

FLORIDA HOUSE OF REPRESENTATIVES FINAL 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/CS/SB 1404 (Burton)
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FINAL HOUSE FLOOR ACTION: 111 Y's 0 N's **GOVERNOR'S ACTION:** Approved

SUMMARY

Effect of the Bill:

The bill creates a 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 and contracted for.

The bill requires an ALF to obtain a MCS license if it has one or more memory care residents, or if it advertises or otherwise holds itself out as providing memory care services. The bill requires the Agency for Health Care Administration, by June 1, 2027, to adopt rules establishing certain minimum standards for MCS licensure. The bill requires an ALF licensed before the effective date of the rules to obtain a MCS license within six months of the effective date of the rules in order to begin, or continue providing, memory care services. The bill allows an ALF which serves memory care residents prior to the effective date of the rules to continue serving such residents without obtaining a MCS license under certain conditions.

Fiscal or Economic Impact:

The bill has an insignificant, indeterminate, negative fiscal impact on the Agency for Health Care Administration that is absorbable within current resources. The impact will be funded from surplus in the Health Care 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

CS/HB 1295 passed as [CS/CS/SB 1404](#). (Please note that bill section parentheticals do not contain hyperlinks to bill sections for Senate bills).

The bill creates the [Memory Care Services](#) (MCS) [assisted living facility](#) (ALF) license and requires an ALF to have an MCS license if it serves one or more memory care residents or advertises, or otherwise claims to provide, specific specialized or focused care, services, or activities to residents with Alzheimer's disease or a dementia-related disorder (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.

This adds a fourth type of ALF [specialty license](#) and increases regulation of memory care services compared to current law, which does not require ALFs that advertise that they provide special care for persons with ADRD to comply with any minimum standards or additional licensure requirements beyond those required for an ALF with a standard license. As a result, the Agency for Health Care Administration (AHCA) will have the regulatory authority necessary to ensure ALFs who advertise, or otherwise claim to provide memory care services, are actually providing those services. (Section [1](#))

Licensure Standards

STORAGE NAME: h1295z

DATE: 5/27/2026

The bill requires AHCA, by June 1, 2027, 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.
- 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.
- Memory care related contract requirements, 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.
- Terminology prohibited from use in advertising by a facility without a MCS license. (Section [3](#))

The bill repeals [ss. 429.177, F.S.](#) and [429.178, F.S.](#), upon the effective date of the rules adopted by AHCA on minimum licensure standards, because the standards in these statutes will be duplicative or less stringent than the standards in the bill. (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 meet certain staffing standards. However, the bill retains and revises the substance of staffing standards: 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 as required by current law. 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.](#))

Licensure Process

To obtain a MCS license, the bill requires an ALF to have a standard ALF license and meet the requirements adopted by rule. The bill requires an ALF licensed before the adoption of the minimum licensure standards to obtain a MCS license within six months of the effective date of the rules, in order to begin, or continue providing, memory care services. (Section [3](#))

The bill allows an ALF, that 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, if they desire. (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 was approved by the Governor on May 22, 2026, ch. 2026-102, L.O.F., and became effective on that date.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill has an insignificant, indeterminate, negative fiscal impact on AHCA for enforcement of the new licensure program and standards. The impact is absorbable within current resources, from surplus in the Health Care 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.¹

There are an estimated 6.2 million people in the United States with Alzheimer’s disease.² 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.³

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 2030.⁴

[Assisted Living Facilities](#)

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.⁵ A personal service is direct physical assistance with, or supervision of,

¹ 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).

² 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).

³ *Id.*

⁴ 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%93Annual-Report-2023.pdf> (last visited January 29, 2026).

⁵ [S. 429.02\(5\), F.S.](#)

the activities of daily living and the self-administration of medication.⁶ Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.⁷

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.⁸ Each resident must be examined by a physician or nurse practitioner within 30 days after admission to the facility.⁹

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.¹⁰

[Specialty Licenses](#)

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,¹¹ limited mental health services,¹² and extended congregate care services.¹³

[Memory Care Services](#)

Current law does not include a licensure designation for ALFs that provide special care for individuals with Alzheimer's disease or other memory disorders, 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.¹⁴

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).
- For facilities with fewer than 17 residents have mechanisms in place to monitor and ensure the safety of the facility's residents.

⁶ [S. 429.02\(16\), F.S.](#)

⁷ [S. 429.02\(1\), F.S.](#)

⁸ [S. 429.26\(1\), F.S.](#)

⁹ [S. 429.26\(5\), F.S.](#)

¹⁰ [S. 429.24, F.S.](#)

¹¹ [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.

¹² [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."

¹³ [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.

¹⁴ [S. 429.177, F.S.](#)

- 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 ALFs¹⁵).
- 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:¹⁶

- 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.

Memory Care Services Complaints

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.¹⁷ AHCA relies on facilities to self-report this information for inclusion on the consumer information website.¹⁸ As of February 4, 2026, there were 2,985 licensed ALFs in Florida, 805 of which claimed to be memory care providers.¹⁹

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.²⁰ During that same period of time, AHCA issued 207 Class I deficiencies to memory care providers.²¹

¹⁵ [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

¹⁶ [S. 430.5025\(4\)\(e\), F.S.](#)

¹⁷ [S. 429.55\(1\)\(o\), F.S.](#)

¹⁸ Florida Agency for Health Care Administration, Agency Analysis of 2025 HB 493 (February 28, 2025).

¹⁹ Florida Agency for Health Care Administration, Florida Health Finder, available at <https://quality.healthfinder.fl.gov/Facility-Search/FacilityLocateSearch> (last visited February 4, 2026).

²⁰ *Id.*

²¹ [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.