

**The Florida Senate**  
**PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Children, Families, and Elder Affairs Committee

BILL: SB 1480

INTRODUCER: Senator Wise

SUBJECT: Alzheimer's Disease

DATE: March 28, 2007

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Adelstein	Jameson	CF	<b>Favorable</b>
2.	_____	_____	HP	_____
3.	_____	_____	HA	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**I. Summary:**

This bill requires the Department of Elder Affairs (DOEA) to establish a pilot program to educate the public with respect to screening for memory impairment. DOEA is required to submit an annual report concerning these activities. The bill also requires DOEA to conduct or support an evidence report concerning memory impairment.

The bill authorizes DOEA to award grants in support of programs which provide both information about memory screening and memory screening services. The bill establishes criteria for selecting grant recipients and provides preference to entities meeting certain requirements. Each grantee must submit an evaluation of its activities to DOEA.

The bill provides a \$500,000 nonrecurring appropriation from the General Revenue Fund for fiscal year 2007-2008 to DOEA.

This bill creates s. 430.505, F.S.

**II. Present Situation**

**Alzheimer's Disease**

Alzheimer's disease is the most common cause of dementia, or loss of mental function, among people age 65 and older.<sup>1</sup> Individuals who suffer from Alzheimer's disease or related disorders like vascular dementia experience the gradual loss of memory and the ability to learn, reason,

<sup>1</sup> Alzheimer's Foundation of America, <http://www.alzfdn.org/alzheimers/index.shtml>, (last accessed March 21, 2007).

make judgments, and communicate. Alzheimer's disease is not reversible, and neither its cause nor its cure are known. The disease can progress at widely varying rates, but ultimately most patients require total care.

More than half of all Alzheimer's patients continue to live at home, and 80 to 90 percent of them rely on family and friends for care.<sup>2</sup> The enormous responsibility and challenges of caring for an Alzheimer's patient can cause emotional, psychological, and physical problems for these caregivers. The average caregiver with a full-time job will miss three weeks of work a year, and one-fifth will quit their jobs to provide full-time care.<sup>3</sup>

Estimates suggest that one in ten people over the age of 65 and nearly half of those over the age of 85 have Alzheimer's disease.<sup>4</sup> In Florida alone, as many as 450,000 individuals currently suffer from Alzheimer's disease or other dementing illnesses.<sup>5</sup> Already ranked first nationally in the number of adults over age 60, by 2010 Florida's 65 and older population is projected to increase by 24.5 percent over population figures in 2000. Florida's population age 85 and older is expected to increase by 61.9 percent.<sup>6</sup> Because age is the single largest risk factor for Alzheimer's disease, these population changes are likely to significantly increase the number of people affected by Alzheimer's disease and other age-related dementias.

Alzheimer's disease is now the seventh leading cause of death in the nation and the fifth leading cause of death for those over age 65. While death rates for many major diseases, including heart disease, breast cancer, and prostate cancer, declined between 2000-2004, Alzheimer's disease deaths increased 33 percent during that period. In 2003, Florida was the state with the second highest number of deaths due to the disease.<sup>7</sup>

### **Memory Screening and Early Diagnosis**

Currently, the only way to definitively diagnose Alzheimer's disease is to examine brain tissue. In most cases, this does not occur until an autopsy is performed after death. However, at specialized centers doctors can diagnose Alzheimer's correctly up to 90 percent of the time through a variety of tests and screening measures.<sup>8</sup>

Although a cure for Alzheimer's is not yet available, some medical treatments have been shown to help prevent symptoms from worsening for a limited amount of time. Some medicines may also be used to help control behavioral symptoms of Alzheimer's disease, such as sleeplessness,

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<sup>2</sup> The American Geriatrics Society, <http://www.americangeriatrics.org/education/forum/alzcare2.shtml>, (last accessed March 22, 2007).

<sup>3</sup> Id.

<sup>4</sup> Alzheimer's Foundation of America, <http://www.alzfdn.org/alzheimers/statistics.shtml>, (last accessed March 20, 2007).

<sup>5</sup> Memory Disorder Clinics of Florida, State of Florida Department of Elder Affairs, *Memory Disorder Clinics of Florida Year End Summary 2006*, p. 14, (2006).

<sup>6</sup> The Florida Legislature Office of Economic & Demographic Research, *Florida Demographic Summary*, available at <http://edr.state.fl.us/population/popsummary.pdf>, (last accessed March 21, 2007).

<sup>7</sup> Alzheimer's Association, *Alzheimer's Disease Prevalence Rates Rise to More than Five Million in the United States*, Alzheimer News, March 20, 2007, [http://www.alz.org/news\\_and\\_events\\_rates\\_rise.asp](http://www.alz.org/news_and_events_rates_rise.asp).

<sup>8</sup> Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, <http://www.byrdinstitute.org/faqs/faqs.aspx>, (last accessed March 21, 2007).

anxiety, depression, agitation, or wandering.<sup>9</sup> This is particularly true for people in early or middle stages of the disease. Thus, early detection of degenerative disorders like Alzheimer's disease enhances the possibility of effective treatment. Early diagnosis can also enable patients to participate in decisions regarding their care.

Memory screenings consist of a series of questions and/or tasks designed to test memory and other intellectual functions. They are not used to diagnose any particular illness, but they can be very helpful in indicating whether an individual would benefit from further testing to identify Alzheimer's disease, related dementias, or other possible causes of symptoms which mimic Alzheimer's disease.<sup>10</sup> These screenings are typically provided by professionals such as social workers, pharmacists, nurses, and doctors. If a memory screening indicates that an individual may benefit from further testing, a doctor can identify "probable" Alzheimer's disease using the following tools:<sup>11</sup>

- Questions about a persons general health and medical history;
- Tests to measure memory, problem solving, attention, counting, and language;
- Medical tests, such as tests of blood, urine, or spinal fluid; and
- Brain scans.

### **The Alzheimer's Disease Initiative**

In 1985, the Florida Legislature created the Alzheimer's Disease Initiative (ADI) to provide services and training addressing the needs of people suffering from Alzheimer's disease and related disorders and their caregivers.<sup>12</sup> Pursuant to s. 430.501(2), F.S., an Alzheimer's Disease Initiative Advisory Committee composed of ten unsalaried members appointed by the governor advises the Department of Elder Affairs "regarding legislative, programmatic, and administrative matters that relate to Alzheimer's disease victims and their caretakers."

As part of the ADI, there are presently 15 memory disorder clinics in Florida, 13 of which are state funded and designated in s. 430.502(1), F.S.<sup>13</sup> For fiscal year 2006-2007, the state of Florida funded each of these clinics at \$246,692, totaling approximately \$3.2 million.<sup>14</sup> The DOEA contract with each memory disorder clinic addresses service, training and research components. Services and training provided, which vary depending on available resources in the area, include:<sup>15</sup>

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<sup>9</sup> Id.

<sup>10</sup> Alzheimer's Foundation of America, *Memory Screenings*, (2006).

<sup>11</sup> Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, <http://www.byrdinstitute.org/faqs/faqs.aspx>, (last accessed March 21, 2007).

<sup>12</sup> Originally ss. 410.403-410.401, F.S.

<sup>13</sup> Memory disorder clinics are currently established at the following locations: Florida Atlantic University, Boca Raton; Morton Plan, Clearwater; North Broward Medical Center, Deerfield Beach; Lee Memory Health System, Fort Meyers; University of Florida, Gainesville; Mayo Clinic, Jacksonville; East Central Florida, Melbourne; University of Miami; The Wien Center, Miami Beach; Orlando Regional; West Florida Hospital, Pensacola; Sarasota Memorial Hospital; Tallahassee Memorial Healthcare Neuroscience Center; University of South Florida, Tampa; Tenet at St. Mary's Medical Center, West Palm Beach.

<sup>14</sup> Department of Elder Affairs, 2007 Legislative Analysis, SB 1480, (March 2, 2007).

<sup>15</sup> Id.

- Conducting diagnostic workshops;
- Providing and accepting referrals;
- Identifying and making recommendations for treatment of other conditions;
- Documenting the rate of progression of the disease;
- Evaluating the needs of patients, caregivers, and families;
- Identifying and disseminating information on available community resources for assistance with Alzheimer’s disease;
- Provision of training to respite and model day care centers;
- Development of training programs for caregivers, caregiver organizations, and direct service staff; and
- The development and distribution of training modules to care providers and DOEA.

The clinics are statutorily mandated to conduct research in accordance with the following intent:<sup>16</sup>

“It is the intent of the Legislature that research conducted by a memory disorder clinic and supported by state funds...be applied research, be service-related, and be selected in conjunction with the department. Such research may address, but is not limited to, diagnostic technique, therapeutic interventions, and supportive services for persons suffering from Alzheimer’s disease and related memory disorders and their caregivers.”

A memory disorder clinic must submit a report to the department on any completed research.

The other core components of the ADI program include specialized model day care programs, respite services, a research database, and a brain bank for research purposes. DOEA is authorized to contract for the provision of model day care programs in conjunction with the memory disorder clinics, the purpose of which is to provide services to individuals suffering from Alzheimer’s disease or related disorders and training to health care and social service personnel.<sup>17</sup> The department is likewise authorized to contract for the provision of respite care, which is to be used as a resource for research and statistical data.<sup>18</sup> Pursuant to Rule 58D-1.004, F.A.C., the ADI program also includes a brain bank and a registry for collecting and studying post mortem normal control brains and brains from individuals clinically diagnosed with Alzheimer’s disease in order to conduct research on the cause, treatment, and cure for Alzheimer’s disease.

In addition to these resources, s.1004.445, F.S., established the Johnnie B. Byrd, Sr., Alzheimer’s Center and Research Institute in 2002 for the purposes of “conducting and supporting research, providing institutional research grants and investigator-initiated grants, developing and operating integrated data projects, and providing assistance to statutorily designated memory disorder clinics.”<sup>19</sup> Section 1004.445(12), F.S., provides a recurring appropriation of \$15 million annually for these purposes from the General Revenue Fund. Not less than 20 percent of these funds must

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<sup>16</sup> s. 430.502(2), F.S.

<sup>17</sup> s. 430.502(4), F.S.

<sup>18</sup> s. 430.502(5), F.S.

<sup>19</sup> s. 1004.445(12), F.S.

be expended for peer reviewed investigator-initiated grants.<sup>20</sup> Last year, the Institute awarded \$2.34 million in grants to scientific investigators and \$135,783 for community service grants.<sup>21</sup> Pursuant to s. 1004.445(14), F.S., in 2010 the Legislature is to review the performance, outcomes, and financial management of the Institute to determine future funding.

### III. Effect of Proposed Changes:

Subsection (1) requires the Department of Elderly Affairs (DOEA) to establish a pilot program to educate the public with respect to screening for memory impairment, including the importance of early diagnosis and treatment of Alzheimer's disease and related dementias. DOEA is required to submit to the President of the Senate and the Speaker of the House of Representatives an annual report concerning these activities, including their effects on memory screening rates.

Subsection (2) authorizes DOEA to award grants to qualifying entities in support of programs which provide information and education concerning the importance of memory screening and memory screening services. The bill defines "qualifying entity" to mean "a public or nonprofit entity that provides services and care to individuals who have Alzheimer's disease and related dementias and to their caregivers and families."

Grants may only be awarded to entities which have submitted to DOEA applications consistent with requirements set forth by the department. The bill provides that preference shall be given to applicants that:

- Demonstrate experience in both promoting public awareness of the importance of memory screening and in providing memory screening services;
- Establish arrangements with health care professionals and other organizations to provide memory screenings in a manner convenient to people in the communities they serve; and
- Provide matching funds.

The bill provides a \$500,000 nonrecurring appropriation from the General Revenue Fund for fiscal year 2007-2008 to DOEA for implementation of the program. DOEA may set aside no more than 15 percent of these funds for the provision of technical assistance to grantees.

Subsection (3) directs DOEA to conduct or support an evidence report concerning screening for memory impairment. The report must be submitted to the relevant legislative committees by June 30, 2008. The report is required to:

- Analyze scientific evidence regarding memory screening techniques;
- Assess nationwide memory screening availability; and
- Identify strategies to expand screening services through public-private partnerships.

The effective date of this bill is July 1, 2007.

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<sup>20</sup> s. 1004.445(8), F.S.

<sup>21</sup> Memory Disorder Clinics of Florida, State of Florida Department of Elder Affairs, *Memory Disorder Clinics of Florida Year End Summary 2006*, p. 34, (2006).

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

**V. Economic Impact and Fiscal Note:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

This bill creates a grant program to be administered by DOEA for which certain private entities may be eligible.

## C. Government Sector Impact:

This bill provides a \$500,000 nonrecurring appropriation from the General Revenue Fund for fiscal year 2007-2008 to DOEA for implementation of the program. DOEA is authorized to set aside no more than 15 percent of these funds for the provision of technical assistance to grantees.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

The Alzheimer's Disease Initiative Advisory Committee has expressed concern that this bill appropriates funds for services which are already provided by the ADI memory clinics.<sup>22</sup>

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This Senate Professional Staff Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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<sup>22</sup> Department of Elder Affairs, 2007 Legislative Analysis, SB 1480, (March 2, 2007).

## **VIII. Summary of Amendments:**

None.

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