

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 1295](#)

TITLE: Memory Care

SPONSOR(S): Health Care Facilities and Systems
Subcommittee; Greco

COMPANION BILL: None

LINKED BILLS: None

RELATED BILLS: [CS/SB 1404](#) (Burton)

Committee References

[Health Care Facilities & Systems](#)

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[Health & Human Services](#)



SUMMARY

Effect of the Bill:

The bill creates the Memory Care Services (MCS) specialty license for assisted living facilities (ALFs) to ensure ALF residents receive the memory care specialty services that they pay for, by holding ALFs accountable to the provision of such services as advertised. The bill requires an ALF to obtain a MCS license if they have one or more memory care residents or if they claim to provide memory care services.

Fiscal or Economic Impact:

The bill has an insignificant, indeterminate negative fiscal impact on the Agency for Health Care Administration that is likely absorbable within current resources. The impact will be funded from surplus in the Regulatory Trust Fund, made up of licensure fees paid to the Agency by other facility types.

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ANALYSIS

EFFECT OF THE BILL:

Assisted Living Facilities – Memory Care

Current law does not require [assisted living facilities](#) (ALFs) who advertise that they provide special care for persons with [Alzheimer's disease](#) and related dementia (ADRD), to comply with any minimum standards or additional licensure requirements beyond those currently required for an ALF with a standard license. As a result, the Agency for Health Care Administration (AHCA) lacks the regulatory authority to ensure ALFs are providing special services for individuals with ADRD, when they claim to be.

The bill provides AHCA with the regulatory authority necessary to ensure ALFs who advertise, or otherwise claim to provide [memory care services](#), are actually providing those services. Specifically, the bill creates the Memory Care Services (MCS) ALF license and requires an ALF to have an MCS license if they serve one or more memory care residents or advertise, or otherwise claim to provide specific specialized or focused care, services, or activities to residents with ADRD. Under the bill, MCS licensure is not required of a facility providing such memory care services if they are provided as optional supportive services and are available to all residents. (Section 1)

The bill requires AHCA, by October 1, 2026, to adopt rules to provide certain minimum standards for MCS licensure, including, but not limited to:

- Policies and procedures for providing memory care services;
- Standardized admittance criteria for memory care residents;
- Level of care, services, and activities that must be provided to memory care residents;

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- Staff training requirements, which must meet or exceed the current [training requirements](#) in s. 430.5025, F.S., for ALF staff who provide personal care to, or have regular contact with residents in ALFs that advertise and provide specialized care for persons with ADRD;
- Safety requirements specific to memory care residents;
- Physical plant requirements;
- Contract requirements with memory care residents, which in addition to the [contract requirements](#) in s. 429.24, F.S., must require a MCS licensee to specify the memory care services that will be provided to the memory care resident; and
- Reasonable limitations on how an ALF can advertise or hold itself out as providing optional supportive services for residents with ADRD. (Section 3)

To obtain a MCS license, the bill requires an ALF to have a standard ALF license and meet the requirements adopted by rule. Once rules are adopted, ALFs licensed prior to the effective date of the rules may obtain an MCS license at the time of their next licensure renewal date to begin or continue providing memory care services to memory care residents.¹ (Section 3)

The bill allows an ALF, who is serving memory care residents prior to the effective date of the rules, to continue serving such residents without obtaining a MCS license if the facility does not accept any new memory care residents. Additionally, the facility must:

- Demonstrate to AHCA that it is unable to reasonably obtain an MCS license.
- Notify the memory care residents and their caregivers that;
 - The facility is required to obtain a MCS license but is unable to obtain such a license; and
 - The memory care resident may relocate to a facility with a MCS license.
- Assist memory care residents and their caregivers with finding a suitable alternate facility. (Section 3)

If a memory care resident wants to stay at the ALF after being notified that the facility does not have a MCS license, the bill requires the ALF to:

- Amend the resident's contract to include the memory care services that are being provided to the resident;
- Maintain records pertaining to when and how memory care services were provided to residents; and
 - Provide such records to the resident or their caregiver and AHCA upon request. (Section 3)

The bill repeals ss. 429.177 and 429.178, F.S., upon the effective date of the rules adopted by AHCA on minimum licensure standards because they will be duplicative or less stringent than the requirements that are newly or otherwise applicable. (Section 4)

The bill repeals s. 429.177, F.S., which requires an ALF that claims to provide special care for persons with ADRD to disclose those services in its advertisements, or in a separate document, and maintain a copy of such advertisements and documents in its record for AHCA to examine as part of the licensure renewal process. The creation of the MCS license makes these provisions obsolete.

The bill repeals s. 429.178, F.S., which requires ALFs who advertise to provide special care for persons with ADRD, to:

¹ All other ALF specialty licenses (Limited Nursing Services, Extended Congregate Care, and Limited Mental Health) provide ALFs the ability to submit a written request to AHCA to apply for a specialty license instead of waiting until licensure renewal. ALF licenses are issued biennially and a licensee is prohibited from submitting an application for licensure renewal more than 120 days before the expiration of their current license. Because the bill requires ALFs who are currently providing memory care services to wait to apply for a MCS license until their next renewal date, after rules are adopted, some ALFs will technically be providing unlicensed memory care services for up to approximately 20 months — for example, if an ALF is currently providing memory care services, and happens to renew their license one month before the rules are adopted, they wouldn't be able to renew the license for 20 months (120 days or approximately 4 months before the biennial/24-month license expires). See s. 408.806(2)(a) and (4)(a), F.S. See also ss. 429.07(3)(b)1., extended congregate care licensure, 429.07(3)(c)1., limited nursing services licensure, and s. 429.075(1), F.S., limited mental health licensure.

- For facilities with 17 or more residents, have an awake staff member on duty all the time; and
- Employ staff who must complete training and continuing education required under s. 430.5025, F.S. (Section 5)

However, the bill retains and revises the substance of s. 429.178, F.S. Under the bill, all memory care facilities must have one staff member awake and present at all times to provide care and services, instead of only those with 17 or more beds. The bill also retains the training requirements as noted above (AHCA must adopt staff training requirements that meet or exceed the current training requirements in s. 430.5025, F.S.)

The bill will take effect upon becoming a law. (Section 5)

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill has an insignificant, indeterminate negative fiscal impact on the Agency for Health Care Administration that is likely absorbable within current resources. The impact will be funded from surplus in the Regulatory Trust Fund, made up of licensure fees paid to the Agency by other facility types.

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Alzheimer's Disease

Alzheimer's disease is a form of dementia, a general term for memory loss. It is a progressive brain disorder that damages and eventually destroys brain cells, leading to memory loss and changes in the functions of the brain. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. Alzheimer's disease is a progressive disease in which dementia symptoms worsen gradually over time. In the early stages of Alzheimer's disease, memory loss is mild; in late-stages, individuals lose the ability to carry on a conversation and respond to their environment. Currently, the disease has no cure, but treatment can temporarily slow the worsening of symptoms.²

There are an estimated 6.2 million people in the United States with Alzheimer's disease.³ By 2050, the number of people age 65 and older with Alzheimer's disease in the U.S. is expected to increase to 14 million people, with Florida having the highest projected rate of increase in the country.⁴

Florida has the second-highest rate of Alzheimer's disease in country. An estimated 580,000 Floridians have Alzheimer's disease. The number of Floridians with Alzheimer's disease will only continue to grow as the percent of Floridians over the age of 65 is estimated to increase from 23% to 30% by 2030.⁵

Assisted Living Facilities

² Alzheimer's Association, *2024 Alzheimer's Disease Facts and Figures*, available at <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf> (last visited January 29, 2026).

³ Rajan K, Weuve J, Barnes L, McAninch E, Wilson R, Evans D, *Population Estimate of People with Clinical AD and Mild Cognitive Impairment in the United States* (April 27, 2021), PubMed Central, available at <https://PMC.ncbi.nlm.nih.gov/articles/PMC9013315/> (last visited January 29, 2026).

⁴ *Id.*

⁵ Florida Department of Elder Affairs, *Alzheimer's Disease Advisory Committee Annual Report (2025)*, available at <https://elderaffairs.org/wp-content/uploads/2025/12/Alzheimers-Disease-Advisory-Committee-%E2%80%93-Annual-Report-2023.pdf> (last visited January 29, 2026).

An assisted living facility (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.⁶ A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-administration of medication.⁷ Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.⁸

ALFs are licensed and regulated by the Agency for Health Care Administration (AHCA) under part I of ch. 429, F.S., and part II of ch. 408, F.S., and rule 59A-36, F.A.C.

An ALF must provide appropriate care and services to meet the needs of the residents admitted to the facility. The owner or facility administrator determines whether an individual is appropriate for admission to the facility based on certain criteria, including the needs and preferences of the resident and the care and services offered by the facility.⁹ Each resident must be examined by a physician or nurse practitioner within 30 days after admission to the facility.¹⁰

An ALF must offer a [contract](#) to each resident, prior to admission of the resident, setting forth: the services and accommodations to be provided by the facility; the rates or anticipated charges; provision for at least 30 days' notice of a rate increase; and the rights, duties, and obligations of the resident.¹¹

[Memory Care Services](#)

In addition to a standard license, an ALF may have one or more specialty licenses that allow the ALF to provide additional care. These specialty licenses include limited nursing services,¹² limited mental health services,¹³ and extended congregate care services.¹⁴

Current law does not include a licensure designation for ALFs that provide special care for individuals with Alzheimer's disease, nor does it require ALFs to notify AHCA that they provide special care for persons with ADRD. Under current law, an ALF that claims to provide special care for persons with Alzheimer's disease is only required to disclose those services in its advertisements, or in a separate document, and maintain a copy of such advertisements and documents in its record for AHCA to examine as part of the licensure renewal procedure.¹⁵

Section 429.178, F.S., requires ALFs that advertise to provide special care for persons with ADRD, to meet certain minimum standards, some of which are requirements for all ALFs elsewhere in statute or rule. The minimum standards include:

- For facilities with 17 or more residents, have an awake staff member on duty all the time (this is already required for all ALFs in rule 59A-36.010(3)(a)4., F.A.C., so it is not unique to memory care ALFs);

⁶ S. 429.02(5), F.S.

⁷ S. 429.02(16), F.S.

⁸ S. 429.02(1), F.S.

⁹ S. 429.26(1), F.S.

¹⁰ S. 429.26(5), F.S.

¹¹ S. 429.24, F.S.

¹² S. 429.02(14), F.S. ALFs licensed to provide limited nursing services may provide services beyond those provided by standard licensed ALFs, including the application and care of routine dressings and care of casts, braces, and splints.

¹³ S. 429.075, F.S., requires any facility serving one or more mental health residents to obtain a limited mental health license. *See also* s. 429.02(16), F.S. A mental health resident is "an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation."

¹⁴ S. 429.07(3)(b), F.S. The Extended Congregate Care (ECC) specialty license allows an ALF to provide, directly or through contract, services performed by licensed nurses and supportive services to individuals who would otherwise be disqualified from continued residency in an ALF. The primary purpose of ECC services is to allow residents, as their acuity level rises, to remain in a familiar setting.

¹⁵ S. 429.177, F.S.

- For facilities with fewer than 17 residents have mechanisms in place to monitor and ensure the safety of the facility's residents.
- Offer activities specifically designed for persons who are cognitively impaired.
- Have a physical environment that provides for the safety and welfare of the facility's residents (this is already required for all ALFs, so it is not unique to memory care ALFs¹⁶).
- Employ staff who must complete the training and continuing education required under s. 430.5025, F.S. (this is already required under s. 430.5025, F.S., so it is duplicative).

Training Requirements

ALFs who advertise to provide special care for individuals with ADRD are required to ensure their staff complete certain training and continuing education requirements, including:¹⁷

- Upon beginning employment, ALFs must provide all employees basic written information about interacting with persons who have ADRD.
- Within 30 days of employment, each employee who provides personal care to, or has regular contact with residents, must complete a one-hour training program provided by the Department of Elderly Affairs.
- Within three months of beginning employment, each employee who provides personal care to, or has regular contact with residents, must complete an additional three hours of training on behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
- Within six months of beginning employment, each employee who provides personal care must complete an additional 4 hours of dementia-specific training.
- Each employee who provides personal care must complete at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology.

AHCA is required to identify ALFs with special care units or programs on its consumer information website ([FloridaHealthFinder](#)) to help consumers select the best facility for themselves or their loved ones.¹⁸ AHCA relies on facilities to self-report this information for inclusion on the consumer information website.¹⁹ As of February 4, 2026, there were 2,985 licensed ALFs in Florida, 805 of which claimed to be memory care providers.²⁰

AHCA conducted a review of the total number of complaints received and the total number of those complaints that were substantiated, for memory care providers and non-memory care providers, from 2020 to present. AHCA found there were more complaints made and substantiated against memory care providers than non-memory care providers, despite the fact that there were almost four times as many non-memory care providers than memory care providers.²¹ During that same period of time, AHCA issued 207 class I deficiencies to memory care providers.²²

¹⁶ S. 429.14(1)(a), F.S., authorizes AHCA to deny, revoke, or suspend any license and impose an administrative fine on a licensee, if the licensee or any facility staff commits an intentional or negligent act seriously affects the *health, safety, or welfare* of a resident

¹⁷ S. 430.5025(4)(e), F.S.

¹⁸ S. 429.55(1)(o), F.S.

¹⁹ Florida Agency for Health Care Administration, Agency Analysis of 2025 HB 493 (February 28, 2025).

²⁰ Florida Agency for Health Care Administration, Florida Health Finder, available at <https://quality.healthfinder.fl.gov/Facility-Search/FacilityLocateSearch> (last visited February 4, 2026).

²¹ *Id.*

²² S. 429.19(2)(a), F.S., and s. 408.813(2)(a), F.S. Class I violations are those conditions or occurrences related to the operation and maintenance of a provider or to the care of clients which AHCA determines present an imminent danger to the clients of the provider or a substantial probability that death or serious physical or emotional harm would result therefrom. AHCA may impose an administrative fine for a cited class I violation of not less than \$5,000 and not more than \$10,000 for each violation.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	15 Y, 0 N, As CS		Lloyd	Guzzo
THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> • Created the Memory Care Services specialty license for ALFs who are providing or wish to provide memory care services to residents with ADRD. • Removed language that created the Florida Alzheimer's Center of Excellence within the Department of Elder Affairs. 			
Health & Human Services Committee				

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.