

**By** the Committees on Governmental Oversight and Accountability; and Children, Families, and Elder Affairs; and Senators Richter, Sachs, Latvala, Joyner, Bennett, Gibson, and Dockery

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1 A bill to be entitled

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; providing duties of the task force;  
9 authorizing the task force to hold meetings by  
10 teleconference or other electronic means, or in person  
11 without compensation or reimbursement for per diem or  
12 travel expenses; requiring the task force to submit a  
13 report in the form of an Alzheimer's disease state  
14 plan to the Governor and Legislature; providing for  
15 termination of the task force; providing an effective  
16 date.

17  
18 WHEREAS, Alzheimer's disease is a slow, progressive  
19 disorder of the brain that results in loss of memory and other  
20 cognitive functions and eventually death, and

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

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

585-02457-12

2012682c2

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

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

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

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

51 WHEREAS, the state needs to assess the current and future  
52 impact of Alzheimer's disease on Floridians and the state's  
53 health care system, programs, resources, and services to ensure  
54 the continued development and implementation of a more  
55 inclusive, integrated, comprehensive, coordinated, and current  
56 strategy to address the needs of the growing number of  
57 Floridians having Alzheimer's disease or a related form of  
58 dementia and the corresponding needs of their caregivers, NOW,

585-02457-12

2012682c2

59 THEREFORE,

60  
61 Be It Enacted by the Legislature of the State of Florida:

62  
63 Section 1. The Purple Ribbon Task Force.—The Purple Ribbon  
64 Task Force is established within the Department of Elderly  
65 Affairs.

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

71 (a) A member of the House of Representatives.

72 (b) A member of the Senate.

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

74 (d) At least one person having Alzheimer's disease or a  
75 related form of dementia.

76 (e) At least one family caregiver or former family  
77 caregiver of a person having Alzheimer's disease or a related  
78 form of dementia.

79 (f) A representative from the Alzheimer's Disease Advisory  
80 Committee.

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

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

585-02457-12

2012682c2

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

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

93 (k) A representative of the adult day care services  
94 industry.

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

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

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

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

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

103 (q) A representative of the assisted living facility  
104 industry.

105 (r) A representative of the skilled nursing facility  
106 industry.

107 (2) Initial appointments to the task force shall be made by  
108 July 1, 2012. A vacancy on the task force shall be filled for  
109 the unexpired portion of the term in the same manner as the  
110 original appointment.

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

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

116 (5) The task force shall:

585-02457-12

2012682c2

117 (a) Submit to the Governor, the President of the Senate,  
118 and the Speaker of the House of Representatives by January 30,  
119 2013, an interim study regarding state trends with respect to  
120 persons having Alzheimer's disease or a related form of dementia  
121 and their needs.

122 (b) Examine the existing industries, services, and  
123 resources addressing the needs of persons having Alzheimer's  
124 disease or a related form of dementia and their family  
125 caregivers.

126 (c) Examine the needs of persons of all cultural  
127 backgrounds having Alzheimer's disease or a related form of  
128 dementia and how their lives are affected by the disease from  
129 younger-onset, through mid-stage, to late-stage.

130 (d) Develop a strategy to mobilize a state response to this  
131 public health crisis.

132 (e) Provide information regarding:

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

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

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

143 c. Surveillance of persons having Alzheimer's disease or a  
144 related form of dementia for the purpose of accurately  
145 estimating the number of such persons in the state at present

585-02457-12

2012682c2

146 and projected population levels.

147 2. Existing services, resources, and capacity, including,  
148 but not limited to:

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

151 b. Policy requirements and effectiveness for dementia-  
152 specific training for professionals providing care.

153 c. Quality care measures employed by providers of care,  
154 including providers of respite, adult day care, assisted living  
155 facility, skilled nursing facility, and hospice services.

156 d. The capability of public safety workers and law  
157 enforcement officers to respond to persons having Alzheimer's  
158 disease or a related form of dementia, including, but not  
159 limited to, responding to their disappearance, search and  
160 rescue, abuse, elopement, exploitation, or suicide.

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

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

168 g. The adequacy and appropriateness of geriatric-  
169 psychiatric units for persons having behavior disorders  
170 associated with Alzheimer's disease or a related form of  
171 dementia.

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

174 i. The level of preparedness of service providers before,

585-02457-12

2012682c2

175 during, and after a catastrophic emergency involving a person  
176 having Alzheimer's disease or a related form of dementia and  
177 their caregivers and families.

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

184 (f) Hold public meetings and employ technological means to  
185 gather feedback on the recommendations submitted by persons  
186 having Alzheimer's disease or a related form of dementia, their  
187 caregivers and families, and the general public. Meetings of the  
188 task force may be held in person without compensation or  
189 reimbursement for travel expenses, by teleconference, or by  
190 other electronic means.

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

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