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COMMITTEE/SUBCOMMITTEE ACTION ADOPTED (Y/N) ADOPTED AS AMENDED (Y/N) ADOPTED W/O OBJECTION (Y/N) FAILED TO ADOPT (Y/N) (Y/N) WITHDRAWN OTHER Committee/Subcommittee hearing bill: Health & Human Services Committee Representative Plakon offered the following: 5 Amendment (with title amendment) 6 Remove everything after the enacting clause and insert: Section 1. Subsections (2) and (3) of section 430.501,

Florida Statutes, are amended to read:

9 430.501 Alzheimer's Disease Advisory Committee; research 10 grants.-

There is created an Alzheimer's Disease Advisory 11 (2) 12 Committee, composed of 15 10 members to be selected by the 13 Governor, which shall advise the Department of Elderly Affairs in the performance of its duties under this act. All members 14 must be residents of the state. The committee shall advise the 15 16 department regarding legislative, programmatic, and 710883 - h0449-strike.docx

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17 administrative matters that relate to persons living with Alzheimer's disease victims and their caretakers. 18 19 (3) (a) The committee membership shall include the 20 following be representative as follows: 21 1. Eleven members appointed by the Governor. 22 a. At least 4 of the 11 10 members must be licensed 23 pursuant to chapter 458 or chapter 459 or hold a Ph.D. degree 24 and be currently involved in the research of Alzheimer's 25 disease. 26 b. 2. The 10 members must include At least 4 of the 11 27 members must be persons who have been caregivers of persons 28 living with victims of Alzheimer's disease. 29 c. 3. Whenever possible, the $\frac{10}{10}$ members appointed by the 30 Governor shall include 1 each of the following professionals: a gerontologist, a geriatric psychiatrist, a geriatrician, a 31 32 neurologist, a social worker, and a registered nurse, and a 33 first responder. 34 2. Two members appointed by the President of the Senate, 35 one of whom must be a sitting member of the Senate; and two 36 members appointed by the Speaker of the House of Representatives, one of whom must be a sitting member of the 37 House of Representatives. 38 The Governor shall appoint members from a broad 39 (b)1. cross-section of public, private, and volunteer sectors. All 40 710883 - h0449-strike.docx

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41	nominations shall be forwarded to the Governor by the Secretary
42	of Elderly Affairs in accordance with this subsection.
43	2. Members shall be appointed to 4-year staggered terms in
44	accordance with s. 20.052, except for the sitting members of the
45	Senate and House of Representatives, who must be appointed to a
46	term corresponding to their term of office.
47	3. The Secretary of Elderly Affairs shall serve as an ex
48	officio member of the committee.
49	4. The committee shall elect one of its members to serve
50	as chair for a term of 1 year.
51	5. The committee may establish subcommittees as necessary
52	to carry out the functions of the committee.
53	6. The committee shall meet quarterly, or as frequently as
54	needed.
55	7. The committee shall submit an annual report to the
56	Governor, the President of the Senate, the Speaker of the House
57	of Representatives, and the Secretary of Elderly Affairs on or
58	before September 1 of each year. The annual report shall include
59	information and recommendations on Alzheimer's disease policy;
60	all state-funded efforts in Alzheimer's disease research,
61	clinical care, institutional, home-based and community-based
62	programs and the outcomes of such efforts; and any proposed
63	updates to the Alzheimer's disease state plan submitted under
64	subparagraph 8.

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8. Beginning in 2020, and every third year thereafter, on
or before November 1, the Department of Elderly Affairs shall
review the Alzheimer's disease state plan and submit an updated
state plan to the Governor, the President of the Senate, and the
Speaker of the House of Representatives. The Department of
Elderly Affairs shall utilize the annual reports submitted by
the committee and collaborate with state Alzheimer's disease
organizations and professionals when considering such updates to
the Alzheimer's disease state plan. The state plan shall:
a. Assess the current and future impact of Alzheimer's
disease and related forms of dementia on the state.
b. Examine the existing industries, services, and
resources addressing the needs of persons having Alzheimer's
disease or a related form of dementia and their family
caregivers.
c. Examine the needs of persons of all cultural
backgrounds having Alzheimer's disease or a related form of
dementia and how their lives are affected by the disease from
younger-onset, through mid-stage, to late-stage.
d. Develop a strategy to mobilize a state response to this
public health crisis.
e. Provide information regarding:
(I) State trends with respect to persons having
(I) State trends with respect to persons having Alzheimer's disease or a related form of dementia and their
Alzheimer's disease or a related form of dementia and their
Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:

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90	(A) The role of the state in providing community-based
91	care, long-term care, and family caregiver support, including
92	respite, education, and assistance to persons who are in the
93	early stages of Alzheimer's disease, who have younger-onset
94	Alzheimer's disease, or who have a related form of dementia.
95	(B) The development of state policy with respect to
96	persons having Alzheimer's disease or a related form of
97	dementia.
98	(C) Surveillance of persons having Alzheimer's disease or
99	a related form of dementia for the purpose of accurately
100	estimating the number of such persons in the state at present
101	and projected population levels.
102	(II) Existing services, resources, and capacity,
103	including, but not limited to:
104	(A) The type, cost, and availability of dementia-specific
105	services throughout the state.
106	(B) Policy requirements and effectiveness for dementia-
107	specific training for professionals providing care.
108	(C) Quality care measures employed by providers of care,
109	including providers of respite, adult day care, assisted living
110	facility, skilled nursing facility, and hospice services.
111	(D) The capability of public safety workers and law
112	enforcement officers to respond to persons having Alzheimer's
113	disease or a related form of dementia, including, but not

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114	limited to, responding to their disappearance, search and
115	rescue, abuse, elopement, exploitation, or suicide.
116	(E) The availability of home and community-based services
117	and respite care for persons having Alzheimer's disease or a
118	related form of dementia and education and support services to
119	assist their families and caregivers.
120	(F) An inventory of long-term care facilities and
121	community-based services serving persons having Alzheimer's
122	disease or a related form of dementia.
123	(G) The adequacy and appropriateness of geriatric-
124	psychiatric units for persons having behavior disorders
125	associated with Alzheimer's disease or a related form of
126	dementia.
127	(H) Residential assisted living options for persons having
128	Alzheimer's disease or a related form of dementia.
129	(I) The level of preparedness of service providers before,
130	during, and after a catastrophic emergency involving a person
131	having Alzheimer's disease or a related form of dementia and
132	their caregivers and families.
133	(III) Needed state policies or responses, including, but
134	not limited to, directions for the provision of clear and
135	coordinated care, services, and support to persons having
136	Alzheimer's disease or a related form of dementia and their
137	caregivers and families and strategies to address any identified
138	gaps in the provision of services.
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139 9.7. The Department of Elderly Affairs shall provide staff 140 support to assist the committee in the performance of its 141 duties. 142 10.8. Members of the committee and subcommittees shall 143 receive no salary, but are entitled to reimbursement for travel and per diem expenses, as provided in s. 112.061, while 144 performing their duties under this section. 145 Section 2. Subsection (1) of section 430.502, Florida 146 147 Statutes, is amended to read: 148 430.502 Alzheimer's disease; memory disorder clinics and 149 day care and respite care programs.-150 (1)There is established: 151 A memory disorder clinic at each of the three medical (a) 152 schools in this state; 153 (b) A memory disorder clinic at a major private nonprofit 154 research-oriented teaching hospital, and may fund a memory 155 disorder clinic at any of the other affiliated teaching 156 hospitals; 157 (c) A memory disorder clinic at the Mayo Clinic in 158 Jacksonville; 159 (d) A memory disorder clinic at the West Florida Regional 160 Medical Center; (e) A memory disorder clinic operated by Health First in 161 162 Brevard County; 710883 - h0449-strike.docx Published On: 3/13/2019 5:31:48 PM

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163 A memory disorder clinic at the Orlando Regional (f) 164 Healthcare System, Inc.; 165 (q) A memory disorder center located in a public hospital 166 that is operated by an independent special hospital taxing 167 district that governs multiple hospitals and is located in a 168 county with a population greater than 800,000 persons; (h) A memory disorder clinic at St. Mary's Medical Center 169 170 in Palm Beach County; (i) A memory disorder clinic at Tallahassee Memorial 171 172 Healthcare; (j) A memory disorder clinic at Lee Memorial Hospital 173 174 created by chapter 63-1552, Laws of Florida, as amended; 175 (k) A memory disorder clinic at Sarasota Memorial Hospital 176 in Sarasota County; 177 (1) A memory disorder clinic at Morton Plant Hospital, 178 Clearwater, in Pinellas County; A memory disorder clinic at Florida Atlantic 179 (m) University, Boca Raton, in Palm Beach County; and 180 181 (n) A memory disorder clinic at Florida Hospital in Orange 182 County; and \overline{r} 183 (o) A memory disorder clinic at Miami Jewish Health System 184 in Miami-Dade County 185 for the purpose of conducting research and training in a 186 diagnostic and therapeutic setting for persons suffering from 187 710883 - h0449-strike.docx Published On: 3/13/2019 5:31:48 PM

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188 Alzheimer's disease and related memory disorders. However, 189 memory disorder clinics funded as of June 30, 1995, shall not 190 receive decreased funding due solely to subsequent additions of 191 memory disorder clinics in this subsection.

Section 3. This act shall take effect July 1, 2019

TITLE AMENDMENT

196 Remove everything before the enacting clause and insert: 197 An act relating to Alzheimer's disease; amending s. 430.501, F.S.; increasing membership of the 198 199 Alzheimer's Disease Advisory Committee; revising 200 representative requirements of the committee; 201 requiring the committee to submit an annual report to 202 specified parties that includes certain information 203 and recommendations; requiring the Department of 204 Elderly Affairs to review and update the Alzheimer's disease state plan every 3 years in collaboration with 205 206 certain parties; providing requirements for the plan; 207 amending s. 430.502, F.S.; adding a memory disorder 208 clinic; providing that certain clinics shall not 209 receive decreased funding for a specified reason; providing an effective date. 210

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