

ASSEMBLY AGING AND SENIOR SERVICES COMMITTEE

STATEMENT TO

ASSEMBLY, No. 4422

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 7, 2020

The Assembly Aging and Senior Services Committee reports favorably and with committee amendments Assembly Bill No. 4422.

This bill would permanently establish an “Alzheimer’s and Dementia Care Long-Term Planning Commission” in the Department of Human Services (DHS) to provide for the ongoing evaluation of the State’s Alzheimer’s disease and dementia care system and identify means and methods that can be used to address significant shortcomings in the system or otherwise expand and prepare the system to meet the increasing and evolving needs of a rapidly aging population.

The Alzheimer’s and Dementia Care Long-Term Planning Commission would consist of 12 members, including three non-voting ex officio members, or their designees, as follows: the Commissioner of Health, the Commissioner of Human Services, and the New Jersey Long Term Care Ombudsman. The remaining eight members of the committee are public member. The Speaker of the General Assembly is to appoint two public members as follows: one who shall represent an organization that advocates for members of the Alzheimer’s community and one who shall represent a for-profit healthcare facility that offers memory care services. The President of the Senate is to appoint two public members as follows: one who shall represent an organization that advocates for members of the Alzheimer’s community and one who shall represent a non-profit healthcare facility that offers memory care services. And finally, the Governor is to appoint five public members as follows: one geriatrician who is currently involved in the provision of direct services to patients with Alzheimer’s disease or other related dementias; one psychiatrist who provides specialized services to persons with Alzheimer’s disease or related dementias; one caregiver who provides paid services to persons with Alzheimer’s disease or related dementias; one unpaid caregiver of a family member who has Alzheimer’s disease or a related dementia; and one neurologist who provides specialized services to persons with Alzheimer’s disease or a related dementia.

All initial appointments to the commission are to be made within 60 days after the bill’s effective date, and the commission is to

organize as soon as practicable, but not later than the 30th day, following the appointment of a majority of its members.

The commission will be required to meet each year, pursuant to a schedule to be established at its first annual meeting. The commission will additionally be required to meet at the call of its chairperson or the Commissioners of Health or Human Services. In no case may the commission meet less than four times per year.

The commission will have the duty, on an ongoing basis, to:

- 1) study the incidence, prevalence, and impact of Alzheimer's disease and related dementias 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) gather, analyze, and disseminate to health care professionals, policymakers, and members of the public, as appropriate, various types of data and information, as specified in the bill, related to Alzheimer's and dementia care in the State and the needs of persons with Alzheimer's disease and related dementias, the quality and consistency of care that is provided to persons, including those members of the medically underserved, poor, and lesbian, gay, bisexual, transgender, questioning, queer, and intersex (LGBTQI) communities, as well as the needs of their family members and caregivers;

- 3) assess 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 or other dementias and the needs of their families and caregivers; evaluate 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 identify and recommend 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) study and outline 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 or related dementias, including persons in 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 identify 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 or other dementias and their families;

- 5) review and analyze 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 dementias;

6) identify and recommend dementia-related 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 Alzheimer's and dementia care; b) personal care professionals who provide services to patients with Alzheimer's disease or related dementias; and c) law enforcement officers, emergency medical responders, and other public safety officers;

7) evaluate the sufficiency of the State's Alzheimer's and dementia care workforce, identify current and future workforce needs, anticipate future workforce shortages, develop 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 Alzheimer's and dementia care, and take 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 Alzheimer's and dementia-related care to a rapidly growing population in the State; and

8) study and make recommendations on any other issue related to Alzheimer's disease or other dementias.

One year after the commission's organizational meeting, and annually thereafter, the commission will be required to prepare and submit a written report to the Governor and the Legislature. The written report is to contain, at a minimum:

1) the commission's annual findings on the issues within the commission's purview;

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 de-personalized statistical, demographic, testimonial, or other data or information that was used by the commission either to support its current findings or inform its analysis of the impact of the commission's prior recommendations; and

4) the commission's recommendations for legislative, executive, or other actions that can be undertaken, or strategies that can be implemented, to: a) improve the quality, consistency, or affordability of Alzheimer's and dementia care in the State and ensure its accessibility 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 other dementias; c) ensure that the State's professional workforce is adequately trained, is capable of providing affordable, high quality Alzheimer's and dementia care 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.

In performing its duties under the bill, the commission would have the power to:

- 1) adopt, amend, or repeal suitable bylaws for the management of its affairs;
- 2) maintain an office at such place or places as it may designate;
- 3) solicit, receive, accept, and expend any grant moneys or other funds that may be made available for its purposes by any government agency or any private for-profit or not-for-profit organization or entity;
- 4) 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;
- 5) enter into any and all agreements or contracts, execute any and all instruments, and do and perform any and all acts or things necessary, convenient, or desirable to further the commission's purposes; and
- 6) consult with, and solicit and receive testimony from, any association, organization, department, agency, or individual having knowledge of, and experience with issues related to Alzheimer's disease or other dementias.

The Department of Human Services would be required to provide professional and clerical staff to the commission.

COMMITTEE AMENDMENTS:

The committee amendments to the bill decrease the number of members on the commission from 31 members to 12 members. Of the 12 members, three are to be non-voting ex officio members, or their designees, as follows: the Commissioner of Health, the Commissioner of Human Services, and the New Jersey Long Term Care Ombudsman. The remaining nine members of the committee are public members. The Speaker of the General Assembly is to appoint two public members as follows: one who is to represent an organization that advocates for members of the Alzheimer's community and one who is to represent a for-profit healthcare

facility that offers memory care services. The President of the Senate is to appoint two public members as follows: one who is to represent an organization that advocates for members of the Alzheimer's community and one who is to represent a non-profit healthcare facility that offers memory care services. And finally, the Governor is to appoint five public members as follows: one geriatrician who is currently involved in the provision of direct services to patients with Alzheimer's disease or other related dementias; one psychiatrist who provides specialized services to persons with Alzheimer's disease or related dementias; one caregiver who provides paid services to persons with Alzheimer's disease or related dementias; one unpaid caregiver of a family member who has Alzheimer's disease or a related dementia; and one neurologist who provides specialized services to persons with Alzheimer's disease or a related dementia. The amended bill also removes a requirement that limits the number of public members of the commission from the same political party to no more than half.

As introduced, the commission included 17 ex officio members from a wide array of State agencies and non-profit organizations that are on the front lines of Alzheimer's and dementia care; four legislative members, with one each being appointed by the Senate President, the Senate Minority Leader, the Speaker of the General Assembly, and the Minority Leader of the General Assembly; and 10 public members who are variously involved with or impacted by Alzheimer's disease or dementia care to be appointed by the Governor.

The bill also expands upon existing language in the bill regarding the commission's duty to gather, analyze, and disseminate data and information about the quality and consistency of care that is provided to persons with Alzheimer's disease and related dementias in the State to explicitly include those members of the medically underserved, poor, and lesbian, gay, bisexual, transgender, questioning, queer, and intersex (LGBTQI) communities.