

**STORAGE NAME:** h1107s1.ltc

**DATE:** April 4, 1997

**HOUSE OF REPRESENTATIVES  
COMMITTEE ON  
Elder Affairs & Long Term Care  
BILL RESEARCH & ECONOMIC IMPACT STATEMENT**

**BILL #:** CS/HB 1107

**RELATING TO:** Elderly Affairs

**SPONSOR(S):** Committee on Elder Affairs & Long Term Care and Representative Dennis

**STATUTE(S) AFFECTED:** 430.071, 430.502, F.S.

**COMPANION BILL(S):**

**ORIGINATING COMMITTEE(S)/COMMITTEE(S) OF REFERENCE:**

(1) Elder Affairs & Long Term Care YEAS 5 NAYS 0

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**I. SUMMARY:**

CS/HB 1107 creates s. 430.071, F.S., and establishes the "Respite for Elders Living in Everyday Families" (RELIEF) program. RELIEF will be administered by the Department of Elder Affairs (DOEA). The program will encourage volunteers of all ages to be trained to provide in-home respite for the caregivers of homebound elders.

The bill defines the word "stipend," but does not prescribe who would receive it or how it would be paid, or from what source. The bill directs the Office of Volunteer Services to encourage contributions and grants to promote the delivery of respite.

The bill specifically seeks an "expansion of respite" services currently available to include weekends and evenings. Families seeking respite from RELIEF would be assessed according to guidelines developed by DOEA to determine their need.

DOEA reports that the fiscal impact is estimated to be \$327,179, excluding costs associated with a program evaluation and operational costs such as rent, utilities, staff travel, and equipment.

DOEA estimates that the total revenues and expenditures for this program will be \$327,179 per county, per year. For 67 counties the cost could, thus, be estimated at \$21,920,993.

CS/HB 1107 also establishes in s. 430.502, F.S., an additional memory disorder clinic at the Orlando Regional Healthcare System, Inc.

II. SUBSTANTIVE ANALYSIS:

A. PRESENT SITUATION:

Research reported by the Commission on Long Term Care has demonstrated that most long-term care (between seventy and eighty per cent) is provided by informal caregivers. Typically, this means wives but also includes adult children, friends, neighbors, and other relatives. (Polivka, 1996). One of the three most important predictors of nursing home admission is the availability of a caregiver. However, the energy, coping skills, and stress tolerance of such a caregiver can be depleted. Caring for persons with severe cognitive impairment and behavior problems is very difficult and exhausting.

“Respite care” provides a capable substitute caregiver so that the primary caregiver can leave the home. The primary caregiver may use the time to buy groceries, receive medical care themselves, conduct other business, or rest. Elder service agencies provide respite care currently using both trained volunteers and paid providers. When older persons and their families ask for help, respite is one of the most frequently requested services.

There are currently eight memory disorder clinics (MDCs) defined in s. 430.502, F.S. These clinics provide diagnostic and supportive services, training for professionals and caregivers, and conduct research related to Alzheimers disease and memory disorders.

B. EFFECT OF PROPOSED CHANGES:

DOEA will implement the RELIEF program with volunteers who have been selected, trained, and registered by the Office of Volunteer Services. Providing respite to families who are the primary caregivers for a frail elderly person may increase the family’s ability to continue providing home care for the individual.

A ninth memory disorder clinic will be designated at Orlando Regional Healthcare System, Inc.

C. APPLICATION OF PRINCIPLES:

1. Less Government:

a. Does the bill create, increase or reduce, either directly or indirectly:

(1) any authority to make rules or adjudicate disputes?

No.

(2) any new responsibilities, obligations or work for other governmental or private organizations or individuals?

The bill provides additional responsibilities for the Office of Volunteer Services in the Department of Elder Affairs.

(3) any entitlement to a government service or benefit?

No.

b. If an agency or program is eliminated or reduced:

(1) what responsibilities, costs and powers are passed on to another program, agency, level of government, or private entity?

N/A.

(2) what is the cost of such responsibility at the new level/agency?

N/A.

(3) how is the new agency accountable to the people governed?

N/A.

2. Lower Taxes:

a. Does the bill increase anyone's taxes?

No.

b. Does the bill require or authorize an increase in any fees?

No.

c. Does the bill reduce total taxes, both rates and revenues?

No.

d. Does the bill reduce total fees, both rates and revenues?

No.

e. Does the bill authorize any fee or tax increase by any local government?

No.

3. Personal Responsibility:

- a. Does the bill reduce or eliminate an entitlement to government services or subsidy?

The bill does not directly reduce or eliminate an entitlement to government services or subsidy. But the goal of providing in-home respite for families caring for frail elders is to increase the family's capacity to continue their caregiving at home.

- b. Do the beneficiaries of the legislation directly pay any portion of the cost of implementation and operation?

No.

4. Individual Freedom:

- a. Does the bill increase the allowable options of individuals or private organizations/associations to conduct their own affairs?

The bill does not directly increase the allowable options available to citizens and groups. The bill does, however, make the option of caring for a family member at home more viable by giving caregivers time away, respite, to run errands, attend to personal business, shopping, or rest.

- b. Does the bill prohibit, or create new government interference with, any presently lawful activity?

No.

5. Family Empowerment:

- a. If the bill purports to provide services to families or children:

- (1) Who evaluates the family's needs?

If families want to receive respite under the RELIEF program, DOEA will assess the family according to guidelines to determine the need for respite services.

- (2) Who makes the decisions?

DOEA would assess the family's need for respite care. RELIEF is a voluntary program, families participate only if they wish to do so.

- (3) Are private alternatives permitted?

Yes, RELIEF is a voluntary program.

(4) Are families required to participate in a program?

No.

(5) Are families penalized for not participating in a program?

No.

b. Does the bill directly affect the legal rights and obligations between family members?

No.

c. If the bill creates or changes a program providing services to families or children, in which of the following does the bill vest control of the program, either through direct participation or appointment authority:

(1) parents and guardians?

N/A.

(2) service providers?

N/A.

(3) government employees/agencies?

N/A.

**D. SECTION-BY-SECTION:**

This section need be completed only in the discretion of the Committee.

**Section 1.** This section creates s. 430.071, F.S., the "Respite for Elders Living in Everyday Families (RELIEF)" program. The RELIEF program is to provide in-home assistance (respite) for a homebound elder to allow the family caregiver time away from the caregiving duties.

Key terms are defined including: *family unit, respite, stipend, and volunteer service system.* The bill provides that RELIEF's in-home respite is in addition to what is currently available and will be provided through:

- ▶ a "multigenerational corps of volunteers" so that a family unit can continue to care for a homebound elder;
- ▶ volunteers who receive a stipend;

- ▶ and any other appropriate personnel as determined by the department.

Volunteers will be screened, chosen, and trained by DOEA. Families seeking assistance through RELIEF will be assessed by DOEA to determine the need for respite. The bill provides that a family unit which receives respite services from RELIEF is not excluded from receiving assistance through other governmental programs.

DOEA is specifically directed to develop a volunteer system, work collaboratively with local, state and national organizations to promote volunteer provided respite, and encourage contributions through public and private sources and grants.

**Section 2.** This section amends s. 430.502, F.S., to establish a ninth memory disorder clinic at the Orlando Regional Healthcare System, Inc. It also replaces language obligating the legislature to “fund” the MDCs with language to “establish” them.

**Section 3.** This act shall take effect upon becoming a law.

### III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

#### A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

##### 1. Non-recurring Effects:

DOEA projected no non-recurring fiscal effects. DOEA is the only state agency directly impacted by this bill.

##### 2. Recurring Effects:

DOEA projects recurring costs of \$327,179 per year per county. The bill does not specify the number of counties in which DOEA is to operate the RELIEF program.

##### 3. Long Run Effects Other Than Normal Growth:

No long run effects other than normal growth are expected.

##### 4. Total Revenues and Expenditures:

DOEA anticipates that total revenues and expenditures will be \$327,179 per county per year.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring Effects:

At this time, no impact is projected.

2. Recurring Effects:

At this time, no impact is projected.

3. Long Run Effects Other Than Normal Growth:

At this time, no impact is projected.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:

At this time, no impact is projected.

2. Direct Private Sector Benefits:

At this time, no impact is projected.

3. Effects on Competition, Private Enterprise and Employment Markets:

At this time, no impact is projected.

D. FISCAL COMMENTS:

The bill does not make clear how the respite program (RELIEF) is to be funded. Nor is it clear whether the program is to be implemented only as funds are available.

The designation of a memory disorder clinic does not of itself have a fiscal impact, since the newly designated MDC can continue to operate under its existing funding arrangement. Clinics currently operating under the MDC designation each are being funded annually with \$190,000 in general revenue.

IV. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

A. APPLICABILITY OF THE MANDATES PROVISION:

This bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds.

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**B. REDUCTION OF REVENUE RAISING AUTHORITY:**

This bill does not reduce the authority that municipalities or counties have to raise revenues in the aggregate.

**C. REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:**

This bill does not reduce the percentage of a state tax shared with counties or municipalities.

**V. COMMENTS:**

**VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:**

CS/HB 1107 differs from the original bill in that it adds in s. 430.502, F.S., a ninth designated memory disorder clinic at Orlando Regional Healthcare System, Inc.

**VII. SIGNATURES:**

COMMITTEE ON Elder Affairs & Long Term Care:

Prepared by:

Legislative Research Director:

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