

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/SB 1182

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Simon

SUBJECT: Education and Training for Alzheimer’s Disease and Related Forms of Dementia

DATE: March 14, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Cox	CF	Fav/CS
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1182 creates s. 430.5025, F.S., to establish the Florida Alzheimer’s Disease and Dementia Training Act. The bill establishes universal Alzheimer’s disease and related disorder (ADRD) training requirements to be used by nursing homes, home health agencies, nurse registries, companion or homemaker service providers, assisted living facilities (ALFs), adult family-care homes (AFCHs), adult day care centers (ADCCs), and specialized Alzheimer’s services ADCCs to replace each license type’s individual training requirements on that topic.

The bill defines a number of terms, including “covered provider”, “department”, “employee”, “personal care”, and “regular contact”.

The bill requires specified employees of covered providers who provide personal care to or have regular contact with patients, participants, or residents, with one hour of dementia-related training within 30 days of his or her initial employment. All employees must also receive basic written information about interacting with persons who have ADRD upon beginning employment.

Within the first seven months of employment, the bill requires each employee of a home health agency, nurse registry, or companion or homemaker service provider who provides personal care to receive two hours of additional; and each employee of a nursing home, ALF, AFCH or ADCC who provides personal care for persons with ADRD to receive three hours of additional training.

Additionally, employees of ALFs, AFCHs, and ADCCs which advertise and provide specialized care for persons with Alzheimer's disease must also receive the following additional training:

- Three hours of additional training within the first three months of employment, rather than the first seven months;
- Four hours of dementia-specific training within the first six months of employment; and
- Four hours of continuing education each calendar year through:
 - Contact hours;
 - On-the-job training, limited to a certain amount of credit in each calendar year; or
 - Electronic learning technology.

The bill directs the DOEA to provide the initial one hour of dementia-related training. The training must be provided in an online format at no cost, and must contain information on the following topics:

- Understanding the basics about the most common forms of dementia;
- How to identify the signs and symptoms of dementia; and
- Skills for communicating and interacting with persons with ADRD.

The bill requires the DOEA to make a record of the completion of the training program available to covered providers, and the record must include the training, the name of the employee, and the date of completion. The bill also requires covered providers to maintain a record of each employee's completion of the training and provide the employee with a copy of the completion record consistent with the employer's written policies upon request.

Employees hired, contracted, or referred to provide services before July 1, 2023 must complete the training before July 1, 2026. Further, proof of completion of equivalent training that has been completed prior to July 1, 2023 may substitute for the training. Employees hired, contracted, or referred to provide services on or after July 1, 2023 may satisfy training requirements by completing training curricula approved by the DOEA until the effective date of rules adopted by the DOEA under the bill.

The bill also requires the Department of Elder Affairs (DOEA) to offer education to the general public about ADRD. The education must provide basic information about:

- The most common forms of dementia;
- How to identify the signs and symptoms of dementia;
- Coping skills;
- How to respond to changes;
- Planning for the future; and
- How to access additional resources about dementia.

The bill will likely have a negative fiscal impact on private sector health care providers and an insignificant negative fiscal impact on the DOEA. See Section V. Fiscal Impact Statement.

The bill is effective July 1, 2023.

II. Present Situation:

Dementia and Alzheimer's Disease

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person's daily life and activities. These functions include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention. Some people with dementia cannot control their emotions, and their personalities may change. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of living.¹

Alzheimer's disease is the most common type of dementia. It is a progressive disease that begins with mild memory loss and can lead to loss of the ability to carry on a conversation and respond to one's environment. Alzheimer's disease affects parts of the brain that control thought, memory, and language. It can seriously affect a person's ability to carry out daily activities. Although scientists are studying the disease, what causes Alzheimer's disease is unknown.²

There are an estimated 580,000 individuals living with Alzheimer's disease in the state of Florida.³ By 2025, it is projected that 720,000 Floridians will have Alzheimer's disease. More than 6 million Americans are living with Alzheimer's and the cost of caring for ADRD patients is estimated to total nearly \$1 trillion by mid-century.⁴

¹ National Institute on Aging, *What is Dementia? Symptoms, Types, and Diagnosis*, available at <https://www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis>, (last visited on March 11, 2023).

² Centers for Disease Control and Prevention, *Alzheimer's Disease and Healthy Aging*, available at <https://www.cdc.gov/aging/aginginfo/alzheimers.htm#AlzheimersDisease>, (last visited March 11, 2023).

³ Alzheimer's Association, *Alzheimer's Statistics Florida*, available at <https://www.alz.org/media/Documents/florida-alzheimers-facts-figures-2022.pdf> (last visited March 11, 2023).

⁴ *Id.*

Dementia and Alzheimer’s Disease Training

Overview by Facility/Agency Type

	All Employees	Employees with Expected or Required Direct Contact	Employees Providing Direct Care	Health Care Practitioner Continuing Education Sufficient?	Training Approved?	Additional Reqs.
Nursing Homes	Provided with basic written information about interacting with persons with ADRD upon beginning employment.	1 hour of training within the first 3 months of employment.	Additional 3 hours of training within the first 9 months of employment.	Yes	By DOEA.	
Home Health Agencies		Not specified.	2 hours of training within the first 9 months of employment.	Yes	By DOEA.	HHA’s that serve 90% individuals under age 21 are exempt.
Hospice Providers	ADRD upon beginning employment.	1 hour of training within the first 3 months of employment.	Additional 3 hours of training within the first 9 months of employment.	Yes	By DOEA.	
Special Care ALFs⁵	Employees with incidental contact must be given information within 3 months.	4 hours within 3 months of employment	4 additional hours within 9 months of employment + 4 hours CE annually	Not specified.	By DOEA	
Adult Day Care Centers	Same as nursing homes, home health agencies, and Hospice.	1 hour of training within the first 3 months of employment.	Additional 3 hours of training within the first 9 months of employment.	Yes	By DOEA	
Specialized Alzheimer’s Services Adult Day Care Centers	Same as nursing homes, home health agencies, and Hospice.	4 hours of training within the first 3 months of employment.	Additional 4 hours of training within the first 6 months of employment.	Yes	By DOEA	
Adult Family-Care Homes	None	None	None	Not Specified.	By the Agency for Health Care	

⁵ Training is required if the ALF advertises that it provides special care for persons with Alzheimer’s disease or related disorders. Section 429.178, F.S.

					Administration (AHCA)	
Nurse Registries/ Companion or Homemaker Services	None	None	None	Not specified.		

Specific details for each facility/agency type are below:

Nursing Homes

A nursing home is a facility that provides 24-hour nursing care, personal care, or custodial care to individuals who are ill or physically infirm.⁶ Nursing homes are licensed and regulated by the Agency for Health Care Administration (AHCA) under part II of ch. 400, F.S.

Section 400.1755, F.S., requires each nursing home to provide the following training:

- Provide each of its employee’s basic written information about interacting with persons with ADRD upon beginning employment.
- All employees who are expected to, or whose responsibilities require them to, have direct contact with residents with ADRD must also have an initial training of at least one hour completed in the first three months after beginning employment. This training must include, but is not limited to, an overview of dementias and must provide basic skills in communicating with persons with dementia.
- An individual who provides direct care must complete the required initial training and an additional three hours of training within nine months after beginning employment. This training must include, but is not limited to, managing problem behaviors, promoting the resident's independence in activities of daily living, and skills in working with families and caregivers. Health care practitioners’ continuing education can be counted toward the required training hours.
- The DOEA or its designee must approve the initial and continuing training provided in the facilities. The DOEA must approve training offered in a variety of formats, including, but not limited to, Internet-based training, videos, teleconferencing, and classroom instruction. The DOEA must keep a list of current providers who are approved to provide initial and continuing training. The DOEA must adopt rules to establish standards for the trainers and the training required in this section of statute.
- Upon completing any training listed in the section, the employee or direct caregiver must be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility or to an assisted living facility, home health agency, adult day care center, or adult family-care home. The direct caregiver must comply with other applicable continuing education requirements.

⁶ Section 400.021(7), F.S.

Home Health Agencies

A home health agency provides one or more of the following home health services: nursing care; therapy; home health aide services; dietetics and nutrition; or medical supplies.⁷ Home health agencies are licensed and regulated by the AHCA under part III of ch. 400, F.S.

Section 400.4785, F.S., requires a home health agency to provide the following staff training:

- Upon beginning employment with the agency, each employee must receive basic written information about interacting with participants who have ADRD.
- Newly-hired home health agency personnel who will be providing direct care to patients must complete two hours of training in ADRD within nine months after beginning employment with the agency. This training must include, but is not limited to, an overview of dementia, a demonstration of basic skills in communicating with persons who have dementia, the management of problem behaviors, information about promoting the client's independence in activities of daily living, and instruction in skills for working with families and caregivers.
- For certified nursing assistants, the required two hours of training are part of the total hours of training required annually.
- For a health care practitioner, as defined in s. 456.001, F.S.,⁸ continuing education hours taken as required by that practitioner's licensing board are counted toward the total of two hours.
- For an employee who is a licensed health care practitioner, training that is sanctioned by that practitioner's licensing board must be considered to be approved by the DOEA.
- The DOEA, or its designee, must approve the required training. The DOEA must consider for approval training offered in a variety of formats. The DOEA must keep a list of current providers who are approved to provide the two-hour training. The DOEA must adopt rules to establish standards for the employees who are subject to this training, for the trainers, and for the training required in this section of statute.
- Upon completing the training listed in the section, the employee must be issued a certificate that states that the training mandated under the section has been received. The certificate must be dated and signed by the training provider. The certificate is evidence of completion of this training, and the employee is not required to repeat this training if the employee changes employment to a different home health agency.
- A licensed home health agency whose unduplicated census during the most recent calendar year was composed of at least 90 percent of individuals aged 21 years or younger at the date of admission, is exempt from the training requirements in this section of statute.

Assisted Living Facilities

An ALF is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.⁹ ALFs are licensed and

⁷ Section 400.462(12) and (14), F.S.

⁸ Section 456.001(4), F.S., defines "health care practitioner" as any person licensed under ch. 457, F.S.; ch. 458, F.S.; ch. 459, F.S.; ch. 460, F.S.; ch. 461, F.S.; ch. 462, F.S.; ch. 463, F.S.; ch. 464, F.S.; ch. 465, F.S.; ch. 466, F.S.; ch. 467, F.S.; part I, part II, part III, part V, part X, part XII, or part XIV of ch. 468, F.S.; ch. 478, F.S.; ch. 480, F.S.; part I or part II of ch. 483, F.S.; ch. 484, F.S.; ch. 486, F.S.; ch. 490, F.S.; or ch. 491, F.S.

⁹ Section 429.02(5), F.S.

regulated by the AHCA under part I of ch. 429, F.S. An ALF that advertises that it provides special care for individuals with ADRD is required to meet certain staffing and ADRD training requirements that are not required of other ALFs.¹⁰

All ALF employees are required to attend a preservice orientation provided by the facility prior to interacting with residents. The preservice orientation must be at least two hours and must cover certain topics, including resident's rights and the services offered by the facility.¹¹ ADRD training is only required for employees of ALFs that provide special care for residents with ADRD.¹² Further, s. 429.178, F.S., requires an ALF that advertises it provides special care for persons with ADRD to provide the following training:

- An employee who has regular contact with such residents must complete up to four hours of initial dementia-specific training developed or approved by the DOEA. The training must be completed within three months after beginning employment and satisfy the core training requirements of s. 429.52(3)(g), F.S.
- A direct caregiver who provides direct care to such residents must complete the required initial training and four additional hours of training developed or approved by the DOEA. The training must be completed within nine months after beginning employment and satisfy the core training requirements of s. 429.52(3)(g), F.S.
- An individual who is employed by a facility that provides special care for residents with ADRD, but who only has incidental contact with such residents, must be given, at a minimum, general information on interacting with individuals with ADRD, within three months after beginning employment.
- A direct caregiver must also participate in a minimum of four contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the dementia-specific training, developed or approved by the DOEA, in which the caregiver has not received previous training.
- Upon completing any specified training, the employee or direct caregiver must be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility. The employee or direct caregiver must comply with other applicable continuing education requirements.
- The DOEA, or its designee, must approve the initial and continuing education courses and providers.
- The DOEA must keep a current list of providers who are approved to provide initial and continuing education for staff of facilities that provide special care for persons with ADRD.

¹⁰ Sections 429.177 and 429.178(1), F.S.

¹¹ Section 429.52(1), F.S., and Rule 59A-36.011(2), F.A.C.

¹² Section 429.178(1), F.S., requires an ALF that advertises that it provides special care for persons with ADRD to meet certain standards of operation that are not required of other ALFs. This is not a separate licensure category. The additional standards of operation include: have an awake staff member on duty 24 hours a day, if the facility has 17 or more residents; if the facility has fewer than 17 residents, the facility may have mechanisms in place to monitor residents instead of having an awake staff member on duty 24 hours a day; offer activities specifically designed for persons who are cognitively impaired; have a physical environment that provides for the safety and welfare of the residents; and employ staff who have completed the required training and continuing education.

Adult Family-Care Homes

An adult family-care home is a private home, under which a person who owns or rents the home provides room, board, and personal care in a family-like living arrangement, on a 24-hour basis, for no more than five disabled adults or frail elders who are not relatives of the homeowner.¹³ AFCHs are licensed and regulated by the AHCA under part II of ch. 429, F.S.

AFCH providers are required to undergo 12 hours of training some of which must be related to Identifying and meeting the special needs of disabled adults and frail elders. However, providers are not currently required to undergo training specific to ADRD.¹⁴

Adult Day Care Centers

Adult day care centers provide therapeutic services and activities for adults in a non-institutional setting.¹⁵ Participants may utilize a variety of services offered during any part of a day totaling less than 24-hours. Basic services provided by ADCCs include leisure activities, self-care training, nutritional services, and respite care.¹⁶

Section 429.917, F.S., requires an ADCC to provide the following staff training:

- Upon beginning employment with the facility, each employee must receive basic written information about interacting with participants who have ADRD.
- In addition to the information provided, newly-hired adult day care center personnel who are expected to, or whose responsibilities require them to, have direct contact with participants who have ADRD must complete initial training of at least one hour within the first three months after beginning employment. The training must include an overview of dementias and must provide instruction in basic skills for communicating with persons who have dementia.
- In addition to the previous requirements, an employee who will be providing direct care to a participant who has ADRD must complete an additional three hours of training within nine months after beginning employment. This training must include, but is not limited to, the management of problem behaviors, information about promoting the participant's independence in activities of daily living, and instruction in skills for working with families and caregivers.
- For certified nursing assistants, the required four hours of training is part of the total hours of training required annually.
- For a health care practitioner as defined in s. 456.001, F.S., continuing education hours taken as required by that practitioner's licensing board are counted toward the total of four hours.
- For an employee who is a licensed health care practitioner as defined in s. 456.001, F.S., training that is sanctioned by that practitioner's licensing board is considered to be approved by the DOEA.
- The DOEA or its designee must approve the one-hour and three-hour training provided to employees and direct caregivers under this section of statute. The DOEA must consider for approval training offered in a variety of formats. The DOEA must keep a list of current

¹³ Section 429.65(2), F.S.

¹⁴ See s. 429.75, F.S., and Fla. Admin. Code R. 59A-37.007 (2020).

¹⁵ Section 429.901(3), F.S.

¹⁶ *Id.*

providers who are approved to provide the one-hour and three-hour training. The DOEA must adopt rules to establish standards for the employees who are subject to this training, for the trainers, and for the training required in this section of statute.

- Upon completing any training described in the section, the employee or direct caregiver must be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different ADCC or to an ALF, nursing home, home health agency, or hospice. The direct caregiver must comply with other applicable continuing education requirements.

Specialized Alzheimer's Services Adult Day Care Centers

An ADCC may hold a license designated by the AHCA as a specialized Alzheimer's services adult day care center if it meets certain requirements.¹⁷ Employees of specialized Alzheimer's services ADCCs, who have direct contact with, or provide direct care to, individuals with ADRD are required to receive four hours of ADRD training within three months of beginning employment.¹⁸ Employees of specialized Alzheimer's services ADCCs who provide direct care to participants with ADRD are required to receive an additional four hours of training within six months of beginning employment. The curriculum for the additional four hours of training must address the following subject areas:

- Understanding brain disease;
- Normal brain functions and normal aging;
- Understanding treatable and irreversible dementia;
- Mental status tests;
- Communication and the effects of damage to brain cells;
- Influences on behavior and brain deterioration;
- Interventions;
- Physical causes and pain indications;
- Common ADRD medications and side effects;
- Malnutrition and dehydration;
- Activities of daily living;
- Validation therapy;
- Safety; and
- Caregiver stress management.¹⁹

Employees of specialized Alzheimer's services ADCCs who provide direct care to participants with ADRD are also required to receive 4-hours of continuing education annually in topics related to ADRD.²⁰

¹⁷ Section 429.918(4), F.S.

¹⁸ Rule 59A-16.111(2), F.A.C.

¹⁹ Rule 59A-16.111(3), F.A.C.

²⁰ Rule 59A-16.111(5), F.A.C.

Nurse Registries and Companion and Homemaker Services

A nurse registry is an agency licensed to secure employment for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, and homemakers, who are compensated by fees as independent contractors to provide services in a patient's home or with health care facilities or other entities.²¹ Nurse registries are governed by part II of chapter 408, F.S., and the nurse registry rules in Chapter 59A-18, F.A.C. A nurse registry must be licensed by the AHCA to offer contracts in Florida.²² Current law does not require contracted personnel of nurse registries to complete training on ADRD.

Companions spend time with and care for elderly, handicapped, or convalescent individuals, prepare and serve meals to such individuals, and accompany such individuals on trips and outings. Companions are prohibited from providing hands-on personal care to a client.²³ Homemakers perform household chores that include housekeeping, meal planning and preparation, shopping assistance, and routine household activities for elderly, handicapped, or convalescent individuals. Homemakers are prohibited from providing hands-on personal care to a client.²⁴ Current law does not require companions or homemakers to complete training on ADRD.

ADRD Training Providers and Curricula

The DOEA or its designee is responsible for approving ADRD training providers and curricula for employees of nursing homes, home health agencies, ALFs, and adult day care centers.²⁵ The University of South Florida (USF) administers the Program through a contract with DOEA.²⁶ To be approved as a training provider, an applicant must provide proof of certain educational and experience requirements, including:

- A Master's degree from an accredited college in health care, human services, or gerontology; or
- A Bachelor's degree from an accredited college, or licensure as a registered nurse; and
- One year of experience as an educator of caregivers for individuals with ADRD; or
- Completion of a specialized training program relating to ADRD, and a minimum of two years of practical experience in a program providing direct care to individuals with ADRD; or
- Three years of practical experience in a program providing direct care to individuals with ADRD.²⁷

Upon successful completion of training, the trainer is required to issue the trainee a certificate of completion.²⁸ Training curricula is certified for a period of three years and must be resubmitted

²¹ Section 400.462(21), F.S.

²² Section 400.506(1), F.S.

²³ Section 400.462(7), F.S.

²⁴ Section 400.462(18), F.S.

²⁵ Sections 400.1755(5), 400.4785(1)(f), 429.178(5), and 429.917(1)(g), F.S.

²⁶ The University of South Florida, College of Behavioral & Community Sciences, USF's Training Academy on Aging, *Alzheimer's Disease and Related Disorders*

Frequently Asked Questions, available at <http://www.trainingonaging.usf.edu/products/faq.cfm> (last visited March 11, 2023).

²⁷ Rule 58A-5.0194(1)(a), F.A.C.

²⁸ Rule 58A-5.0194(3), F.A.C.

for approval.²⁹ Approval of training curricula is based on how well it addresses the required subject areas.³⁰

The table below depicts the number of approved trainers and training curricula by facility/provider type.³¹

Facility/Provider Type	Approved Training Providers	Approved Training Curricula
Nursing Home	1,865	24
ALF	800	66
Home Health Agency	750	22
Adult Day Care Center	133	17
Total	3,548	129

Quality of Long-Term Care Facility Improvement Trust Fund

The Quality of Long-Term Care Facility Improvement Trust Fund (“Trust Fund”), created in 2001,³² supports innovative ideas that directly impact quality of care or quality of life of nursing home residents beyond minimum standards.³³ Section 400.0239, F.S., places the Trust Fund within the AHCA.³⁴ Trust Fund expenditures can be made for:

- Development and operation of a mentoring program for increasing the competence, professionalism, and career preparation of long-term care facility direct care staff, including nurses, nursing assistances, and social service and dietary personnel;
- Development and implementation of specialized training programs for long-term care facility personnel who provide direct care of residents:
 - With ADRD;
 - At risk of developing pressure sores; and
 - With special nutrition and hydration needs.
- Provision of economic and other incentives to enhance the stability and career development of the nursing home direct care workforce, including paid sabbaticals for exemplary direct care career staff to visit facilities throughout the state to train and motivate younger workers to commit to long-term care careers; and
- Promotion and support for the formation and active involvement of resident and family councils in the improvement of nursing home care.³⁵

The Trust Fund is funded through a combination of:

- General Revenue;

²⁹ Rule 58A-5.0194(1)(b), F.A.C.

³⁰ *Id.*

³¹ The University of South Florida’s Training Academy on Aging, *Find Approved Applications*, available at <https://usfweb.usf.edu/trainingonAging/default.aspx>, (last visited March 11, 2023).

³² Ch. 2001-205, L.O.F.

³³ The AHCA, *Quality of Long-Term Care Facility Improvement Trust Fund*, available at https://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Long_Term_Care/Trust_Fund.shtml (last visited March 11, 2023).

³⁴ Section 400.0239(1), F.S.

³⁵ Section 400.0239(2), F.S.

- The Civil Money Penalty Fund; and
- Fifty percent of any punitive damages awarded in lawsuits against a nursing home or ALF.³⁶

III. Effect of Proposed Changes:

ADRD Training Requirements

SB 1182, which may be cited as the “Florida Alzheimer’s Disease and Dementia Training Act”, creates s. 430.5025, F.S., to establish universal ADRD training requirements for nursing homes, home health agencies, nurse registries, companion and homemaker service providers, ALFs, AFCHs, and ADCCs with limited exception.

The bill makes the following changes (indicated by red font) to the ADRD training requirements for employees of nursing homes, home health agencies, nurse registries, ALFs, and adult day care centers to increase uniformity of training requirements across the long-term care industry.

		Initial Training for all “Employees”			
		Basic Written Info		Hours	
		Current	Effect of the Bill	Current	Effect of the Bill
Nursing Homes		Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Home Health Agencies		Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Nurse Registry Companion or Homemaker Service		None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
ALFs	Generally	None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
	Special Care	Basic written info w/in 1 st 3 months	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Adult Family-Care Home	Generally	None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
	Special Care	None.	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
Adult Day Care Centers	Generally	Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days
	Special Care	Basic written info upon beginning employment	Basic written info upon beginning employment	None.	1 hr w/in 1 st 30 days

³⁶ Section 400.0238(4), F.S.

		Direct Care Workers Providing Personal Care to Individuals with ADRD ³⁷					
		Initial Training ³⁸		Additional 1 st Year Training		Continuing	
		Current	Effect of the Bill	Current	Effect of the Bill	Current	Effect of the Bill
Nursing Homes		1 hr. w/in 1 st 3 months	1 hr w/in 1st 30 days	3 hrs. w/in 1 st 9 months	3 hrs. w/in 1 st 7 months	None.	No change.
Home Health Agencies		None.	1 hr w/in 1st 30 days	2 hrs. w/in 1 st 9 months	2 hrs. w/in 1 st 7 months	None.	No change.
Nurse Registry Companion or Homemaker Service		None.	1 hr w/in 1st 30 days	None.	2 hrs. w/in 1 st 7 months	None.	No change.
ALFs	Generally	None.	1 hr w/in 1st 30 days	None.	3 hrs. w/in 1 st 7 months	None.	No change.
	Special Care	4 hrs. w/in 1 st 3 months	1 hr w/in 1st 30 days	4 hrs. w/in 1 st 9 months	3 hrs. w/in 1 st 3 months plus 4 hrs. w/in 1 st 6 months	4 hrs., annually	No change.
Adult Family-Care Home	Generally	None.	1 hr w/in 1st 30 days	None.	3 hrs. w/in 1 st 7 months	None.	No change.
	Special Care	None.	1 hr w/in 1st 30 days	None.	3 hrs. w/in 1 st 3 months plus 4 hrs. w/in 1 st 6 months	None.	4 hrs., annually
Adult Day Care Centers	Generally	1 hr. w/in 1 st 3 months	1 hr w/in 1st 30 days	3 hrs. w/in 1 st 9 months	3 hrs. w/in 1 st 7 months	None.	No change.
	Special Care	4 hrs. w/in 1 st 3 months	1 hr w/in 1st 30 days	4 hrs. w/in 1 st 6 months	3 hrs. w/in 1 st 3 months plus 4 hrs. w/in 1 st 6 months	4 hrs., annually, per rule	4 hrs., annually, per statute

The bill defines the following terms:

- “Covered provider” means a nursing home, a home health agency, a nurse registry, a companion or homemaker service provider, an ALF, an AFCH, or an ADCC licensed or registered under ch. 400, F.S., or ch. 429, F.S.

³⁷ Note: New training requirements only apply to employees providing direct care to patients/residents with ADRD, as compared to training requirements in current law which apply to employees providing direct care to any patient/resident.

³⁸ Current law only provides an initial hour-based training requirement for the direct care workers of certain provider types. The proposed initial hourly training requirement applicable to all “employees” is repeated here since all “direct care workers” will have to complete this training. This initial training requirement is not in addition to the initial hour-based training that is currently applicable.

- “Department” means the Department of Elderly Affairs.³⁹
- “Employee” means a person, contracted staff, or independent contractor employed or referred by a covered provider who is required to have a level 2 background screening as required by s. 408.809, F.S., and ch. 435, F.S.
- “Personal care” means providing, through in-person contact, assistance with activities of daily living, assistance with self-administration of medication, homemaker or companion services, nursing services, or other services that promote the physical, mental, and psychosocial well-being of participants, patients, and residents of covered providers. The term does not include duties involving administrative functions or maintaining the physical environment of an ALF, including grounds maintenance, building maintenance, housekeeping, laundry, or food preparation.
- “Regular contact” means the performance of duties other than personal care which may require employees to interact in person on a daily basis with participants, patients, or residents.

The bill also requires the Department of Elder Affairs (DOEA) to offer education to the general public about ADRD. The education must provide basic information about:

- The most common forms of dementia;
- How to identify the signs and symptoms of dementia;
- Coping skills;
- How to respond to changes;
- Planning for the future; and
- How to access additional resources about dementia.

The bill requires employees of covered providers who provide personal care to or have regular contact with patients, participants, or residents, one hour of dementia-related training within 30 days of his or her employment. All employees must also receive basic written information about interacting with persons who have ADRD upon beginning employment.

The bill directs the DOEA to provide the initial one hour of dementia-related training. The training must be provided in an online format at no cost, and must contain information on the following topics:

- Understanding the basics about the most common forms of dementia;
- How to identify the signs and symptoms of dementia; and
- Skills for communicating and interacting with persons with ADRD.

Additionally, the bill requires each employee of a home health agency, nurse registry, or companion or homemaker service provider who provides personal care to receive two hours of additional training within the first seven months of employment. For employees of home health agencies, nurse registries, or companion or homemakers services, the additional training must include, but is not limited to:

- Behavior management;
- Promoting the person’s independence in activities of daily living;
- Skills for working with families and caregivers.

³⁹ Also known as the Department of Elder Affairs (DOEA).

Each employee of a nursing home, ALF, AFCH or ADCC who provides personal care must receive three hours of additional training within the first seven months of employment. For employees of ALFs, AFCHs, and ADCCs, the additional training must include the three above-mentioned topics and also include, but not be limited to:

- Group and individual activities;
- Maintaining an appropriate environment; and
- Ethical issues.

Employees of ALFs, AFCHs, and ADCCs which advertise and provide specialized care for persons with Alzheimer’s disease must also receive the following additional training if such employees provide personal care, as defined in the bill:

- Three hours of additional training within the first three months of employment, rather than the first seven months;
- Four hours of dementia-specific training within the first six months of employment; and
- Four hours of continuing education each calendar year through:
 - Contact hours;
 - On-the-job training⁴⁰ which can account for no more than 2 hours of continuing education credit each calendar year; or
 - Electronic learning technology.

The bill requires the continuing education to cover at least one of the topics included in the dementia-specific training in which the employee has not received previous training within the last calendar year.

The bill allows ADRD training hours required under the bill to count toward the total hours of training required for certified nursing assistants to maintain certification. The bill also allows ADRD training hours to count toward the total hours of continuing education required for health care practitioners, as defined in s. 456.001, F.S.

ADRD Training Providers and Curricula

For the post-initial training and continuing education, the bill authorizes the DOEA to develop training curriculum guidelines and allows training providers who meet certain qualifications to offer training without prior approval, including:

- An individual who is approved by a board of the Department of Health (DOH) to provide training and is registered with the DOH electronic continuing education tracking system; or
- A person approved by the DOEA or its designee before July 1, 2023.

The individuals above, other than those approved by the DOEA or its designee before July 1, 2023, must also meet one of the following experience requirements:

- At least one year of teaching experience as an educator for caregivers of persons with ADRD;

⁴⁰ The bill defines “on-the-job training” to mean a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or hands-on experience to help develop and refine the employee’s skills for caring for a person with ADRD.

- At least one year of practical experience in a program providing care to persons with ADRD; or
- Completion of a specialized ADRD training program from an accredited health care, human services, or gerontology education provider.

Current law authorizes DOEA or its designee to approve the initial 1-hour training curricula, the additional training (post-initial training) curricula, and the continuing education curricula for nursing homes, ALFs, adult family-care homes, home health agencies, and adult day care centers. The bill adds the authority for DOEA to approve such training curricula for nurse registries and homemaker and companion services.

For the initial 1-hour training requirement, the bill requires the DOEA to provide ADRD training for free and make it available online.

The bill provides that any ADRD training and curriculum that has been approved before July 1, 2023 remains in effect until the curriculum's expiration date. The bill authorizes the DOEA to create training curricula guidelines and adopt rules to establish requirements for the approval of other qualified training providers, and to conduct samplings of training curricula as necessary to monitor for compliance with curriculum guidelines. The bill also permits the DOEA to develop or provide continuing education training or curricula as an option for covered providers and employees.

Training Records

Under the bill, employees are not required to repeat any of the training requirements in the bill upon a change of employment to a different covered provider. To facilitate this, the bill addresses employee access to their own training records.

For the initial training, the bill requires trainers to provide a record of an employee's completion of training to the covered provider. The bill requires the covered provider to maintain a record of the employee's completion of the training, and upon written request by the employee, provide a copy of the record of completion to the employee.

For post-initial training and continuing education, the bill requires trainers to provide a record of an employee's completion of training and continuing education, but it does not specify who the record must be provided to (covered provider or employee). Further, the bill does not require a covered provider to maintain the record of completion or provide a copy of the record of completion like it does for records of completion of initial training.

Implementation

The bill requires all employees hired before July 1, 2023, to complete the training requirements of the bill by July 1, 2026. Individuals newly employed, contracted, or referred to provide services on or after the effective date of the bill may complete training using any existing training curriculum approved by DOEA. The bill provides a grandfather clause for an employee who shows proof of completion of training that is equivalent to the training requirements of the bill. However, it is unlikely that many employees have received training that is equivalent to the enhanced training requirements of the bill.

The bill amends s. 400.0239, F.S., to allow funds from the Quality of Long-Term Care Facility Improvement Trust Fund to be allocated for direct support of the development and implementation of specialized training programs for long-term care facility personnel who provide direct care for residents with ADRD as provided under the bill.

The bill also amends ss. 400.1755, 400.4785, 400.6045, 429.178, 429.917, and 429.918 F.S., respectively, to cross-reference the ADRD training section created by the bill and repeal the individual ADRD training requirements in the licensure statutes for nursing homes, home health agencies, ALFs, ADCCs, and specialized Alzheimer's services ADCCs in favor of the uniform training requirements established by the bill.

The bill creates s. 400.51, implementing the training requirements established by the bill for persons employed, contracted, or referred by a nurse registry or a person registered with an agency to provide companion or homemaker services.

The bill amends s. 429.52 to require all ALF employees to complete the training requirements established by the bill. The bill also allows the 1-hour training requirement for ALF employees to count toward an existing mandatory 2-hour preservice orientation, if completed before interacting with residents.

The bill amends s. 429.83, F.S., to require all adult family-care homes to provide ADRD staff training pursuant to the requirements established in the bill. Currently, no adult family-care homes are required to provide such training.

The bill is effective date July 1, 2023.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The bill is likely to have a negative fiscal impact on health care facilities and providers as a result of the increased training requirements of the bill. The level of fiscal impact is indeterminate.

C. Government Sector Impact:

The DOEA states that there are potential expenditures to develop and distribute informational materials beyond what is currently provided, potential expenditures for developed training curricula, approval and monitoring beyond what is currently provided, and potential expenditures to develop a database to store training participant information.⁴¹ The DOEA anticipates that any expenditures generated by the bill can be absorbed by existing resources.⁴²

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 400.0239, 400.1755, 400.4785, 429.178, 429.52, 429.83, 429.917, and 429.918 of the Florida Statutes.

This bill creates sections 430.5025 and 400.51 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)**CS by Children, Families, and Elder Affairs on March 14, 2023:**

- Removes authority for the DOEA to delegate the administration of any of the bill provisions;

⁴¹ E-mail from Tyler Jefferson, Legislative Affairs Director, the DOEA, *RE: SB 1182 - Education and Training for Alzheimer's Disease and Related Forms of Dementia*, March 11, 2023 (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁴² *Id.*

- Makes employees responsible for compliance with the training requirements instead of employers;
- Requires the DOEA to provide a record of the completion of the 1-hour training program to the covered provider, rather than a record of the training program;
- Makes the training requirements apply to employees who provide personal care to any resident of a facility, instead of only to residents with Alzheimer's disease.
- Authorizes the DOEA to develop or provide continuing education training or curricula;
- Removes authority for a person with a master's or doctoral degree in health care, social services, or gerontology to act as a training provider;
- Authorizes the DOEA to adopt rules to create training curriculum guidelines;
- Retains current law relating to training requirements on Alzheimer's disease for hospice employees;
- Clarifies that all ALF employees must complete ADRD training under the bill, rather than adding training as a topic on the core competency test for ALF administrators; and
- Allows the 1-hour training requirement for ALF employees to count toward the 2-hour preservice orientation, if completed before interacting with residents.

B. Amendments:

None.