be absorbable with existing agency resources.

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

ANALYSIS

EFFECT OF THE BILL:

Assisted Living Facilities – Memory Care

Current law does not require assisted living facilities (ALFs) who advertise that they provide special care for persons with Alzheimer's disease, or other forms of dementia, to comply with any minimum standards or additional licensure requirements beyond those currently required for an ALF with a standard license. As a result, the Agency for Health Care Administration (AHCA) lacks the regulatory authority to ensure ALFs are providing special services for individuals with Alzheimer's disease or related forms of dementia, when they claim to be.

The bill provides AHCA with the regulatory authority necessary to ensure ALFs who advertise, or otherwise claim to provide memory care services, are actually providing those services. Specifically, the bill requires an ALF who advertises, or otherwise claims to provide memory care services, including, but not limited to services for residents with Alzheimer's disease, dementia, or other memory disorders, to meet certain standards of operation, to include: (Section 1)

- Developing and implementing policies and procedures on admittance criteria, and the care and services necessary to address the needs of persons admitted for memory care services;
- Providing activities specifically designed and offered for individuals admitted for memory care services; and
- Maintaining a log of residents admitted as receiving memory care services.

Additionally, the bill requires an ALF memory care provider to ensure that all resident [contracts](#) specify all the memory care services to be provided, as well as any related costs. (Section 1)

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DATE: 4/2/2025

The bill requires an ALF memory care provider to notify a physician, and the resident's representative, upon signs of a resident's dementia getting worse, and to assist in making appointments to treat such a change in condition. Such notification must occur within 30 days after facility staff acknowledges such a change in condition. If the resident's representative or designee is unresponsive or cannot be located, the facility must arrange for the necessary care and services for treatment of the change in condition with the appropriate health care provider. (Section 1)

The bill repeals s. 429.178, F.S., which requires ALFs who advertise to provide special care for persons with Alzheimer's disease, or other related disorders, to: (Section 2)

- For facilities with 17 or more residents, have an awake staff member on duty all the time; and
- Employ staff who must complete training and continuing education required under s. 430.5025, F.S.

However, the bill retains and revises the substance of that statute. Under the bill, all memory care facilities must have one staff member awake and present at all times to provide care and services, instead of only those with 17 or more beds. That staff member must have completed the [training and continuing education on Alzheimer's disease](#), as required under s. 430.5025, F.S., and must be certified in first aid and cardiopulmonary resuscitation. (Section 1)

Under the bill, a staff member administering medication or assisting with self-administration of medication only, does not count toward the requirement to have one staff member present at all times to provide care and services. (Section 1)

The bill provides an effective date of July 1, 2025; however, the repeal of s. 429.178, F.S., as provided in section 2 of the bill, is effective January 1, 2026. (Section 3)

RELEVANT INFORMATION

SUBJECT OVERVIEW:

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 6.9 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. The projected number of Floridians with Alzheimer's disease is estimated to increase by 24% to 720,000 individuals by 2025.⁴

¹ Alzheimer's Association, *2024 Alzheimer's Disease Facts and Figures*, available at <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf> (last visited March 31, 2025).

² Rajan K, Weuve J, Barnes L, McAninch E, Wilson R, Evans D, *Population Estimate of People with Clinical AD and Mild Cognitive Impairment in the United States* (April 27, 2021), PubMed Central, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC9013315/> (last visited March 31, 2025).

³ *Id.*

⁴ Florida Department of Elder Affairs, *Alzheimer's Disease Advisory Committee Annual Report (2023)*, available at <https://elderaffairs.org/wp-content/uploads/ADAC-Report-2023.pdf> (last visited March 31, 2025).

Assisted Living Facilities

An assisted living facility (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.⁵ A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-administration of medication.⁶ Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.⁷

ALFs are licensed and regulated by the Agency for Health Care Administration (AHCA) under part I of ch. 429, F.S., and part II of ch. 408, F.S., and rule 59A-36, F.A.C.

An ALF must provide appropriate care and services to meet the needs of the residents admitted to the facility. The owner or facility administrator determines whether an individual is appropriate for admission to the facility based on certain criteria, including the needs and preferences of the resident and the care and services offered by the facility.⁸ Each resident must be examined by a physician or nurse practitioner within 30 days after admission to the facility.⁹

An ALF must offer a [contract](#) to each resident, prior to admission of the resident, setting forth: the services and accommodations to be provided by the facility; the rates or anticipated charges; provision for at least 30 days' notice of a rate increase; and the rights, duties, and obligations of the resident.¹⁰

ALF Memory Care

In addition to a standard license, an ALF may have one or more specialty licenses that allow the ALF to provide additional care. These specialty licenses include limited nursing services,¹¹ limited mental health services,¹² and extended congregate care services.¹³

Current law does not include a licensure designation for ALFs that provide special care for individuals with Alzheimer's disease, nor does it require ALFs to notify AHCA that they provide special care for persons with Alzheimer's disease or other related disorders. Under current law, an ALF that claims to provide special care for persons with Alzheimer's disease is only required to disclose those services in its advertisements, or in a separate document, and maintain a copy of such advertisements and documents in its record for AHCA to examine as part of the licensure renewal procedure.¹⁴

⁵ S. 429.02(5), F.S.

⁶ S. 429.02(16), F.S.

⁷ S. 429.02(1), F.S.

⁸ S. 429.26(1), F.S.

⁹ S. 429.26(5), F.S.

¹⁰ S. 429.24, F.S.

¹¹ S. 429.02(14), F.S. ALFs licensed to provide limited nursing services may provide services beyond those provided by standard licensed ALFs, including the application and care of routine dressings and care of casts, braces, and splints.

¹² S. 429.075, F.S., requires any facility serving one or more mental health residents to obtain a limited mental health license. *See also* s. 429.02(16), F.S. A mental health resident is "an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation."

¹³ S. 429.07(3)(b), F.S. The Extended Congregate Care (ECC) specialty license allows an ALF to provide, directly or through contract, services performed by licensed nurses and supportive services to individuals who would otherwise be disqualified from continued residency in an ALF. The primary purpose of ECC services is to allow residents, as their acuity level rises, to remain in a familiar setting.

¹⁴ S. 429.177, F.S.

Section 429.178, F.S., requires ALFs that advertise to provide special care for persons with Alzheimer’s disease, or other related disorders, to meet certain minimum standards, some of which are requirements for all ALFs elsewhere in statute or rule. The minimum standards include:

- For facilities with 17 or more residents, have an awake staff member on duty all the time (this is already required for all ALFs in rule 59A-36.010(3)(a)4., F.A.C., so it is not unique to memory care ALFs);
- For facilities with fewer than 17 residents have mechanisms in place to monitor and ensure the safety of the facility’s residents.
- Offer activities specifically designed for persons who are cognitively impaired.
- Have a physical environment that provides for the safety and welfare of the facility’s residents (this is already required for all ALFs, so it is not unique to memory care ALFs¹⁵).
- Employ staff who must complete the training and continuing education required under s. 430.5025, F.S. (this is already required under s. 430.5025, F.S., so it is duplicative).

ALFs who advertise to provide special care for individuals with Alzheimer’s disease or other related disorders are required to ensure their staff complete certain training and continuing education requirements, including:¹⁶

- Upon beginning employment, ALFs must provide all employees basic written information about interacting with persons who have Alzheimer’s disease or related forms of dementia.
- Within 30 days of employment, each employee who provides personal care to, or has regular contact with residents, must complete a one-hour training program provided by the Department of Elderly Affairs.
- Within three months of beginning employment, each employee who provides personal care to, or has regular contact with residents, must complete an additional three hours of training on behavior management, promoting the person’s independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
- Within six months of beginning employment, each employee who provides personal care must complete an additional 4 hours of dementia-specific training.
- Each employee who provides personal care must complete at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology.

AHCA is required to identify ALFs with special care units or programs on its consumer information website ([FloridaHealthFinder](#)) to help consumers select the best facility for themselves or their loved ones.¹⁷ AHCA relies on facilities to self-report this information for inclusion on the consumer information website.¹⁸ As of February 28, 2025, there were 2,966 licensed ALFs in Florida, 788 of which claimed to be memory care providers.¹⁹

AHCA conducted a review of the total number of complaints received and the total number of those complaints that were substantiated, for memory care providers and non-memory care providers, from 2020 to present. AHCA found there were more complaints made and substantiated against memory care providers than non-memory care providers, despite the fact that there were almost four times as many non-memory care providers than memory care providers.²⁰ During that same period of time, AHCA issued 207 class I deficiencies to memory care providers.²¹

¹⁵ S. 429.14(1)(a), F.S., authorizes AHCA to deny, revoke, or suspend any license and impose an administrative fine on a licensee, if the licensee or any facility staff commits an intentional or negligent act seriously affects the *health, safety, or welfare* of a resident

¹⁶ S. 430.5025(4)(e), F.S.

¹⁷ S. 429.55(1)(o), F.S.

¹⁸ Florida Agency for Health Care Administration, Agency Analysis of 2025 HB 493 (February 28, 2025).

¹⁹ *Id.*

²⁰ *Id.*

²¹ S. 429.19(2)(a), F.S., and s. 408.813(2)(a), F.S. Class I violations are those conditions or occurrences related to the operation and maintenance of a provider or to the care of clients which AHCA determines present an imminent danger to the clients of the provider or a substantial probability that death or serious physical or emotional harm would result therefrom. AHCA may impose an administrative fine for a cited class I violation of not less than \$5,000 and not more than \$10,000 for each violation.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	17 Y, 0 N, As CS	4/2/2025	Calamas	Guzzo

THE CHANGES ADOPTED BY THE COMMITTEE: Click or tap here to enter text.

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
