

[First Reprint]

**SENATE, No. 2796**

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**STATE OF NEW JERSEY**  
**219th LEGISLATURE**

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INTRODUCED AUGUST 3, 2020

**Sponsored by:**

**Senator JOSEPH F. VITALE**

**District 19 (Middlesex)**

**Senator RICHARD J. CODEY**

**District 27 (Essex and Morris)**

**Co-Sponsored by:**

**Senators Diegnan, Pou, Holzapfel and O'Scanlon**

**SYNOPSIS**

Establishes “Alzheimer’s and Dementia Care Long-Term Planning Commission” in DHS.

**CURRENT VERSION OF TEXT**

As reported by the Senate Health, Human Services and Senior Citizens Committee on February 9, 2021, with amendments.



**(Sponsorship Updated As Of: 11/8/2021)**

1 AN ACT establishing a permanent Alzheimer's and Dementia Care  
2 Long-Term Planning Commission, supplementing Title 26 of the  
3 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 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 2020 *Facts and Figures* report released by the  
21 Alzheimer's Association, nearly six million Americans age 65 or older  
22 <sup>1</sup>[(one] , or one<sup>1</sup> out of every 10 Americans in this age <sup>1</sup>[group)]  
23 group,<sup>1</sup> are currently living with Alzheimer's disease. Barring the  
24 development of medical breakthroughs to prevent, slow, or cure the  
25 disease, this number is expected to rise <sup>1</sup>by a factor of 22 percent<sup>1</sup> to  
26 7.1 million by 2025 <sup>1</sup>[(a 22 percent increase)] ,<sup>1</sup> and <sup>1</sup>to increase by a  
27 factor of 33 percent<sup>1</sup> to 13.8 million by 2050 <sup>1</sup>[(a 33 percent  
28 increase)]<sup>1</sup> . In New Jersey, the total number of seniors living with  
29 Alzheimer's <sup>1</sup>[(190,000 in the year 2020)] , which was 190,000 in the  
30 year 2020<sup>1</sup> is expected to increase by more than 10 percent, to  
31 210,000, by the year 2025.

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

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

**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 February 9, 2021.

1 fourth most burdensome disease in terms of the total number of years  
2 of life that are lived with a disability <sup>1</sup>[(YLDs)]<sup>1</sup> .

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

25 f. In 2019, more than 16 million caregivers provided an estimated  
26 18.6 billion hours in unpaid assistance across the nation to persons  
27 with Alzheimer's disease <sup>1</sup>and related disorders<sup>1</sup> or other  
28 <sup>1</sup>[**dementias**] forms of dementia<sup>1</sup> – a contribution to the nation that is  
29 valued at \$244 billion <sup>1</sup>[(**or**) , which is equal to approximately<sup>1</sup> 11  
30 times the total revenue of McDonald's in <sup>1</sup>[(**2018**)] 2018<sup>1</sup> . This  
31 included 448 caregivers who provided 510 million hours <sup>1</sup>[(**or** \$6.6  
32 billion worth)] equal to \$6.6 billion worth<sup>1</sup> of unpaid care in New  
33 Jersey alone.

34 g. Although personal care professionals, certified nurse aides,  
35 homemaker-home health aides, and other direct care professionals may  
36 be capable of providing paid caregiving services to persons with  
37 Alzheimer's disease and related <sup>1</sup>[**dementias**] disorders or other  
38 forms of dementia<sup>1</sup> , because of the low pay <sup>1</sup>[(**in this area**)] for  
39 caregiving services<sup>1</sup> and the tireless, difficult, and thankless nature of  
40 the work, there is currently a significant shortage of these  
41 professionals in the State, and turnover rates are high.

42 h. In addition to causing significant physical and mental burdens  
43 both to individuals who have the disease and to their caregivers,  
44 dementia, including Alzheimer's, is one of the costliest conditions to  
45 society. In 2020, the total nationwide cost of caring for persons with  
46 Alzheimer's <sup>1</sup>disease<sup>1</sup> and <sup>1</sup>related disorders or<sup>1</sup> other <sup>1</sup>[**dementias**]

1 forms of dementia<sup>1</sup> is projected to reach \$305 billion <sup>1</sup>[(not] , not<sup>1</sup>  
2 including \$244 billion in unpaid caregiver <sup>1</sup>[(costs)] costs<sup>1</sup> . <sup>1</sup>[(While]  
3 Although<sup>1</sup> Medicaid and Medicare are expected to cover \$206 billion  
4 <sup>1</sup>[(67 percent)] or 67 percent<sup>1</sup> of the total costs of dementia-related  
5 care, out-of-pocket spending is expected to amount to \$66 billion in  
6 2020 alone <sup>1</sup>[(22] , which is equal to 22<sup>1</sup> percent of total  
7 <sup>1</sup>[(payments)] payments under the programs<sup>1</sup> .

8 i. In 2019, total per-person health care and long-term care  
9 payments from all sources for Medicare beneficiaries with  
10 Alzheimer's <sup>1</sup>disease and related disorders<sup>1</sup> or other <sup>1</sup>[(dementias)]  
11 forms of dementia<sup>1</sup> were <sup>1</sup>[\$50,201 per person for those with dementia  
12 and \$14,326 person for those without dementia, which is<sup>1</sup> over three  
13 times as great as payments for other Medicare beneficiaries in the  
14 same age group <sup>1</sup>[((\$50,201 per person for those with dementia  
15 compared with \$14,326 per person for those without dementia)]<sup>1</sup> .

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

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

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

42 m. In general, patients with Alzheimer's <sup>1</sup>disease and related  
43 disorders<sup>1</sup> or other <sup>1</sup>[(dementias)] forms of dementia<sup>1</sup> have a 30 percent  
44 greater risk than other patients of experiencing a preventable  
45 hospitalization event, and patients with both dementia and depression

1 have a 70 percent greater risk of preventable hospitalization than  
2 persons without a neuropsychiatric disorder.

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

19 o. With a significant shortage of geriatric specialists to meet  
20 current and future dementia care needs, primary care physicians  
21 (PCPs) will play an increasingly important role in caring for dementia  
22 patients along the continuum of the disease and should, therefore, be  
23 properly trained in identifying the warning signs of Alzheimer's  
24 disease and related <sup>1</sup>**dementias** disorders or other forms of  
25 dementia<sup>1</sup> , providing timely and competent dementia diagnoses, and  
26 meeting the ongoing care and support needs of patients who are living  
27 with dementia.

28 p. <sup>1</sup>**While** Although<sup>1</sup> 82 percent of the 1,000 PCPs surveyed  
29 for the *2020 Facts and Figures* report indicated that they are already  
30 working on the front lines of Alzheimer's care, half reported that the  
31 medical profession is not adequately prepared to meet increased  
32 demand in this area. These PCPs also reported a lack of access to  
33 sufficient dementia-related training in medical schools and residency  
34 programs, and more than half indicated that they had not pursued  
35 additional training in dementia care following graduation or residency,  
36 due to challenges associated with obtaining such supplemental  
37 training.

38 q. Although the State has previously attempted to identify and  
39 address issues associated with Alzheimer's disease and related  
40 <sup>1</sup>**dementias** disorders or other forms of dementia<sup>1</sup> through the  
41 enactment of P.L.1983, c.352 (C.26:2M-1 et seq.) and P.L.2011, c.76  
42 (C.26:2M-16 et seq.) and the establishment of two different study  
43 commissions thereunder, each of those study commissions was  
44 temporary in nature and dissolved after the submission of a single  
45 report.

46 r. In light of the severe ongoing and worsening impacts and  
47 burdens of Alzheimer's disease and related <sup>1</sup>**dementias** disorders or

1 other forms of dementia<sup>1</sup>, the projections for rapid increases in the  
2 number of persons presenting with these conditions into the future, and  
3 New Jersey's current lack of a robust professional workforce  
4 necessary to address the concerns of this growing population of  
5 patients and their families, it is both reasonable and necessary for the  
6 State to establish a permanent commission to engage in a concerted,  
7 proactive, and ongoing effort to study and develop innovative  
8 solutions to address and mitigate the effects of this disease on citizens  
9 of this State, both now and into the future.

10

11 2. a. The Alzheimer's and Dementia Care Long-Term Planning  
12 Commission is established in the Department of Human Services. The  
13 purpose of the commission shall be to provide for the ongoing  
14 evaluation of the State's Alzheimer's disease and dementia care  
15 system and identify various innovative means and methods that can be  
16 used to address the significant shortcomings in that care system and  
17 otherwise expand and prepare the system to meet the increasing and  
18 evolving needs of a rapidly aging population.

19 b. The commission shall consist of <sup>1</sup>~~31~~ 12<sup>1</sup> members,  
20 including:

21 (1) Three non-voting ex officio members or their designees as  
22 follows:<sup>1</sup> the Commissioner of Health, the Commissioner of  
23 Human Services, <sup>1</sup>and<sup>1</sup> the New Jersey Long Term Care  
24 Ombudsman <sup>1</sup>~~],~~ the Director of the Division of Aging Services in  
25 the Department of Human Services, the Director of the Office of the  
26 Public Guardian for the Elderly in the Department of Human  
27 Services, the Director of the Office of Minority and Multicultural  
28 Health in the Department of Health, the Director of the Division of  
29 Medical Assistance and Health Services in the Department of  
30 Human Services, the President of Alzheimer's New Jersey, the  
31 Executive Director of the Alzheimer's Association Greater New  
32 Jersey Chapter, the Executive Director of the Alzheimer's  
33 Association Delaware Valley Chapter, the President of the New  
34 Jersey Health Care Quality Institute, the President of the Home  
35 Care and Hospice Association of New Jersey, the President of the  
36 New Jersey Hospital Association, the President of LeadingAge New  
37 Jersey, the Executive Director of Caregivers of New Jersey, the  
38 President of the New Jersey chapter of the AARP, and the  
39 Executive Director of the National Alliance on Mental Illness in  
40 New Jersey, or their designees, who shall serve ex officio <sup>1</sup>~~]~~ ;

41 (2) two <sup>1</sup>public<sup>1</sup> members <sup>1</sup>to be appointed by the President<sup>1</sup> of the  
42 Senate <sup>1</sup>~~]~~ who are not of the same political party, one of whom shall be  
43 appointed by the President of the Senate and one of whom shall be  
44 appointed by the Senate Minority Leader <sup>1</sup>~~]~~ as follows: one who shall  
45 represent an organization that advocates for members of the  
46 Alzheimer's community and one who shall represent a for-profit  
47 healthcare facility that offers memory care services<sup>1</sup> ;

1 (3) two public members to be appointed by the Speaker of  
2 the General Assembly ~~who are not of the same political party, one~~  
3 ~~of whom shall be appointed by the Speaker of the General~~  
4 ~~Assembly and one of whom shall be appointed by the Minority~~  
5 ~~Leader of the General Assembly~~ as follows: one who shall  
6 represent an organization that advocates for members of the  
7 Alzheimer's community and one who shall represent a non-profit  
8 healthcare facility that offers memory care services ; and

9 (4) ~~10~~ five public members to be appointed by the Governor  
10 as follows: ~~two health care professionals~~ one geriatrician who  
11 ~~are~~ is currently involved in the provision of direct services to  
12 patients with Alzheimer's disease ~~or other related dementias, one~~  
13 ~~of whom shall be a geriatric specialist and one of whom shall be a~~  
14 ~~primary care physician~~ and related disorders or other forms of  
15 dementia ; ~~two mental health care professionals~~ one  
16 psychiatrist who ~~provide~~ provides specialized services to  
17 persons with Alzheimer's disease ~~or related dementias, at least~~  
18 ~~one of whom shall be a psychiatrist~~ and related disorders or other  
19 forms of dementia ; one ~~personal care assistant, one homemaker-~~  
20 ~~home health aide, and one certified nurse aide, each of whom~~  
21 ~~provides~~ caregiver who provides paid services to persons with  
22 Alzheimer's disease or related ~~dementias~~ disorders or other  
23 forms of dementia ; one ~~citizen who is an~~ unpaid caregiver of  
24 a family member who has Alzheimer's disease or a related disorder  
25 or other form of dementia; ~~and~~ one ~~citizen~~ neurologist who  
26 ~~is an unpaid caregiver of a family member who has both~~  
27 provides specialized services to persons with Alzheimer's disease  
28 or a related disorder or other form of dementia ~~and at least one~~  
29 ~~other significant co-occurring disease, disorder, or condition; and~~  
30 ~~one senior citizen 65 years of age or older. Of the public members~~  
31 ~~appointed to the commission, not more than five shall be of the~~  
32 ~~same political party~~ .

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

42 d. All initial appointments to the commission shall be made  
43 within 60 days after the effective date of this act. Vacancies in the  
44 membership of the commission shall be filled in the same manner  
45 provided for the original appointments.

- 1 e. Any member of the commission may be removed by the  
2 Governor, for cause, after a public hearing.
- 3 f. The commission shall organize as soon as practicable, but  
4 not later than the 30th day <sup>1</sup>~~[,]~~<sup>1</sup> following the appointment of a  
5 majority of its members <sup>1</sup>~~,~~<sup>1</sup> and shall annually elect a chairperson  
6 and vice-chairperson from among its members. The chairperson  
7 shall appoint a secretary <sup>1</sup>~~[,]~~<sup>1</sup> who need not be a member of the  
8 commission.
- 9 g. Each year, the commission shall meet pursuant to a schedule  
10 to be established at its first annual meeting. The commission shall  
11 additionally meet at the call of its chairperson or <sup>1</sup>~~the~~  
12 ~~Commissioners of Health or Human Services]~~ at the call of the  
13 Commissioner of Health or the Commissioner of Human Services<sup>1</sup> .  
14 In no case shall the commission meet <sup>1</sup>~~less]~~ fewer<sup>1</sup> than four times  
15 per year.
- 16 h. A majority of the total number of members currently  
17 appointed to the commission shall constitute a quorum. A vacancy  
18 in the membership of the commission shall not impair the ability of  
19 the commission to exercise its duties and effectuate its purposes.  
20 The commission may conduct business without a quorum, but may  
21 only vote on recommendations when a quorum is present.  
22 Recommendations shall be approved by a majority of the members  
23 present.
- 24 i. The members of the commission shall serve without  
25 compensation, but shall be reimbursed for travel and other  
26 <sup>1</sup>~~miscellaneous]~~ necessary<sup>1</sup> expenses incurred in the <sup>1</sup>~~necessary]~~<sup>1</sup>  
27 performance of their duties, within the limits of funds made  
28 available to the commission for its purposes.
- 29 j. The commission shall have the power to:
- 30 (1) adopt, amend, or repeal suitable bylaws for the management  
31 of its affairs;
- 32 (2) maintain an office at such place or places as it shall  
33 designate;
- 34 (3) solicit, receive, accept, and expend any grant moneys or  
35 other funds that may be made available for its purposes by any  
36 government agency or any private for-profit or not-for-profit  
37 organization or entity;
- 38 (4) solicit and receive assistance and services from any State,  
39 county, or municipal department, board, commission, or agency, as  
40 it may require <sup>1</sup>~~[,]~~<sup>1</sup> and as may be available to it for its purposes;
- 41 (5) enter into any and all agreements or contracts, execute any  
42 and all instruments, and do and perform any and all acts or things  
43 necessary, convenient, or desirable to further the commission's  
44 purposes; and
- 45 (6) consult with, and solicit and receive testimony from, any  
46 association, organization, department, agency, or individual having  
47 knowledge of, and experience with: (a) the treatment and care of,

1 or provision of caregiving and personal care services to, persons  
2 with Alzheimer's disease and 'related disorders or' other  
3 '[dementias] forms of dementia' ; (b) the status or quality of the  
4 State's professional workforce in relation to Alzheimer's disease  
5 and dementia care; (c) the emotional, physical, or financial effects  
6 of Alzheimer's disease and 'related disorders or' other '[dementias]  
7 forms of dementia' on individuals, families, and the State; or (d) any  
8 other issues related to Alzheimer's disease or dementia.

9 k. The Department of Human Services shall provide  
10 professional and clerical staff to the commission '[,]' as may be  
11 necessary to effectuate the purposes of this act.

12  
13 3. a. The Alzheimer's and Dementia Care Long-Term Planning  
14 Commission '[,]' established pursuant to this act '[,]' shall have  
15 the ongoing duty to:

16 (1) study the incidence, prevalence, and impact of Alzheimer's  
17 disease and related '[dementias] disorders or other forms of  
18 dementia' in the State and in each region of the State and make  
19 projections about the future Statewide and regional incidence,  
20 prevalence, and impact of these conditions;

21 (2) gather, analyze, and disseminate to health care professionals,  
22 policymakers, and members of the public, as appropriate, data and  
23 information about: (a) the needs of persons with Alzheimer's  
24 disease and related '[dementias] disorders or other forms of  
25 dementia' , as well as the needs of their family members and  
26 caregivers; (b) the quality and consistency of care that is provided  
27 to persons with Alzheimer's disease and related '[dementias]  
28 disorders or other forms of dementia' in the State ' , including those  
29 members of the medically underserved community, the poor  
30 community, and the lesbian, gay, bisexual, transgender,  
31 questioning, queer, and intersex (LGBTQI) communities' ; (c) the  
32 affordability of Alzheimer's and dementia care in the State and the  
33 actual and projected Statewide costs and individual costs associated  
34 with Alzheimer's disease and related '[dementias] disorders or other  
35 forms of dementia' in New Jersey, including, but not limited to, the  
36 costs of health care, mental health care, long-term care, and personal  
37 care, and ancillary or incidental costs such as those associated with the  
38 lost work productivity of, or the treatment of stress-related physical  
39 conditions or depression and other mental health conditions in, family  
40 caregivers; (d) the '[cost-savings] cost savings' attained by the State  
41 through the provision of unpaid caregiving and personal care services  
42 by family caregivers; (e) the capacity of the State's health care and  
43 long-term care facilities to house and provide specialized services to  
44 persons with Alzheimer's '[or related dementias] disease and related  
45 disorders or other forms of dementia' ; (f) the status of Alzheimer's  
46 and dementia care in other states, as compared to New Jersey; and (g)

1 any other issue deemed by the commission to be relevant to effectuate  
2 the purposes of this act;

3 (3) assess the availability and affordability of existing programs,  
4 services, facilities, and agencies in the State that are used to meet  
5 the needs of persons with Alzheimer's disease 'and related  
6 disorders' or other '[dementias] forms of dementia' and the needs  
7 of their families and caregivers; evaluate the capacity of those  
8 existing policies, programs, services, facilities, and agencies to  
9 adapt to and adequately address the changing needs of dementia  
10 patients and their families and caregivers in the face of a  
11 continually increasing demand for services; and identify and  
12 recommend improvements to existing policies, programs, services,  
13 facilities, or agencies or the institution of new policies, programs,  
14 services, facilities, or agencies to address unmet and expanding  
15 needs in this area;

16 (4) study and outline the appropriate roles of State government,  
17 local governments, and health care facilities and professionals in  
18 providing or ensuring the provision of appropriate services and  
19 other assistance to persons with Alzheimer's disease 'and related  
20 disorders' or '[related dementias] or other forms of dementia' ,  
21 including persons in early stages of disease, and in providing or  
22 ensuring the provision of sufficient supportive and assistive  
23 services, including training and respite services, to unpaid family  
24 caregivers; and identify ways in which State and local governments  
25 and health care systems could increase their awareness of, and  
26 improve their ability to more effectively address, issues affecting  
27 persons with Alzheimer's disease 'and related disorders' or other  
28 '[dementias] forms of dementia' and their families;

29 (5) review and analyze the capacity of law enforcement officers  
30 and emergency medical responders in the State to compassionately  
31 and effectively interact with, diffuse conflicts involving, and  
32 provide emergency services to, persons with Alzheimer's disease  
33 and related '[dementias] disorders or other forms of dementia' ;

34 (6) identify and recommend best practices and training  
35 requirements for: (a) health care and mental health care  
36 professionals, particularly geriatric specialists and primary care  
37 practitioners, who are or will be practicing on the front lines of  
38 Alzheimer's and dementia care, in order to ensure that such  
39 professionals are properly trained and are capable of accurately and  
40 timely diagnosing Alzheimer's disease and related '[dementias]  
41 disorders or other forms of dementia.' understanding the progression  
42 of the disease, and recognizing and responding to the evolving  
43 needs of patients; (b) personal care professionals who provide  
44 services to patients with Alzheimer's disease '[or related  
45 dementias] and related disorders or other forms of dementia' , in  
46 order to ensure that such professionals are capable of providing  
47 compassionate and high quality personal care services and adapting

1 to the evolving needs of their patients; and (c) law enforcement  
2 officers, emergency medical responders, and other public safety  
3 officers, in order to ensure that those officers understand the  
4 complexities of dealing with persons with Alzheimer's disease and  
5 '[other dementias] related disorders or other forms of dementia'<sup>1</sup> and  
6 are better prepared to compassionately diffuse or resolve conflicts  
7 and respond to emergencies involving such persons;

8 (7) evaluate the sufficiency of the State's Alzheimer's and  
9 dementia care workforce, identify current and future workforce  
10 needs, anticipate future workforce shortages, develop innovative  
11 strategies to encourage and increase the recruitment and retention of  
12 health care, mental health care, direct support, and personal care  
13 professionals who are trained to provide Alzheimer's and dementia  
14 care, and take any other action necessary to encourage and facilitate  
15 the development and maintenance of a robust and specialized  
16 professional Statewide workforce that is capable of delivering high  
17 quality Alzheimer's and dementia-related care to a rapidly growing  
18 population in the State; and

19 (8) study and make recommendations on any other issue related  
20 to Alzheimer's disease '[or other dementias] and related disorders  
21 or other forms of dementia'<sup>1</sup>.

22 b. One year after the commission's organizational meeting, and  
23 annually thereafter, the commission shall prepare and submit a  
24 written report to the Governor and, pursuant to section 2 of  
25 P.L.1991, c.164 (C.52:14-19.1), to the Legislature. The written  
26 report shall contain, at a minimum:

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

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

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

46 (4) the commission's recommendations for legislative, executive,  
47 or other actions that can be undertaken, or strategies that can be  
48 implemented, to: (a) improve the quality, consistency, or

1 affordability of Alzheimer's and dementia care in the State and  
2 ensure its accessibility to all who need it; (b) reduce, eliminate, or  
3 mitigate the societal and individual impact of, and the Statewide,  
4 local, and individual costs or financial burdens associated with,  
5 Alzheimer's disease and <sup>1</sup>~~【other dementias】~~ related disorders or  
6 other forms of dementia<sup>1</sup> ; (c) ensure that the State's professional  
7 workforce is adequately trained, is capable of providing affordable,  
8 high quality Alzheimer's and dementia care throughout the State,  
9 and is sufficient in numbers and flexible enough to adapt to a  
10 rapidly increasing demand for services in the State; (d) ensure that  
11 unpaid caregivers in the State are recognized for their dedicated  
12 service and significant contributions to society and are provided  
13 with sufficient supportive and respite services, as well as financial  
14 assistance where possible and appropriate, as may be necessary for  
15 them to capably perform their caregiving tasks while avoiding  
16 unnecessary physical, mental, or financial strain; or (e) otherwise  
17 address the issues or mitigate the problems identified by the  
18 commission in its annual findings.

19

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

21

22 5. This act shall take effect immediately.