

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 705

Alzheimer's Disease

SPONSOR(S): Schwartz

TIED BILLS:

IDEN./SIM. BILLS: SB 580

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Elder & Family Services Policy Committee		Guy	Shaw
2)	Health Care Appropriations Committee			
3)	Health & Family Services Policy Council			
4)				
5)				

SUMMARY ANALYSIS

House Bill 705 requires the Department of Elderly Affairs (department) to develop a public education program regarding memory impairment screening, early diagnosis, and treatment of Alzheimer’s disease and related disorders. The department is required to submit an annual report to the Florida Legislature concerning these activities. The bill directs the department to implement the public education program within existing fiscal resources.

The bill authorizes the department to develop a grant program for entities that provide memory screening information and services. The bill requires that a grant recipient must submit an evaluation to the department describing how funds were used and the effectiveness of its activities. The bill provides a cap on technical support to grantees of 15% of the total grant program appropriation. The bill makes implementation of the grant program contingent upon an appropriation or funding from private sources.

The bill requires 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 directs the department to implement the study within existing fiscal resources.

The bill provides clarification regarding employment practices and training requirements for employees or direct caregivers of Alzheimer’s patients when those persons move from one facility type to another.

The bill appears to have a fiscal impact to state government. (See Fiscal Comments.)

This bill provides an effective date of July 1, 2010.

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:

Current 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. 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

There are an estimated 5.2 million Americans living with Alzheimer's disease.⁴ This number is expected to grow to 16 million by 2050.⁵ According to the Alzheimer's Association, there are approximately 450,000 cases of Alzheimer's disease in Florida.⁶ By 2010, Florida's 65 and older population is expected to increase 20% over population figures in 2000, representing 17.7% of Florida's total population.⁷ 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.⁸

¹ Alzheimer's Foundation of America, see <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last visited March 2, 2010).

² Department of Elderly Affairs, see <http://elderaffairs.state.fl.us/english/BrainBank/index.php> (last visited March 2, 2010).

³ Alzheimer's Foundation of America, see <http://www.alzfdn.org/AboutDementia/definition.html> (last visited March 2, 2010).

⁴ Alzheimer's Association, see http://www.alz.org/news_and_events_14004.asp (last visited March 2, 2010).

⁵ *Id.*

⁶ Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 2, 2010).

⁷ The Florida Legislature Office of Economic & Demographic Research, *Florida Demographic Summary*, see <http://edr.state.fl.us/population/popssummary.pdf> (last visited March 2, 2010).

⁸ Florida Department of Elderly Affairs, Alzheimer's Disease Initiative, *Memory Disorder Clinics and Florida Brain Banks 2008-2009 Year End Report*, see http://elderaffairs.state.fl.us/english/legis/2009_Memory_Disorder_Clinics_and_Brain_Bank.pdf (last visited March 2, 2009).

Alzheimer's disease is currently the sixth leading cause of death in the United States and the fifth leading cause for people over age 65.⁹ 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.¹⁰ In 2005, Florida was second in the nation for the highest number of deaths due to Alzheimer's disease.¹¹

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. During a screening, clinicians or doctors diagnose probable Alzheimer's disease by examining full medical history, conducting lab tests, physical examination, brain 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 disease. 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.¹²

The Alzheimer's Disease Initiative

In 1985, the Florida 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.¹³ The Alzheimer's Disease Initiative Advisory Committee (committee) is composed of 10 unpaid members appointed by the Governor and are tasked with advising the department in the performance of its duties under 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.¹⁴ There are four main program components to 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.¹⁵
- Respite Care: Offers in-home caregiver relief and supportive services including caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements.¹⁶
- Model Day Care Programs: Operates in conjunction with memory disorder clinics to test therapeutic models and delivery of specialized care.¹⁷
- 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.¹⁸

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

⁹ Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see

http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 2, 2010).

¹⁰ 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 (last visited March 2, 2010).

¹¹ Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 2, 2010).

¹² Alzheimer's Foundation of America, see <http://alzfdn.org/AboutAlzheimers/diagnosis.html> (last visited March 2, 2010).

¹³ S. 430.503, F.S.

¹⁴ S. 430.501, F.S.

¹⁵ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_mem.php (last visited March 2, 2010).

¹⁶ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_respite.php (last visited March 2, 2010).

¹⁷ S. 430.502(4), F.S.

¹⁸ Florida Department of Elderly Affairs, Alzheimer's Disease Initiative, *Memory Disorder Clinics and Florida Brain Banks 2008-2009 Year End Report*, see http://elderaffairs.state.fl.us/english/legis/2009_Memory_Disorder_Clinics_and_Brain_Bank.pdf (last visited March 2, 2009).

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.¹⁹ Florida law requires 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 an annual report containing the findings, conclusions, and recommendations of completed research to the department.²⁰

The department contracts with providers for memory disorder clinic services. To be eligible for services, a patient must be at least 18 years old, have an Alzheimer's or related disorder diagnosis, or be suspected of having Alzheimer's or a related disorder. Services are provided on a sliding fee scale and may be free of charge in certain circumstances.²¹

According to the department, during FY 2008-2009, memory disorder clinics served a total of 4,761 patients and performed 4,612 full medical memory evaluations.²² In FY 2008-2009, the state provided memory disorder clinics \$2,896,413 in funding, each receiving an equal portion.²³ Florida's 13 Memory Disorder Clinics are:

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

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 09-10 Department of Elder Affairs Appropriations

Respite Care	\$6,408,505
Memory Disorder Clinics	\$2,896,413
Model Day Care Programs	\$340,065
Brain Banks	\$189,199

Effect of Proposed Changes

Public Education and Awareness

House Bill 705 creates s. 430.5025, F.S., and requires the Department of Elderly Affairs to develop a public education program regarding memory impairment screening, early diagnosis, and treatment of

¹⁹ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_mem.php (last visited March 2, 2010).

²⁰ S. 430.502(2), F.S.

²¹ Florida Department of Elderly Affairs, 2010 Legislative Bill Analysis House Bill 705.

²² *Id.*

²³ Florida Department of Elderly Affairs, Alzheimer's Disease Initiative, *Memory Disorder Clinics and Florida Brain Banks 2008-2009 Year End Report*, see http://elderaffairs.state.fl.us/english/legis/2009/Memory_Disorder_Clinics_and_Brain_Bank.pdf (last visited March 2, 2009).

Alzheimer's disease and related disorders. The bill directs the department to implement the public education program within existing fiscal resources.

The bill authorizes the department to develop a grant program for entities that provide memory screening information and services. The bill provides evaluation and selection criteria of grant applicants and requires that any grant recipient 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 makes implementation of the grant program contingent upon an appropriation or funding from private sources.

The department is required to submit an annual report to the Florida Legislature concerning the public education and grant programs. The report must include an analysis of how the programs have affected the rate of memory impairment screening and if the activities have improved patient and caregiver outcomes.

The bill requires 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 directs the department to implement the study within existing fiscal resources.

The department is required to submit to the relevant committees of the Florida Senate and the Florida House of Representatives a report that describes the results of the study. The report must include recommendations developed from the study results.

Employees and Direct Caregivers

The bill makes changes to the training requirements for facility staff caring for patients with Alzheimer's disease and related disorders in nursing homes, hospices, and assisted living facilities. The changes prevent duplication of training when an employee moves from one type of facility to another. The bill makes consistent the statutes relating to caregivers working in different types of facilities

Currently, an employee or direct caregiver in a nursing home, hospice, or assisted living facility is not required to repeat training if the employee or caregiver moves to a different type of facility. However, the statutes are inconsistent as to which types of facilities are included. These differences could result in confusion and duplication of training when an employee or direct caregiver changes employment.

The bill amends s. 400.1755(6), F.S., s. 400.6045(1)(h), F.S., and s. 429.178(4), F.S., so that each of these statutes consistently and clearly provides that an employee or caregiver in a nursing home, hospice, or assisted living facility does not have to repeat training 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 hospice. The bill also makes consistent the requirement that direct caregivers must comply with other applicable continuing education requirements when they change employment.

B. SECTION DIRECTORY:

Section 1: Creates s. 430.5025, F.S., relating to memory impairment screening; grant program.

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

Section 3: Creates an unnumbered section of law, relating to implementation.

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

Section 5: Amends s. 40.6045, 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.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

Public Education Program: According to the Department of Elderly Affairs, the department will contract with Florida Memory Disorder Clinics to implement the public education program. The department will include this requirement as a deliverable in future contracts, but will remove an existing deliverable to remain within existing contract costs. The department believes that the Florida Memory Disorder Clinics already substantially perform public education programming under existing contract provisions.

The bill directs the department to implement the public education program within existing fiscal resources.

Grant Program: According to the Department of Elderly Affairs, without an appropriation, the department would be unable to implement this grant program.

The grant program is discretionary and is made contingent upon an appropriation or funding from private sources.

Memory Impairment Screening Study: According to the Department of Elderly Affairs, to implement this provision, the department would contract with an outside provider to conduct the study. The department estimates that the study could be conducted for approximately \$30,000.

The bill directs the department to implement the study within existing fiscal resources.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Department of Elderly Affairs has sufficient rule-making authority to implement provisions of House Bill 705.

C. DRAFTING ISSUES OR OTHER COMMENTS:

According to the Department of Elderly Affairs, the programs and services created in House Bill 705 would duplicate memory screening services already provided by the 13 Florida Memory Disorder Clinics.²⁴

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

²⁴ Teleconference with Department of Elder Affairs staff, March 2, 2010 (notes on file with the Committee).