By the Committee on Appropriations; and Senators Stargel and Gibson

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A bill to be entitled

An act relating to Alzheimer's disease; amending s. 430.501, F.S.; increasing membership of the Alzheimer's Disease Advisory Committee; revising representation requirements of the committee; requiring the committee to submit an annual report to specified parties which includes certain information and recommendations; requiring the Department of Elderly Affairs to review and update the Alzheimer's disease state plan every 3 years in collaboration with certain parties; providing requirements for the plan; amending s. 430.502, F.S.; establishing a specified memory disorder clinic; providing that certain clinics shall not receive decreased funding for a specified reason; providing an effective date.

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

Section 1. Subsections (2) and (3) of section 430.501, Florida Statutes, are amended to read:

430.501 Alzheimer's Disease Advisory Committee; research grants.—

(2) There is created an Alzheimer's Disease Advisory Committee, composed of 15 10 members to be selected by the Governor, which shall advise the Department of Elderly Affairs in the performance of its duties under this act. All members must be residents of the state. The committee shall advise the department regarding legislative, programmatic, and administrative matters that relate to persons living with

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Alzheimer's disease victims and their caretakers.

- (3) (a) The committee membership shall <u>include the following</u> be representative as follows:
  - 1. Eleven members appointed by the Governor.
- $\underline{a}$ . At least 4 of the  $\underline{11}$   $\underline{10}$  members must be licensed pursuant to chapter 458 or chapter 459 or hold a Ph.D. degree and be currently involved in the research of Alzheimer's disease.
- <u>b.2.</u> The 10 members must include At least 4 of the 11 members must be persons who have been caregivers of persons living with victims of Alzheimer's disease.
- <u>c.3.</u> Whenever possible, the <u>10</u> members <u>appointed by the Governor</u> shall include <u>one</u> <u>1</u> each of the following professionals: a gerontologist, a geriatric psychiatrist, a geriatrician, a neurologist, a social worker, <u>and</u> a registered nurse, and a first responder.
- 2. Two members appointed by the President of the Senate, one of whom must be a sitting member of the Senate, and two members appointed by the Speaker of the House of Representatives, one of whom must be a sitting member of the House of Representatives.
- (b)1. The Governor shall appoint members from a broad cross-section of public, private, and volunteer sectors. All nominations shall be forwarded to the Governor by the Secretary of Elderly Affairs in accordance with this subsection.
- 2. Members shall be appointed to 4-year staggered terms in accordance with s. 20.052, except for the sitting members of the Senate and House of Representatives, who shall be appointed to a term corresponding to their term of office.

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

- 4. The committee shall elect one of its members to serve as chair for a term of 1 year.
- 5. The committee may establish subcommittees as necessary to carry out the functions of the committee.
- 6. The committee shall meet quarterly, or as frequently as needed.
- 7. The committee shall submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Elderly Affairs on or before each September 1. The annual report shall include information and recommendations on Alzheimer's disease policy; all state-funded efforts in Alzheimer's disease research, clinical care, institutional, home-based, and community-based programs and the outcomes of such efforts; and any proposed updates to the Alzheimer's disease state plan submitted under subparagraph 8.
- 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 on the state of Alzheimer's disease and related forms of dementia.

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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 early-onset, through mid-stage, to late-stage.
- <u>d. Develop a strategy to mobilize a state response to this</u> public health crisis.
  - e. Provide information regarding:
- (I) State trends with respect to persons having Alzheimer's disease or a related form of dementia and their needs, including, but not limited to:
- (A) The role of the state in providing community-based care, long-term care, and family caregiver support, including respite, education, and assistance to persons who are in the early stages of Alzheimer's disease, who have early-onset Alzheimer's disease, or who have a related form of dementia.
- (B) The development of state policy with respect to persons who have Alzheimer's disease or a related form of dementia.
- (C) Surveillance of persons who have Alzheimer's disease or a related form of dementia for the purpose of accurately estimating the number of such persons in the state at present and projected population levels.
- (II) Existing services, resources, and capacity, including, but not limited to:
- (A) The type, cost, and availability of dementia-specific services throughout the state.
  - (B) Policy requirements and effectiveness for dementia-

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specific training for professionals providing care.

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

- (D) The capability of public safety workers and law enforcement officers to respond to persons having Alzheimer's disease or a related form of dementia, including, but not limited to, responding to their disappearance, search and rescue, abuse, elopement, exploitation, or suicide.
- (E) The availability of home and community-based services and respite care for persons having Alzheimer's disease or a related form of dementia and education and support services to assist their families and caregivers.
- (F) An inventory of long-term care facilities and community-based services serving persons who have Alzheimer's disease or a related form of dementia.
- (G) The adequacy and appropriateness of geriatricpsychiatric units for persons who have behavior disorders associated with Alzheimer's disease or a related form of dementia.
- (H) Residential assisted living options for persons who have Alzheimer's disease or a related form of dementia.
- (I) The level of preparedness of service providers before, during, and after a catastrophic emergency involving persons who have Alzheimer's disease or a related form of dementia and their caregivers and families.
- (III) Needed state policies or responses, including, but not limited to, directions for the provision of clear and coordinated care, services, and support to persons who have

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Alzheimer's disease or a related form of dementia and their caregivers and families and strategies to address any identified gaps in the provision of services.

- 9.7. The Department of Elderly Affairs shall provide staff support to assist the committee in the performance of its duties.
- 10.8. Members of the committee and subcommittees shall receive no salary, but are entitled to reimbursement for travel and per diem expenses, as provided in s. 112.061, while performing their duties under this section.
- Section 2. Subsection (1) of section 430.502, Florida Statutes, is amended to read:
- 430.502 Alzheimer's disease; memory disorder clinics and day care and respite care programs.—
  - (1) There is established:
- (a) A memory disorder clinic at each of the three medical schools in this state;
- (b) A memory disorder clinic at a major private nonprofit research-oriented teaching hospital, and may fund a memory disorder clinic at any of the other affiliated teaching hospitals;
- (c) A memory disorder clinic at the Mayo Clinic in Jacksonville;
- (d) A memory disorder clinic at the West Florida Regional Medical Center;
- (e) A memory disorder clinic operated by Health First in Brevard County;
- (f) A memory disorder clinic at the Orlando Regional
  Healthcare System, Inc.;

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(g) A memory disorder center located in a public hospital that is operated by an independent special hospital taxing district that governs multiple hospitals and is located in a county with a population greater than 800,000 persons;

- (h) A memory disorder clinic at St. Mary's Medical Center
  in Palm Beach County;
- (i) A memory disorder clinic at Tallahassee Memorial Healthcare;
- (j) A memory disorder clinic at Lee Memorial Hospital created by chapter 63-1552, Laws of Florida, as amended;
- (k) A memory disorder clinic at Sarasota Memorial Hospital in Sarasota County;
- (1) A memory disorder clinic at Morton Plant Hospital, Clearwater, in Pinellas County;
- (m) A memory disorder clinic at Florida Atlantic University, Boca Raton, in Palm Beach County; and
- (n) A memory disorder clinic at Florida Hospital in Orange County; and
- (o) A memory disorder clinic at Miami Jewish Health Systems in Miami-Dade County,

for the purpose of conducting research and training in a diagnostic and therapeutic setting for persons suffering from Alzheimer's disease and related memory disorders. However, memory disorder clinics funded as of June 30, 1995, shall not receive decreased funding due solely to subsequent additions of memory disorder clinics in this subsection.

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