

By Senator Stargel

22-01222B-20

20201542\_\_

1                   A bill to be entitled  
2           An act relating to Alzheimer's disease; amending s.  
3           430.501, F.S.; requiring state agencies to provide  
4           assistance to the Alzheimer's Disease Advisory  
5           Committee, upon request; creating s. 430.5015, F.S.;  
6           creating the position of Dementia Director within the  
7           Department of Elderly Affairs; requiring the Secretary  
8           of Elderly Affairs to appoint the director;  
9           authorizing the director to call upon certain agencies  
10          for assistance; requiring the agencies to assist the  
11          director under certain circumstances; providing duties  
12          and responsibilities of the director; amending s.  
13          430.502, F.S.; making a technical change; revising  
14          incentive funding criteria for memory disorder  
15          clinics; revising the information the department must  
16          consider when developing the allocation formula for  
17          respite care; providing an effective date.

18  
19 Be It Enacted by the Legislature of the State of Florida:

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21           Section 1. Paragraph (b) of subsection (3) of section  
22           430.501, Florida Statutes, is amended to read:

23           430.501 Alzheimer's Disease Advisory Committee; research  
24           grants.—

25           (3) (b) 1. The Governor shall appoint members from a broad  
26           cross-section of public, private, and volunteer sectors. All  
27           nominations shall be forwarded to the Governor by the Secretary  
28           of Elderly Affairs in accordance with this subsection.

29           2. Members shall be appointed to 4-year staggered terms in

22-01222B-20

20201542\_\_

30 accordance with s. 20.052, except for the sitting members of the  
31 Senate and House of Representatives, who shall be appointed to a  
32 term corresponding to their term of office.

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

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

37 5. The committee may establish subcommittees as necessary  
38 to carry out the functions of the committee.

39 6. The committee shall meet quarterly, or as frequently as  
40 needed.

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

51 8. Beginning in 2020, and every third year thereafter, on  
52 or before November 1, the Department of Elderly Affairs shall  
53 review the Alzheimer's disease state plan and submit an updated  
54 state plan to the Governor, the President of the Senate, and the  
55 Speaker of the House of Representatives. The Department of  
56 Elderly Affairs shall utilize the annual reports submitted by  
57 the committee and collaborate with state Alzheimer's disease  
58 organizations and professionals when considering such updates to

22-01222B-20

20201542\_\_

59 the Alzheimer's disease state plan. The state plan shall:

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

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

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

69 d. Develop a strategy to mobilize a state response to this  
70 public health crisis.

71 e. Provide information regarding:

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

75 (A) The role of the state in providing community-based  
76 care, long-term care, and family caregiver support, including  
77 respite, education, and assistance to persons who are in the  
78 early stages of Alzheimer's disease, who have younger-onset  
79 Alzheimer's disease, or who have a related form of dementia.

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

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

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

22-01222B-20

20201542\_\_

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

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

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

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

100 (E) The availability of home and community-based services  
101 and respite care for persons having Alzheimer's disease or a  
102 related form of dementia and education and support services to  
103 assist their families and caregivers.

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

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

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

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

22-01222B-20

20201542\_\_

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

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

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

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

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

134 430.5015 Dementia Director.—

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

139 (2) The director may call upon appropriate agencies of  
140 state government for assistance as is needed pursuant to s.  
141 430.04(13).

142 (3) The director shall:

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

22-01222B-20

20201542\_\_

146 disease and related forms of dementia.

147 (b) Facilitate coordination and support for the Alzheimer's  
148 Disease Advisory Committee and the implementation of and updates  
149 to the Alzheimer's disease state plan pursuant to s.  
150 430.501(3)(b)8.

151 (c) Provide support to memory disorder clinics to help the  
152 clinics meet or exceed the minimum performance standards under  
153 s. 430.502(3).

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

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

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

166 Section 3. Subsection (1), paragraph (a) of subsection (4),  
167 and subsection (8) of section 430.502, Florida Statutes, are  
168 amended to read:

169 430.502 Alzheimer's disease; memory disorder clinics and  
170 day care and respite care programs.—

171 (1) There is established:

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

174 (b) A memory disorder clinic at a major private nonprofit

22-01222B-20

20201542\_\_

175 research-oriented teaching hospital, and may fund a memory  
176 disorder clinic at any of the other affiliated teaching  
177 hospitals;

178 (c) A memory disorder clinic at the Mayo Clinic in  
179 Jacksonville;

180 (d) A memory disorder clinic at the West Florida Regional  
181 Medical Center;

182 (e) A memory disorder clinic operated by Health First in  
183 Brevard County;

184 (f) A memory disorder clinic at the Orlando Regional  
185 Healthcare System, Inc.;

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

190 (h) A memory disorder clinic at St. Mary's Medical Center  
191 in Palm Beach County;

192 (i) A memory disorder clinic at Tallahassee Memorial  
193 Healthcare;

194 (j) A memory disorder clinic at Lee Memorial Hospital  
195 created by chapter 63-1552, Laws of Florida, as amended;

196 (k) A memory disorder clinic at Sarasota Memorial Hospital  
197 in Sarasota County;

198 (l) A memory disorder clinic at Morton Plant Hospital,  
199 Clearwater, in Pinellas County;

200 (m) A memory disorder clinic at Florida Atlantic  
201 University, Boca Raton, in Palm Beach County;

202 (n) A memory disorder clinic at AdventHealth Florida  
203 ~~Hospital~~ in Orange County; and

22-01222B-20

20201542\_\_

204 (o) A memory disorder clinic at Miami Jewish Health System  
205 in Miami-Dade County,

206  
207 for the purpose of conducting research and training in a  
208 diagnostic and therapeutic setting for persons suffering from  
209 Alzheimer's disease and related memory disorders. However,  
210 memory disorder clinics shall not receive decreased funding due  
211 solely to subsequent additions of memory disorder clinics in  
212 this subsection.

213 (4) The department shall develop performance goals that  
214 exceed the minimum performance standards developed under  
215 subsection (3), which goals must be achieved in order for a  
216 memory disorder clinic to be eligible for incentive funding  
217 above the base level, subject to legislative appropriation.  
218 Incentive funding shall be based on criteria including, but not  
219 limited to:

220 (a) Significant increase in the volume of clinical services  
221 and family care planning services.

222 (8) Pursuant to s. 287.057, the department shall contract  
223 for the provision of respite care. All funds appropriated for  
224 the provision of respite care shall be distributed annually by  
225 the department to each funded county according to an allocation  
226 formula. In developing the formula, the department shall  
227 consider the number and proportion of the county population of  
228 individuals who are 70 75 years of age and older. Each respite  
229 care program shall be used as a resource for research and  
230 statistical data by the memory disorder clinics established in  
231 this part. In consultation with the memory disorder clinics, the  
232 department shall specify the information to be provided by the



22-01222B-20

20201542\_\_

233 respite care programs for research purposes.

234 Section 4. This act shall take effect July 1, 2020.