

STORAGE NAME: h1207a.hr.doc
DATE: February 13, 2002

**HOUSE OF REPRESENTATIVES
COMMITTEE ON
HEALTH REGULATION
ANALYSIS**

BILL #: HB 1207
RELATING TO: Florida's Alzheimer's Training Act
SPONSOR(S): Representative Gibson
TIED BILL(S): None.

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

- (1) HEALTH REGULATION YEAS 7 NAYS 0
 - (2) HEALTH & HUMAN SERVICES APPROPRIATIONS
 - (3) COUNCIL FOR HEALTHY COMMUNITIES
 - (4)
 - (5)
-

I. SUMMARY:

THIS DOCUMENT IS NOT INTENDED TO BE USED FOR THE PURPOSE OF CONSTRUING STATUTES, OR TO BE CONSTRUED AS AFFECTING, DEFINING, LIMITING, CONTROLLING, SPECIFYING, CLARIFYING, OR MODIFYING ANY LEGISLATION OR STATUTE.

In Florida, February 6th of each year is designated as Florida Alzheimer's Day, as set forth in s. 683.24, F.S.

Alzheimer's disease is a progressive, irreversible brain disorder with no known cause or cure. It attacks and slowly steals the minds of its victims. Symptoms of the disease include memory loss, confusion, impaired judgment, personality changes, disorientation, and loss of language skills. Always fatal, Alzheimer's disease is the most common form of irreversible dementia. How rapidly it advances varies from person to person, but the brain disease eventually causes confusion, personality and behavior changes and impaired judgment. Communication becomes difficult as the affected person struggles to find words, finish thoughts or follow directions. Eventually, most people with Alzheimer's become unable to care for themselves.

There are primarily five licensed health facilities that provide care for individuals with Alzheimer's Disease: home health agencies; nurse registries; adult day care centers (ADCCs); adult family care homes ((AFCHs); and hospices. Currently, there are no provisions in law, as it relates to licensure requirements for these five types of health care facilities to provide special training of staff caring for residents diagnosed with Alzheimer's disease.

HB 1207 establishes dementia specific training requirements for employees of the five types of health care facilities. The bill requires the Department of Elder Affairs to adopt rules, establish standards for trainers and training, review and approve training providers and training curricula, and maintain a current list of approved training providers.

The fiscal impact of the bill is indeterminate at the time of this analysis.

The bill provides for an effective date of July 1, 2002.

II. SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|---|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a "no" above, please explain:

Less Government: HB 1207 creates additional governmental regulation and provides duplicate authority among state agencies.

Individual Freedom: Facilities will incur additional cost in providing service with the additional training requirements and restrict their ability to provide training based on clientele.

B. PRESENT SITUATION:

In Florida, February 6th of each year is designated as Florida Alzheimer's Day, as set forth in s. 683.24, F.S.

Alzheimer's disease is a progressive, irreversible brain disorder with no known cause or cure. It attacks and slowly steals the minds of its victims. Symptoms of the disease include memory loss, confusion, impaired judgment, personality changes, disorientation, and loss of language skills. Always fatal, Alzheimer's disease is the most common form of irreversible dementia. How rapidly it advances varies from person to person, but the brain disease eventually causes confusion, personality and behavior changes and impaired judgment. Communication becomes difficult as the affected person struggles to find words, finish thoughts or follow directions. Eventually, most people with Alzheimer's become unable to care for themselves.

Approximately 100,000 victims die and 360,000 new cases of Alzheimer's disease are diagnosed each year in the United States. It is estimated that by 2050, 14 million Americans will have this disease. In every nation where life expectancy has increased, so has the incidence of Alzheimer's disease, and in Florida, as our population ages, the incidents of Alzheimer's rises. It is estimated that by 2020, 30 million people will be affected by this devastating disorder worldwide and by 2050; the number could increase to 45 million.

There is no known treatment that will cure Alzheimer's disease. For those who are currently suffering with the disease, medications can only help control symptoms and/or slow the progression of the disease.

The Florida Department of Elder Affairs has developed the Alzheimer's Disease Initiative (ADI) which provides services to address the special needs of individuals suffering from Alzheimer's Disease and related memory disorders and their caregivers. Respite care (caregiver relief) services are provided in all 67 counties of the state.

The program also provides funding for research into the cause, prevention, treatment and cure of Alzheimer's Disease. There are thirteen state-funded memory disorder clinics in Florida providing medical diagnosis and treatment for victims as well as training for caregivers. Three counties have model day care programs in conjunction with three of the university medical school memory disorder clinics. Research is also done through the brain bank located at the Wien Center at Mt. Sinai Medical Center in Miami.

The Agency for Health Care Administration (AHCA) administers the *Quality of Long-Term Care Facility Improvement Trust Fund*, as set forth in s. 400.0239, F.S. The provisions in this section of law provide funding to support activities and programs directly related to improvement of the care of nursing home and assisted living facility residents. Expenditures from the fund go toward the development and implementation of specialized training programs for long-term care facility personnel who provide direct care for residents with Alzheimer's disease and other dementias, among other requirements.

There are primarily five licensed health facilities that provide care for individual with Alzheimer's Disease: home health agencies; nurse registries; adult day care centers; adult family care homes; and hospices. Currently, there are no provisions in law, as it relates to licensure requirements, for these five types of health care facilities, to provide special training of staff caring for residents diagnosed with Alzheimer's disease. The provision for licensure of these facilities are set forth as:

- s. 400.461, F.S., for home health agencies;
- s. 400.506, F.S., for nurse registries;
- s. 400.55, F.S., for adult day care centers (ADCCs);
- s. 400.6005, F.S., for Hospices; and
- s. 400.616, F.S., for adult family-care centers (AFCHs).

The 2000 Florida Legislature revised the home health agency statutes to permit home health aides to pass a competency test in lieu of training for licensing purposes. Efforts have been made to decrease state requirements for licensure due to the serious shortage of home health aides in Florida. Unlike the other facility types in this bill, home health agency and nurse registry employees and contractors generally provide services of short duration to patients. Staff of these agencies provides care in the homes of the patient, one or more times a week/month, for approximately an hour or two before they leave. They are typically not the caregivers of the patients. According to AHCA, after a review of the home health agency and nurse registry complaints received over the past two years, it was determined that there were no complaints specific to patients with Alzheimer's disease and related disorders.

As set forth in s. 400.497, F.S., AHCA administers and develops rules for the home health agency and nurse registry programs. The Department of Elder Affairs (DOEA) has lead rule authority for AFCHs, ADCCs, and hospices as set forth in ss. 400.55, 400.6005, and 400.616, F.S., respectively.

There are approximately 1,080 home health agencies in Florida, which provide services to elderly persons. It is estimated that there are 80 nurse registries.

The Florida Department of Labor estimated that there were 28,989 home health aides in 1996 and projected that there would be 52,171 aides in 2006. It is indeterminate at the time of this analysis the actual number of nurses, therapists and other allied health professionals that are currently

employed by home health agencies, nurse registries, adult day care centers, and adult family-care centers.

Currently, home health agencies, adult day care centers, adult family care homes, and hospices do not require employee training in Alzheimer's disease or related disorders. Assisted living and nursing home facilities are required to provide Alzheimer's disease or related disorders training to employees that have direct contact or provide care for persons with Alzheimer's disease or related disorders. The required Alzheimer's disease or related disorders training was implemented approximately 5 years ago for assisted living facilities, and was implemented February 4, 2002, for nursing homes.

Section 400.4178(8) and newly created subsection (5) of section 400.1755, F.S., provide DOEA rulemaking authority to establish standards for Alzheimer's disease or related disorders training providers and training curriculum. DOEA is also responsible for reviewing and approving assisted living and nursing home facility training providers and training curriculum. The training curricula are reviewed and approved every 3 years. DOEA maintains a current list of DOEA approved assisted living and nursing home facility training providers and curricula.

Currently, there are more than 100 assisted living facility Alzheimer's disease or related disorders training providers approved by DOEA. Unlike the other health care facilities licensed under Chapter 400, F.S., DOEA trainers do provide the required Alzheimer's disease or related disorder training to assisted living facilities staff.

On February 4, 2002, DOEA implemented a contract with the University of South Florida, Florida Policy Exchange Center on Aging to review and approve the nursing home Alzheimer's disease or related disorders training providers and training curricula applications. DOEA anticipates that at least 680 nursing home Alzheimer's disease or related disorders training provider applications will be submitted for DOEA approval. Until the program has been fully implemented, DOEA cannot estimate the number of nursing home Alzheimer's disease or related disorders curriculum applications that will be submitted for approval.

C. EFFECT OF PROPOSED CHANGES:

As a condition of licensure, home health agencies, nurse registries, adult day care centers, hospices, and adult family-care centers providing care for patients with Alzheimer's disease or related disorders will provide or arrange for 4-hours of training for all employees from approved providers. Providers will also arrange for an additional four hours of training plus four hours per year of continuing education for all direct care staff.

The Department of Elderly Affairs (DOEA) will approve the initial and continuing education courses and providers or contract with another entity to do so. In addition, DOEA is given rule authority establishing standards for trainers and the required training.

The home health agencies that have already provided training on Alzheimer's disease and related disorders prior to the passage of the bill will have to re-train their staff since the training they had would not have been developed or approved by AHCA as the bill requires. In addition, federal regulations require Medicare and Medicaid home health agencies to provide their home health aides with 12 hours of training per year. One third of their training time will be taken with this specific type of training.

HB 1207 creates duplication of effort, having both the Department of Elderly Affairs (DOEA) and the Agency for Health Care Administration (AHCA) developing rules for training for home health agencies and nurse registries.

D. SECTION-BY-SECTION ANALYSIS:

Section 1. Provides for short title: "Florida Alzheimer's Training Act."

Section 2. Effective July 1, 2004, creates s. 400.4786, F.S., to provide additional conditions of licensure for home health agencies. Requires that basic written information about interacting with persons with Alzheimer's disease or a related disorder be given to all employees. Employees who have direct contact with clients with Alzheimer's disease must have 1 hour of training within the first 3 months after employment and 3 hours of training within 9 months of employment. Provides for specifications of training. A certificate is to be issued as evidence of completion of training.

DOEA must approve the 1-hour and 3-hour training provided and keep a current list of the approved providers. DOEA must also develop rules to establish standards for trainers and training curriculum.

Specifies that the 4-hour training shall be part of the total hours of continuing education required annually for certified nursing assistants (CNAs). In addition, continuing education hours taken by health care practitioners for licensing shall be counted toward 4-hour training.

Section 3. Effective July 1, 2003, creates s. 400.55715, F.S., to provide conditions of licensure as an adult day care center. Employees of said centers must provide to each of their employees, upon beginning employment, basic written information about interacting with persons with Alzheimer's disease or related disorders. The amended requirements for licensure are the same as set forth in section 2.

Section 4. Effective July 1, 2004, creates s. 400.626, F.S., to provide licensure requirements for adult family-care homes. The amended requirements for licensure are the same as set forth in section 2.

Section 5. Effective July 1, 2003, amends s. 400.6045, F.S., to provide licensure requirements for hospices. The amended requirements for licensure are the same as set forth in section 2.

Section 6. Provides that an employee hired on or after July 1, 2002, need not comply with the guidelines created in this act before July 1, 2003, or July 1, 2004, as provided.

Section 7. Provides that the Department of Elderly Affairs may contract with or enter into a cooperative agreement with a state university or statewide advocacy organization that possesses expertise in the area of Alzheimer's disease and related disorders to review potential trainers and training materials. The department may accept grants, donations, and gifts to meet the costs associated with providing the review and approval and the required training.

Section 8. The Legislature finds that Alzheimer's disease and related disorders pose an urgent health need in this state. Therefore, each state university, college, or postsecondary school that prepares undergraduate or graduate students for health professions as described in chapter 456, F.S., is encouraged to include in its curriculum basic training about Alzheimer's disease and related disorders.

Section 9. Provides for an effective date July 1, 2002.

III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

Indeterminate.

2. Expenditures:

DOEA is required to develop standards for the training, through rules, approve trainers and maintain lists of approved trainers. The department expressed its support of Alzheimer's disease awareness and training, but indicated that it "cannot implement the changes required by the bill without a substantial legislative appropriation." See Fiscal Comments section for additional information.

According to AHCA, AHCA facility surveyors will have the additional responsibility of ensuring that employees receive the required training. As part of the inspection, surveyors currently review the training of employees, this will be an additional requirement and the cost is not discernible.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

There will be cost to all the facilities in providing the required training of personnel. It is assumed that there will be a fee for each employee who is trained. The fee structure for the training of the employees will be determined by the providers. If the facilities choose to provide the required training, there will be a fiscal impact as it relates to getting their program approved by the state (DOEA). Additional cost to facilities is anticipated in the actual hours spent by each employee in training. They will also have to issue certificates for the training that they provide and maintain records of the training. Some agencies may require employees to pay their own fees, which would be a hardship on the lower paid home health aides and homemakers.

D. FISCAL COMMENTS:

The Associated Home Health Industries of Florida has estimated that it will cost home health agencies \$2.7 million per year for the required training. This does not include the costs associated with creating, printing, and distributing the written materials. According to AHCA, there may be resistance from home health agency and nurse registry associations regarding training requirements.

The DOEA provided the following information and chart. With current statutory requirements, the estimated number of applications for training provider certification is expected to be at least 690. Nursing homes have reported that they intend to have their Directors of Nursing become certified

DOEA training providers. The estimated number of applications to obtain training curriculum certification, while indeterminate, should be significantly less than the training provider applications.

The bill expands the Alzheimer's Disease or Related Disorder Training Approval Program to include:

- 1,080 Licensed Home Health Agencies
- 40 Licensed Hospice Facilities
- 396 Adult Family Care Homes
- 179 Adult Day Care Centers
- Unknown # Nurse Registries

The following table displays the phase-in of facilities and related expected recurring expenses. Not included are an unknown, yet significant number in the Nurse Registry agencies.

	FY 2001-2002 GR OCA-NHALZ	FY 2002-2003	FY 2003-2004
Facility Type	690 Nursing Homes	690 Nursing Homes 179 Adult Day Care Centers 40 Licensed Hospice	690 Nursing Homes 179 Adult Day Care Centers 40 Licensed Hospice 1,080 Licensed Home Health Agencies
Contract for development and implementation Training Approval Program	\$66,398	\$86,510	\$190,437
1.0 FTE Pay Grade 024 (with benefits) to administer program, educate the public, rule promulgation, program evaluation, and monitoring training providers	\$0	\$60,030	\$60,030
OPS	\$25,000	\$25,000	\$25,000
Expenses (travel, public notification - Florida Administrative Weekly, program, office supplies, document reproduction, purchase outside consultants for USF and Teaching Nursing Home Curriculum)	\$4,402	\$6,566	\$7,566
Postage for mailings to facilities	\$4,200	\$963	\$4,752
Recurring Allocation	\$100,000	\$100,000	\$100,000
HB 1207		\$ 79,069	\$ 187,785
Total Program	\$100,000	\$179,069	\$287,785

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

A. APPLICABILITY OF THE MANDATES PROVISION:

The bill does not require a city or county to expend funds or to take any action requiring the expenditure of any funds.

B. REDUCTION OF REVENUE RAISING AUTHORITY:

The bill does not reduce the revenue raising authority of any city or county.

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

The bill does not reduce the amount of state tax shared with a county or city.

V. COMMENTS:

A. CONSTITUTIONAL ISSUES:

None.

B. RULE-MAKING AUTHORITY:

The Department of Elderly Affairs (DOEA) must adopt rules to establish standards for trainers and training of employees of home health agencies, nurse registries, adult day care centers and adult family-care centers. The Agency for Health Care Administration traditionally has rule authority for home health agencies and nurse registries.

C. OTHER COMMENTS:

According to AHCA, the bill should improve employee knowledge of Alzheimer's disease and related disorders, thus enhancing the care to residents and patients served by the facilities in the bill.

Additionally, according to AHCA, nurse registries are not required to give written information to new employees as is required in this bill of home health agencies, adult day care centers, hospices, and adult family-care centers.

The DOEA would have to absorb any cost associated with this bill since there is not an appropriation.

The bill gives DOEA the authority to develop rules on Alzheimer's training for home health agencies. This is in conflict with the current statute, s. 400.497, F.S., which gives AHCA the authority to develop rules on the training of home health aides and all rule authority pertaining to the licensure and operation of home health agencies and nurse registries.

This bill creates duplication of effort, having both the Department of Elderly Affairs and the Agency for Health Care Administration developing rules for training for home health agencies and nurse registries. Since AHCA licenses and regulates home health agencies and nurse registries, AHCA recommends that rule authority remain at AHCA.

On February 12, 2002, the Committee on Health Regulation reported HB 1207 out favorably. During committee testimony, a representative from AHCA suggested that the provisions within the bill providing for additional training requirements for home health agencies and nurse registries be excluded through the amendatory process; due to the fact that the only employees of both entities are administrative/office personnel, who never have direct contact with the patient. Both Nurse Registries and home health agencies contract with independent licensed providers, who are not considered employees of the business. Educational requirements for these types of providers are more suitably placed on their licensure requirements. However, the suggested amendment was not offered.

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VI. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

None.

VII. SIGNATURES:

COMMITTEE ON HEALTH REGULATION:

Prepared by:

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