By Senator Wise

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5-00521-10 2010580___ A bill to be entitled

An act relating to Alzheimer's disease; creating s. 430.5025, F.S.; directing the Department of Elderly Affairs to develop and implement a public education program relating to screening for Alzheimer's disease; providing criteria for awarding grants; providing a definition; requiring grant recipients to submit an evaluation of certain activities to the department; authorizing the department to provide technical support; requiring an annual report to the Legislature; requiring the department to conduct or support a study on memory-impairment screening; requiring a report to the Legislature; providing for implementation of the public education program to operate within existing resources of the department; providing that implementation of the memory-impairment screening grant program is contingent upon an appropriation of state funds or the availability of private resources; providing for implementation of the screening study on memory impairment to operate within existing resources of the department; amending s. 400.1755, F.S.; specifying the types of facilities where an employee or direct caregiver of an assisted living facility may begin employment without repeating certain training requirements; amending s. 400.6045, F.S.; requiring direct caregivers to comply with certain continuing education requirements; amending s. 429.178, F.S.; specifying the types of facilities where an employee or direct caregiver of an assisted

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living facility may begin employment without repeating certain training requirements; providing an effective date.

WHEREAS, Alzheimer's disease is a slow, progressive disorder of the brain which results in loss of memory and other cognitive functions, is the eighth leading cause of death in the United States, and currently affects an estimated 5 million Americans, with that number expected to increase to 16 million by mid-century, and

WHEREAS, Alzheimer's disease strikes approximately 1 in 10 people over the age of 65 and nearly half of those who are age 85 or older, although some people develop symptoms as young as age 40, and

WHEREAS, Alzheimer's disease takes an enormous toll on family members who are the caregivers for individuals having the disease, and

WHEREAS, caregivers for individuals who have Alzheimer's disease suffer more stress, depression, and health problems than caregivers for individuals who have other illnesses, and

WHEREAS, Alzheimer's disease costs United States businesses more than \$60 billion annually due to lost productivity and absenteeism by primary caregivers and increased insurance costs, and

WHEREAS, recent advancements in scientific research have demonstrated the benefits of early medical treatment for persons who have Alzheimer's disease and the benefits of early access to counseling and other support services for their caregivers, and

WHEREAS, research shows that several medications have been

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developed which can reduce the symptoms of Alzheimer's disease, that persons begin to benefit most when these medications are taken in the early stages of a memory disorder, and that this intervention may extend the period during which patients can be cared for at home, thereby significantly reducing the costs of institutional care, and

WHEREAS, with early diagnosis, patients can participate in decisions regarding their care and their families can take advantage of support services that can reduce caregiver depression and related health problems, and

WHEREAS, in direct response to research breakthroughs,
National Memory Screening Day was established as a collaborative
effort by organizations and health care professionals across the
country to promote awareness and early detection of memory
impairments, and

WHEREAS, on National Memory Screening Day, which is held on the third Tuesday of November in recognition of National Alzheimer's Disease Month, health care professionals administer free memory screenings at hundreds of sites throughout the United States, and

WHEREAS, memory screening is used as an indicator of whether a person might benefit from more extensive testing to determine whether a memory or cognitive impairment exists and identifies persons who may benefit from medical attention, but is not used to diagnose any illness and in no way replaces examination by a qualified physician, NOW, THEREFORE,

Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 430.5025, Florida Statutes, is created to read:

- 430.5025 Memory-impairment screening; grants.—
- (1) The Department of Elderly Affairs shall 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.
- (2) The department may award grants to qualifying entities to support the development, expansion, or operation of programs that provide:
- (a) Information and education on the importance of memory screening for early diagnosis and treatment of Alzheimer's disease and related disorders.
 - (b) Screenings for memory impairment.
- (3) As used in this section, the term "qualifying entities" means public and nonprofit private entities that provide services and care to individuals who have Alzheimer's disease or related disorders and their caregivers and families.
- (4) When awarding grants under this section, the department shall give preference to applicants that:
- (a) Have demonstrated experience in promoting public education and awareness of the importance of memory screening or providing memory-screening services.
- (b) Have established arrangements with health care providers and other organizations to provide screenings for memory impairment in a manner that is convenient to individuals in the communities served by the applicants.
 - (c) Provide matching funds.
 - (5) A qualifying entity that receives a grant under this

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section shall submit to the department an evaluation that

describes activities carried out with funds received under this

section, the long-term effectiveness of such activities in

promoting early detection of memory impairment, and any other

information that the department requires.

- (6) The department may set aside an amount not to exceed 15 percent of the total amount appropriated to the memory-impairment screening grant program for the fiscal year to provide grantees with technical support in the development, implementation, and evaluation of memory-impairment screening programs.
- (7) A grant may be awarded under subsection (2) only if an application for the grant is submitted to the department and the application is in the form, is made in the manner, and contains the agreements, assurances, and information that the department determines are necessary to carry out the purposes of this section.
- (8) The department shall annually submit to the President of the Senate and the Speaker of the House of Representatives a report on the activities carried out under this section, including provisions describing the extent to which the activities have affected the rate of screening for memory impairment and have improved outcomes for patients and caregivers.
 - Section 2. Study on screening for memory impairment.—
- (1) The Department of Elderly Affairs shall conduct or provide support for a study on screening for memory impairment.

 The study shall analyze scientific evidence regarding techniques for memory screening, assess the availability of memory

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screening on a nationwide basis, and identify strategies to expand memory-screening services through public-private partnerships to improve outcomes for patients and caregivers.

- (2) The department shall, by July 1, 2011, prepare and submit to the relevant substantive committees of the Senate and the House of Representatives a report that describes the results of the study conducted under this section. The report shall include specific recommendations to increase awareness of the importance of early detection of memory impairment and to improve access to memory-screening services nationwide by supporting and expanding existing memory-screening efforts in the private sector.
 - Section 3. Implementation.-
- (1) Implementation of the public education program created under s. 430.5025, Florida Statutes, shall operate within existing resources of the Department of Elderly Affairs.
- (2) Implementation of the memory-impairment screening grant program created under s. 430.5025, Florida Statutes, is contingent upon appropriation of state funds or the availability of private resources.
- (3) Implementation of the study on screening for memory impairment created under section 2 of this act shall operate within existing resources of the Department of Elderly Affairs.
- Section 4. Subsection (6) of section 400.1755, Florida Statutes, is amended to read:
- 400.1755 Care for persons with Alzheimer's disease or related disorders.—
- (6) Upon completing any training listed in this section, the employee or direct caregiver shall be issued a certificate

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that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility or to an assisted living facility, home health agency, adult day care center, or <a href="https://doi.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal.org/10.1001/journal

Section 5. Paragraph (h) of subsection (1) of section 400.6045, Florida Statutes, is amended to read:

400.6045 Patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.—

- (1) A hospice licensed under this part must provide the following staff training:
- (h) Upon completing any training described in this section, the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different hospice or to a home health agency, assisted living facility, nursing home, or adult day care center. The direct caregiver must comply with other applicable continuing education requirements.

Section 6. Subsection (4) of section 429.178, Florida Statutes, is amended to read:

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429.178 Special care for persons with Alzheimer's disease or other related disorders.—

- (4) Upon completing any training listed in subsection (2), the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different assisted living facility or nursing home, hospice, adult day care center, or home health agency facility. The employee or direct caregiver must comply with other applicable continuing education requirements.
- 218 Section 7. This act shall take effect July 1, 2010.