

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/CS/CS/HB 589

Alzheimer's Disease

SPONSOR(S): Healthy Seniors Appropriations Committee, Health & Family Services Policy Council, Elder & Family Services Policy Committee; 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	23 Y, 0 N, As CS	Lowell	Gormley
3)	Healthy Seniors Appropriations Committee	6 Y, 0 N, As CS	Edwards	Dixon
4)	Full Appropriations Council on General Government & Health Care			
5)				

SUMMARY ANALYSIS

CS/CS/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 of Alzheimer's disease and related disorders. The department is required to submit an annual report concerning these activities.

The bill provides specific guidelines relating to the implementation of the public education program, the memory impairment screening grant program, and the study on screening for memory impairment.

The bill authorizes the department to award grants to entities that support programs that provide memory screening information and services, and establishes evaluation and selection criteria of grant applicants. 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 provide technical support to grant recipients.

The bill directs the department to conduct or provide support for a study regarding memory impairment screening, including evidence-based memory screening techniques and the availability of memory screening services.

The bill provides an exemption for employees previously trained in Alzheimer's disease care who change employment to a hospice facility. It deletes the exemption for employees of adult family care homes.

The bill also requires direct care givers to comply with other applicable continuing education requirements relating to Alzheimer's disease or related disorders.

The bill provides an exemption for repeat training in specialized Alzheimer's disease care if the employee of direct caregiver changes employment to a different assisted living facility or nursing home, hospice, adult day care center, or home health agency. The bill deletes the exemption for individuals who change employment to a different facility.

The bill does not appear to have a fiscal impact on state or local governments.

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.¹ 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.² Individuals who suffer from Alzheimer's disease experience the gradual loss of memory and the ability to learn, reason, make judgments, and communicate.³

More than half of Alzheimer's patients live at home, while 80 to 90 percent of them rely on family and friends for care.⁴ 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.⁵

There are an estimated 5.2 million Americans—or, one in eight persons over age 65—living with Alzheimer's disease.⁶ This number is expected to grow to 16 million by 2050.⁷ According to the Alzheimer's Association, it is estimated there are approximately 450,000 cases of Alzheimer's disease in Florida.⁸ 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.⁹ 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.¹⁰

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

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

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

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

⁵ *Id.*

⁶ Alzheimer's Foundation of America, see http://www.alzfdn.org/AboutAlzheimers/statistics_pr.html (last visited March 9, 2009).

⁷ Alzheimer's Association, see http://www.alz.org/news_and_events_14004.asp (last visited March 6, 2009).

⁸ Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 9, 2009).

⁹ The Florida Legislature Office of Economic & Demographic Research, *Florida Demographic Summary*, see <http://edr.state.fl.us/population/popsummary.pdf> (last visited March 27, 2009).

¹⁰ Florida Department of Elderly Affairs, *Memory Disorder Clinics and Brain Banks 2008 Year End Summary*, p. 5 (2008).

Alzheimer's disease is currently the sixth leading cause of death in the United States¹¹ and the fifth leading cause for people over age 65.¹² While death rates for diseases including heart disease, breast cancer, prostate cancer, and stroke declined during 2000-2006, death from Alzheimer's disease increased by 47.1 percent. In 2005, Florida was the state with the second highest number of deaths due to Alzheimer's disease.¹³

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.¹⁴

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.¹⁵

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.¹⁶ 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.¹⁷ 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 symptoms of Alzheimer's disease and other memory related disorders.¹⁸
- **Respite Care:** Offers in-home caregiver relief and supportive services including caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements.¹⁹
- **Model Day Care Programs:** Operate in conjunction with memory disorder clinics to test therapeutic models and delivery of specialized care.²⁰
- **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.²¹

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

¹¹ 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.

¹² Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 11, 2009).

¹³ *Id.*

¹⁴ Alzheimer's Association, see http://www.alz.org/alzheimers_disease_steps_to_diagnosis.asp (last visited March 13, 2009).

¹⁵ Alzheimer's Foundation of America, see <http://alzfdn.org/AboutAlzheimers/diagnosis.html> (last visited March 11, 2009).

¹⁶ s. 430.503, F.S.

¹⁷ s. 430.501, F.S.

¹⁸ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_mem.php (last visited March 12, 2009).

¹⁹ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_respite.php (last visited March 15, 2009).

²⁰ s. 430.502(4), F.S.

²¹ Florida Department of Elderly Affairs, *Memory Disorder Clinics and Brain Banks 2008 Year End Summary*, p. 23 (2008).

health care professionals.²² 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.²³

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

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.²⁴

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/CS/CS/HB 589 creates s. 430.5025, F.S., and directs the department to develop and implement a public education program regarding memory impairment screening and early diagnosis and treatment of Alzheimer's disease and related disorders.

The bill provides specific guidelines relating to the implementation of the public education program, the memory impairment screening grant program, and the study on screening for memory impairment.

The bill allows the department to award grants to entities that meet support the development, expansion, or operation of programs that provide memory screening information and education. The bill

²² Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_mem.php (last visited March 12, 2009).

²³ s. 430.502(2), F.S.

²⁴ Department of Elder Affairs 2009 Legislative Bill Analysis, Senate Bill 260, January 20, 2009.

provides evaluation and selection criteria of grant applicants and requires that any 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 provide technical support to grant recipients. These changes should increase memory screening awareness and provide public education regarding the availability of memory screening services. 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 department is directed to annually submit to the President of the Senate and the Speaker of the House of Representatives a report describing activities of the program.

The bill directs the department to conduct or provide support for a study regarding memory impairment screening, including evidence-based memory screening techniques and the availability of memory screening services. The study shall analyze scientific evidence regarding techniques for memory screening, assess the availability of memory screening on a nationwide basis, and identify strategies to expand screening services through public-private partnerships to improve patient and caregiver outcomes. The bill requires the department to prepare and submit to the relevant committees of the Senate and the House of Representatives a report that describes the results of the study. The effect of the findings and recommendations in the report will provide additional data and analysis on memory screening. However, the study could duplicate research that is currently carried out by the 13 publicly funded and statutorily created memory disorder clinics.

The bill provides an exemption for employees previously trained in Alzheimer's disease care who change employment to a hospice facility. It deletes the exemption for employees of adult family care homes. The effect of this change will allow employees to transfer to hospice facilities without having to repeat duplicate topic specific training related to Alzheimer's disease.

The bill also requires direct care givers to comply with other applicable continuing education requirements relating to Alzheimer's disease or related disorders. The effect of this change will require the new employee to complete all other education requirements that are applicable to a home health agency, assisted living facility, nursing home, or adult day care center.

The bill provides an exemption for repeat training in specialized Alzheimer's disease care if the employee of direct caregiver changes employment to a different assisted living facility or nursing home, hospice, adult day care center, or home health agency. The bill deletes the exemption for individuals who change employment to a different facility. The effect of this change will allow employees to transfer employment without having to repeat duplicate topic specific training related to Alzheimer's disease or related disorders.

The bill does not appear to have a fiscal impact on state or local governments.

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

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: Creates an unnumbered section of law, relating to implementation.

Section 4: Amends s. 400.1755, F.S.; relating to care for person's with Alzheimer's disease or related disorders.

Section 5: Amends s. 400.6045, F.S.; relating to patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.

Section 6: Amends s. 429.178, F.S.; relating to special care for persons with Alzheimer's disease or other related disorders.

Section 7: 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. Therefore, implementation of the memory impairment screening grant program could only occur from private resources. The implementation of the public education program and study on screening for memory impairment can be accomplished within existing resources of the Department of Elderly Affairs.

The bill directs the public education program activities and the memory impairment study to operate within the department's existing resources. The bill also directs that the memory impairment screening grant program activities is contingent on the appropriation of state funds or the availability of private resources. The effect of these changes ensures that the department does not have to divert funds allocated for another purpose to carry out the grant program.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. 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.

On March 26, 2009, the Health and Family Services Policy Council adopted one amendment by the bill sponsor. The amendment creates a new section and clarifies that the public education program and the memory impairment study will operate within existing resources of the Department of Elderly Affairs, and the memory impairment screening grant program implementation is contingent on appropriation of state funds or the availability of private resources.

The bill was reported favorably as a Council Substitute.

On April 13, 2009, the Healthy Seniors Appropriation Committee adopted one amendment by the bill sponsor. The amendment provides training exemptions for previously trained employees who transfer employment to specified facilities. The amendment also requires direct caregivers to meet all applicable education requirements upon changing employment to specified facilities.

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