

[Second Reprint]

SENATE, No. 1033

STATE OF NEW JERSEY
220th LEGISLATURE

INTRODUCED JANUARY 31, 2022

Sponsored by:

Senator JOSEPH F. VITALE

District 19 (Middlesex)

Senator M. TERESA RUIZ

District 29 (Essex)

Assemblyman RAJ MUKHERJI

District 33 (Hudson)

Assemblyman DANIEL R. BENSON

District 14 (Mercer and Middlesex)

Assemblywoman ANGELA V. MCKNIGHT

District 31 (Hudson)

Co-Sponsored by:

Senators Diegnan, Johnson, Madden, Singleton, Stanfield, Turner, Polistina, Gill, Pou, Assemblywomen Jaffer, Jasey, Reynolds-Jackson, Assemblymen DiMaio, DePhillips, Torrissi, Assemblywoman Chaparro, Assemblymen Umba, Verrelli, Assemblywoman Dunn, Assemblyman Calabrese, Assemblywoman Swift, Assemblyman McKeon, Assemblywoman McCarthy Patrick, Assemblymen Sauickie, Conaway, Assemblywoman DeFuccio, Assemblymen Peterson, S.Kean, Assemblywomen Lampitt, Speight, Assemblyman Stanley, Assemblywoman Murphy, Assemblymen Freiman, Tully, Sampson, Assemblywomen Piperno, Eulner and Lopez

SYNOPSIS

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

CURRENT VERSION OF TEXT

As amended by the Senate on November 21, 2022.

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

1 AN ACT establishing a permanent Alzheimer's and Dementia Care
 2 Long-Term ²**[Planning]** Advisory² 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 ²**[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 ¹**[2020]** 2022¹ *Facts and Figures* report
 21 released by the Alzheimer's Association, nearly six ¹and a half¹
 22 million Americans age 65 or older, or one out of every ¹**[10]** nine¹
 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 ¹**[by**
 26 a factor of 22 percent]¹ to 7.1 million by 2025, and to increase ¹**[by**
 27 a factor of 33 percent]¹ to 13.8 million by ¹**[2050]** 2060¹. In New
 28 Jersey, the total number of seniors living with Alzheimer's, which was
 29 190,000 in the year ¹**[2020]** 2022,¹ is expected to increase by more
 30 than 10 percent, to 210,000, by the year 2025.

31 c. Although the complexities of death reporting systems make it
 32 difficult to accurately determine the total number of deaths that have
 33 been directly or indirectly caused by Alzheimer's disease, the
 34 Alzheimer's Association ¹**[2020]** 2022¹ *Facts and Figures* report
 35 estimated the ¹**[2018]** 2019¹ mortality rate for this disease to be
 36 ¹**[37.3]** 37.0¹ deaths for every 100,000 people nationwide and
 37 ¹**[30.4]** 29.6¹ deaths for every 100,000 people Statewide in New
 38 Jersey.

39 d. Alzheimer's disease progresses in a gradual and insidious
 40 manner. ¹**[While]** Although¹ most persons with dementia live ¹four¹
 41 to¹ eight ¹**[to 10]**¹ years after receiving their diagnosis, some can live
 42 as long as 20 years as they continue to lose their ability to function.
 43 As of 2016, Alzheimer's disease was ranked as the sixth most
 44 burdensome disease in the nation in terms of total disability-adjusted

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:

¹Senate SHH committee amendments adopted May 12, 2022.

²Senate floor amendments adopted November 21, 2022.

1 life years and the fourth most burdensome disease in terms of the total
2 number of years of life that are lived with a disability.

3 e. In addition to burdening the person who suffers from the
4 disease, Alzheimer's disease and related disorders or other forms of
5 dementia place a tremendous and years-long burden on caregivers,
6 particularly family or other unpaid caregivers. These caregivers often
7 assist persons with Alzheimer's disease ¹and related disorders or other
8 forms of dementia¹ in performing one or more activities of daily
9 living, including bathing, dressing, paying bills, shopping, and
10 navigating transportation systems. Caregivers also provide extensive
11 emotional support and engage in a variety of other ancillary tasks, such
12 as communicating and coordinating the care needs of the individual
13 with Alzheimer's ¹disease or a related disorder or other form of
14 dementia¹, ensuring the individual's safety at home and elsewhere,
15 and managing the individual's other health conditions. Caring for a
16 person with Alzheimer's disease or ¹a¹ related ¹[dementias] disorder
17 or other form of dementia¹ poses unique challenges, and caregivers are
18 often required to manage the patient's personality and behavioral
19 changes for decades and provide increasing levels of supervision and
20 personal care as the disease progresses. As symptoms worsen, the
21 increase in caregiving obligations can cause emotional stress and
22 depression and new or exacerbated health problems in the caregiver, as
23 well as depleted income due, in part, to disruptions in the caregiver's
24 employment and the need for the caregiver to finance the health care
25 or other services received by the person with Alzheimer's disease
26 ¹[and] or a¹ related ¹[disorders] disorder¹ or other ¹[forms] form¹ of
27 dementia.

28 f. In ¹[2019] 2021¹, more than ¹[16] 11¹ million caregivers
29 provided an estimated ¹[18.6] 16¹ billion hours in unpaid assistance
30 across the nation to persons with Alzheimer's disease and related
31 disorders or other forms of dementia – a contribution to the nation that
32 is valued at ¹[\$244] \$271.6¹ billion, which is equal to approximately
33 ¹[11] 14¹ times the total revenue of McDonald's in ¹[2018] 2020¹.
34 This included ¹[448] 361¹ caregivers who provided ¹[510] 686¹
35 million hours equal to ¹[\$6.6] more than \$13¹ billion worth of unpaid
36 care in New Jersey alone.

37 g. Although personal care professionals, certified nurse aides,
38 homemaker-home health aides, and other direct care professionals may
39 be capable of providing paid caregiving services to persons with
40 Alzheimer's disease and related disorders or other forms of dementia,
41 because of the low pay for caregiving services and the tireless,
42 difficult, and thankless nature of the work, there is currently a
43 significant shortage of these professionals in the State, and turnover
44 rates are high.

45 h. In addition to causing significant physical and mental burdens
46 both to individuals who have the disease and to their caregivers,
47 dementia, including Alzheimer's ¹disease and related disorders¹, is

1 one of the costliest conditions to society. In ¹[2020] 2022¹, the total
2 nationwide cost of caring for persons with Alzheimer's disease and
3 related disorders or other forms of dementia is projected to reach
4 ¹[\$305] \$321¹ billion, not including ¹[\$244] \$271.6¹ billion in
5 unpaid caregiver costs. Although Medicaid and Medicare are expected
6 to cover \$206 billion or ¹[67] 64¹ percent of the total costs of
7 dementia-related care, out-of-pocket spending is expected to amount to
8 ¹[\$66] \$81¹ billion in ¹[2020] 2022¹ alone, which is equal to ¹[22]
9 25¹ percent of total payments under the programs.

10 i. In ¹[2019] 2021¹, total per-person health care and long-term
11 care payments from all sources for Medicare beneficiaries with
12 Alzheimer's disease and related disorders or other forms of dementia
13 were ¹[\$50,201] \$41,757¹ per person for those with dementia and
14 ¹[\$14,326] \$14,026 per¹ person for those without dementia, which is
15 over three times as great as payments for other Medicare beneficiaries
16 in the same age group.

17 j. In New Jersey, it is expected that total Medicaid payments for
18 persons age 65 and older who are living with Alzheimer's disease and
19 related disorders or other forms of dementia¹ will amount to nearly
20 \$2.2 billion in 2020 and will increase more than 19 percent to \$2.6
21 billion by 2025.

22 k. The total lifetime cost of care for someone with Alzheimer's
23 disease and related disorders or other forms of dementia was estimated
24 to be ¹[\$357,297 in 2019] \$377,621 in 2021 dollars¹. According to
25 the Alzheimer's Association ¹[2020] 2022¹ *Facts and Figures* report,
26 70 percent of this lifetime cost of care is borne by family caregivers in
27 the form of unpaid caregiving and payments for out-of-pocket
28 expenses. These lifetime cost estimates, moreover, likely
29 underestimate the financial impacts that a person's dementia has on the
30 health and workplace productivity levels of the person's family
31 caregiver.

32 l. Persons with dementia ¹, including Alzheimer's disease or a
33 related disorder,¹ are also more likely than others to have co-occurring
34 health care conditions. Of persons with Alzheimer's disease and
35 related disorders or other forms of dementia, ¹[38] 46¹ percent also
36 have coronary artery disease, 37 percent have diabetes, ¹[29] 46¹
37 percent have chronic kidney disease, ¹[28] 34¹ percent have
38 congestive heart failure, ¹[25] 20¹ percent have chronic obstructive
39 pulmonary disease, ¹[22] 13¹ percent have stroke-related care, and
40 ¹[13] 10¹ percent have cancer. Medicare beneficiaries with
41 Alzheimer's disease and related disorders or other forms of dementia
42 have higher rates of hospitalization than other patients for all of these
43 co-occurring conditions and higher average per-person payments in all
44 categories except in the case of hospital care payments for individuals
45 with congestive heart failure.

46 m. In general, patients with Alzheimer's disease and related
47 disorders or other forms of dementia have a 30 percent greater risk

1 than other patients of experiencing a preventable hospitalization event,
2 and patients with both dementia and depression have a 70 percent
3 greater risk of preventable hospitalization than persons without a
4 neuropsychiatric disorder.

5 n. There is currently a shortage of specialized geriatric
6 professionals in the State and nation to meet the needs of the rapidly
7 growing population of individuals ¹[aged] age¹ 65 years or older and
8 the complex needs of aging individuals who are living with
9 Alzheimer's disease and related disorders or other forms of dementia.
10 The Alzheimer's Association ¹[2020] 2022¹ *Facts and Figures* report
11 estimates that, by ¹[2030] 2050¹ , an additional ¹[23,750] 41,082¹
12 geriatricians will be needed to ¹[meet the needs of the aging
13 population] serve 30 percent of people age 65 and older¹ nationwide ¹,
14 representing a nine-fold increase¹ . In New Jersey, moreover, the
15 shortage of geriatricians is particularly great. As of ¹[2019] 2021¹ ,
16 the State had only ¹[205] 206¹ geriatricians. The ¹[2020] 2022¹
17 *Facts and Figures* report indicates that, by 2050, the State will need at
18 least 398 geriatricians to serve a mere 10 percent of the population
19 ¹[aged] age¹ 65 years or older and will require a total of 1,193
20 geriatricians, representing a nearly six-fold increase, to serve 30
21 percent of the population in this age group.

22 o. With a significant shortage of geriatric specialists to meet
23 current and future dementia care needs, primary care physicians
24 (PCPs) will play an increasingly important role in caring for dementia
25 patients along the continuum of the disease and should, therefore, be
26 properly trained in identifying the warning signs of Alzheimer's
27 disease and related disorders or other forms of dementia, providing
28 timely and competent ¹[dementia]¹ diagnoses ¹of dementia, including
29 Alzheimer's and related conditions¹ , and meeting the ongoing care
30 and support needs of patients who are living with ¹Alzheimer's disease
31 or a related condition or other form of¹ dementia.

32 p. Although ¹[82] 75¹ percent of the 1,000 PCPs surveyed for
33 the ¹[2020] 2022¹ *Facts and Figures* report indicated that they are
34 already working on the front lines of ¹caring for patients with¹
35 Alzheimer's ¹[care] disease and related disorders or other forms of
36 dementia¹ , half reported that ¹[the medical profession is] they do¹
37 not ¹feel¹ adequately prepared to ¹[meet increased demand in this
38 area] care for patients with Alzheimer's disease and related disorders
39 or other forms of dementia, and more than half reported that there are
40 not enough specialists in their area to meet patient demand¹ . These
41 PCPs also reported a lack of access to sufficient dementia-related
42 training in medical schools and residency programs, and more than
43 half indicated that they had not pursued additional training in dementia
44 care following graduation or residency, due to challenges associated
45 with obtaining such supplemental training.

46 q. Although the State has previously attempted to identify and
47 address issues associated with Alzheimer's disease and related

1 disorders or other forms of dementia through the enactment of
2 P.L.1983, c.352 (C.26:2M-1 et seq.) and P.L.2011, c.76 (C.26:2M-16
3 et seq.) and the establishment of two different study commissions
4 thereunder, each of those study commissions was temporary in nature
5 and dissolved after the submission of a single report.

6 r. In light of the severe ongoing and worsening impacts and
7 burdens of Alzheimer's disease and related disorders or other forms of
8 dementia, the projections for rapid increases in the number of persons
9 presenting with these conditions into the future, and New Jersey's
10 current lack of a robust professional workforce necessary to address
11 the concerns of this growing population of patients and their families,
12 it is both reasonable and necessary for the State to establish a
13 permanent commission to engage in a concerted, proactive, and
14 ongoing effort to study and develop innovative solutions to address
15 and mitigate the effects of this disease on ¹the¹ citizens of this State,
16 both now and into the future.]²

17

18 ²[2] 1². a. The Alzheimer's and Dementia Care Long-Term
19 ²[Planning] Advisory² Commission is established in the
20 Department of Human Services. The purpose of the commission
21 shall be to provide for the ongoing evaluation of the State's ¹system
22 of care for¹ Alzheimer's disease and ¹related disorders and other
23 forms of¹ dementia ¹[care system]¹ and identify various innovative
24 means and methods that can be used to address the ¹[significant]¹
25 shortcomings in that care system and otherwise expand and prepare
26 the system to meet the increasing and evolving needs of a rapidly
27 aging population.

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

29 (1) ¹[Three non-voting ex officio members or their designees as
30 follows:]¹ the Commissioner of Health, the Commissioner of
31 Human Services, and the New Jersey ¹[Long Term] Long-Term¹
32 Care Ombudsman ¹, or their designees, who shall serve as ex
33 officio, non-voting members¹ ;

34 (2) two public members to be appointed by the ²Governor based
35 upon the recommendation of the² President of the Senate ¹[as
36 follows:] ¹, including¹ one ¹member¹ who ¹[shall represent]
37 represents¹ an organization that advocates for members of the
38 Alzheimer's ¹disease and related disorders or other forms of
39 dementia¹ community and one ¹member¹ who ¹[shall represent]
40 represents¹ a for-profit healthcare facility that offers memory care
41 services;

42 (3) two public members to be appointed by the ²Governor based
43 upon the recommendation of the² Speaker of the General Assembly
44 ¹[as follows:] ¹, including¹ one ¹member¹ who ¹[shall represent]
45 represents¹ an organization that advocates for members of the
46 Alzheimer's ¹disease and related disorders or other forms of

1 dementia¹ community and one member¹ who ¹**[shall represent]**
2 represents¹ a non-profit healthcare facility that offers memory care
3 services; and

4 (4) five public members to be appointed by the Governor ¹**[as**
5 **follows]** including¹ : one ²**[geriatrician]** geriatrician² who is
6 currently involved in the provision of direct services to patients
7 with Alzheimer's disease and related disorders or other forms of
8 dementia; one psychiatrist who provides specialized services to
9 ¹**[persons]** patients¹ with Alzheimer's disease and related disorders
10 or other forms of dementia; one caregiver who provides paid
11 services to persons with Alzheimer's disease or related disorders or
12 other forms of dementia; one unpaid caregiver of a family member
13 who has Alzheimer's disease or a related disorder or other form of
14 dementia; and one neurologist who provides specialized services to
15 ¹**[persons]** patients¹ with Alzheimer's disease or a related disorder
16 or other form of dementia.

17 c. Each public member of the commission shall serve for a
18 term of four years ¹**[; however]** , except that¹ , of the public
19 members first appointed, two shall serve an initial term of one year,
20 three shall serve an initial term of two years, two shall serve an
21 initial term of three years, and two shall serve an initial term of four
22 years. Each public member shall serve for the term of ¹**[their]** the
23 member's¹ appointment and until a successor is appointed and
24 qualified ¹**[, except that a public member may be reappointed]** .
25 Public members shall be eligible for reappointment¹ to the
26 commission ¹**[upon the expiration of the member's term]**¹ .

27 d. All initial appointments to the commission shall be made
28 within ²**[60]** 180² days after the effective date of this act.
29 Vacancies in the membership of the commission shall be filled in
30 the same manner ¹as is¹ provided for the original appointments.

31 e. ¹**[Any member of the commission may be removed by the**
32 **Governor, for cause, after a public hearing.**

33 ¹**[f.]**¹ The commission shall organize as soon as practicable, but
34 not later than the 30th day following the appointment of a majority
35 of its members, and shall annually elect a chairperson and vice-
36 chairperson from among its members. The chairperson shall
37 appoint a secretary who need not be a member of the commission.

38 ¹**[g.]** f.¹ Each year, the commission shall meet pursuant to a
39 schedule to be established at its first annual meeting. The
40 commission shall additionally meet at the call of its chairperson or
41 at the call of the ²**[Commissioner of Health or the]**² Commissioner
42 of Human Services. In no case shall the commission meet fewer
43 than ²**[four]** two² times per year.

44 ¹**[h.]** g.¹ A majority of the total number of members currently
45 appointed to the commission shall constitute a quorum. A vacancy
46 in the membership of the commission shall not impair the ability of
47 the commission to exercise its duties and effectuate its purposes.

1 The commission may conduct business without a quorum, but may
2 only ²~~vote on recommendations~~ take advisory action² when a
3 quorum is present. Recommendations shall be approved by a
4 majority of the members present.

5 ¹~~i.~~ h.¹ The members of the commission shall serve without
6 compensation, but shall be reimbursed for travel and other
7 necessary expenses incurred in the performance of their duties,
8 within the limits of funds made available to the commission for its
9 purposes.

10 ¹~~j.~~ i.¹ The commission shall have the power to:

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

13 (2) ²~~maintain an office at such place or places as it shall~~
14 designate;

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

19 (4) ~~with the approval of the Commissioner of Human Services,~~²
20 solicit and receive assistance and services from any State, county,
21 or municipal department, board, commission, or agency, as it may
22 require and as may be available to it for its purposes; ²and²

23 ²~~(5)~~ enter into any and all agreements or contracts,
24 execute any and all instruments, and do and perform any and all
25 acts or things necessary, convenient, or desirable to further the
26 commission's purposes; and

27 (6) ~~(3)~~² consult with, and solicit and receive testimony from,
28 any association, organization, department, agency, or individual
29 having knowledge of, and experience with:

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

33 (b) the status or quality of the State's professional workforce in
34 relation to Alzheimer's disease and ¹related disorders and other
35 forms of¹ dementia care;

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

39 (d) any other issues related to Alzheimer's disease ¹and related
40 disorders¹ or ¹other forms of¹ dementia.

41 ¹~~k.~~ j.¹ The Department of Human Services shall provide
42 professional and clerical staff to the commission as may be
43 necessary to effectuate the purposes of this act.

44 ²k. The commission shall serve in an advisory capacity to the
45 Department of Human Services.²

- 1 ²[3] 2². a. The ²responsibilities of the² Alzheimer's and
2 Dementia Care Long-Term ²[Planning] Advisory² Commission
3 established pursuant to this act shall ²[have the ongoing duty]
4 include, but not be limited² to:
- 5 (1) ²[study] studying² the incidence, prevalence, and impact of
6 Alzheimer's disease and related disorders or other forms of
7 dementia in the State and in each region of the State and make
8 projections about the future Statewide and regional incidence,
9 prevalence, and impact of these conditions;
- 10 (2) ²[gather, analyze, and disseminate] gathering, analyzing,
11 and disseminating² to health care professionals, policymakers, and
12 members of the public, as appropriate, data and information about:
13 (a) the needs of persons with Alzheimer's disease and related
14 disorders or other forms of dementia, as well as the needs of their
15 family members and caregivers; (b) the quality and consistency of
16 care that is provided to persons with Alzheimer's disease and
17 related disorders or other forms of dementia in the State, including
18 those members of the medically underserved community, the
19 ¹[poor] low income¹ community, and the lesbian, gay, bisexual,
20 transgender, questioning, queer, and intersex (LGBTQI)
21 communities; (c) the affordability of ¹care for¹ Alzheimer's
22 ¹disease¹ and ¹related disorders or other forms of¹ dementia
23 ¹[care]¹ in the State and the actual and projected Statewide costs
24 and individual costs associated with Alzheimer's disease and
25 related disorders or other forms of dementia in New Jersey,
26 including, but not limited to, the costs of health care, mental health
27 care, long-term care, and personal care, and ancillary or incidental
28 costs such as those associated with the lost work productivity of, or
29 the treatment of stress-related physical conditions or depression and
30 other mental health conditions in, family caregivers; (d) the cost
31 savings attained by the State through the provision of unpaid
32 caregiving and personal care services by family caregivers; (e) the
33 capacity of the State's health care and long-term care facilities to
34 house and provide specialized services to ²[persons] patients² with
35 Alzheimer's disease and related disorders or other forms of
36 dementia; (f) the status of Alzheimer's ¹disease¹ and ¹related
37 disorders or other forms of¹ dementia care in other states, as
38 compared to New Jersey; and (g) ²with the approval of the
39 Commissioner of the Department of Human Services and subject to
40 the availability of funds as designated by the department,² any other
41 issue deemed by the commission to be relevant to effectuate the
42 purposes of this act;
- 43 (3) ²[assess] assessing² the availability and affordability of
44 existing programs, services, facilities, and agencies in the State that
45 are used to meet the needs of persons with Alzheimer's disease and
46 related disorders or other forms of dementia and the needs of their
47 families and caregivers; ²[evaluate] evaluating² the capacity of

1 those existing policies, programs, services, facilities, and agencies
2 to adapt to ^{2,2} and adequately address ^{2,2} the changing needs of
3 dementia patients and their families and caregivers in the face of a
4 continually increasing demand for services; and ²**[identify and**
5 **recommend]** identifying and recommending² improvements to
6 existing policies, programs, services, facilities, or agencies or the
7 institution of new policies, programs, services, facilities, or
8 agencies to address unmet and expanding needs in this area;

9 (4) ²**[study]** studying,² and ²**[outline]** making recommendations
10 to the Department of Human Services on,² the appropriate roles of
11 State government, local governments, and health care facilities and
12 professionals in providing or ensuring the provision of appropriate
13 services and other assistance to persons with Alzheimer's disease
14 and related disorders or ¹**[or]**¹ other forms of dementia, including
15 persons in ¹the¹ early stages of disease, and in providing or
16 ensuring the provision of sufficient supportive and assistive
17 services, including training and respite services, to unpaid family
18 caregivers; and ²**[identify]** identifying² ways in which State and
19 local governments and health care systems could increase their
20 awareness of, and improve their ability to more effectively address,
21 issues affecting persons with Alzheimer's disease and related
22 disorders or other forms of dementia and their families;

23 (5) ²**[review and analyze]** reviewing and analyzing² the
24 capacity of law enforcement officers and emergency medical
25 responders in the State to compassionately and effectively interact
26 with, diffuse conflicts involving, and provide emergency services
27 to, persons with Alzheimer's disease and related disorders or other
28 forms of dementia;

29 (6) ²**[identify and recommend]** identifying and recommending²
30 best practices and training requirements for: (a) health care and
31 mental health care professionals, particularly geriatric specialists
32 and primary care practitioners, who are or will be practicing on the
33 front lines of ¹caring for patients with¹ Alzheimer's ¹disease¹ and
34 ¹related disorders or other forms of¹ dementia ¹**[care]**¹, in order to
35 ensure that such professionals are properly trained and are capable
36 of accurately and timely diagnosing Alzheimer's disease and related
37 disorders or other forms of dementia, understanding the progression
38 of the disease, and recognizing and responding to the evolving
39 needs of patients; (b) personal care professionals who provide
40 services to patients with Alzheimer's disease and related disorders
41 or other forms of dementia, in order to ensure that such
42 professionals are capable of providing compassionate and high
43 quality personal care services and adapting to the evolving needs of
44 their patients; and (c) law enforcement officers, emergency medical
45 responders, and other public safety officers, in order to ensure that
46 those officers understand the complexities of dealing with persons
47 with Alzheimer's disease and related disorders or other forms of
48 dementia and are better prepared to compassionately diffuse or

1 resolve conflicts and respond to emergencies involving such
2 persons;

3 (7) ²**[evaluate]** evaluating² the sufficiency of the State's
4 Alzheimer's ¹disease¹ and ¹related disorders or other forms of¹
5 dementia care workforce, ²**[identify]** identifying² current and
6 future workforce needs, ²**[anticipate]** anticipating² future
7 workforce shortages, ²**[develop]** developing² innovative strategies
8 to encourage and increase the recruitment and retention of health
9 care, mental health care, direct support, and personal care
10 professionals who are trained to provide ¹care for¹ Alzheimer's
11 ¹disease¹ and ¹related disorders or other forms of¹ dementia
12 ¹**[care]**¹, and ²**[take]** taking² any other action necessary to
13 encourage and facilitate the development and maintenance of a
14 robust and specialized professional Statewide workforce that is
15 capable of delivering high quality ¹care for patients with¹
16 Alzheimer's ¹disease¹ and ¹**[dementia-related care]** related
17 disorders or other forms of dementia¹ to a rapidly growing
18 population in the State; and

19 (8) ²**[study and make]** studying and making² recommendations
20 on any other issue related to Alzheimer's disease and related
21 disorders or other forms of dementia.

22 b. One year after the commission's organizational meeting,
23 ²**[and]**² annually thereafter ²for a period of no less than five years,
24 and thereafter upon request of the Legislature or as determined by
25 the commission², the commission shall prepare and submit a
26 written report to the Governor and, pursuant to section 2 of
27 P.L.1991, c.164 (C.52:14-19.1), to the Legislature. The written
28 report shall contain, at a minimum:

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

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

39 (3) a copy of, or reference to, the statistical, demographic,
40 testimonial, or other data or information that was used by the
41 commission to: (a) support its current findings under paragraph (1)
42 of this subsection; or (b) inform its analysis of the impact of the
43 commission's prior recommendations under paragraph (2) of this
44 subsection. The data provided pursuant to this paragraph shall be
45 presented in aggregate form and shall not contain the ¹**[personally]**
46 personal¹ identifying information of any patient, caregiver, or other
47 person; and

1 (4) the commission's recommendations for ²**[legislative,**
2 executive, or other]² actions that can be undertaken, or strategies
3 that can be implemented, to: (a) improve the quality, consistency,
4 or affordability of ¹care for¹ Alzheimer's ¹disease¹ and ¹related
5 disorders or other forms of¹ dementia ¹**[care]**¹ in the State and
6 ensure ¹**[its]** ¹the¹ accessibility ¹of care¹ to all who need it; (b)
7 reduce, eliminate, or mitigate the societal and individual impact of,
8 and the Statewide, local, and individual costs or financial burdens
9 associated with, Alzheimer's disease and related disorders or other
10 forms of dementia; (c) ensure that the State's professional
11 workforce is adequately trained, is capable of providing affordable,
12 high quality ¹care for patients with¹ Alzheimer's ¹disease¹ and
13 ¹related disorders or other forms of¹ dementia ¹**[care]**¹ throughout
14 the State, and is sufficient in numbers and flexible enough to adapt
15 to a rapidly increasing demand for services in the State; (d) ensure
16 that unpaid caregivers in the State are recognized for their dedicated
17 service and significant contributions to society and are provided
18 with sufficient supportive and respite services, as well as financial
19 assistance where possible and appropriate, as may be necessary for
20 them to capably perform their caregiving tasks while avoiding
21 unnecessary physical, mental, or financial strain; or (e) otherwise
22 address the issues or mitigate the problems identified by the
23 commission in its annual findings.

24

25 ²**[4.]** ^{3.}² P.L.2011, c.76 (C.26:2M-16 et seq.) is repealed.

26

27 ²**[5.]** ^{4.}² This act shall take effect immediately.