

CHAPTER 41

AN ACT establishing a permanent Alzheimer's and Dementia Care Long-Term Advisory Commission, supplementing Title 26 of the Revised Statutes, and repealing P.L.2011, c.76.

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

C.26:2M-20 "Alzheimer's and Dementia Care Long-Term Advisory Commission" established.

1. a. The Alzheimer's and Dementia Care Long-Term Advisory Commission is established in the Department of Human Services. The purpose of the commission shall be to provide for the ongoing evaluation of the State's system of care for Alzheimer's disease and related disorders and other forms of dementia and identify various innovative means and methods that can be used to address the shortcomings in that care system and otherwise expand and prepare the system to meet the increasing and evolving needs of a rapidly aging population.

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

(1) the Commissioner of Health, the Commissioner of Human Services, and the New Jersey Long-Term Care Ombudsman, or their designees, who shall serve as ex officio, non-voting members;

(2) two public members to be appointed by the Governor based upon the recommendation of the President of the Senate, including one member who represents an organization that advocates for members of the Alzheimer's disease and related disorders or other forms of dementia community and one member who represents a for-profit healthcare facility that offers memory care services;

(3) two public members to be appointed by the Governor based upon the recommendation of the Speaker of the General Assembly, including one member who represents an organization that advocates for members of the Alzheimer's disease and related disorders or other forms of dementia community and one member who represents a non-profit healthcare facility that offers memory care services; and

(4) five public members to be appointed by the Governor, including: one geriatrician who is currently involved in the provision of direct services to patients with Alzheimer's disease and related disorders or other forms of dementia; one psychiatrist who provides specialized services to patients with Alzheimer's disease and related disorders or other forms of dementia; one caregiver who provides paid services to persons with Alzheimer's disease or related disorders or other forms of dementia; one unpaid caregiver of a family member who has Alzheimer's disease or a related disorder or other form of dementia; and one neurologist who provides specialized services to patients with Alzheimer's disease or a related disorder or other form of dementia.

c. Each public member of the commission shall serve for a term of four years, except that, of the public members first appointed, two shall serve an initial term of one year, three shall serve an initial term of two years, two shall serve an initial term of three years, and two shall serve an initial term of four years. Each public member shall serve for the term of the member's appointment and until a successor is appointed and qualified. Public members shall be eligible for reappointment to the commission.

d. All initial appointments to the commission shall be made within 180 days after the effective date of this act. Vacancies in the membership of the commission shall be filled in the same manner as is provided for the original appointments.

e. The commission shall organize as soon as practicable, but not later than the 30th day following the appointment of a majority of its members, and shall annually elect a chairperson and vice-chairperson from among its members. The chairperson shall appoint a secretary who need not be a member of the commission.

f. Each year, the commission shall meet pursuant to a schedule to be established at its first annual meeting. The commission shall additionally meet at the call of its chairperson or at the call of the Commissioner of Human Services. In no case shall the commission meet fewer than two times per year.

g. A majority of the total number of members currently appointed to the commission shall constitute a quorum. A vacancy in the membership of the commission shall not impair the ability of the commission to exercise its duties and effectuate its purposes. The commission may conduct business without a quorum, but may only take advisory action when a quorum is present. Recommendations shall be approved by a majority of the members present.

h. The members of the commission shall serve without compensation, but shall be reimbursed for travel and other necessary expenses incurred in the performance of their duties, within the limits of funds made available to the commission for its purposes.

i. The commission shall have the power to:

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

(2) with the approval of the Commissioner of Human Services, solicit and receive assistance and services from any State, county, or municipal department, board, commission, or agency, as it may require and as may be available to it for its purposes; and

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

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

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

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

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

j. The Department of Human Services shall provide professional and clerical staff to the commission as may be necessary to effectuate the purposes of this act.

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

C.26:2M-21 Responsibilities, duties; report to Governor, Legislature.

2. a. The responsibilities of the Alzheimer's and Dementia Care Long-Term Advisory Commission established pursuant to this act shall include, but not be limited to:

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

(2) gathering, analyzing, and disseminating to health care professionals, policymakers, and members of the public, as appropriate, data and information about: (a) the needs of persons with Alzheimer's disease and related disorders or other forms of dementia, as well as the needs of their family members and caregivers; (b) the quality and consistency of care that is provided to persons with Alzheimer's disease and related disorders or other forms of dementia in the State, including those members of the medically underserved community, the low income community, and the lesbian, gay, bisexual, transgender, questioning, queer, and intersex (LGBTQI) communities; (c) the affordability of care for Alzheimer's disease and related disorders or other forms of dementia in the State and the actual and projected Statewide costs and individual costs associated with Alzheimer's disease and related disorders or other forms

of dementia in New Jersey, including, but not limited to, the costs of health care, mental health care, long-term care, and personal care, and ancillary or incidental costs such as those associated with the lost work productivity of, or the treatment of stress-related physical conditions or depression and other mental health conditions in, family caregivers; (d) the cost savings attained by the State through the provision of unpaid caregiving and personal care services by family caregivers; (e) the capacity of the State's health care and long-term care facilities to house and provide specialized services to patients with Alzheimer's disease and related disorders or other forms of dementia; (f) the status of Alzheimer's disease and related disorders or other forms of dementia care in other states, as compared to New Jersey; and (g) with the approval of the Commissioner of the Department of Human Services and subject to the availability of funds as designated by the department, any other issue deemed by the commission to be relevant to effectuate the purposes of this act;

(3) assessing the availability and affordability of existing programs, services, facilities, and agencies in the State that are used to meet the needs of persons with Alzheimer's disease and related disorders or other forms of dementia and the needs of their families and caregivers; evaluating the capacity of those existing policies, programs, services, facilities, and agencies to adapt to, and adequately address, the changing needs of dementia patients and their families and caregivers in the face of a continually increasing demand for services; and identifying and recommending improvements to existing policies, programs, services, facilities, or agencies or the institution of new policies, programs, services, facilities, or agencies to address unmet and expanding needs in this area;

(4) studying, and making recommendations to the Department of Human Services on, the appropriate roles of State government, local governments, and health care facilities and professionals in providing or ensuring the provision of appropriate services and other assistance to persons with Alzheimer's disease and related disorders or other forms of dementia, including persons in the early stages of disease, and in providing or ensuring the provision of sufficient supportive and assistive services, including training and respite services, to unpaid family caregivers; and identifying ways in which State and local governments and health care systems could increase their awareness of, and improve their ability to more effectively address, issues affecting persons with Alzheimer's disease and related disorders or other forms of dementia and their families;

(5) reviewing and analyzing the capacity of law enforcement officers and emergency medical responders in the State to compassionately and effectively interact with, diffuse conflicts involving, and provide emergency services to, persons with Alzheimer's disease and related disorders or other forms of dementia;

(6) identifying and recommending best practices and training requirements for: (a) health care and mental health care professionals, particularly geriatric specialists and primary care practitioners, who are or will be practicing on the front lines of caring for patients with Alzheimer's disease and related disorders or other forms of dementia, in order to ensure that such professionals are properly trained and are capable of accurately and timely diagnosing Alzheimer's disease and related disorders or other forms of dementia, understanding the progression of the disease, and recognizing and responding to the evolving needs of patients; (b) personal care professionals who provide services to patients with Alzheimer's disease and related disorders or other forms of dementia, in order to ensure that such professionals are capable of providing compassionate and high-quality personal care services and adapting to the evolving needs of their patients; and (c) law enforcement officers, emergency medical responders, and other public safety officers, in order to ensure that those officers understand the complexities of dealing with persons with Alzheimer's disease and related disorders or

other forms of dementia and are better prepared to compassionately diffuse or resolve conflicts and respond to emergencies involving such persons;

(7) evaluating the sufficiency of the State's Alzheimer's disease and related disorders or other forms of dementia care workforce, identifying current and future workforce needs, anticipating future workforce shortages, developing innovative strategies to encourage and increase the recruitment and retention of health care, mental health care, direct support, and personal care professionals who are trained to provide care for Alzheimer's disease and related disorders or other forms of dementia, and taking any other action necessary to encourage and facilitate the development and maintenance of a robust and specialized professional Statewide workforce that is capable of delivering high-quality care for patients with Alzheimer's disease and related disorders or other forms of dementia to a rapidly growing population in the State; and

(8) studying and making recommendations on any other issue related to Alzheimer's disease and related disorders or other forms of dementia.

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

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

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

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

(4) the commission's recommendations for actions that can be undertaken, or strategies that can be implemented, to: (a) improve the quality, consistency, or affordability of care for Alzheimer's disease and related disorders or other forms of dementia in the State and ensure the accessibility of care to all who need it; (b) reduce, eliminate, or mitigate the societal and individual impact of, and the Statewide, local, and individual costs or financial burdens associated with, Alzheimer's disease and related disorders or other forms of dementia; (c) ensure that the State's professional workforce is adequately trained, is capable of providing affordable, high-quality care for patients with Alzheimer's disease and related disorders or other forms of dementia throughout the State, and is sufficient in numbers and flexible enough to adapt to a rapidly increasing demand for services in the State; (d) ensure that unpaid caregivers in the State are recognized for their dedicated service and significant contributions to society and are provided with sufficient supportive and respite services, as well as financial assistance where possible and appropriate, as may be necessary for them to capably perform their caregiving tasks while avoiding unnecessary physical, mental, or financial strain; or (e) otherwise address the issues or mitigate the problems identified by the commission in its annual findings.

Repealer.

3. P.L.2011, c.76 (C.26:2M-16 et seq.) is repealed.

4. This act shall take effect immediately.

Approved May 8, 2023.