

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Children, Families, and Elder Affairs Committee

BILL: SB 586

INTRODUCER: Senator Wise

SUBJECT: Alzheimer's Disease

DATE: March 11, 2011 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Daniell	Walsh	CF	Pre-meeting
2.			BC	
3.				
4.				
5.				
6.				

I. Summary:

This bill requires the Department of Elder Affairs (DOEA or “the department”) to establish a program to educate the public with respect to screening for memory impairment. The department is required to submit an annual report concerning these activities.

The bill authorizes the DOEA to award grants in support of programs which provide both information about memory screening and memory screening services. The bill establishes criteria for selecting grant recipients and requires that the department give preference to entities meeting certain requirements. Each grantee must submit an evaluation of its activities to the DOEA.

The bill makes technical changes for Alzheimer’s disease and other related disorders training requirements for nursing home, hospice and assisted living facility staff.

The bill amends the following sections of the Florida Statutes: s. 400.1755, s. 400.6045, and 429.178. This bill also creates s. 430.5025, Florida Statutes.

The DOEA is able to develop the required public education program within existing resources. The grant program authorized in the bill is contingent upon an appropriation. The Senate Budget does not provide funding for this purpose.

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, more than 435,000 individuals currently suffer from Alzheimer's disease.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 64.1 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 the years 2000 through 2004, Alzheimer's disease deaths increased 33 percent during that period. In 2005, Florida was the state with the third 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 11, 2011).

² The American Geriatrics Society Foundation for Health in Aging, http://www.healthinaging.org/public_education/pef/alzheimers_caregiver.php (last accessed March 11, 2011).

³ *Id.*

⁴ Alzheimer's Association, 2009 Alzheimer's Disease Facts and Figures, http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last accessed March 11, 2011).

⁵ Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, <http://health.usf.edu/byrd/FAQ.htm> (last accessed March 11, 2011).

⁶ The Florida Legislature Office of Economic & Demographic Research, Florida Demographic Summary, available at <http://edr.state.fl.us/Content/population-demographics/reports/econographicnews-2010v1a.pdf> (last accessed March 11, 2011).

⁷ Alzheimer's Association, 2009 Alzheimer's Disease Facts and Figures http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last accessed March 11, 2011).

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 Alzheimer's Association, http://www.alz.org/alzheimers_disease_steps_to_diagnosis.asp (last accessed March 11, 2011).

⁹ Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, <http://health.usf.edu/byrd/FAQ.htm> (last accessed March 11, 2011).

¹⁰ Alzheimer's Foundation of America, <http://www.alzfdn.org/BrainHealth/memoriescreenings.html> (last accessed March 11, 2011).

¹¹ Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, <http://health.usf.edu/byrd/FAQ.htm> (last accessed March 11, 2011).

¹² Florida Department of Elder Affairs, <http://elderaffairs.state.fl.us/english/alz.php> (last accessed March 11, 2011).

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 DOE'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 the DOE.

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,

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. Memory Disorder Clinic at Sarasota Memorial Hospital, <http://sarasotageriatrics.com/links/links.html> (last accessed March 11, 2011).

¹⁴ Florida Department of Elder Affairs, <http://elderaffairs.state.fl.us/english/pubs/pubs/sops2009/Files/05-%20Section%20D.pdf#page=14> (last accessed March 11, 2011).

¹⁵ s. 430.502(2), F.S.

¹⁶ s. 430.502(4), F.S.

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 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 the 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 the 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 the 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 makes technical changes for Alzheimer's disease and other related disorders training requirements for nursing home, hospice, and assisted living facility staff. The bill provides that the direct caregiver must comply with other applicable continuing training requirements in addition to the other requirements for completing staff training at a licensed hospice.

The bill has an effective date of July 1, 2011.

¹⁷ s. 430.502(5), F.S.

¹⁸ DOEA, Brain Bank website: available at <http://elderaffairs.state.fl.us/english/BrainBank/index.php> (last accessed March 11, 2011).

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The department reports the bill will provide public and nonprofit private entities that provide services and care to individuals who have Alzheimer's disease or related disorders and their families/caregivers the opportunity to apply for state grants to support the development, expansion, or operation of programs that provide screenings for memory impairment and information and education on the importance of memory screening.¹⁹

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 has stated it can fulfill the operational intent of this bill within existing resources. Therefore, the DOEA will be able to develop the required public education program without the appropriation of additional funds.

The grant program authorized in the bill is contingent upon an appropriation. The Senate Budget does not provide funding for this purpose.

¹⁹ Department of Elder Affairs 2010 Legislative Bill Analysis, Senate Bill 580 (analyzing a bill identical to SB 586, on file with the committee).

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
