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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 support; 10 requiring an annual report to the Legislature; providing 11 for implementation of the public education program to operate within existing resources of the department; 12 13 providing that implementation of the memory-impairment screening grant program is contingent upon an 14 15 appropriation of state funds or the availability of 16 private resources; amending s. 400.1755, F.S.; specifying the types of facilities where an employee or direct 17 caregiver providing care for persons with Alzheimer's 18 19 disease may begin employment without repeating certain training requirements; amending s. 400.6045, F.S.; 20 21 requiring direct caregivers to comply with certain 22 continuing education requirements; amending s. 429.178, 23 F.S.; specifying the types of facilities where an employee 24 or direct caregiver providing care for persons with Alzheimer's disease may begin employment without repeating 25 certain training requirements; providing an effective 26 27 date.

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WHEREAS, Alzheimer's disease is a slow, progressive disorder of the brain which results in loss of memory and other cognitive functions, is the eighth leading cause of death in the United States, and currently affects an estimated 5 million Americans, with that number expected to increase to 16 million by mid-century, and

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

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

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

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

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

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

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57 intervention may extend the period during which patients can be 58 cared for at home, thereby significantly reducing the costs of 59 institutional care, and

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

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

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

74 WHEREAS, memory screening is used as an indicator of 75 whether a person might benefit from more extensive testing to 76 determine whether a memory or cognitive impairment exists and 77 identifies persons who may benefit from medical attention, but 78 is not used to diagnose any illness and in no way replaces 79 examination by a qualified physician, NOW, THEREFORE, 80 81 Be It Enacted by the Legislature of the State of Florida: 82

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

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2011 85 430.5025 Memory-impairment screening; grants.-86 (1) The Department of Elderly Affairs shall develop and 87 implement a public education program relating to screening for 88 memory impairment and the importance of early diagnosis and 89 treatment of Alzheimer's disease and related disorders. 90 The department may award grants to qualifying entities (2) to support the development, expansion, or operation of programs 91 92 that provide: 93 (a) Information and education on the importance of memory screening for early diagnosis and treatment of Alzheimer's 94 95 disease and related disorders. 96 (b) Screenings for memory impairment. 97 As used in this section, the term "qualifying (3) 98 entities" means public and nonprofit private entities that 99 provide services and care to individuals who have Alzheimer's 100 disease or related disorders and their caregivers and families. 101 When awarding grants under this section, the (4) 102 department shall give preference to applicants that: (a) 103 Have demonstrated experience in promoting public 104 education and awareness of the importance of memory screening or 105 providing memory-screening services. 106 (b) Have established arrangements with health care 107 providers and other organizations to provide screenings for 108 memory impairment in a manner that is convenient to individuals 109 in the communities served by the applicants. 110 (c) Provide matching funds. (5) A qualifying entity that receives a grant under this 111 112 section shall submit to the department an evaluation that

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2011 113 describes activities carried out with funds received under this 114 section, the long-term effectiveness of such activities in 115 promoting early detection of memory impairment, and any other 116 information that the department requires. 117 The department may set aside an amount not to exceed (6) 118 15 percent of the total amount appropriated to the memory-119 impairment screening grant program for the fiscal year to 120 provide grantees with technical support in the development, 121 implementation, and evaluation of memory-impairment screening 122 programs. 123 (7) A grant may be awarded under subsection (2) only if an 124 application for the grant is submitted to the department and the 125 application is in the form, is made in the manner, and contains 126 the agreements, assurances, and information that the department 127 determines are necessary to carry out the purposes of this 128 section. 129 The department shall annually submit to the President (8) 130 of the Senate and the Speaker of the House of Representatives a 131 report on the activities carried out under this section, 132 including provisions describing the extent to which the 133 activities have affected the rate of screening for memory 134 impairment and have improved outcomes for patients and 135 caregivers. 136 Section 2. Implementation.-137 Implementation of the public education program created (1) under s. 430.5025, Florida Statutes, shall operate within 138 139 existing resources of the Department of Elderly Affairs. 140 (2) Implementation of the memory-impairment screening

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141 grant program created under s. 430.5025, Florida Statutes, is 142 contingent upon appropriation of state funds or the availability 143 of private resources.

144 Section 3. Subsection (6) of section 400.1755, Florida 145 Statutes, is amended to read:

146 400.1755 Care for persons with Alzheimer's disease or 147 related disorders.—

(6) Upon completing any training listed in this section, 148 149 the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic 150 covered, and the date and signature of the training provider. 151 152 The certificate is evidence of completion of training in the 153 identified topic, and the employee or direct caregiver is not 154 required to repeat training in that topic if the employee or 155 direct caregiver changes employment to a different facility or 156 to an assisted living facility, home health agency, adult day 157 care center, or hospice adult family-care home. The direct 158 careqiver must comply with other applicable continuing education 159 requirements.

Section 4. Paragraph (h) of subsection (1) of section400.6045, Florida Statutes, is amended to read:

162 400.6045 Patients with Alzheimer's disease or other 163 related disorders; staff training requirements; certain 164 disclosures.-

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

(h) Upon completing any training described in thissection, the employee or direct caregiver shall be issued a

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169 certificate that includes the name of the training provider, the 170 topic covered, and the date and signature of the training 171 provider. The certificate is evidence of completion of training 172 in the identified topic, and the employee or direct caregiver is 173 not required to repeat training in that topic if the employee or 174 direct caregiver changes employment to a different hospice or to 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.

Section 5. Subsection (4) of section 429.178, FloridaStatutes, is amended to read:

180 429.178 Special care for persons with Alzheimer's disease181 or other related disorders.-

182 Upon completing any training listed in subsection (2), (4) the employee or direct caregiver shall be issued a certificate 183 184 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 must comply with other applicable continuing education 192 193 requirements.

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

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