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.)

Prepare	d By: The Profe	essional St	aff of the Approp	riations Subcommi	ttee on Health and Human Services
BILL:	SB 1542				
INTRODUCER:	Senator Stargel				
SUBJECT:	Alzheimer's Disease				
DATE:	February 12	2, 2020	REVISED:		
ANALYST		STAF	DIRECTOR	REFERENCE	ACTION
l. Hendon	ndon Hendon		CF	Favorable	
2. Howard	Howard Kidd			AHS	Pre-meeting
3.				AP	

I. Summary:

SB 1542 makes changes to the state's Alzheimer's Disease Initiative in the Department of Elder Affairs (department). The bill creates the position of Dementia Director within the department to assist the Alzheimer's Disease Advisory Committee and assist with the development of the Alzheimer's disease state plan. The bill also makes minor changes to the incentive funding formula for the state's memory disorder clinics and the formula for respite care provided to families caring for persons with Alzheimer's disease or other forms of dementia.

The department can use existing resources to establish a Dementia Director position and to perform the required tasks as outlined in the bill.

The bill has an effective date of July 1, 2020.

II. Present Situation:

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, what causes Alzheimer's disease is known.¹

There are an estimated 580,000 individuals living with Alzheimer's disease in the state of Florida.² By 2025, it is projected that 720,000 Floridians will have Alzheimer's disease.³ Most

¹ Centers for Disease Control and Prevention, Alzheimer's Disease and Healthy Aging website. See <u>https://www.cdc.gov/aging/aginginfo/alzheimers.htm#AlzheimersDisease</u>, last visited January 16, 2020.

² Alzheimer's Association. See https://www.alz.org/media/Documents/florida-alzheimers-facts-figures-2018.pdf, last visited January 16, 2020.

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 a day and are often served in long-term care facilities.

The Legislature created the Alzheimer's Disease Initiative in 1985 to provide a continuum of services to meet the needs of individuals with Alzheimer's disease and similar memory disorders, and their families.⁴ The department coordinates and develops policy to carry out the statutory requirements for the Alzheimer's Disease Initiative. In conjunction with the Alzheimer's Disease Advisory Committee, the department implements the initiative through three components:

- Supportive services to offer counseling, consumable medical supplies, and respite for caregiver relief;
- Memory disorder clinics to provide diagnosis, research, treatment, education, and referrals; and
- A brain bank to support research on Alzheimer's and other forms of dementia.

Chapter 2012-172, L.O.F., created a Purple Ribbon Task Force within the department to address Alzheimer's disease. The task force reviewed trends in the disease, assessed the disease's impact on the state, examined needs and services, and developed a state response to Alzheimer's disease. The findings and recommendations of the task force became the foundation for the Alzheimer's disease state plan. The task force ended with the submission of its report and plan on August 1, 2013.

Chapter 2019-147, L.O.F., added members to the Alzheimer's Disease Advisory Committee and required the Alzheimer's disease state plan be updated every three years. The law also required annual reports to the Governor and Legislature. The annual report provides information on state-funded Alzheimer's disease research, clinical care, institutional, home-based and community-based programs, and recommendations on Alzheimer's disease policy and any proposed updates to the Alzheimer's disease state plan.

During Fiscal Year 2018-2019, 5,637 individuals received respite and support services, including case management; specialized medical equipment, services, and supplies; and caregiver counseling, support groups, and training.⁵ The memory disorder clinics provide comprehensive diagnostic and referral services for persons with Alzheimer's disease and related disorders. The clinics served 10,516 persons during Fiscal Year 2018-2019.⁶

III. Effect of Proposed Changes:

Section 1 amends s. 430.501, F.S., establishing the Alzheimer's Disease Advisory Committee to require that all state agencies provide assistance to the committee in conducting its work.

Section 2 creates s. 430.5015, F.S., to require the Department of Elder Affairs to establish the position of Dementia Director. The director is to be appointed by the Secretary of the department and is given the following duties:

⁵ Id.

⁴ Department of Elder Affairs, 2019 Summary of Program and Services. See <u>http://elderaffairs.state.fl.us/doea/sops.php</u>. Last visited January 16, 2020.

⁶ Id.

- Coordinate Alzheimer's disease policies and programs and related forms of dementia;
- Support the Alzheimer's Disease Advisory Committee and updates to the Alzheimer's disease state plan required under s. 430.501(3)(b)8, F.S.;
- Assist memory disorder clinics in meeting performance standards;
- Facilitate outreach programs and services that increase public awareness of Alzheimer's disease and related forms of dementia;
- Coordinate services and activities among agencies and groups involved in dementia research and programs; and
- Collect and analyze data on the impact of Alzheimer's disease in the state.

Section 3 amends s. 430.502, F.S., establishing memory disorder clinics in the state to conduct research on Alzheimer's disease and other forms of dementia. The bill updates the name of the memory disorder clinic in Orange County from "Florida Hospital" to "AdventHealth." The bill requires the department to include the increase in the amount of family care planning services in setting performance goals for incentive funding for memory clinics. The bill also revises the formula the department uses to distribute funding for respite care. The county population factor in the formula is changed from the number of persons 75 years of age or older to 70 years or older.

Section 4 provides an effective date of July 1, 2020.

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 identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Department of Elder Affairs will need to ensure the duties of the Dementia Director are assigned to an appropriate position as required by the bill.

Revising the allocation formula for the provision of respite care to consider the number and proportion of the county population of individuals from the number of persons 75 years of age or older to 70 years or older will have a minimal impact on respite care funding for each Planning and Service Area.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 430.501 and 430.502.

This bill creates section 430.5015 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.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.