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CS/CS/HB 473, Engrossed 1

2012 Legislature

1
2 An act relating to Alzheimer's disease; establishing
3 the Purple Ribbon Task Force within the Department of
4 Elderly Affairs; providing for membership; providing
5 that members shall serve without compensation or
6 reimbursement for per diem or travel expenses;
7 requiring the department to provide administrative
8 support; requiring the task force to submit an interim
9 study to the Governor and Legislature regarding state
10 trends with respect to persons having Alzheimer's
11 disease or a related form of dementia; providing
12 duties of the task force; authorizing the task force
13 to hold meetings by teleconference or other electronic
14 means, or in person without compensation or
15 reimbursement for per diem or travel expenses;
16 requiring the task force to submit a report in the
17 form of an Alzheimer's disease state plan to the
18 Governor and Legislature; providing for termination of
19 the task force; providing an effective date.

20
21 WHEREAS, Alzheimer's disease is a slow, progressive
22 disorder of the brain that results in loss of memory and other
23 cognitive functions and eventually death, and

24 WHEREAS, because Alzheimer's disease is accompanied by
25 memory loss, poor judgment, changes in personality and behavior,
26 and a tendency to wander or become lost, a person with this
27 disease is at an increased risk for accidental injury, abuse,
28 neglect, and exploitation, and

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29 WHEREAS, approximately one in eight Americans 65 years of
30 age or older and almost half of Americans 85 years of age or
31 older develop Alzheimer's disease or a related form of dementia,
32 and

33 WHEREAS, there are 459,806 probable cases of Alzheimer's
34 disease in this state in 2011, which population is expected to
35 triple by the year 2050, and

36 WHEREAS, Alzheimer's disease takes an enormous toll on
37 family members, with an estimated one in four family members
38 providing caregiving support for individuals with the disease,
39 and

40 WHEREAS, caregivers for persons having Alzheimer's disease
41 witness the deteriorating effects of the disease and often
42 suffer more emotional stress, depression, and health problems
43 than caregivers of people having other illnesses, which can
44 negatively affect such caregivers' employment, income, and
45 financial security, and

46 WHEREAS, younger-onset Alzheimer's disease is a form of
47 Alzheimer's disease that strikes a person who is younger than 65
48 years of age when symptoms first appear, but younger-onset
49 Alzheimer's disease can strike persons as early as 30, 40, or 50
50 years of age, with new data showing that there may be as many as
51 500,000 Americans under the age of 65 who have dementia or
52 cognitive impairment at a level of severity consistent with
53 dementia, and

54 WHEREAS, the state needs to assess the current and future
55 impact of Alzheimer's disease on Floridians and the state's
56 health care system, programs, resources, and services to ensure

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57 | the continued development and implementation of a more
58 | inclusive, integrated, comprehensive, coordinated, and current
59 | strategy to address the needs of the growing number of
60 | Floridians having Alzheimer's disease or a related form of
61 | dementia and the corresponding needs of their caregivers, NOW,
62 | THEREFORE,

63 |
64 | Be It Enacted by the Legislature of the State of Florida:

65 |
66 | Section 1. The Purple Ribbon Task Force.—The Purple Ribbon
67 | Task Force is established within the Department of Elderly
68 | Affairs.

69 | (1) The task force shall consist of 18 volunteer,
70 | culturally diverse members, of whom six shall be appointed by
71 | the Governor, six shall be appointed by the Speaker of the House
72 | of Representatives, and six shall be appointed by the President
73 | of the Senate, as follows:

74 | (a) A member of the House of Representatives.

75 | (b) A member of the Senate.

76 | (c) A representative from the Alzheimer's Association.

77 | (d) At least one person having Alzheimer's disease or a
78 | related form of dementia.

79 | (e) At least one family caregiver or former family
80 | caregiver of a person having Alzheimer's disease or a related
81 | form of dementia.

82 | (f) A representative from the Alzheimer's Disease Advisory
83 | Committee.

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84 (g) A representative of law enforcement with knowledge
 85 about the disappearance and recovery, self-neglect, abuse,
 86 exploitation, and suicide of persons having Alzheimer's disease
 87 or a related form of dementia.

88 (h) A representative who has knowledge of and experience
 89 with the Baker Act and its impact on persons having Alzheimer's
 90 disease or a related form of dementia.

91 (i) An expert on disaster preparedness and response for
 92 persons having Alzheimer's disease or a related form of
 93 dementia.

94 (j) A representative of a health care facility or hospice
 95 that serves persons with Alzheimer's disease.

96 (k) A representative of the adult day care services
 97 industry.

98 (l) A representative of health care practitioners
 99 specializing in the treatment of persons having Alzheimer's
 100 disease or a related form of dementia.

101 (m) A Florida board-certified elder law attorney.

102 (n) A representative of the area agencies on aging or
 103 aging and disability resource centers.

104 (o) A person who is an Alzheimer's disease researcher.

105 (p) A representative from a memory disorder clinic.

106 (q) A representative of the assisted living facility
 107 industry.

108 (r) A representative of the skilled nursing facility
 109 industry.

110 (2) Initial appointments to the task force shall be made
 111 by July 1, 2012. A vacancy on the task force shall be filled for

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112 the unexpired portion of the term in the same manner as the
 113 original appointment.

114 (3) Members shall serve on the task force without
 115 compensation and may not receive reimbursement for per diem or
 116 travel expenses.

117 (4) The Department of Elderly Affairs shall convene the
 118 task force and provide necessary administrative support.

119 (5) The task force shall:

120 (a) Submit to the Governor, the President of the Senate,
 121 and the Speaker of the House of Representatives by January 30,
 122 2013, an interim study regarding state trends with respect to
 123 persons having Alzheimer's disease or a related form of dementia
 124 and their needs.

125 (b) Assess the current and future impact of Alzheimer's
 126 disease and related forms of dementia on the state.

127 (c) Examine the existing industries, services, and
 128 resources addressing the needs of persons having Alzheimer's
 129 disease or a related form of dementia and their family
 130 caregivers.

131 (d) Examine the needs of persons of all cultural
 132 backgrounds having Alzheimer's disease or a related form of
 133 dementia and how their lives are affected by the disease from
 134 younger-onset, through mid-stage, to late-stage.

135 (e) Develop a strategy to mobilize a state response to
 136 this public health crisis.

137 (f) Provide information regarding:

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138 1. State trends with respect to persons having Alzheimer's
 139 disease or a related form of dementia and their needs,
 140 including, but not limited to:

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

146 b. The development of state policy with respect to persons
 147 having Alzheimer's disease or a related form of dementia.

148 c. Surveillance of persons having Alzheimer's disease or a
 149 related form of dementia for the purpose of accurately
 150 estimating the number of such persons in the state at present
 151 and projected population levels.

152 2. Existing services, resources, and capacity, including,
 153 but not limited to:

154 a. The type, cost, and availability of dementia-specific
 155 services throughout the state.

156 b. Policy requirements and effectiveness for dementia-
 157 specific training for professionals providing care.

158 c. Quality care measures employed by providers of care,
 159 including providers of respite, adult day care, assisted living
 160 facility, skilled nursing facility, and hospice services.

161 d. The capability of public safety workers and law
 162 enforcement officers to respond to persons having Alzheimer's
 163 disease or a related form of dementia, including, but not
 164 limited to, responding to their disappearance, search and
 165 rescue, abuse, elopement, exploitation, or suicide.

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166 e. The availability of home and community-based services
 167 and respite care for persons having Alzheimer's disease or a
 168 related form of dementia and education and support services to
 169 assist their families and caregivers.

170 f. An inventory of long-term care facilities and
 171 community-based services serving persons having Alzheimer's
 172 disease or a related form of dementia.

173 g. The adequacy and appropriateness of geriatric-
 174 psychiatric units for persons having behavior disorders
 175 associated with Alzheimer's disease or a related form of
 176 dementia.

177 h. Residential assisted living options for persons having
 178 Alzheimer's disease or a related form of dementia.

179 i. The level of preparedness of service providers before,
 180 during, and after a catastrophic emergency involving a person
 181 having Alzheimer's disease or a related form of dementia and
 182 their caregivers and families.

183 3. Needed state policies or responses, including, but not
 184 limited to, directions for the provision of clear and
 185 coordinated care, services, and support to persons having
 186 Alzheimer's disease or a related form of dementia and their
 187 caregivers and families and strategies to address any identified
 188 gaps in the provision of services.

189 (g) Hold public meetings and employ technological means to
 190 gather feedback on the recommendations submitted by persons
 191 having Alzheimer's disease or a related form of dementia, their
 192 caregivers and families, and the general public. Meetings of the
 193 task force may be held in person without compensation or

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194 reimbursement for travel expenses, by teleconference, or by
195 other electronic means.

196 (6) The task force shall submit a report of its findings
197 and date-specific recommendations in the form of an Alzheimer's
198 disease state plan to the Governor, the Speaker of the House of
199 Representatives, and the President of the Senate no later than
200 August 1, 2013. The task force shall terminate on the earlier of
201 the date the report is submitted or August 1, 2013.

202 Section 2. This act shall take effect upon becoming a law.
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