

CHAPTER 2020-45

Committee Substitute for House Bill No. 835

An act relating to Alzheimer's disease; amending s. 430.501, F.S.; requiring state agencies to provide assistance to the Alzheimer's Disease Advisory Committee, upon request; creating s. 430.5015, F.S.; creating the position of Dementia Director within the Department of Elderly Affairs; requiring the Secretary of Elderly Affairs to appoint the director; authorizing the director to call upon certain agencies for assistance; providing duties and responsibilities of the director; amending s. 430.502, F.S.; revising the name of a memory disorder clinic in Orange County; revising a provision relating to an allocation formula for the funding of respite care; providing an effective date.

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

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

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

(3)

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

2. Members shall be appointed to 4-year staggered terms in accordance with s. 20.052, except for the sitting members of the Senate and House of Representatives, who shall be appointed to a term corresponding to their term of office.

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

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

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

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

7. The committee shall submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Elderly Affairs on or before September 1 of each year. The annual report shall include information and recommendations on Alzheimer's disease policy; all state-funded efforts in Alzheimer's disease research,

clinical care, institutional, home-based and community-based programs and the outcomes of such efforts; and any proposed updates to the Alzheimer's disease state plan submitted under subparagraph 8.

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

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

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

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

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

e. Provide information regarding:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

430.5015 Dementia Director.—

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

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

(3) The director shall:

(a) Facilitate coordination and support of policies and programs in the Legislature and the executive branch, including agencies of the executive branch, which relate to Alzheimer’s disease and related forms of dementia.

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

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

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

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

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

Section 3. Subsections (1) and (8) of section 430.502, Florida Statutes, are amended to read:

430.502 Alzheimer’s disease; memory disorder clinics and day care and respite care programs.—

(1) There is established:

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

(b) A memory disorder clinic at a major private nonprofit research-oriented teaching hospital, and may fund a memory disorder clinic at any of the other affiliated teaching hospitals;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

disorder clinics, the department shall specify the information to be provided by the respite care programs for research purposes.

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

Approved by the Governor June 18, 2020.

Filed in Office Secretary of State June 18, 2020.