

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 589

Alzheimer's Disease

SPONSOR(S): Schwartz

TIED BILLS:

IDEN./SIM. BILLS: CS/SB 260

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Elder & Family Services Policy Committee	8 Y, 0 N, As CS	Schoonover	Ciccone
2)	Health & Family Services Policy Council			
3)	Healthy Seniors Appropriations Committee			
4)	Full Appropriations Council on General Government & Health Care			
5)				

SUMMARY ANALYSIS

CS/HB 589 directs the Department of Elderly Affairs (DOEA or "the department") to develop a public education program regarding memory impairment screening and early diagnosis and treatment of Alzheimer's disease and related disorders.

The bill authorizes the department to award grants to public and nonprofit private entities that provide services and care to individuals who have Alzheimer's disease or related disorders. The bill establishes evaluation and selection criteria of grant applicants and provides preference to entities meeting certain requirements. The bill also requires that an entity that receives a grant must submit an evaluation to the department describing how funds were used and the effectiveness of its activities. The bill allows the department to set aside no more than 15% of the funds appropriated to the screening and grant program to provide grant recipients with technical support.

The bill directs the department to submit annually to the President of the Senate and the Speaker of the House of Representatives a report on the activities performed, including the rate of screening and improved outcomes for patients and caregivers.

The bill also directs the department to conduct or provide support for a study concerning screening for memory impairment. The department is directed to prepare and submit a report that describes the results of the study to the relevant committees of the Senate and House of Representatives.

The bill also provides that implementation of the memory impairment screening and grant program is not contingent on the appropriation of state funds.

This bill provides an effective date of July 1, 2009.

## HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Background

##### *Alzheimer's Disease*

Alzheimer's disease is the most common cause of dementia, or loss of mental function, among people age 65 and older. Alzheimer's is a progressive, degenerative disorder and neither its cause nor its cure is known.<sup>1</sup> Currently, the only way to confirm that an individual suffered from Alzheimer's disease is by conducting a brain autopsy at the time of death.<sup>2</sup> Individuals who suffer from Alzheimer's disease experience the gradual loss of memory and the ability to learn, reason, make judgments, and communicate.<sup>3</sup>

More than half of Alzheimer's patients live at home, while 80 to 90 percent of them rely on family and friends for care.<sup>4</sup> Alzheimer's disease affects not only the person who has it, but everyone in the family. Studies show that the average caregiver with a full-time job will miss up three weeks of work a year, and one in five will quit their jobs to provide full-time care.<sup>5</sup>

There are an estimated 5.2 million Americans—or, one in eight persons over age 65 - living with Alzheimer's disease.<sup>6</sup> This number is expected to grow to 16 million by 2050.<sup>7</sup> According to the Alzheimer's Association, it is estimated there are over 450,000 cases of Alzheimer's disease in Florida.<sup>8</sup> By 2010, Florida's 65 and older population is expected to increase 20% over population figures in 2000, representing 17.5% of Florida's total population. Since the risk of developing Alzheimer's increases with age, population increases in Florida are likely to increase the number of people affected by Alzheimer's disease and other age-related dementias.<sup>9</sup>

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<sup>1</sup> Alzheimer's Foundation of America, see <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last visited March 4, 2009).

<sup>2</sup> Department of Elderly Affairs, see <http://elderaffairs.state.fl.us/english/BrainBank/index.php> (last visited March 12, 2009).

<sup>3</sup> Alzheimer's Foundation of America, see <http://www.alzfdn.org/AboutDementia/definition.html> (last visited March 4, 2009).

<sup>4</sup> The American Geriatrics Society, see <http://www.americangeriatrics.org/education/forum/alzcare2.shtml> (last visited March 4, 2009).

<sup>5</sup> Id.

<sup>6</sup> Alzheimer's Foundation of America, see [http://www.alzfdn.org/AboutAlzheimers/statistics\\_pr.html](http://www.alzfdn.org/AboutAlzheimers/statistics_pr.html) (last visited March 9, 2009).

<sup>7</sup> Alzheimer's Association, see [http://www.alz.org/news\\_and\\_events\\_14004.asp](http://www.alz.org/news_and_events_14004.asp) (last visited March 6, 2009).

<sup>8</sup> Alzheimer's Association Report, 2008 Alzheimer's Disease Facts and Figures, see [http://www.alz.org/national/documents/report\\_alzfactsfigures2008.pdf](http://www.alz.org/national/documents/report_alzfactsfigures2008.pdf) (last visited March 9, 2009).

<sup>9</sup> Alzheimer's Foundation of America, see [http://www.alzfdn.org/AboutAlzheimers/statistics\\_pr.html](http://www.alzfdn.org/AboutAlzheimers/statistics_pr.html) (last visited March 9, 2009).

Alzheimer's disease is currently the sixth leading cause of death in the United States<sup>10</sup> and the fifth leading cause for people over age 65.<sup>11</sup> While death rates for diseases including heart disease, breast cancer, prostate cancer, and stroke declined during 2000-2005, death from Alzheimer's disease increased by 44.7 percent.<sup>12</sup>

### *Memory Screening*

Memory Screening is a safe and simple evaluation tool that is used to assess memory and other intellectual functions and indicates whether additional testing is needed. Memory screening typically occurs in either medical facilities or community settings such as a senior center. Using a memory screening process, clinicians or doctors can diagnose Alzheimer's disease with more than 90% accuracy.<sup>13</sup>

During a screening, clinicians or doctors diagnose probable Alzheimer's disease by examining full medical history and conducting lab tests, a physical exam, brains scans and neuropsychological tests that gauge memory, attention, language skills and problem-solving abilities. Proper diagnosis is vital since several other causes of dementia exist with the same symptoms of Alzheimer's. Memory screening can aid in quicker diagnosis of probable Alzheimer's disease, making it easier for Alzheimer's victims and caregivers to manage symptoms and plan for the future easier.<sup>14</sup>

### *The Alzheimer's Disease Initiative*

In 1985, the Legislature created the Alzheimer's disease Initiative (ADI) to provide continuing services and training for individuals and families affected by Alzheimer's disease and related memory disorders.<sup>15</sup> The Alzheimer's Disease Initiative Advisory Committee is composed of 10 unpaid members appointed by the Governor and are tasked with advising the Department of Elderly Affairs ("the department") in the performance of its duties under the ADI. Specifically the committee is authorized to advise the department regarding legislative, programmatic, and administrative matters that relate to Alzheimer's victims and their families.<sup>16</sup> For FY 2008-2009, the Legislature appropriated \$12.5 million to the ADI. There are four main program components to the ADI.

- **Memory Disorder Clinics:** Provides comprehensive assessments, diagnostic services, referral services, and treatment for persons who exhibit systems of Alzheimer's disease and other memory related disorders.<sup>17</sup>
- **Respite Care:** Offers in-home caregiver relief and supportive services including caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements.<sup>18</sup>
- **Model Day Care Programs:** Operate in conjunction with memory disorder clinics to test therapeutic models and delivery of specialized care.<sup>19</sup>
- **Brain Banks:** Compares clinical data about client's condition, which is obtained prior to the client's death with a sample of the client's brain tissue obtained after death. Provides valuable data on the pathology of Alzheimer's disease.<sup>20</sup>

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<sup>10</sup> Alzheimer's Association, *Alzheimer's disease supersedes diabetes as sixth leading cause of death in the United States*, Alzheimer's News, June 12, 2008, see [http://www.alz.org/news\\_and\\_events\\_13689.asp](http://www.alz.org/news_and_events_13689.asp).

<sup>11</sup> Alzheimer's Association Report, 2008 Alzheimer's Disease Facts and Figures, see [http://www.alz.org/national/documents/report\\_alzfactsfigures2008.pdf](http://www.alz.org/national/documents/report_alzfactsfigures2008.pdf) (last visited March 11, 2009).

<sup>12</sup> *Id.*

<sup>13</sup> Alzheimer's Association, see [http://www.alz.org/alzheimers\\_disease\\_steps\\_to\\_diagnosis.asp](http://www.alz.org/alzheimers_disease_steps_to_diagnosis.asp) (last visited March 13, 2009).

<sup>14</sup> Alzheimer's Foundation of America, see <http://alzfdn.org/AboutAlzheimers/diagnosis.html> (last visited March 11, 2009).

<sup>15</sup> s. 430.503, F.S.

<sup>16</sup> s. 430.501, F.S.

<sup>17</sup> Florida Department of Elderly Affairs, see [http://elderaffairs.state.fl.us/english/alz\\_mem.php](http://elderaffairs.state.fl.us/english/alz_mem.php) (last visited March 12, 2009).

<sup>18</sup> Florida Department of Elderly Affairs, see [http://elderaffairs.state.fl.us/english/alz\\_respite.php](http://elderaffairs.state.fl.us/english/alz_respite.php) (last visited March 15, 2009).

<sup>19</sup> s. 430.502(5), F.S.

<sup>20</sup> Florida Department of Elderly Affairs, Memory Disorder Clinic and Brain Banks, 2008 Year End Summary

Currently, there are 15 memory disorder clinics in Florida as provided in s. 430.502, F. S. These clinics provide comprehensive assessments, diagnostic services, referral services, and treatment for persons with symptoms of Alzheimer's disease and related memory disorders. In addition, these clinics develop training programs and materials, and conduct training for caregivers, respite service providers and health care professionals.<sup>21</sup> The statutes require that state funds be used to support research conducted by memory disorder clinics that addresses diagnostic technique, therapeutic interventions, and supportive services for persons suffering from Alzheimer's disease and related memory disorders. Memory disorder clinics must submit a report containing the findings, conclusions, and recommendations of completed research to the department.<sup>22</sup>

In FY 2008-2009, the state funded memory disorder clinics \$3,124,291.

According to the department, during FY 2007-2008, memory disorder clinics served a total of 4,745 patients, conducted a total of 3,786 diagnostic evaluations, and counseled a total of 1,942 primary caregivers. Additionally, during FY 2007-2008, memory disorder clinics provided 4,084 hours of training to 40,606 trainees, which included health students, family caregivers, social service agencies, members of the health profession and the general public. The workshops offered at the memory disorder clinics are free and open to the public.<sup>23</sup>

Florida's 13 Memory Disorder Clinics and the amount funded at each clinic in 2008-2009 are:

- University of South Florida (Tampa, \$234,527)
- University of Florida (Gainesville, \$234,527)
- University of Miami (Miami, \$234,527)
- The Wien Center for Alzheimer's Disease and Memory Disorders at Mt. Sinai Medical Center (Miami Beach, \$309,967)
- Memory Disorder Clinic at North Broward Medical Center (Deerfield Beach, \$234,527)
- East Central Florida Memory Disorder Clinic (Melbourne, \$234,527)
- Mayo Clinic Jacksonville Memory Disorder Clinic (Jacksonville, \$234,527)
- West Florida Hospital Memory Disorder Clinic (Pensacola, \$234,527)
- St. Mary's Medical Center Memory Disorder Clinic (West Palm Beach, \$234,527)
- Orlando Regional Healthcare System (Orlando, \$234,527)
- Tallahassee Memorial Healthcare Memory Disorder Clinic (Tallahassee, \$234,527)
- Lee Memorial Health System's Lee Memory Care (Ft. Myers, \$234,527)
- Sarasota Memorial Hospital Memory Disorder Clinic (Sarasota, \$234,527)

The two unfunded memory disorder clinics are located at Morton Plant Hospital in Clearwater and Florida Atlantic University in Boca Raton. These clinics are in statute by name recognition only and receive funding from private grants and philanthropic organizations.

#### FY 08-09 Appropriations

Respite Care	\$6,745,796
Memory Disorder Clinics	\$3,124,291
Model Day Care Programs	\$357,963
Brain Banks	\$123,721

#### Effect of Bill

CS/HB 589 creates s. 430.5025, F.S., and directs the department to develop and implement a public education program regarding memory screening, early diagnosis, and treatment. The bill allows the department to award grants to qualifying entities to support the development, expansion, or operation of programs that provide memory screening information and education. The department is directed to award grants to applicants that meet certain criteria including experience in promoting public education

<sup>21</sup> Florida Department of Elderly Affairs, see [http://elderaffairs.state.fl.us/english/alz\\_mem.php](http://elderaffairs.state.fl.us/english/alz_mem.php) (last visited March 12, 2009).

<sup>22</sup> s. 430.502(2), F.S.

<sup>23</sup> Department of Elder Affairs 2009 Legislative Bill Analysis, Senate Bill 260, January 20, 2009

of memory screening and in providing memory screening; established arrangements with health care providers to provide memory screenings; and the ability to provide matching funds. The bill requires entities who receive grants to submit an evaluation to the department describing the activities carried out with funds received and their long-term effects. The bill also requires the department to submit an annual report to the President of the Senate and the Speaker of the House of Representatives describing activities and success rates of the program. The bill permits the department to set aside no more than 15% of the funds appropriated to the screening and grant program for the fiscal year to provide grant recipients with technical support. The effect of these changes will increase not only awareness and education on memory screening, but also memory screening availability across the state. However, it is possible that the services created in this bill will duplicate memory screening activities already carried out by the 13 publicly funded and statutorily created memory disorder clinics.

The bill also directs the department to conduct or provide support for a study on memory impairment, which analyzes screening techniques, assesses the availability of memory screening on a nationwide basis, and identifies strategies to expand memory screening services. The bill requires the department to submit a report on its findings and recommendations to the relevant committees of the Senate and House of Representatives. The effect of the findings and recommendations in the report will result in additional data and analysis on memory screening of individuals. However, the study could duplicate research that is currently carried out by the memory disorder clinics or other programs funded by the Alzheimer's disease Initiative.

Although, the bill also provides that the implementation of the screening and grant program is not contingent on the appropriation of funds, the effect of this bill could place an unfunded mandate on the department to carry-out the screening and grant program, resulting in the department having to divert funds allocated for another purpose.

#### B. SECTION DIRECTORY:

Section 1: Creates s. 430.5025, F.S., relating to memory impairment screening and grants.

Section 2: Creates an unnumbered section of law, relating to a study on screening for memory impairments.

Section 3: Provides an effective date of July 1, 2009.

### II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

#### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The bill does not include an appropriation to implement the grant program and study. Since implementation of the screening and grant program is not contingent on appropriation of state funds, the department may be faced with having to divert funds appropriated for other departmental purposes.

**III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require counties or municipalities to spend funds or take any action requiring the expenditure of funds; reduce the authority that municipalities or counties have to raise revenue in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

**IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES**

On March 18, 2009, the Elder and Family Services Policy Committee adopted two amendments by the bill sponsor. The first amendment clarifies that the 15%, which may be set aside for technical support to grant recipients, comes out of the total amount appropriated to the memory impairment and grant program. The second amendment provides clarification that implementation of the memory impairment and grant program is not contingent on the appropriation of state funds.

The bill was reported favorably as a Committee Substitute. The analysis reflects the Committee Substitute.