

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 Committee on Appropriations

BILL: CS/SB 806

INTRODUCER: Appropriations Committee (Recommended by Appropriations Subcommittee on Health and Human Services); and Senators Perry and Stewart

SUBJECT: Alzheimer’s Disease and Dementia-related Disorders Awareness

DATE: February 11, 2022

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.	Howard	Money	AHS	Recommend: Fav/CS
3.	Howard	Sadberry	AP	Fav/CS

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 806 creates section 381.825, Florida Statutes, to establish the “Ramping up Education of Alzheimer’s Disease and Dementia for You (READY) Act.” The bill requires the Department of Health (DOH) to use existing, relevant public health and community outreach programs to educate health care practitioners on Alzheimer’s disease and dementia-related disorders (ADRD).

The bill provides an effective date of July 1, 2022.

II. Present Situation:

Alzheimer’s Disease and Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person’s daily life and activities. These functions include memory, language skills, visual perception, problem solving, self-management, and the ability to focus and pay attention. Some people with dementia cannot control their emotions, and their personalities may change. Dementia ranges in severity from the

mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of living.¹

Alzheimer's disease is the most common type of dementia. It is a progressive disease that begins with mild memory loss and can lead to loss of the ability to carry on a conversation and respond to one's environment. Alzheimer's disease affects parts of the brain that control thought, memory, and language. It can seriously affect a person's ability to carry out daily activities. Although scientists are studying the disease, the cause of Alzheimer's disease is unknown.²

It is estimated that there are over 580,000 individuals living with Alzheimer's disease in the state of Florida.³ By 2025, it is projected that 720,000 Floridians will have Alzheimer's disease.⁴ Most individuals with Alzheimer's can live in the community with support, often provided by spouses or other family members. In the late stages of the disease, many patients require care 24 hours per day and are often served in long-term care facilities.

Dementia Care and Cure Initiative

The DOEA announced the Dementia Care and Cure Initiative (DCCI) in 2015 to engage communities across the state to be more dementia-caring, promote better care for Floridians affected by dementia, and support research efforts to find a cure. In collaboration with Florida's 11 Area Agencies on Aging and 17 memory disorder clinics, participating DCCI communities organize task forces consisting of community professionals and stakeholders who work to bring about education, awareness of, and sensitivity regarding the needs of those affected by dementia.⁵ The goals of the DCCI include:

- Increasing awareness of dementia, services, and supports.
- Providing assistance to dementia-caring communities.
- Continuing advocacy for care and cure programs.⁶

III. Effect of Proposed Changes:

The bill creates s. 381.825, F.S., to establish the "Ramping up Education of Alzheimer's Disease and Dementia for You (READY) Act."

The bill requires the DOH to use existing, relevant public health and community outreach programs to educate health care practitioners on all of the following topics:

- The importance of early detection and timely diagnosis of ADRD.
- Use of a validated cognitive assessment tool.
- The value and effectiveness of the Medicare annual wellness visit in detecting ADRD.

¹ *What is Dementia? Symptoms, Types, and Diagnosis*, National Institute on Aging, available at <https://www.nia.nih.gov/health/what-dementia-symptoms-types-and-diagnosis>, (last visited Jan. 4, 2022).

² Centers for Disease Control and Prevention, Alzheimer's Disease and Healthy Aging website available at <https://www.cdc.gov/aging/aginginfo/alzheimers.htm#AlzheimersDisease>, (last visited Jan. 4, 2022).

³ Alzheimer's Association available at <https://www.alz.org/media/Documents/florida-alzheimers-facts-figures-2018.pdf>, (last visited Mar. 10, 2021).

⁴ *Id.*

⁵ See <http://elderaffairs.state.fl.us/doea/dcci.php> (last visited Jan. 4, 2022).

⁶ See [DCCI-Fact-Sheet_2021-March-2021.pdf \(elderaffairs.org\)](https://www.elderaffairs.org/DCCI-Fact-Sheet_2021-March-2021.pdf) (last visited Jan. 4, 2022).

- Using Medicare advance care planning billing codes for persons with ADRD.
- Reducing the risk of cognitive decline, particularly among persons in diverse communities who are at greater risk of developing ADRD.

The bill provides and effective date of July 1, 2022.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

CS/SB 806 requires the DOH to use existing, relevant public health and community outreach programs to educate health care practitioners on Alzheimer's disease and dementia-related disorders.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 381.825 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

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

CS by Appropriations on February 9, 2022:

The committee substitute:

- Removes the requirement that the DOH encourage health care providers, including but not limited to, hospitals, county health departments, physicians, nurses, and rural health centers, to display the above information in their facilities and discuss the risks of ADRD with patients age 60 or older;
- Removes the requirement that the DOH post on its website the ADRD educational information, links to any additional resources, and links to the Centers for Disease Control and Prevention web pages that have information on ADRD;
- Removes the allowance that the DOH can use any federal or state funds appropriated for the purpose, to fund mobile and virtual outreach programs that prioritize those in underserved communities to provide information on ADRD, including but not limited to, brain health, risk education, and early detection and diagnosis; provide referrals to the DOEA; and include links to available resources relating to ADRD.;
- Removes the requirement that the DOH must collaborate with other agencies and organizations to create a systematic approach to increasing public awareness of Alzheimer’s disease and dementia-related disorders;
- Removes the requirement that the DOH must develop and disseminate information to medical and osteopathic doctors and to nurses as part of the education requirement for health care practitioners on ADRD and removes the requirement that the DOEA and the Alzheimer’s Association must work with the DOH on this education requirement; and
- Removes the methods to detect early warning signs of ADRD as an education requirement.

B. Amendments:

None.