

ASSEMBLY HEALTH COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2682

with committee amendments

STATE OF NEW JERSEY

DATED: FEBRUARY 13, 2023

The Assembly Health Committee reports favorably and with committee amendments Assembly Bill No. 2682.

As amended by the committee, this bill permanently establishes an “Alzheimer’s and Dementia Care Long-Term Advisory Commission” in the Department of Human Services (DHS) to provide for the ongoing evaluation of the State’s system of care for Alzheimer’s disease and related disorders and other forms of dementia and identify means and methods that can be used to address shortcomings in the system or otherwise expand and prepare the system to meet the increasing and evolving needs of a rapidly growing population of people age 65 years and older.

The Alzheimer’s and Dementia Care Long-Term Advisory Commission will consist of 12 members, including the Commissioner of Health, the Commissioner of Human Services, and the New Jersey Long-Term Care Ombudsman, or their designees, who will serve as non-voting, ex officio members, as well as nine public members appointed by the Governor.

Specifically, the Governor will appoint two public members based upon the recommendation of the President of the Senate, including one member who represents an organization that advocates for members of the Alzheimer’s disease and related disorders or other forms of dementia community and one member who represents a for-profit healthcare facility that offers memory care services. The Governor will appoint two public members based upon the recommendation of the Speaker of the General Assembly, including one member who represents an organization that advocates for members of the Alzheimer’s disease and related disorders or other forms of dementia community and one member who represents a non-profit healthcare facility that offers memory care services. The Governor will appoint five additional public members, including: one geriatrician who provides direct services to patients with Alzheimer’s disease and related disorders or other forms of dementia; one psychiatrist who provides specialized services to patients with Alzheimer’s disease and related disorders or other forms of dementia; one caregiver who provides paid services to persons with Alzheimer’s disease 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 patients with Alzheimer's disease and related disorders or other forms of dementia.

All initial appointments to the commission are to be made within 180 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 Human Services. In no case may the commission meet fewer than two times per year.

The responsibilities of the Alzheimer's and Dementia Care Long-Term Advisory Commission will include, but not be limited to:

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

- 2) gathering, analyzing, and disseminating to health care professionals, policymakers, and members of the public, as appropriate, various types of data and information, as specified in the bill, related to care for Alzheimer's disease and related disorders or other forms of dementia 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 patients, including those members of the medically underserved community, the low-income 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) assessing the availability and affordability of existing programs, services, facilities, and agencies in the State that are used to meet the needs of persons with Alzheimer's disease and related disorders or other forms of dementia and the needs of their families and caregivers; evaluating the capacity of those existing policies, programs, services, facilities, and agencies to adapt to, and adequately address, the changing needs of patients and their families and caregivers in the face of a continually increasing demand for services; and identifying and recommending improvements to existing policies, programs, services, facilities, or agencies or the institution of new policies, programs, services, facilities, or agencies to address unmet and expanding needs in this area;

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

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

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

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

One year after the commission's organizational meeting, annually thereafter for a period of no less than five years, and thereafter upon request of the Legislature or as determined by the commission, the commission will be required to prepare and submit a written report to the Governor and the Legislature. The written report is to include, 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 actions that can be undertaken, or strategies that can be implemented, to:
 - a) improve the quality, consistency, or affordability of care for Alzheimer's disease and related disorders or other forms of dementia in the State and ensure 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 care for Alzheimer's disease and related disorders or other forms of dementia throughout the State, and is sufficient in numbers and flexible enough to adapt to a rapidly increasing demand for services in the State;
 - d) ensure that unpaid caregivers in the State are recognized for their dedicated service and significant contributions to society and are provided with sufficient supportive and respite services, as well as financial assistance where possible and appropriate, as may be necessary for them to capably perform their caregiving tasks while avoiding unnecessary physical, mental, or financial strain; or
 - e) otherwise address the issues or mitigate the problems identified by the commission in its annual findings.

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

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

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

3) consult with, and solicit and receive testimony from, any association, organization, department, agency, or individual having knowledge of, and experience with issues related to, Alzheimer's disease and related disorders or other forms of dementia.

The commission will serve in an advisory capacity to the Department of Human Services. The Department of Human Services will be required to provide professional and clerical staff to the commission.

As reported by the committee with amendments, Assembly Bill No. 2682 is identical to Senate Bill No. 1033 (2R), which was also reported by the committee on this date.

COMMITTEE AMENDMENTS:

The committee amendments:

1) revise the commission from a planning commission to an advisory commission and make various changes throughout the bill to reflect this change;

2) provide that the commission will serve in an advisory capacity to the Department of Human Services (DHS);

3) remove the bill's findings and declaration section;

4) revise various requirements concerning the membership of the commission and the manner in which public members will be appointed;

5) remove a provision allowing the Governor to remove any member from the commission for cause, following a public hearing;

6) revise the commission's meeting requirements;

7) extend the deadline for the initial appointment of the commission's members from 60 days to 180 days;

8) remove certain commissions powers

9) retain the commission's power to receive assistance from State and local government, provided that the commission receives approval from the commissioner.

10) revise the commission's responsibility to gather, analyze, and disseminate data to be contingent on the commissioner's approval and the availability of funds;

(11) provide that, in lieu of outlining to the DHS the appropriate roles of government entities in providing services to persons with Alzheimer's disease and other related disorders or other forms of dementia, the commission will make recommendations to the DHS on this topic.

12) revise reporting requirements;

13) revise the title and synopsis to reflect the above changes and

14) make various other technical changes to harmonize the terminology used throughout the bill, to address certain grammatical issues, to address a typographical error, and to improve clarity and readability.