

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO **SENATE, No. 2796**

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 9, 2021

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2796.

As amended by the committee, 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 growing population of individuals aged 65 years and older.

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, including the Commissioner of Health, the Commissioner of Human Services, and the New Jersey Long Term Care Ombudsman, and nine public members.

The Speaker of the General Assembly is to appoint two public members, including one member who represents an organization that advocates for members of the Alzheimer’s community and one member who represents a for-profit healthcare facility that offers memory care services. The President of the Senate is to appoint two public members, including one member who represents an organization that advocates for members of the Alzheimer’s community and one member who represents a non-profit healthcare facility that offers memory care services.

The Governor is to appoint five public members as follows: one geriatrician provides direct services to patients with Alzheimer’s disease and related disorders or other forms of dementia; one psychiatrist who provides specialized services to persons with Alzheimer’s disease and related disorders or other forms of dementia; one caregiver who provides paid services to persons with Alzheimer’s disease and 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 persons with Alzheimer's disease and related disorders or other forms of dementia.

All initial appointments to the commission are to be made within 60 days after the effective date of the bill, and the commission is to organize as soon as practicable, but not later than 30 days 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 call of the Commissioner of Health or the Commissioner of Human Services. In no case may the commission meet fewer 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 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) 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 disorders or other forms of dementia, the quality and consistency of care that is provided to persons, including those members of the medically underserved community, the poor community, and the 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 and related disorders or other forms of dementia 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 and related disorders or other forms of dementia, 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 and related disorders or other forms of dementia 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 disorders or other forms of dementia;

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 and related disorders or other forms of dementia; 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 and related disorders or other forms of dementia.

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 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 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 and related disorders or other forms of dementia.

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

COMMITTEE AMENDMENTS:

The committee amendments to the bill reduce the total number of members on the commission from 31 members to 12 members,

including three non-voting ex officio members and nine public members. As originally provided in the bill, the commission included 17 ex officio members from a wide array of State agencies and non-profit organizations on the front lines of Alzheimer's and dementia care, four members of the Legislature, and 10 public members.

The committee amendments provide that the Speaker of the General Assembly and the President of the Senate are to each appoint two public members, with one member appointed by each representing a healthcare facility that offers memory care service and one member appointed by each representing an organization that advocates for members of the Alzheimer's community.

The committee amendments provide that the Governor will appoint the remaining public members, and revise the qualification criteria for those appointed members, which will include various professionals and caregivers who provide services to individuals with Alzheimer's disease and related disorders or other dementias.

The committee amendments remove a requirement from the bill that limited the number of public members of the commission who could be from the same political party.

The committee amendments expand 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 disorders or other forms of dementia to expressly include those members of the medically underserved community, the poor community, and lesbian, gay, bisexual, transgender, questioning, queer, and intersex (LGBTQI) communities.

The committee amendments make a number of technical changes to harmonize the terminology used throughout the bill and make various changes involving punctuation and syntax.