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ASSEMBLY, No. 2682

STATE OF NEW JERSEY

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SYNOPSIS

Establishes "Alzheimer's and Dementia Care Long-Term Advisory Commission" in DHS.

CURRENT VERSION OF TEXT

As reported by the Assembly Health Committee on February 13, 2023, with amendments.

(Sponsorship Updated As Of: 2/27/2023)

1 AN ACT establishing a permanent Alzheimer's and Dementia Care
2 Long-Term ¹**【Planning】** Advisory¹ Commission, supplementing
3 Title 26 of the Revised Statutes, and repealing P.L.2011, c.76.
4

5 **BE IT ENACTED** by the Senate and General Assembly of the State
6 of New Jersey:
7

8 ¹**【**1. The Legislature finds and declares that:

9 a. Alzheimer's disease is a progressive, degenerative, and
10 irreversible neurological disease. It is one of a group of dementias
11 and related disorders that develop over a period of years, are of an
12 undetermined origin, and are characterized by a progressive decline
13 in intellectual or cognitive functioning that begins with gradual
14 short-term memory loss and progresses to include a deterioration in
15 all areas of cognition and executive functioning, such as analytical
16 ability and reasoning, language and communication, perception and
17 judgment, and personality, and that may eventually result in the
18 inability to perform physical functions, including, but not limited
19 to, the activities of daily life such as walking, dressing, feeding, and
20 bathing.

21 b. According to a 2020 *Facts and Figures* report released by
22 the Alzheimer's Association, nearly six million Americans age 65
23 or older (one out of every 10 Americans in this age group) are
24 currently living with Alzheimer's disease. Barring the development
25 of medical breakthroughs to prevent, slow, or cure the disease, this
26 number is expected to rise to 7.1 million by 2025 (a 22 percent
27 increase) and to 13.8 million by 2050 (a 33 percent increase). In
28 New Jersey, the total number of seniors living with Alzheimer's
29 (190,000 in the year 2020) is expected to increase by more than 10
30 percent, to 210,000, by the year 2025.

31 c. Although the complexities of death reporting systems make
32 it difficult to accurately determine the total number of deaths that
33 have been directly or indirectly caused by Alzheimer's disease, the
34 Alzheimer's Association 2020 *Facts and Figures* report estimated
35 the 2018 mortality rate for this disease to be 37.3 deaths for every
36 100,000 people nationwide and 30.4 deaths for every 100,000
37 people Statewide in New Jersey.

38 d. Alzheimer's disease progresses in a gradual and insidious
39 manner. While most persons with dementia live eight to 10 years
40 after receiving their diagnosis, some can live as long as 20 years as
41 they continue to lose their ability to function. As of 2016,
42 Alzheimer's disease was ranked as the sixth most burdensome
43 disease in the nation in terms of total disability-adjusted life years
44 (DALYs) and the fourth most burdensome disease in terms of the
45 total number of years of life that are lived with a disability (YLDs).

EXPLANATION – Matter enclosed in bold-faced brackets **【thus】** in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹Assembly AHE committee amendments adopted February 13, 2023.

1 e. In addition to burdening the person who suffers from the
2 disease, Alzheimer's disease and related dementias place a
3 tremendous and years-long burden on caregivers, particularly
4 family or other unpaid caregivers. These caregivers often assist
5 persons with Alzheimer's disease in performing one or more
6 activities of daily living, including bathing, dressing, paying bills,
7 shopping, and navigating transportation systems. Caregivers also
8 provide extensive emotional support and engage in a variety of
9 other ancillary tasks, such as communicating and coordinating the
10 care needs of the individual with Alzheimer's, ensuring the
11 individual's safety at home and elsewhere, and managing the
12 individual's other health conditions. Caring for a person with
13 Alzheimer's disease or related dementias poses unique challenges,
14 and caregivers are often required to manage the patient's
15 personality and behavioral changes for decades and provide
16 increasing levels of supervision and personal care as the disease
17 progresses. As symptoms worsen, the increase in caregiving
18 obligations can cause emotional stress and depression and new or
19 exacerbated health problems in the caregiver, as well as depleted
20 income due, in part, to disruptions in the caregiver's employment
21 and the need for the caregiver to finance the health care or other
22 services received by the person with Alzheimer's disease or other
23 dementia.

24 f. In 2019, more than 16 million caregivers provided an
25 estimated 18.6 billion hours in unpaid assistance across the nation
26 to persons with Alzheimer's disease or other dementias – a
27 contribution to the nation that is valued at \$244 billion (or 11 times
28 the total revenue of McDonald's in 2018). This included 448
29 caregivers who provided 510 million hours (or \$6.6 billion worth)
30 of unpaid care in New Jersey alone.

31 g. Although personal care professionals, certified nurse aides,
32 homemaker-home health aides, and other direct care professionals
33 may be capable of providing paid caregiving services to persons
34 with Alzheimer's disease and related dementias, because of the low
35 pay in this area and the tireless, difficult, and thankless nature of the
36 work, there is currently a significant shortage of these professionals
37 in the State, and turnover rates are high.

38 h. In addition to causing significant physical and mental
39 burdens both to individuals who have the disease and to their
40 caregivers, dementia, including Alzheimer's, is one of the costliest
41 conditions to society. In 2020, the total nationwide cost of caring
42 for persons with Alzheimer's and other dementias is projected to
43 reach \$305 billion (not including \$244 billion in unpaid caregiver
44 costs). While Medicaid and Medicare are expected to cover \$206
45 billion (67 percent) of the total costs of dementia-related care, out-
46 of-pocket spending is expected to amount to \$66 billion in 2020
47 alone (22 percent of total payments).

1 i. In 2019, total per-person health care and long-term care
2 payments from all sources for Medicare beneficiaries with
3 Alzheimer's or other dementias were over three times as great as
4 payments for other Medicare beneficiaries in the same age group
5 (\$50,201 per person for those with dementia compared with
6 \$14,326 per person for those without dementia).

7 j. In New Jersey, it is expected that total Medicaid payments
8 for persons age 65 and older who are living with Alzheimer's will
9 amount to nearly \$2.2 billion in 2020 and will increase more than
10 19 percent to \$2.6 billion by 2025.

11 k. The total lifetime cost of care for someone with Alzheimer's
12 or other dementias was estimated to be \$357,297 in 2019.
13 According to the Alzheimer's Association *2020 Facts and Figures*
14 report, 70 percent of this lifetime cost of care is borne by family
15 caregivers in the form of unpaid caregiving and payments for out-
16 of-pocket expenses. These lifetime cost estimates, moreover, likely
17 underestimate the financial impacts that a person's dementia has on
18 the health and workplace productivity levels of the person's family
19 caregiver.

20 l. Persons with dementia are also more likely than others to
21 have co-occurring health care conditions. Of persons with
22 Alzheimer's disease and other dementias, 38 percent also have
23 coronary artery disease, 37 percent have diabetes, 29 percent have
24 chronic kidney disease, 28 percent have congestive heart failure, 25
25 percent have chronic obstructive pulmonary disease, 22 percent
26 have stroke-related care, and 13 percent have cancer. Medicare
27 beneficiaries with Alzheimer's or other dementias have higher rates
28 of hospitalization than other patients for all of these co-occurring
29 conditions and higher average per-person payments in all categories
30 except in the case of hospital care payments for individuals with
31 congestive heart failure.

32 m. In general, patients with Alzheimer's or other dementias
33 have a 30 percent greater risk than other patients of experiencing a
34 preventable hospitalization event, and patients with both dementia
35 and depression have a 70 percent greater risk of preventable
36 hospitalization than persons without a neuropsychiatric disorder.

37 n. There is currently a shortage of specialized geriatric
38 professionals in the State and nation to meet the needs of the rapidly
39 growing aging population and the complex needs of aging
40 individuals who are living with Alzheimer's disease and related
41 dementias. The Alzheimer's Association *2020 Facts and Figures*
42 report estimates that, by 2030, an additional 23,750 geriatricians
43 will be needed to meet the needs of the aging population
44 nationwide. In New Jersey, moreover, the shortage of geriatricians
45 is particularly great. As of 2019, the State had only 205
46 geriatricians. The *2020 Facts and Figures* report indicates that, by
47 2050, the State will need at least 398 geriatricians to serve a mere
48 10 percent of the population aged 65 years or older and will require

1 a nearly six-fold increase in geriatricians (or a total of 1,193
2 geriatricians) to serve 30 percent of the population in this age
3 group.

4 o. With a significant shortage of geriatric specialists to meet
5 current and future dementia care needs, primary care physicians
6 (PCPs) will play an increasingly important role in caring for
7 dementia patients along the continuum of the disease and should,
8 therefore, be properly trained in identifying the warning signs of
9 Alzheimer's disease and related dementias, providing timely and
10 competent dementia diagnoses, and meeting the ongoing care and
11 support needs of patients who are living with dementia.

12 p. While 82 percent of the 1,000 PCPs surveyed for the 2020
13 *Facts and Figures* report indicated that they are already working on
14 the front lines of Alzheimer's care, half reported that the medical
15 profession is not adequately prepared to meet increased demand in
16 this area. These PCPs also reported a lack of access to sufficient
17 dementia-related training in medical schools and residency
18 programs, and more than half indicated that they had not pursued
19 additional training in dementia care following graduation or
20 residency, due to challenges associated with obtaining such
21 supplemental training.

22 q. Although the State has previously attempted to identify and
23 address issues associated with Alzheimer's disease and related
24 dementias through the enactment of P.L.1983, c.352 (C.26:2M-
25 1 et seq.) and P.L.2011, c.76 (C.26:2M-16 et seq.) and the
26 establishment of two different study commissions thereunder, each
27 of those study commissions was temporary in nature and dissolved
28 after the submission of a single report.

29 r. In light of the severe ongoing and worsening impacts and
30 burdens of Alzheimer's disease and related dementias, the
31 projections for rapid increases in the number of persons presenting
32 with these conditions into the future, and New Jersey's current lack
33 of a robust professional workforce necessary to address the
34 concerns of this growing population of patients and their families, it
35 is both reasonable and necessary for the State to establish a
36 permanent commission to engage in a concerted, proactive, and
37 ongoing effort to study and develop innovative solutions to address
38 and mitigate the effects of this disease on citizens of this State, both
39 now and into the future.】¹

40

41 ¹【2.】 1.¹ a. The Alzheimer's and Dementia Care Long-Term
42 ¹【Planning】 Advisory¹ Commission is established in the
43 Department of Human Services. The purpose of the commission
44 shall be to provide for the ongoing evaluation of the State's ¹system
45 of care for¹ Alzheimer's disease and ¹related disorders and other
46 forms of¹ dementia ¹【care system】¹ and identify various innovative
47 means and methods that can be used to address the ¹【significant】¹

- 1 shortcomings in that care system and otherwise expand and prepare
2 the system to meet the increasing and evolving needs of a rapidly
3 aging population.
- 4 b. The commission shall consist of 12 members, including:
- 5 (1) ~~Three non-voting ex officio members or their designees as~~
6 ~~follows:~~¹ the Commissioner of Health, the Commissioner of
7 Human Services, and the New Jersey ~~Long Term~~¹ Long-Term¹
8 Care Ombudsman ¹, or their designees, who shall serve as ex
9 officio, non-voting members¹ ;
- 10 (2) two public members to be appointed by the Governor based
11 upon the recommendation of the¹ President of the Senate ¹~~as~~
12 ~~follows:~~¹ , including¹ one member¹ who ~~shall represent~~¹
13 represents¹ an organization that advocates for members of the
14 Alzheimer's disease and related disorders or other forms of
15 dementia¹ community and one member¹ who ~~shall represent~~¹
16 represents¹ a for-profit healthcare facility that offers memory care
17 services;
- 18 (3) two public members to be appointed by the Governor based
19 upon the recommendation of the¹ Speaker of the General Assembly
20 ~~as follows:~~¹ ¹, including¹ one member¹ who ~~shall represent~~¹
21 represents¹ an organization that advocates for members of the
22 Alzheimer's disease and related disorders or other forms of
23 dementia¹ community and one member¹ who ~~shall represent~~¹
24 represents¹ a non-profit healthcare facility that offers memory care
25 services; and
- 26 (4) five public members to be appointed by the Governor ¹~~as~~
27 ~~follows~~¹ including¹ : one ~~geriatrician~~¹ geriatrician¹ who is
28 currently involved in the provision of direct services to patients
29 with Alzheimer's disease and related disorders or other forms of
30 dementia; one psychiatrist who provides specialized services to
31 ~~persons~~¹ patients¹ with Alzheimer's disease and related disorders
32 or other forms of dementia; one caregiver who provides paid
33 services to persons with Alzheimer's disease or related disorders or
34 other forms of dementia; one unpaid caregiver of a family member
35 who has Alzheimer's disease or a related disorder or other form of
36 dementia; and one neurologist who provides specialized services to
37 ~~persons~~¹ patients¹ with Alzheimer's disease or a related disorder
38 or other form of dementia.
- 39 c. Each public member of the commission shall serve for a
40 term of four years ~~;~~¹ ~~however~~¹ , except that¹ , of the public
41 members first appointed, two shall serve an initial term of one year,
42 three shall serve an initial term of two years, two shall serve an
43 initial term of three years, and two shall serve an initial term of four
44 years. Each public member shall serve for the term of ~~their~~¹ the
45 member's¹ appointment and until a successor is appointed and

1 qualified ~~‘[~~, except that a public member may be reappointed~~’]~~ .
2 Public members shall be eligible for reappointment¹ to the
3 commission ~~‘[upon the expiration of the member’s term]’~~¹ .

4 d. All initial appointments to the commission shall be made
5 within ~~‘[60] 180~~¹ days after the effective date of this act.
6 Vacancies in the membership of the commission shall be filled in
7 the same manner ¹as is¹ provided for the original appointments.

8 e. ~~‘[Any member of the commission may be removed by the~~
9 Governor, for cause, after a public hearing.

10 f.~~’]~~¹ The commission shall organize as soon as practicable, but
11 not later than the 30th day following the appointment of a majority
12 of its members, and shall annually elect a chairperson and vice-
13 chairperson from among its members. The chairperson shall
14 appoint a secretary who need not be a member of the commission.

15 ~~‘[g.] f.~~¹ Each year, the commission shall meet pursuant to a
16 schedule to be established at its first annual meeting. The
17 commission shall additionally meet at the call of its chairperson or
18 at the call of the ~~‘[Commissioner of Health or the]’~~¹ Commissioner
19 of Human Services. In no case shall the commission meet fewer
20 than ~~‘[four] two~~¹ times per year.

21 ~~‘[h.] g.~~¹ A majority of the total number of members currently
22 appointed to the commission shall constitute a quorum. A vacancy
23 in the membership of the commission shall not impair the ability of
24 the commission to exercise its duties and effectuate its purposes.
25 The commission may conduct business without a quorum, but may
26 only ~~‘[vote on recommendations] take advisory action~~¹ when a
27 quorum is present. Recommendations shall be approved by a
28 majority of the members present.

29 ~~‘[i.] h.~~¹ The members of the commission shall serve without
30 compensation, but shall be reimbursed for travel and other
31 necessary expenses incurred in the performance of their duties,
32 within the limits of funds made available to the commission for its
33 purposes.

34 ~~‘[j.] i.~~¹ The commission shall have the power to:

35 (1) adopt, amend, or repeal suitable bylaws for the management
36 of its affairs;

37 (2) ~~‘[maintain an office at such place or places as it shall~~
38 designate;

39 (3) solicit, receive, accept, and expend any grant moneys or
40 other funds that may be made available for its purposes by any
41 government agency or any private for-profit or not-for-profit
42 organization or entity;

43 (4)~~’]~~¹ with the approval of the Commissioner of Human Services,¹
44 solicit and receive assistance and services from any State, county,
45 or municipal department, board, commission, or agency, as it may
46 require and as may be available to it for its purposes; ¹and¹

1 ¹[(5) enter into any and all agreements or contracts, execute any
2 and all instruments, and do and perform any and all acts or things
3 necessary, convenient, or desirable to further the commission's
4 purposes; and

5 (6) ¹(3) consult with, and solicit and receive testimony from,
6 any association, organization, department, agency, or individual
7 having knowledge of, and experience with:

8 (a) the treatment and care of, or provision of caregiving and
9 personal care services to, persons with Alzheimer's disease and
10 related disorders or other forms of dementia;

11 (b) the status or quality of the State's professional workforce in
12 relation to Alzheimer's disease and ¹related disorders and other
13 forms of dementia care;

14 (c) the emotional, physical, or financial effects of Alzheimer's
15 disease and related disorders or other forms of dementia on
16 individuals, families, and the State; or

17 (d) any other issues related to Alzheimer's disease ¹and related
18 disorders ¹or ¹other forms of dementia.

19 ¹[k.] ¹j. The Department of Human Services shall provide
20 professional and clerical staff to the commission as may be
21 necessary to effectuate the purposes of this act.

22 ¹k. The commission shall serve in an advisory capacity to the
23 Department of Human Services. ¹

24

25 ¹[3.] ¹2. a. The ¹responsibilities of the Alzheimer's and
26 Dementia Care Long-Term ¹[Planning] ¹Advisory Commission
27 established pursuant to this act shall ¹[have the ongoing duty]
28 include, but not be limited ¹to:

29 (1) ¹[study] ¹studying the incidence, prevalence, and impact of
30 Alzheimer's disease and related disorders or other forms of
31 dementia in the State and in each region of the State and make
32 projections about the future Statewide and regional incidence,
33 prevalence, and impact of these conditions;

34 (2) ¹[gather, analyze, and disseminate] ¹gathering, analyzing,
35 and disseminating to health care professionals, policymakers, and
36 members of the public, as appropriate, data and information about:

37 (a) the needs of persons with Alzheimer's disease and related
38 disorders or other forms of dementia, as well as the needs of their
39 family members and caregivers; (b) the quality and consistency of
40 care that is provided to persons with Alzheimer's disease and
41 related disorders or other forms of dementia in the State, including
42 those members of the medically underserved community, the
43 ¹[poor] ¹low income community, and the lesbian, gay, bisexual,
44 transgender, questioning, queer, and intersex (LGBTQI)
45 communities; (c) the affordability of ¹care for Alzheimer's
46 ¹disease and ¹related disorders or other forms of dementia

1 **'[care]'** in the State and the actual and projected Statewide costs
2 and individual costs associated with Alzheimer's disease and
3 related disorders or other forms of dementia in New Jersey,
4 including, but not limited to, the costs of health care, mental health
5 care, long-term care, and personal care, and ancillary or incidental
6 costs such as those associated with the lost work productivity of, or
7 the treatment of stress-related physical conditions or depression and
8 other mental health conditions in, family caregivers; (d) the cost
9 savings attained by the State through the provision of unpaid
10 caregiving and personal care services by family caregivers; (e) the
11 capacity of the State's health care and long-term care facilities to
12 house and provide specialized services to **'[persons] patients'** with
13 Alzheimer's disease and related disorders or other forms of
14 dementia; (f) the status of Alzheimer's **'disease'** and **'related**
15 **disorders or other forms of'** dementia care in other states, as
16 compared to New Jersey; and (g) **'with the approval of the**
17 **Commissioner of the Department of Human Services and subject to**
18 **the availability of funds as designated by the department,'** any other
19 issue deemed by the commission to be relevant to effectuate the
20 purposes of this act;

21 (3) **'[assess] assessing'** the availability and affordability of
22 existing programs, services, facilities, and agencies in the State that
23 are used to meet the needs of persons with Alzheimer's disease and
24 related disorders or other forms of dementia and the needs of their
25 families and caregivers; **'[evaluate] evaluating'** the capacity of
26 those existing policies, programs, services, facilities, and agencies
27 to adapt to ^{1,1} and adequately address ^{1,1} the changing needs of
28 dementia patients and their families and caregivers in the face of a
29 continually increasing demand for services; and **'[identify and**
30 **recommend] identifying and recommending'** improvements to
31 existing policies, programs, services, facilities, or agencies or the
32 institution of new policies, programs, services, facilities, or
33 agencies to address unmet and expanding needs in this area;

34 (4) **'[study] studying,'** and **'[outline] making**
35 **recommendations to the Department of Human Services on,'** the
36 appropriate roles of State government, local governments, and
37 health care facilities and professionals in providing or ensuring the
38 provision of appropriate services and other assistance to persons
39 with Alzheimer's disease and related disorders or **'[or]'** other
40 forms of dementia, including persons in **'the'** early stages of
41 disease, and in providing or ensuring the provision of sufficient
42 supportive and assistive services, including training and respite
43 services, to unpaid family caregivers; and **'[identify] identifying'**
44 ways in which State and local governments and health care systems
45 could increase their awareness of, and improve their ability to more
46 effectively address, issues affecting persons with Alzheimer's

1 disease and related disorders or other forms of dementia and their
2 families;

3 (5) **‘[review and analyze]** reviewing and analyzing¹ the
4 capacity of law enforcement officers and emergency medical
5 responders in the State to compassionately and effectively interact
6 with, diffuse conflicts involving, and provide emergency services
7 to, persons with Alzheimer’s disease and related disorders or other
8 forms of dementia;

9 (6) **‘[identify and recommend]** identifying and recommending¹
10 best practices and training requirements for: (a) health care and
11 mental health care professionals, particularly geriatric specialists
12 and primary care practitioners, who are or will be practicing on the
13 front lines of ‘caring for patients with¹ Alzheimer’s ‘disease¹ and
14 ‘related disorders or other forms of¹ dementia **‘[care]**¹, in order to
15 ensure that such professionals are properly trained and are capable
16 of accurately and timely diagnosing Alzheimer’s disease and related
17 disorders or other forms of dementia, understanding the progression
18 of the disease, and recognizing and responding to the evolving
19 needs of patients; (b) personal care professionals who provide
20 services to patients with Alzheimer’s disease and related disorders
21 or other forms of dementia, in order to ensure that such
22 professionals are capable of providing compassionate and high
23 quality personal care services and adapting to the evolving needs of
24 their patients; and (c) law enforcement officers, emergency medical
25 responders, and other public safety officers, in order to ensure that
26 those officers understand the complexities of dealing with persons
27 with Alzheimer’s disease and related disorders or other forms of
28 dementia and are better prepared to compassionately diffuse or
29 resolve conflicts and respond to emergencies involving such
30 persons;

31 (7) **‘[evaluate]** evaluating¹ the sufficiency of the State’s
32 Alzheimer’s ‘disease¹ and ‘related disorders or other forms of¹
33 dementia care workforce, **‘[identify]** identifying¹ current and
34 future workforce needs, **‘[anticipate]** anticipating¹ future
35 workforce shortages, **‘[develop]** developing¹ innovative strategies
36 to encourage and increase the recruitment and retention of health
37 care, mental health care, direct support, and personal care
38 professionals who are trained to provide ‘care for¹ Alzheimer’s
39 ‘disease¹ and ‘related disorders or other forms of¹ dementia
40 **‘[care]**¹, and **‘[take]** taking¹ any other action necessary to
41 encourage and facilitate the development and maintenance of a
42 robust and specialized professional Statewide workforce that is
43 capable of delivering high quality ‘care for patients with¹
44 Alzheimer’s ‘disease¹ and **‘[dementia-related care]** related
45 disorders or other forms of dementia¹ to a rapidly growing
46 population in the State; and

1 (8) ¹**study and make** studying and making¹ recommendations
2 on any other issue related to Alzheimer's disease and related
3 disorders or other forms of dementia.

4 b. One year after the commission's organizational meeting,
5 ¹**and**¹ annually thereafter for a period of no less than five years,
6 and thereafter upon request of the Legislature or as determined by
7 the commission¹, the commission shall prepare and submit a
8 written report to the Governor and, pursuant to section 2 of
9 P.L.1991, c.164 (C.52:14-19.1), to the Legislature. The written
10 report shall contain, at a minimum:

11 (1) the commission's annual findings on the issues described in
12 subsection a. of this section;

13 (2) a description as to whether, how, and why the commission's
14 findings have changed over time, including an indication as to the
15 implementation status of the commission's prior recommendations,
16 a description of actions that have been undertaken by any person or
17 public or private entity in the State over the prior reporting period
18 to implement those prior recommendations, and a description of the
19 perceived or documented effects resulting from implementation of
20 those prior recommendations;

21 (3) a copy of, or reference to, the statistical, demographic,
22 testimonial, or other data or information that was used by the
23 commission to: (a) support its current findings under paragraph (1)
24 of this subsection; or (b) inform its analysis of the impact of the
25 commission's prior recommendations under paragraph (2) of this
26 subsection. The data provided pursuant to this paragraph shall be
27 presented in aggregate form and shall not contain the ¹**personally**
28 personal¹ identifying information of any patient, caregiver, or other
29 person; and

30 (4) the commission's recommendations for ¹**legislative,**
31 **executive, or other**¹ actions that can be undertaken, or strategies
32 that can be implemented, to: (a) improve the quality, consistency,
33 or affordability of care for¹ Alzheimer's disease¹ and related
34 disorders or other forms of¹ dementia ¹**care**¹ in the State and
35 ensure ¹**its** the¹ accessibility of care¹ to all who need it; (b)
36 reduce, eliminate, or mitigate the societal and individual impact of,
37 and the Statewide, local, and individual costs or financial burdens
38 associated with, Alzheimer's disease and related disorders or other
39 forms of dementia; (c) ensure that the State's professional
40 workforce is adequately trained, is capable of providing affordable,
41 high quality care for patients with¹ Alzheimer's disease¹ and
42 related disorders or other forms of¹ dementia ¹**care**¹ throughout
43 the State, and is sufficient in numbers and flexible enough to adapt
44 to a rapidly increasing demand for services in the State; (d) ensure
45 that unpaid caregivers in the State are recognized for their dedicated
46 service and significant contributions to society and are provided
47 with sufficient supportive and respite services, as well as financial

1 assistance where possible and appropriate, as may be necessary for
2 them to capably perform their caregiving tasks while avoiding
3 unnecessary physical, mental, or financial strain; or (e) otherwise
4 address the issues or mitigate the problems identified by the
5 commission in its annual findings.

6

7 ¹**[4.]** 3.¹ P.L.2011, c.76 (C.26:2M-16 et seq.) is repealed.

8

9 ¹**[5.]** 4.¹ This act shall take effect immediately.