



26           2. Members shall be appointed to 4-year staggered terms in  
27 accordance with s. 20.052, except for the sitting members of the  
28 Senate and House of Representatives, who shall be appointed to a  
29 term corresponding to their term of office.

30           3. The Secretary of Elderly Affairs shall serve as an ex  
31 officio member of the committee.

32           4. The committee shall elect one of its members to serve  
33 as chair for a term of 1 year.

34           5. The committee may establish subcommittees as necessary  
35 to carry out the functions of the committee.

36           6. The committee shall meet quarterly, or as frequently as  
37 needed.

38           7. The committee shall submit an annual report to the  
39 Governor, the President of the Senate, the Speaker of the House  
40 of Representatives, and the Secretary of Elderly Affairs on or  
41 before September 1 of each year. The annual report shall include  
42 information and recommendations on Alzheimer's disease policy;  
43 all state-funded efforts in Alzheimer's disease research,  
44 clinical care, institutional, home-based and community-based  
45 programs and the outcomes of such efforts; and any proposed  
46 updates to the Alzheimer's disease state plan submitted under  
47 subparagraph 8.

48           8. Beginning in 2020, and every third year thereafter, on  
49 or before November 1, the Department of Elderly Affairs shall  
50 review the Alzheimer's disease state plan and submit an updated

51 state plan to the Governor, the President of the Senate, and the  
52 Speaker of the House of Representatives. The Department of  
53 Elderly Affairs shall utilize the annual reports submitted by  
54 the committee and collaborate with state Alzheimer's disease  
55 organizations and professionals when considering such updates to  
56 the Alzheimer's disease state plan. The state plan shall:

57 a. Assess the current and future impact of Alzheimer's  
58 disease and related forms of dementia on the state.

59 b. Examine the existing industries, services, and  
60 resources addressing the needs of persons having Alzheimer's  
61 disease or a related form of dementia and their family  
62 caregivers.

63 c. Examine the needs of persons of all cultural  
64 backgrounds having Alzheimer's disease or a related form of  
65 dementia and how their lives are affected by the disease from  
66 younger-onset, through mid-stage, to late-stage.

67 d. Develop a strategy to mobilize a state response to this  
68 public health crisis.

69 e. Provide information regarding:

70 (I) State trends with respect to persons having  
71 Alzheimer's disease or a related form of dementia and their  
72 needs, including, but not limited to:

73 (A) The role of the state in providing community-based  
74 care, long-term care, and family caregiver support, including  
75 respite, education, and assistance to persons who are in the

76 | early stages of Alzheimer's disease, who have younger-onset  
77 | Alzheimer's disease, or who have a related form of dementia.

78 |       (B) The development of state policy with respect to  
79 | persons having Alzheimer's disease or a related form of  
80 | dementia.

81 |       (C) Surveillance of persons having Alzheimer's disease or  
82 | a related form of dementia for the purpose of accurately  
83 | estimating the number of such persons in the state at present  
84 | and projected population levels.

85 |       (II) Existing services, resources, and capacity,  
86 | including, but not limited to:

87 |       (A) The type, cost, and availability of dementia-specific  
88 | services throughout the state.

89 |       (B) Policy requirements and effectiveness for dementia-  
90 | specific training for professionals providing care.

91 |       (C) Quality care measures employed by providers of care,  
92 | including providers of respite, adult day care, assisted living  
93 | facility, skilled nursing facility, and hospice services.

94 |       (D) The capability of public safety workers and law  
95 | enforcement officers to respond to persons having Alzheimer's  
96 | disease or a related form of dementia, including, but not  
97 | limited to, responding to their disappearance, search and  
98 | rescue, abuse, elopement, exploitation, or suicide.

99 |       (E) The availability of home and community-based services  
100 | and respite care for persons having Alzheimer's disease or a

101 related form of dementia and education and support services to  
 102 assist their families and caregivers.

103 (F) An inventory of long-term care facilities and  
 104 community-based services serving persons having Alzheimer's  
 105 disease or a related form of dementia.

106 (G) The adequacy and appropriateness of geriatric-  
 107 psychiatric units for persons having behavior disorders  
 108 associated with Alzheimer's disease or a related form of  
 109 dementia.

110 (H) Residential assisted living options for persons having  
 111 Alzheimer's disease or a related form of dementia.

112 (I) The level of preparedness of service providers before,  
 113 during, and after a catastrophic emergency involving a person  
 114 having Alzheimer's disease or a related form of dementia and  
 115 their caregivers and families.

116 (III) Needed state policies or responses, including, but  
 117 not limited to, directions for the provision of clear and  
 118 coordinated care, services, and support to persons having  
 119 Alzheimer's disease or a related form of dementia and their  
 120 caregivers and families and strategies to address any identified  
 121 gaps in the provision of services.

122 9. All state agencies shall provide assistance to the  
 123 committee, upon request.

124 10. The Department of Elderly Affairs shall provide staff  
 125 support to assist the committee in the performance of its

126 duties.

127 ~~11.10.~~ Members of the committee and subcommittees shall  
 128 receive no salary, but are entitled to reimbursement for travel  
 129 and per diem expenses, as provided in s. 112.061, while  
 130 performing their duties under this section.

131 Section 2. Section 430.5015, Florida Statutes, is created  
 132 to read:

133 430.5015 Dementia Director.-

134 (1) The position of Dementia Director is created within  
 135 the Department of Elderly Affairs. The Secretary of Elderly  
 136 Affairs shall appoint the director who shall serve at the  
 137 pleasure of the secretary.

138 (2) The director may call upon appropriate agencies of  
 139 state government for assistance as is needed pursuant to s.  
 140 430.04(13).

141 (3) The director shall:

142 (a) Facilitate coordination and support of policies and  
 143 programs in the Legislature and the executive branch, including  
 144 agencies of the executive branch, which relate to Alzheimer's  
 145 disease and related forms of dementia.

146 (b) Facilitate coordination and support for the  
 147 Alzheimer's Disease Advisory Committee and the implementation of  
 148 and updates to the Alzheimer's disease state plan pursuant to s.  
 149 430.501(3)(b)8.

150 (c) Provide support to memory disorder clinics to help the

151 clinics meet or exceed the minimum performance standards under  
152 s. 430.502(3).

153 (d) Facilitate and support coordination of outreach  
154 programs and services between agencies, memory disorder clinics,  
155 area agencies on aging, and other interested groups for the  
156 purpose of fostering public awareness and education regarding  
157 Alzheimer's disease and related forms of dementia.

158 (e) Facilitate coordination of services and activities  
159 between groups interested in dementia research, programs, and  
160 services, including, but not limited to, area agencies on aging,  
161 service providers, advocacy groups, legal services, emergency  
162 personnel, law enforcement, and state colleges and universities.

163 (f) Collect and monitor data related to the impact of  
164 Alzheimer's disease in the state.

165 Section 3. Subsection (1) of section 430.502, Florida  
166 Statutes, is amended to read:

167 430.502 Alzheimer's disease; memory disorder clinics and  
168 day care and respite care programs.—

169 (1) There is established:

170 (a) A memory disorder clinic at each of the three medical  
171 schools in this state;

172 (b) A memory disorder clinic at a major private nonprofit  
173 research-oriented teaching hospital, and may fund a memory  
174 disorder clinic at any of the other affiliated teaching  
175 hospitals;

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



201 ~~Hospital~~ in Orange County; and  
202       (o) A memory disorder clinic at Miami Jewish Health System  
203 in Miami-Dade County,  
204  
205 for the purpose of conducting research and training in a  
206 diagnostic and therapeutic setting for persons suffering from  
207 Alzheimer's disease and related memory disorders. However,  
208 memory disorder clinics shall not receive decreased funding due  
209 solely to subsequent additions of memory disorder clinics in  
210 this subsection.  
211       Section 4. This act shall take effect July 1, 2020.