

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** CS/HB 397                      Caregivers for Adults  
**SPONSOR(S):** Healthcare Council and Anderson and others  
**TIED BILLS:**                                **IDEN./SIM. BILLS:** SB 434

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REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Committee on Healthy Seniors</u>	<u>8 Y, 0 N</u>	<u>Walsh</u>	<u>Schoolfield</u>
2) <u>Healthcare Council</u>	<u>13 Y, 0 N, As CS</u>	<u>Schoolfield</u>	<u>Gormley</u>
3) <u>Policy &amp; Budget Council</u>	<u></u>	<u>Leznoff</u>	<u>Hansen</u>
4) <u></u>	<u></u>	<u></u>	<u></u>
5) <u></u>	<u></u>	<u></u>	<u></u>

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### SUMMARY ANALYSIS

Committee Substitute for House Bill 397 would allow the Department of Elderly Affairs (DOEA) to establish a pilot program to train persons to act as companions and provide personal assistance to frail adults age 60 or older. The pilot program would be established for a period no longer than three years in Pasco or Pinellas County, or both. The bill requires the DOEA to submit a report to the President of the Senate and the Speaker of the House of Representatives by January 1, 2010 if the pilot program is established.

The CS appropriates \$75,000 of non-recurring general revenue to the DOEA to fund the pilot program.

The effective date of this CS is July 1, 2007.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

**Promote Personal Responsibility** — The CS establishes a pilot program to train persons to provide care and assistance to frail adults age 60 and older.

#### B. EFFECT OF PROPOSED CHANGES:

##### **Background**

##### **Caregiving**

About 10.1 million people over the age of 18 in the U.S.—nearly 4 percent of the population—need another person's assistance to carry out activities such as bathing, feeding, cleaning, or grocery shopping.<sup>1</sup> Within this group, nearly 80 percent of care recipients are 50 and older, and the average age of care recipients 50 and older in the U.S. is 75.<sup>2</sup> Most care recipients (79 percent) who need long-term care live at home or in the community,<sup>3</sup> and those individuals living in nursing homes and other institutional settings could potentially live in the community if appropriate, affordable support was available.<sup>4</sup>

Although family members and friends provide most of the needed assistance for people in home and community-based settings, home care workers, personal assistants, direct support professionals and other direct-care workers are a critical resource for many. Individuals and families rely on these workers to provide them with comfort, companionship, and care in an atmosphere that preserves their dignity and well-being. Such workers are already in short supply in many regions and demand is expected to grow rapidly, due to a combination of consumer demand and changes in public policy.

Federal funds allocated for health care training are typically reserved for the development of various medical professionals (doctors, nurses, etc.). Consequently, there are limited resources available to address the training needs of paraprofessional caregivers who work in community settings.

##### **Effect of Proposed Legislation**

CS for HB 397 would allow DOEA to establish a pilot program to train persons to act as companions and provide personal assistance to frail adults age 60 or older. The pilot may begin in Fiscal Year 2007-2008 and cannot exceed three years.

The CS specifies that the purposes of the pilot are to:

- Meet the demand for in-home companion care and assistance service providers to prevent costly and premature institutional placements
- Act as a direct referral service for DOEA

The CS requires that if DOEA establishes the pilot program, it must provide a report to the Speaker of the House and the President of the Senate by January 1, 2010. The report must include the status of

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<sup>1</sup> McNeil, Jack. 2001. *Americans with disabilities: Household economic studies*. Washington, DC: US Department of Commerce, Economics and Statistics Administration, US Census Bureau.

<sup>2</sup> *Caregiving in the U.S.*, 2004, National Alliance for Caregiving and AARP, available at <http://www.aarp.org/research/reference/publicopinions/aresearch-import-853.html>.

<sup>3</sup> *Long-term Care Users Range in Age and Most Do Not Live in Nursing Homes: Research Alert*, 2000, Agency for Healthcare Research and Quality, available, in part, at <http://www.ahrq.gov/research/nov00/1100RA19.htm>.

<sup>4</sup> *Understanding Medicaid Home and Community Services: A Primer*, 2000, U.S. Department of Health and Human Services. Available at <http://aspe.hhs.gov/daltcp/reports/primer.pdf>.

the pilot; the number of persons who have been trained to provide community-based care for frail adults age 60 or older; the number of those frail adults served; and recommendations for further legislation, including whether the pilot program should be replicated statewide.

The CS appropriates \$75,000 in non-recurring general revenue funds to the Department of Elderly Affairs to fund the pilot.

The effective date of the CS is July 1, 2007.

C. SECTION DIRECTORY:

Section 1: Creates an unnumbered section of Florida Statutes allowing DOEA to establish a pilot program to train persons to serve frail adults; providing purposes of the pilot; requiring that DOEA report to the Legislature if the pilot program is established.

Section 2: Provides an appropriation.

Section 3: Provides that the act is effective July 1, 2007.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The CS establishes a pilot program to train and employ persons to provide care and assistance to frail adults age 60 and older. It affords opportunities to those persons to become employed in jobs serving elders in their own homes and communities.

D. FISCAL COMMENTS:

The CS appropriates \$75,000 in non-recurring general revenue funds to the Department of Elderly Affairs to fund the pilot.

### III. COMMENTS

#### A. CONSTITUTIONAL ISSUES:

##### 1. Applicability of Municipality/County Mandates Provision:

This CS 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:

None.

#### C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

#### D. STATEMENT OF THE SPONSOR:

This CS will result in the provision of additional in-home care services to Florida's seniors, who are the fastest growing segment of our population. This will make it possible for them to remain in the comfort of their own homes and prevent costly premature institutional placement.

### IV. AMENDMENTS/COUNCIL SUBSTITUTE CHANGES

At its March 6, 2007, meeting, the Committee on Healthy Seniors adopted three amendments to HB 397 as filed. The amendments:

- Locate the proposed pilot program in Pasco or Pinellas County or both.
- Appropriate \$100,000 from General Revenue to fund the pilot.
- Delete reference to the Senior Community Service Employment Program.

The Committee reported the bill favorably with three amendments.

At its April 4, 2007, meeting the Healthcare Council adopted a strike all amendment to the bill as reported by the Healthy Seniors Committee. The strike all:

- Locates the proposed pilot program in Pasco or Pinellas County or both.
- Deletes references to economically-disadvantaged workers over age 55.
- Deletes references to the Senior Community Service Employment Program.
- Deletes certain purposes of the pilot.
- Appropriates \$75,000 of general revenue to DOEA to fund the pilot.

The bill was reported favorably as a Council Substitute.

This analysis is drafted to the Council Substitute.