

By Senator Wise

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1 A bill to be entitled
2 An act relating to Alzheimer's disease; creating s.
3 430.5025, F.S.; directing the Department of Elderly
4 Affairs to develop and implement a public education
5 program relating to screening for Alzheimer's disease;
6 providing criteria for awarding grants; providing a
7 definition; requiring grant recipients to submit an
8 evaluation of certain activities to the department;
9 authorizing the department to provide technical
10 support; requiring an annual report to the
11 Legislature; providing for implementation of the
12 public education program to operate within existing
13 resources of the department; providing that
14 implementation of the memory-impairment screening
15 grant program is contingent upon an appropriation of
16 state funds or the availability of private resources;
17 amending s. 400.1755, F.S.; specifying the types of
18 facilities where an employee or direct caregiver
19 providing care for persons with Alzheimer's disease
20 may begin employment without repeating certain
21 training requirements; amending s. 400.6045, F.S.;
22 requiring direct caregivers to comply with certain
23 continuing education requirements; amending s.
24 429.178, F.S.; specifying the types of facilities
25 where an employee or direct caregiver providing care
26 for persons with Alzheimer's disease may begin
27 employment without repeating certain training
28 requirements; providing an effective date.
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30 WHEREAS, Alzheimer's disease is a slow, progressive
31 disorder of the brain which results in loss of memory and other
32 cognitive functions, is the eighth leading cause of death in the
33 United States, and currently affects an estimated 5 million
34 Americans, with that number expected to increase to 16 million
35 by mid-century, and

36 WHEREAS, Alzheimer's disease strikes approximately 1 in 10
37 people over the age of 65 and nearly half of those who are age
38 85 or older, although some people develop symptoms as young as
39 age 40, and

40 WHEREAS, Alzheimer's disease takes an enormous toll on
41 family members who are the caregivers for individuals having the
42 disease, and

43 WHEREAS, caregivers for individuals who have Alzheimer's
44 disease suffer more stress, depression, and health problems than
45 caregivers for individuals who have other illnesses, and

46 WHEREAS, Alzheimer's disease costs United States businesses
47 more than \$60 billion annually due to lost productivity and
48 absenteeism by primary caregivers and increased insurance costs,
49 and

50 WHEREAS, recent advancements in scientific research have
51 demonstrated the benefits of early medical treatment for persons
52 who have Alzheimer's disease and the benefits of early access to
53 counseling and other support services for their caregivers, and

54 WHEREAS, research shows that several medications have been
55 developed which can reduce the symptoms of Alzheimer's disease,
56 that persons begin to benefit most when these medications are
57 taken in the early stages of a memory disorder, and that this
58 intervention may extend the period during which patients can be

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59 cared for at home, thereby significantly reducing the costs of
60 institutional care, and

61 WHEREAS, with early diagnosis, patients can participate in
62 decisions regarding their care and their families can take
63 advantage of support services that can reduce caregiver
64 depression and related health problems, and

65 WHEREAS, in direct response to research breakthroughs,
66 National Memory Screening Day was established as a collaborative
67 effort by organizations and health care professionals across the
68 country to promote awareness and early detection of memory
69 impairments, and

70 WHEREAS, on National Memory Screening Day, which is held on
71 the third Tuesday of November in recognition of National
72 Alzheimer's Disease Month, health care professionals administer
73 free memory screenings at hundreds of sites throughout the
74 United States, and

75 WHEREAS, memory screening is used as an indicator of
76 whether a person might benefit from more extensive testing to
77 determine whether a memory or cognitive impairment exists and
78 identifies persons who may benefit from medical attention, but
79 is not used to diagnose any illness and in no way replaces
80 examination by a qualified physician, NOW, THEREFORE,

81

82 Be It Enacted by the Legislature of the State of Florida:

83

84 Section 1. Section 430.5025, Florida Statutes, is created
85 to read:

86 430.5025 Memory-impairment screening; grants.—

87 (1) The Department of Elderly Affairs shall develop and

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88 implement a public education program relating to screening for
89 memory impairment and the importance of early diagnosis and
90 treatment of Alzheimer's disease and related disorders.

91 (2) The department may award grants to qualifying entities
92 to support the development, expansion, or operation of programs
93 that provide:

94 (a) Information and education on the importance of memory
95 screening for early diagnosis and treatment of Alzheimer's
96 disease and related disorders.

97 (b) Screenings for memory impairment.

98 (3) As used in this section, the term "qualifying entities"
99 means public and nonprofit private entities that provide
100 services and care to individuals who have Alzheimer's disease or
101 related disorders and their caregivers and families.

102 (4) When awarding grants under this section, the department
103 shall give preference to applicants that:

104 (a) Have demonstrated experience in promoting public
105 education and awareness of the importance of memory screening or
106 providing memory-screening services.

107 (b) Have established arrangements with health care
108 providers and other organizations to provide screenings for
109 memory impairment in a manner that is convenient to individuals
110 in the communities served by the applicants.

111 (c) Provide matching funds.

112 (5) A qualifying entity that receives a grant under this
113 section shall submit to the department an evaluation that
114 describes activities carried out with funds received under this
115 section, the long-term effectiveness of such activities in
116 promoting early detection of memory impairment, and any other

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117 information that the department requires.

118 (6) The department may set aside an amount not to exceed 15
119 percent of the total amount appropriated to the memory-
120 impairment screening grant program for the fiscal year to
121 provide grantees with technical support in the development,
122 implementation, and evaluation of memory-impairment screening
123 programs.

124 (7) A grant may be awarded under subsection (2) only if an
125 application for the grant is submitted to the department and the
126 application is in the form, is made in the manner, and contains
127 the agreements, assurances, and information that the department
128 determines are necessary to carry out the purposes of this
129 section.

130 (8) The department shall annually submit to the President
131 of the Senate and the Speaker of the House of Representatives a
132 report on the activities carried out under this section,
133 including provisions describing the extent to which the
134 activities have affected the rate of screening for memory
135 impairment and have improved outcomes for patients and
136 caregivers.

137 Section 2. Implementation.-

138 (1) Implementation of the public education program created
139 under s. 430.5025, Florida Statutes, shall operate within
140 existing resources of the Department of Elderly Affairs.

141 (2) Implementation of the memory-impairment screening grant
142 program created under s. 430.5025, Florida Statutes, is
143 contingent upon appropriation of state funds or the availability
144 of private resources.

145 Section 3. Subsection (6) of section 400.1755, Florida

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146 Statutes, is amended to read:

147 400.1755 Care for persons with Alzheimer's disease or
148 related disorders.—

149 (6) Upon completing any training listed in this section,
150 the employee or direct caregiver shall be issued a certificate
151 that includes the name of the training provider, the topic
152 covered, and the date and signature of the training provider.
153 The certificate is evidence of completion of training in the
154 identified topic, and the employee or direct caregiver is not
155 required to repeat training in that topic if the employee or
156 direct caregiver changes employment to a different facility or
157 to an assisted living facility, home health agency, adult day
158 care center, or hospice ~~adult family care home~~. The direct
159 caregiver must comply with other applicable continuing education
160 requirements.

161 Section 4. Paragraph (h) of subsection (1) of section
162 400.6045, Florida Statutes, is amended to read:

163 400.6045 Patients with Alzheimer's disease or other related
164 disorders; staff training requirements; certain disclosures.—

165 (1) A hospice licensed under this part must provide the
166 following staff training:

167 (h) Upon completing any training described in this section,
168 the employee or direct caregiver shall be issued a certificate
169 that includes the name of the training provider, the topic
170 covered, and the date and signature of the training provider.
171 The certificate is evidence of completion of training in the
172 identified topic, and the employee or direct caregiver is not
173 required to repeat training in that topic if the employee or
174 direct caregiver changes employment to a different hospice or to

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175 a home health agency, assisted living facility, nursing home, or
176 adult day care center. The direct caregiver must comply with
177 other applicable continuing education requirements.

178 Section 5. Subsection (4) of section 429.178, Florida
179 Statutes, is amended to read:

180 429.178 Special care for persons with Alzheimer's disease
181 or other related disorders.-

182 (4) Upon completing any training listed in subsection (2),
183 the employee or direct caregiver shall be issued a certificate
184 that includes the name of the training provider, the topic
185 covered, and the date and signature of the training provider.
186 The certificate is evidence of completion of training in the
187 identified topic, and the employee or direct caregiver is not
188 required to repeat training in that topic if the employee or
189 direct caregiver changes employment to a different assisted
190 living facility or nursing home, hospice, adult day care center,
191 or home health agency facility. The employee or direct caregiver
192 must comply with other applicable continuing education
193 requirements.

194 Section 6. This act shall take effect July 1, 2011.