

The administrative requirements in the bill can be covered within existing resources according to the Department of Elder Affairs. There is no appropriation either in this bill or in the Senate budget for Fiscal Year 2009-2010 to fund the grants authorized in this bill.

This bill creates s. 430.5025, 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.¹ 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, 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.² 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 to provide assistance to his or her loved one, and one-fifth will quit their jobs to provide full-time care.³

Estimates suggest that one in eight people over the age of 65 have Alzheimer's disease.⁴ In Florida alone, as many as 450,000 individuals currently suffer from Alzheimer's disease or other dementing illnesses.⁵ By 2010 Florida's 65 and older population is projected to increase by 20 percent over the year 2000. Florida's population age 85 and older is expected to increase by 55.8 percent.⁶ 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.⁷

¹ Alzheimer's Foundation of America, <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last accessed March 5, 2009).

² The American Geriatrics Society, <http://www.americangeriatrics.org/education/forum/alzcare2.shtml> (last accessed March 5, 2009).

³ *Id.*

⁴ Alzheimer's Foundation of America, <http://www.alzfdn.org/AboutAlzheimers/statistics.html> (last accessed March 5, 2009).

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

⁶ The Florida Legislature Office of Economic & Demographic Research, *Florida Demographic Summary*, available at <http://edr.state.fl.us/population/popsummary.pdf> (last accessed March 5, 2009).

⁷ Alzheimer's Association, *Alzheimer's Disease Prevalence Rates Rise to More than Five Million in the United States*, Alzheimer News, http://www.alz.org/news_and_events_rates_rise.asp (last accessed March 5, 2009).

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 accurately up to 90 percent of the time through a variety of tests and screening measures.⁸

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, anxiety, depression, agitation, or wandering.⁹ 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 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.¹⁰ 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:¹¹

- Questions about a person's 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.¹² 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 "...regarding legislative, programmatic, and administrative matters that relate to Alzheimer's disease victims and their caretakers."

⁸ Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, <http://www.byrdinstitute.org/faqs/faqs.aspx> (last accessed March 5, 2009).

⁹ *Id.*

¹⁰ Alzheimer's Foundation of America, <http://www.alzfdn.org/BrainHealth/memoriescreenings.html> (Last accessed March 5, 2009).

¹¹ Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, <http://www.byrdinstitute.org/faqs/faqs.aspx> (last accessed March 5, 2009).

¹² Chapter 85-145, L.O.F.

As part of the ADI, there are 15 memory disorder clinics¹³ in Florida, 13 of which are state funded and designated in s. 430.502(1), F.S. The department's contract with each memory disorder clinic addresses service, training, and research components. The services and training provided, which vary depending on available resources in the area, include:¹⁴

- 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 direction:¹⁵

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. The department 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.¹⁶ 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.¹⁷ Pursuant to Rule 58D-1.004, F.A.C., the ADI program also includes a brain bank and a registry for collecting and studying

¹³ Memory disorder clinics are currently established at the following locations: Florida Atlantic University, Boca Raton; Morton Plant, Clearwater; North Broward Medical Center, Deerfield Beach; Lee Memory Health System, Fort Myers; 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.

¹⁴ *Id.*

¹⁵ s. 430.502(2), F.S.

¹⁶ s. 430.502(4), F.S.

¹⁷ s. 430.502(5), F.S.

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. The primary brain bank is at the Mt. Sinai Medical Center in Miami Beach. Coordinators at four regional brain bank sites throughout the state assist with the effort.¹⁸

III. Effect of Proposed Changes:

The bill requires DOEA to develop and implement a public education program relating to screening for memory impairment and the importance of early diagnosis and treatment of Alzheimer's disease and related disorders.

The bill authorizes DOEA to award grants to qualifying entities to support the development, expansion, or operation of programs that provide screenings for memory impairment or information and education on memory screening. It also specifies the process by which a potential grantee must submit its application.

The bill defines the term "qualifying entity", and provides that when awarding grants, the department give preference 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 that DOEA may set aside no more than 15 percent of the funds appropriated for the fiscal year to provide technical assistance to grantees.

The bill requires that a grantee submit an evaluation to the department that describes the grantee's activities and the impact of those activities. It also directs the department to submit an annual report to the President of the Senate and the Speaker of the House of Representatives on the activities of the public education program and the grant program.

The bill directs DOEA to conduct or provide support for a study on screening for memory impairment. A report describing the results of the study is required to be submitted to the substantive Senate and House committees no later than 12 months after the bill becomes law. The report must include recommendations to increase awareness of the importance of early detection of memory impairment and to improve access to memory screening services.

The bill provides that the memory impairment screening grant program is contingent on a specific appropriation.

The bill has an effective date of July 1, 2009.

¹⁸ DOEA, Brain Bank website: available at <http://elderaffairs.state.fl.us/english/BrainBank/index.php> (last accessed March 6, 2009).

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The department reports that it currently contracts with 13 Memory Disorder Clinics that provide services to individuals with memory problems, their families, and caregivers. The department believes it can fulfill the operational intent of this bill within existing resources. However, DOEA would need a specific appropriation for it to be able to award grants to entities as specified in the bill.¹⁹ This bill provides that the memory impairment screening grant program is contingent on a specific appropriation.

VI. Technical Deficiencies:

None.

VII. Related Issues:

According to the department, the provisions of this bill would be duplicative of services currently being provided by memory disorder clinics throughout the state.²⁰

¹⁹ Department of Elder Affairs 2009 Legislative Bill Analysis, Senate Bill 260, January 20, 2009 (on file with the committee).

²⁰ *Id.*

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health and Human Services Appropriations Committee on April 20, 2009:

- Makes implementation of the memory impairment screening grant program contingent on a specific appropriation.
- Clarifies that care for persons with Alzheimer's disease training applies to hospices.
- Clarifies that a person who's completed Alzheimer's disease training does not have to repeat the training when changing employment to a different facility.
- Makes technical changes to conform to the House bill.

CS by Children, Families, and Elder Affairs on March 11, 2008:

The committee substitute clarifies that no more than 15 percent of the appropriation for this program may be used for technical support.

- B. **Amendments:**

None.