

Title 26.  
Chapter 2M.  
(Rename)  
Alzheimer's  
Disease  
and Dementia  
Care  
§§1,2  
C.26:2M-20  
and 26:2M-21  
§3  
Repealer

P.L. 2023, CHAPTER 41, *approved May 8, 2023*  
Senate, No. 1033 (*Second Reprint*)

1    **AN ACT** establishing a permanent Alzheimer’s and Dementia Care  
2       Long-Term <sup>2</sup>**【Planning】** Advisory<sup>2</sup> 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       <sup>2</sup>**【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 and  
11      related disorders that develop over a period of years, are of an  
12      undetermined origin, and are characterized by a progressive decline in  
13      intellectual or cognitive functioning that begins with gradual short-  
14      term memory loss and progresses to include a deterioration in all areas  
15      of cognition and executive functioning, such as analytical ability and  
16      reasoning, language and communication, perception and judgment,  
17      and personality, and that may eventually result in the inability to  
18      perform physical functions, including, but not limited to, the activities  
19      of daily life such as walking, dressing, feeding, and bathing.  
20      b. According to a <sup>1</sup>**【2020】** 2022<sup>1</sup> *Facts and Figures* report  
21      released by the Alzheimer’s Association, nearly six <sup>1</sup>and a half<sup>1</sup>  
22      million Americans age 65 or older, or one out of every <sup>1</sup>**【10】** nine<sup>1</sup>  
23      Americans in this age group, are currently living with Alzheimer’s  
24      disease. Barring the development of medical breakthroughs to  
25      prevent, slow, or cure the disease, this number is expected to rise <sup>1</sup>**【by**  
26      a factor of 22 percent**】**<sup>1</sup> to 7.1 million by 2025, and to increase <sup>1</sup>**【by a**  
27      factor of 33 percent**】**<sup>1</sup> to 13.8 million by <sup>1</sup>**【2050】** 2060<sup>1</sup> . In New  
28      Jersey, the total number of seniors living with Alzheimer’s, which was  
29      190,000 in the year <sup>1</sup>**【2020】** 2022,<sup>1</sup> is expected to increase by more  
30      than 10 percent, to 210,000, by the year 2025.

**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:  
<sup>1</sup>Senate SHH committee amendments adopted May 12, 2022.  
<sup>2</sup>Senate floor amendments adopted November 21, 2022.

1 c. Although the complexities of death reporting systems make it  
2 difficult to accurately determine the total number of deaths that have  
3 been directly or indirectly caused by Alzheimer's disease, the  
4 Alzheimer's Association <sup>1</sup>~~2020~~ 2022<sup>1</sup> *Facts and Figures* report  
5 estimated the <sup>1</sup>~~2018~~ 2019<sup>1</sup> mortality rate for this disease to be  
6 <sup>1</sup>~~37.3~~ 37.0<sup>1</sup> deaths for every 100,000 people nationwide and  
7 <sup>1</sup>~~30.4~~ 29.6<sup>1</sup> deaths for every 100,000 people Statewide in New  
8 Jersey.

9 d. Alzheimer's disease progresses in a gradual and insidious  
10 manner. <sup>1</sup>~~While~~ Although<sup>1</sup> most persons with dementia live <sup>1</sup>four  
11 to<sup>1</sup> eight <sup>1</sup>~~to 10~~<sup>1</sup> years after receiving their diagnosis, some can live  
12 as long as 20 years as they continue to lose their ability to function.  
13 As of 2016, Alzheimer's disease was ranked as the sixth most  
14 burdensome disease in the nation in terms of total disability-adjusted  
15 life years and the fourth most burdensome disease in terms of the total  
16 number of years of life that are lived with a disability.

17 e. In addition to burdening the person who suffers from the  
18 disease, Alzheimer's disease and related disorders or other forms of  
19 dementia place a tremendous and years-long burden on caregivers,  
20 particularly family or other unpaid caregivers. These caregivers often  
21 assist persons with Alzheimer's disease <sup>1</sup>and related disorders or other  
22 forms of dementia<sup>1</sup> in performing one or more activities of daily  
23 living, including bathing, dressing, paying bills, shopping, and  
24 navigating transportation systems. Caregivers also provide extensive  
25 emotional support and engage in a variety of other ancillary tasks, such  
26 as communicating and coordinating the care needs of the individual  
27 with Alzheimer's <sup>1</sup>disease or a related disorder or other form of  
28 dementia<sup>1</sup>, ensuring the individual's safety at home and elsewhere,  
29 and managing the individual's other health conditions. Caring for a  
30 person with Alzheimer's disease or <sup>1</sup>a<sup>1</sup> related <sup>1</sup>~~dementias~~ disorder  
31 or other form of dementia<sup>1</sup> poses unique challenges, and caregivers are  
32 often required to manage the patient's personality and behavioral  
33 changes for decades and provide increasing levels of supervision and  
34 personal care as the disease progresses. As symptoms worsen, the  
35 increase in caregiving obligations can cause emotional stress and  
36 depression and new or exacerbated health problems in the caregiver, as  
37 well as depleted income due, in part, to disruptions in the caregiver's  
38 employment and the need for the caregiver to finance the health care  
39 or other services received by the person with Alzheimer's disease  
40 <sup>1</sup>~~and~~ or a<sup>1</sup> related <sup>1</sup>~~disorders~~ disorder<sup>1</sup> or other <sup>1</sup>~~forms~~ form<sup>1</sup> of  
41 dementia.

42 f. In <sup>1</sup>~~2019~~ 2021<sup>1</sup>, more than <sup>1</sup>~~16~~ 11<sup>1</sup> million caregivers  
43 provided an estimated <sup>1</sup>~~18.6~~ 16<sup>1</sup> billion hours in unpaid assistance  
44 across the nation to persons with Alzheimer's disease and related  
45 disorders or other forms of dementia – a contribution to the nation that  
46 is valued at <sup>1</sup>~~\$244~~ \$271.6<sup>1</sup> billion, which is equal to approximately  
47 <sup>1</sup>~~11~~ 14<sup>1</sup> times the total revenue of McDonald's in <sup>1</sup>~~2018~~ 2020<sup>1</sup>.

1 This included <sup>1</sup>【448】 361<sup>1</sup> caregivers who provided <sup>1</sup>【510】 686<sup>1</sup>  
2 million hours equal to <sup>1</sup>【\$6.6】 more than \$13<sup>1</sup> billion worth of unpaid  
3 care in New Jersey alone.

4 g. Although personal care professionals, certified nurse aides,  
5 homemaker-home health aides, and other direct care professionals may  
6 be capable of providing paid caregiving services to persons with  
7 Alzheimer's disease and related disorders or other forms of dementia,  
8 because of the low pay for caregiving services and the tireless,  
9 difficult, and thankless nature of the work, there is currently a  
10 significant shortage of these professionals in the State, and turnover  
11 rates are high.

12 h. In addition to causing significant physical and mental burdens  
13 both to individuals who have the disease and to their caregivers,  
14 dementia, including Alzheimer's <sup>1</sup>disease and related disorders<sup>1</sup> , is  
15 one of the costliest conditions to society. In <sup>1</sup>【2020】 2022<sup>1</sup> , the total  
16 nationwide cost of caring for persons with Alzheimer's disease and  
17 related disorders or other forms of dementia is projected to reach  
18 <sup>1</sup>【\$305】 \$321<sup>1</sup> billion, not including <sup>1</sup>【\$244】 \$271.6<sup>1</sup> billion in  
19 unpaid caregiver costs. Although Medicaid and Medicare are expected  
20 to cover \$206 billion or <sup>1</sup>【67】 64<sup>1</sup> percent of the total costs of  
21 dementia-related care, out-of-pocket spending is expected to amount to  
22 <sup>1</sup>【\$66】 \$81<sup>1</sup> billion in <sup>1</sup>【2020】 2022<sup>1</sup> alone, which is equal to <sup>1</sup>【22】  
23 25<sup>1</sup> percent of total payments under the programs.

24 i. In <sup>1</sup>【2019】 2021<sup>1</sup> , total per-person health care and long-term  
25 care payments from all sources for Medicare beneficiaries with  
26 Alzheimer's disease and related disorders or other forms of dementia  
27 were <sup>1</sup>【\$50,201】 \$41,757<sup>1</sup> per person for those with dementia and  
28 <sup>1</sup>【\$14,326】 \$14,026 per<sup>1</sup> person for those without dementia, which is  
29 over three times as great as payments for other Medicare beneficiaries  
30 in the same age group.

31 j. In New Jersey, it is expected that total Medicaid payments for  
32 persons age 65 and older who are living with Alzheimer's <sup>1</sup>disease and  
33 related disorders or other forms of dementia<sup>1</sup> will amount to nearly  
34 \$2.2 billion in 2020 and will increase more than 19 percent to \$2.6  
35 billion by 2025.

36 k. The total lifetime cost of care for someone with Alzheimer's  
37 disease and related disorders or other forms of dementia was estimated  
38 to be <sup>1</sup>【\$357,297 in 2019】 \$377,621 in 2021 dollars<sup>1</sup> . According to  
39 the Alzheimer's Association <sup>1</sup>【2020】 2022<sup>1</sup> *Facts and Figures* report,  
40 70 percent of this lifetime cost of care is borne by family caregivers in  
41 the form of unpaid caregiving and payments for out-of-pocket  
42 expenses. These lifetime cost estimates, moreover, likely  
43 underestimate the financial impacts that a person's dementia has on the  
44 health and workplace productivity levels of the person's family  
45 caregiver.

1        l. Persons with dementia <sup>1</sup>, including Alzheimer's disease or a  
2 related disorder,<sup>1</sup> are also more likely than others to have co-occurring  
3 health care conditions. Of persons with Alzheimer's disease and  
4 related disorders or other forms of dementia, <sup>1</sup>**[38]** 46<sup>1</sup> percent also  
5 have coronary artery disease, 37 percent have diabetes, <sup>1</sup>**[29]** 46<sup>1</sup>  
6 percent have chronic kidney disease, <sup>1</sup>**[28]** 34<sup>1</sup> percent have  
7 congestive heart failure, <sup>1</sup>**[25]** 20<sup>1</sup> percent have chronic obstructive  
8 pulmonary disease, <sup>1</sup>**[22]** 13<sup>1</sup> percent have stroke-related care, and  
9 <sup>1</sup>**[13]** 10<sup>1</sup> percent have cancer. Medicare beneficiaries with  
10 Alzheimer's disease and related disorders or other forms of dementia  
11 have higher rates of hospitalization than other patients for all of these  
12 co-occurring conditions and higher average per-person payments in all  
13 categories except in the case of hospital care payments for individuals  
14 with congestive heart failure.

15        m. In general, patients with Alzheimer's disease and related  
16 disorders or other forms of dementia have a 30 percent greater risk  
17 than other patients of experiencing a preventable hospitalization event,  
18 and patients with both dementia and depression have a 70 percent  
19 greater risk of preventable hospitalization than persons without a  
20 neuropsychiatric disorder.

21        n. There is currently a shortage of specialized geriatric  
22 professionals in the State and nation to meet the needs of the rapidly  
23 growing population of individuals <sup>1</sup>**[aged]** age<sup>1</sup> 65 years or older and  
24 the complex needs of aging individuals who are living with  
25 Alzheimer's disease and related disorders or other forms of dementia.  
26 The Alzheimer's Association <sup>1</sup>**[2020]** 2022<sup>1</sup> *Facts and Figures* report  
27 estimates that, by <sup>1</sup>**[2030]** 2050<sup>1</sup> , an additional <sup>1</sup>**[23,750]** 41,082<sup>1</sup>  
28 geriatricians will be needed to <sup>1</sup>**[meet the needs of the aging**  
29 **population]** serve 30 percent of people age 65 and older<sup>1</sup> nationwide <sup>1</sup>,  
30 representing a nine-fold increase<sup>1</sup> . In New Jersey, moreover, the  
31 shortage of geriatricians is particularly great. As of <sup>1</sup>**[2019]** 2021<sup>1</sup> ,  
32 the State had only <sup>1</sup>**[205]** 206<sup>1</sup> geriatricians. The <sup>1</sup>**[2020]** 2022<sup>1</sup>  
33 *Facts and Figures* report indicates that, by 2050, the State will need at  
34 least 398 geriatricians to serve a mere 10 percent of the population  
35 <sup>1</sup>**[aged]** age<sup>1</sup> 65 years or older and will require a total of 1,193  
36 geriatricians, representing a nearly six-fold increase, to serve 30  
37 percent of the population in this age group.

38        o. With a significant shortage of geriatric specialists to meet  
39 current and future dementia care needs, primary care physicians  
40 (PCPs) will play an increasingly important role in caring for dementia  
41 patients along the continuum of the disease and should, therefore, be  
42 properly trained in identifying the warning signs of Alzheimer's  
43 disease and related disorders or other forms of dementia, providing  
44 timely and competent <sup>1</sup>**[dementia]**<sup>1</sup> diagnoses <sup>1</sup>of dementia, including  
45 Alzheimer's and related conditions<sup>1</sup> , and meeting the ongoing care  
46 and support needs of patients who are living with <sup>1</sup>Alzheimer's disease  
47 or a related condition or other form of<sup>1</sup> dementia.

1 p. Although <sup>1</sup>[82] 75<sup>1</sup> percent of the 1,000 PCPs surveyed for  
 2 the <sup>1</sup>[2020] 2022<sup>1</sup> *Facts and Figures* report indicated that they are  
 3 already working on the front lines of <sup>1</sup>caring for patients with<sup>1</sup>  
 4 Alzheimer's <sup>1</sup>[care] disease and related disorders or other forms of  
 5 dementia<sup>1</sup>, half reported that <sup>1</sup>[the medical profession is] they do<sup>1</sup>  
 6 not <sup>1</sup>feel<sup>1</sup> adequately prepared to <sup>1</sup>[meet increased demand in this  
 7 area] care for patients with Alzheimer's disease and related disorders  
 8 or other forms of dementia, and more than half reported that there are  
 9 not enough specialists in their area to meet patient demand<sup>1</sup>. These  
 10 PCPs also reported a lack of access to sufficient dementia-related  
 11 training in medical schools and residency programs, and more than  
 12 half indicated that they had not pursued additional training in dementia  
 13 care following graduation or residency, due to challenges associated  
 14 with obtaining such supplemental training.

15 q. Although the State has previously attempted to identify and  
 16 address issues associated with Alzheimer's disease and related  
 17 disorders or other forms of dementia through the enactment of  
 18 P.L.1983, c.352 (C.26:2M-1 et seq.) and P.L.2011, c.76 (C.26:2M-16  
 19 et seq.) and the establishment of two different study commissions  
 20 thereunder, each of those study commissions was temporary in nature  
 21 and dissolved after the submission of a single report.

22 r. In light of the severe ongoing and worsening impacts and  
 23 burdens of Alzheimer's disease and related disorders or other forms of  
 24 dementia, the projections for rapid increases in the number of persons  
 25 presenting with these conditions into the future, and New Jersey's  
 26 current lack of a robust professional workforce necessary to address  
 27 the concerns of this growing population of patients and their families,  
 28 it is both reasonable and necessary for the State to establish a  
 29 permanent commission to engage in a concerted, proactive, and  
 30 ongoing effort to study and develop innovative solutions to address  
 31 and mitigate the effects of this disease on <sup>1</sup>the<sup>1</sup> citizens of this State,  
 32 both now and into the future.]]<sup>2</sup>

33  
 34 <sup>2</sup>[2] 1<sup>2</sup>. a. The Alzheimer's and Dementia Care Long-Term  
 35 <sup>2</sup>[Planning] Advisory<sup>2</sup> Commission is established in the  
 36 Department of Human Services. The purpose of the commission  
 37 shall be to provide for the ongoing evaluation of the State's <sup>1</sup>system  
 38 of care for<sup>1</sup> Alzheimer's disease and <sup>1</sup>related disorders and other  
 39 forms of<sup>1</sup> dementia <sup>1</sup>[care system]<sup>1</sup> and identify various innovative  
 40 means and methods that can be used to address the <sup>1</sup>[significant]<sup>1</sup>  
 41 shortcomings in that care system and otherwise expand and prepare  
 42 the system to meet the increasing and evolving needs of a rapidly  
 43 aging population.

44 b. The commission shall consist of 12 members, including:

45 (1) <sup>1</sup>[Three non-voting ex officio members or their designees as  
 46 follows:]<sup>1</sup> the Commissioner of Health, the Commissioner of  
 47 Human Services, and the New Jersey <sup>1</sup>[Long Term] Long-Term<sup>1</sup>

1 Care Ombudsman <sup>1</sup>, or their designees, who shall serve as ex  
 2 officio, non-voting members<sup>1</sup> ;

3 (2) two public members to be appointed by the <sup>2</sup>Governor based  
 4 upon the recommendation of the<sup>2</sup> President of the Senate <sup>1</sup>[as  
 5 follows:] , including<sup>1</sup> one 'member'<sup>1</sup> who <sup>1</sup>[shall represent]  
 6 represents<sup>1</sup> an organization that advocates for members of the  
 7 Alzheimer's 'disease and related disorders or other forms of  
 8 dementia<sup>1</sup> community and one 'member'<sup>1</sup> who <sup>1</sup>[shall represent]  
 9 represents<sup>1</sup> a for-profit healthcare facility that offers memory care  
 10 services;

11 (3) two public members to be appointed by the <sup>2</sup>Governor based  
 12 upon the recommendation of the<sup>2</sup> Speaker of the General Assembly  
 13 <sup>1</sup>[as follows:] <sup>1</sup>, including<sup>1</sup> one 'member'<sup>1</sup> who <sup>1</sup>[shall represent]  
 14 represents<sup>1</sup> an organization that advocates for members of the  
 15 Alzheimer's 'disease and related disorders or other forms of  
 16 dementia<sup>1</sup> community and one 'member'<sup>1</sup> who <sup>1</sup>[shall represent]  
 17 represents<sup>1</sup> a non-profit healthcare facility that offers memory care  
 18 services; and

19 (4) five public members to be appointed by the Governor <sup>1</sup>[as  
 20 follows] including<sup>1</sup> : one <sup>2</sup>[geriatrician] geriatrician<sup>2</sup> who is  
 21 currently involved in the provision of direct services to patients  
 22 with Alzheimer's disease and related disorders or other forms of  
 23 dementia; one psychiatrist who provides specialized services to  
 24 <sup>1</sup>[persons] patients<sup>1</sup> with Alzheimer's disease and related disorders  
 25 or other forms of dementia; one caregiver who provides paid  
 26 services to persons with Alzheimer's disease or related disorders or  
 27 other forms of dementia; one unpaid caregiver of a family member  
 28 who has Alzheimer's disease or a related disorder or other form of  
 29 dementia; and one neurologist who provides specialized services to  
 30 <sup>1</sup>[persons] patients<sup>1</sup> with Alzheimer's disease or a related disorder  
 31 or other form of dementia.

32 c. Each public member of the commission shall serve for a  
 33 term of four years <sup>1</sup>[; however] , except that<sup>1</sup> , of the public  
 34 members first appointed, two shall serve an initial term of one year,  
 35 three shall serve an initial term of two years, two shall serve an  
 36 initial term of three years, and two shall serve an initial term of four  
 37 years. Each public member shall serve for the term of <sup>1</sup>[their] the  
 38 member's<sup>1</sup> appointment and until a successor is appointed and  
 39 qualified <sup>1</sup>[, except that a public member may be reappointed] .  
 40 Public members shall be eligible for reappointment<sup>1</sup> to the  
 41 commission <sup>1</sup>[upon the expiration of the member's term]<sup>1</sup> .

42 d. All initial appointments to the commission shall be made  
 43 within <sup>2</sup>[60] 180<sup>2</sup> days after the effective date of this act.  
 44 Vacancies in the membership of the commission shall be filled in  
 45 the same manner <sup>1</sup>as is<sup>1</sup> provided for the original appointments.

1 e. <sup>1</sup>~~Any~~ member of the commission may be removed by the  
2 Governor, for cause, after a public hearing.

3 f.]<sup>1</sup> The commission shall organize as soon as practicable, but  
4 not later than the 30th day following the appointment of a majority  
5 of its members, and shall annually elect a chairperson and vice-  
6 chairperson from among its members. The chairperson shall  
7 appoint a secretary who need not be a member of the commission.

8 <sup>1</sup>~~[g.] f.~~<sup>1</sup> Each year, the commission shall meet pursuant to a  
9 schedule to be established at its first annual meeting. The  
10 commission shall additionally meet at the call of its chairperson or  
11 at the call of the <sup>2</sup>~~Commissioner of Health or the~~<sup>2</sup> Commissioner  
12 of Human Services. In no case shall the commission meet fewer  
13 than <sup>2</sup>~~four~~ two<sup>2</sup> times per year.

14 <sup>1</sup>~~[h.] g.~~<sup>1</sup> A majority of the total number of members currently  
15 appointed to the commission shall constitute a quorum. A vacancy  
16 in the membership of the commission shall not impair the ability of  
17 the commission to exercise its duties and effectuate its purposes.  
18 The commission may conduct business without a quorum, but may  
19 only <sup>2</sup>~~[vote on recommendations]~~ take advisory action<sup>2</sup> when a  
20 quorum is present. Recommendations shall be approved by a  
21 majority of the members present.

22 <sup>1</sup>~~[i.] h.~~<sup>1</sup> The members of the commission shall serve without  
23 compensation, but shall be reimbursed for travel and other  
24 necessary expenses incurred in the performance of their duties,  
25 within the limits of funds made available to the commission for its  
26 purposes.

27 <sup>1</sup>~~[j.] i.~~<sup>1</sup> The commission shall have the power to:

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

30 (2) <sup>2</sup>~~[maintain an office at such place or places as it shall~~  
31 ~~designate;~~

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

36 (4) <sup>2</sup>~~[with the approval of the Commissioner of Human Services,~~  
37 ~~solicit and receive assistance and services from any State, county,~~  
38 ~~or municipal department, board, commission, or agency, as it may~~  
39 ~~require and as may be available to it for its purposes;~~ <sup>2</sup>and<sup>2</sup>

40 <sup>2</sup>~~[(5)~~ enter into any and all agreements or contracts,  
41 execute any and all instruments, and do and perform any and all  
42 acts or things necessary, convenient, or desirable to further the  
43 commission's purposes; and

44 (6) <sup>2</sup>~~[(3)~~ consult with, and solicit and receive testimony from,  
45 any association, organization, department, agency, or individual  
46 having knowledge of, and experience with:

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

4 (b) the status or quality of the State's professional workforce in  
 5 relation to Alzheimer's disease and 'related disorders and other  
 6 forms of' dementia care;

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

10 (d) any other issues related to Alzheimer's disease 'and related  
 11 disorders' or 'other forms of' dementia.

12 '[k.] j.' The Department of Human Services shall provide  
 13 professional and clerical staff to the commission as may be  
 14 necessary to effectuate the purposes of this act.

15 <sup>2</sup>k. The commission shall serve in an advisory capacity to the  
 16 Department of Human Services.<sup>2</sup>

17  
 18 <sup>2</sup>[3] 2<sup>2</sup>. a. The <sup>2</sup>responsibilities of the<sup>2</sup> Alzheimer's and  
 19 Dementia Care Long-Term <sup>2</sup>[Planning] Advisory<sup>2</sup> Commission  
 20 established pursuant to this act shall <sup>2</sup>[have the ongoing duty]  
 21 include, but not be limited<sup>2</sup> to:

22 (1) <sup>2</sup>[study] studying<sup>2</sup> the incidence, prevalence, and impact of  
 23 Alzheimer's disease and related disorders or other forms of  
 24 dementia in the State and in each region of the State and make  
 25 projections about the future Statewide and regional incidence,  
 26 prevalence, and impact of these conditions;

27 (2) <sup>2</sup>[gather, analyze, and disseminate] gathering, analyzing,  
 28 and disseminating<sup>2</sup> to health care professionals, policymakers, and  
 29 members of the public, as appropriate, data and information about:  
 30 (a) the needs of persons with Alzheimer's disease and related  
 31 disorders or other forms of dementia, as well as the needs of their  
 32 family members and caregivers; (b) the quality and consistency of  
 33 care that is provided to persons with Alzheimer's disease and  
 34 related disorders or other forms of dementia in the State, including  
 35 those members of the medically underserved community, the  
 36 <sup>1</sup>[poor] low income<sup>1</sup> community, and the lesbian, gay, bisexual,  
 37 transgender, questioning, queer, and intersex (LGBTQI)  
 38 communities; (c) the affordability of <sup>1</sup>care for<sup>1</sup> Alzheimer's  
 39 <sup>1</sup>disease<sup>1</sup> and <sup>1</sup>related disorders or other forms of<sup>1</sup> dementia  
 40 <sup>1</sup>[care]<sup>1</sup> in the State and the actual and projected Statewide costs  
 41 and individual costs associated with Alzheimer's disease and  
 42 related disorders or other forms of dementia in New Jersey,  
 43 including, but not limited to, the costs of health care, mental health  
 44 care, long-term care, and personal care, and ancillary or incidental  
 45 costs such as those associated with the lost work productivity of, or  
 46 the treatment of stress-related physical conditions or depression and  
 47 other mental health conditions in, family caregivers; (d) the cost



1 savings attained by the State through the provision of unpaid  
2 caregiving and personal care services by family caregivers; (e) the  
3 capacity of the State's health care and long-term care facilities to  
4 house and provide specialized services to <sup>2</sup>**[persons]** patients<sup>2</sup> with  
5 Alzheimer's disease and related disorders or other forms of  
6 dementia; (f) the status of Alzheimer's <sup>1</sup>disease<sup>1</sup> and <sup>1</sup>related  
7 disorders or other forms of<sup>1</sup> dementia care in other states, as  
8 compared to New Jersey; and (g) <sup>2</sup>with the approval of the  
9 Commissioner of the Department of Human Services and subject to  
10 the availability of funds as designated by the department,<sup>2</sup> any other  
11 issue deemed by the commission to be relevant to effectuate the  
12 purposes of this act;

13 (3) <sup>2</sup>**[assess]** assessing<sup>2</sup> the availability and affordability of  
14 existing programs, services, facilities, and agencies in the State that  
15 are used to meet the needs of persons with Alzheimer's disease and  
16 related disorders or other forms of dementia and the needs of their  
17 families and caregivers; <sup>2</sup>**[evaluate]** evaluating<sup>2</sup> the capacity of  
18 those existing policies, programs, services, facilities, and agencies  
19 to adapt to <sup>2,2</sup> and adequately address <sup>2,2</sup> the changing needs of  
20 dementia patients and their families and caregivers in the face of a  
21 continually increasing demand for services; and <sup>2</sup>**[identify and**  
22 **recommend]** identifying and recommending<sup>2</sup> improvements to  
23 existing policies, programs, services, facilities, or agencies or the  
24 institution of new policies, programs, services, facilities, or  
25 agencies to address unmet and expanding needs in this area;

26 (4) <sup>2</sup>**[study]** studying,<sup>2</sup> and <sup>2</sup>**[outline]** making  
27 recommendations to the Department of Human Services on,<sup>2</sup> the  
28 appropriate roles of State government, local governments, and  
29 health care facilities and professionals in providing or ensuring the  
30 provision of appropriate services and other assistance to persons  
31 with Alzheimer's disease and related disorders or <sup>1</sup>**[or]**<sup>1</sup> other  
32 forms of dementia, including persons in <sup>1</sup>the<sup>1</sup> early stages of  
33 disease, and in providing or ensuring the provision of sufficient  
34 supportive and assistive services, including training and respite  
35 services, to unpaid family caregivers; and <sup>2</sup>**[identify]** identifying<sup>2</sup>  
36 ways in which State and local governments and health care systems  
37 could increase their awareness of, and improve their ability to more  
38 effectively address, issues affecting persons with Alzheimer's  
39 disease and related disorders or other forms of dementia and their  
40 families;

41 (5) <sup>2</sup>**[review and analyze]** reviewing and analyzing<sup>2</sup> the  
42 capacity of law enforcement officers and emergency medical  
43 responders in the State to compassionately and effectively interact  
44 with, diffuse conflicts involving, and provide emergency services  
45 to, persons with Alzheimer's disease and related disorders or other  
46 forms of dementia;

1 (6) <sup>2</sup>**[identify and recommend]** identifying and recommending<sup>2</sup>  
2 best practices and training requirements for: (a) health care and  
3 mental health care professionals, particularly geriatric specialists  
4 and primary care practitioners, who are or will be practicing on the  
5 front lines of <sup>1</sup>caring for patients with<sup>1</sup> Alzheimer's <sup>1</sup>disease<sup>1</sup> and  
6 <sup>1</sup>related disorders or other forms of<sup>1</sup> dementia <sup>1</sup>**[care]**<sup>1</sup>, in order to  
7 ensure that such professionals are properly trained and are capable  
8 of accurately and timely diagnosing Alzheimer's disease and related  
9 disorders or other forms of dementia, understanding the progression  
10 of the disease, and recognizing and responding to the evolving  
11 needs of patients; (b) personal care professionals who provide  
12 services to patients with Alzheimer's disease and related disorders  
13 or other forms of dementia, in order to ensure that such  
14 professionals are capable of providing compassionate and high  
15 quality personal care services and adapting to the evolving needs of  
16 their patients; and (c) law enforcement officers, emergency medical  
17 responders, and other public safety officers, in order to ensure that  
18 those officers understand the complexities of dealing with persons  
19 with Alzheimer's disease and related disorders or other forms of  
20 dementia and are better prepared to compassionately diffuse or  
21 resolve conflicts and respond to emergencies involving such  
22 persons;

23 (7) <sup>2</sup>**[evaluate]** evaluating<sup>2</sup> the sufficiency of the State's  
24 Alzheimer's <sup>1</sup>disease<sup>1</sup> and <sup>1</sup>related disorders or other forms of<sup>1</sup>  
25 dementia care workforce, <sup>2</sup>**[identify]** identifying<sup>2</sup> current and  
26 future workforce needs, <sup>2</sup>**[anticipate]** anticipating<sup>2</sup> future  
27 workforce shortages, <sup>2</sup>**[develop]** developing<sup>2</sup> innovative strategies  
28 to encourage and increase the recruitment and retention of health  
29 care, mental health care, direct support, and personal care  
30 professionals who are trained to provide <sup>1</sup>care for<sup>1</sup> Alzheimer's  
31 <sup>1</sup>disease<sup>1</sup> and <sup>1</sup>related disorders or other forms of<sup>1</sup> dementia  
32 <sup>1</sup>**[care]**<sup>1</sup>, and <sup>2</sup>**[take]** taking<sup>2</sup> any other action necessary to  
33 encourage and facilitate the development and maintenance of a  
34 robust and specialized professional Statewide workforce that is  
35 capable of delivering high quality <sup>1</sup>care for patients with<sup>1</sup>  
36 Alzheimer's <sup>1</sup>disease<sup>1</sup> and <sup>1</sup>**[dementia-related care]** related  
37 disorders or other forms of dementia<sup>1</sup> to a rapidly growing  
38 population in the State; and

39 (8) <sup>2</sup>**[study and make]** studying and making<sup>2</sup> recommendations  
40 on any other issue related to Alzheimer's disease and related  
41 disorders or other forms of dementia.

42 b. One year after the commission's organizational meeting,  
43 <sup>2</sup>**[and]**<sup>2</sup> annually thereafter <sup>2</sup>for a period of no less than five years,  
44 and thereafter upon request of the Legislature or as determined by  
45 the commission<sup>2</sup>, the commission shall prepare and submit a  
46 written report to the Governor and, pursuant to section 2 of

1 P.L.1991, c.164 (C.52:14-19.1), to the Legislature. The written  
2 report shall contain, at a minimum:

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

5 (2) a description as to whether, how, and why the commission's  
6 findings have changed over time, including an indication as to the  
7 implementation status of the commission's prior recommendations,  
8 a description of actions that have been undertaken by any person or  
9 public or private entity in the State over the prior reporting period  
10 to implement those prior recommendations, and a description of the  
11 perceived or documented effects resulting from implementation of  
12 those prior recommendations;

13 (3) a copy of, or reference to, the statistical, demographic,  
14 testimonial, or other data or information that was used by the  
15 commission to: (a) support its current findings under paragraph (1)  
16 of this subsection; or (b) inform its analysis of the impact of the  
17 commission's prior recommendations under paragraph (2) of this  
18 subsection. The data provided pursuant to this paragraph shall be  
19 presented in aggregate form and shall not contain the <sup>1</sup>**personally**  
20 personal<sup>1</sup> identifying information of any patient, caregiver, or other  
21 person; and

22 (4) the commission's recommendations for <sup>2</sup>**legislative,**  
23 **executive, or other**<sup>2</sup> actions that can be undertaken, or strategies  
24 that can be implemented, to: (a) improve the quality, consistency,  
25 or affordability of <sup>1</sup>care for<sup>1</sup> Alzheimer's <sup>1</sup>disease<sup>1</sup> and <sup>1</sup>related  
26 disorders or other forms of<sup>1</sup> dementia <sup>1</sup>**care**<sup>1</sup> in the State and  
27 ensure <sup>1</sup>**its** <sup>1</sup>the<sup>1</sup> accessibility <sup>1</sup>of care<sup>1</sup> to all who need it; (b)  
28 reduce, eliminate, or mitigate the societal and individual impact of,  
29 and the Statewide, local, and individual costs or financial burdens  
30 associated with, Alzheimer's disease and related disorders or other  
31 forms of dementia; (c) ensure that the State's professional  
32 workforce is adequately trained, is capable of providing affordable,  
33 high quality <sup>1</sup>care for patients with<sup>1</sup> Alzheimer's <sup>1</sup>disease<sup>1</sup> and  
34 <sup>1</sup>related disorders or other forms of<sup>1</sup> dementia <sup>1</sup>**care**<sup>1</sup> throughout  
35 the State, and is sufficient in numbers and flexible enough to adapt  
36 to a rapidly increasing demand for services in the State; (d) ensure  
37 that unpaid caregivers in the State are recognized for their dedicated  
38 service and significant contributions to society and are provided  
39 with sufficient supportive and respite services, as well as financial  
40 assistance where possible and appropriate, as may be necessary for  
41 them to capably perform their caregiving tasks while avoiding  
42 unnecessary physical, mental, or financial strain; or (e) otherwise  
43 address the issues or mitigate the problems identified by the  
44 commission in its annual findings.

45

46 <sup>2</sup>**[4.]** <sup>3.2</sup> P.L.2011, c.76 (C.26:2M-16 et seq.) is repealed.

1       <sup>2</sup>**[5.]** 4.<sup>2</sup>   This act shall take effect immediately.

2

3

4

5

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