HOUSE OF REPRESENTATIVES STAFF FINAL BILL ANALYSIS

BILL #: CS/HB 835 Alzheimer's Disease

SPONSOR(S): Children, Families & Seniors Subcommittee, Willhite and others

TIED BILLS: IDEN./SIM. BILLS: SB 1542

FINAL HOUSE FLOOR ACTION: 118 Y's 0 N's GOVERNOR'S ACTION: Approved

SUMMARY ANALYSIS

CS/HB 835 passed the House on March 10, 2020, as amended, and subsequently passed the Senate on March 11, 2020.

In Florida, an estimated 560,000 individuals have Alzheimer's disease. The Alzheimer's Disease Advisory Committee (Committee) advises the Department of Elder Affairs (DOEA) on matters regarding individuals with Alzheimer's disease and their caretakers. The Committee submits an annual report to the Governor, the Legislature, and the Secretary of DOEA including recommendations on Alzheimer's disease policy, statefunded Alzheimer's disease efforts, and proposed updates to the Alzheimer's disease state plan initially created by the 2012 Purple Ribbon Task Force. DOEA reviews and updates the Alzheimer's disease state plan using the report submitted by the Committee and submits it to the Governor and Legislature every three years.

CS/HB 835 creates the position of Dementia Director (director) within DOEA, to be appointed by the Secretary of DOEA. The director is authorized to ask other state agencies for assistance in order to carry out assigned duties and will collaborate with other state and local entities to facilitate programs supporting those living with Alzheimer's disease and other related forms of dementia and their caregivers.

The bill directs all state agencies to provide assistance to the Committee, upon request. It updates the name of Orlando's AdventHealth Memory Disorder Clinic (MDC) in statute, ensuring this MDC receives its designated state funding. It requires DOEA to revise the funding allocation formula for respite care to consider the number and proportion of a county's population of individuals age 70 and older.

The bill has no fiscal impact on state or local governments.

The bill was approved by the Governor on June 19, 2020, ch. 2020-45, L.O.F., and will become effective on July 1, 2020.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives. STORAGE NAME: h0835z1.CFS.DOCX

I. SUBSTANTIVE INFORMATION

A. EFFECT OF CHANGES:

Background

Alzheimer's Disease

Alzheimer's disease is a form of dementia, a general term for memory loss. It is a progressive brain disorder that damages and eventually destroys brain cells, leading to memory loss and changes in the functions of the brain. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. Alzheimer's disease is a progressive disease in which dementia symptoms worsen gradually over time. In the early stages of Alzheimer's disease, memory loss is mild; in late-stage, individuals lose the ability to carry on a conversation and respond to their environment. Currently, the disease has no cure, but treatment can temporarily slow the worsening of symptoms.¹

There are an estimated 5.8 million people in the United States with Alzheimer's disease, including 5.6 million people aged 65 and older and 200,000 individuals under age 65 who have younger-onset Alzheimer's disease.² By 2050, the number of people age 65 and older with Alzheimer's disease in the U.S. is expected to nearly triple to a projected 13.8 million people.³

Florida has an increasing number of individuals with Alzheimer's disease. An estimated 560,000 Floridians have Alzheimer's disease.⁴ The projected number of Floridians with Alzheimer's disease is estimated to increase by 28.6% to 720,000 individuals by 2025.⁵

Alzheimer's Disease Initiative

Section 430.503, F.S., creates the Alzheimer's Disease Initiative (ADI) within the Department of Elder Affairs (DOEA).⁶ The Alzheimer's Disease Initiative is a statewide program that provides services to individuals and families affected by Alzheimer's disease.⁷ The ADI includes the following programs:⁸

- Respite care and other support services for caregivers;
- Memory Disorder Clinics;
- Specialized Alzheimer's Adult Day Care Centers; and
- The Florida Alzheimer's Brain Bank, which is a service- and research-oriented network of regional sites which collect and study the brains of deceased dementia patients.⁹

Respite Services

ADI respite care programs exist in all 67 Florida counties and provide in-home, facility-based, emergency and extended care (up to 30 days) respite for caregivers who serve individuals with memory disorders.¹⁰ Additional services include caregiver training and support, education, counseling, specialized medical equipment, services and supplies, and case management.¹¹

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¹ Alzheimer's Association, What is Alzheimer's?, http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp (last visited Feb. 13, 2020).

² Alzheimer's Association, 2019 Alzheimer's Disease Facts and Figures, https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf (last visited Feb. 13, 2020).

⁴ Alzheimer's Association, *Alzheimer's Statistics: Florida*, https://alz.org/getmedia/4d0840b6-0baa-4b97-8a0e-1775cfbf44a4/statesheet_florida (last visited Feb. 13, 2020).

⁵ Id.

⁶ S. 430.503(1), F.S.

⁷ Florida Department of Elder Affairs, Agency Analysis of 2020 House Bill 835, p. 2 (Dec. 17, 2019).

⁸ Florida Department of Elder Affairs, *Alzheimer's Disease Initiative*, http://elderaffairs.state.fl.us/english/alz.php (last visited Feb. 13, 2020).

⁹ Florida Department of Elder Affairs, *The Florida Brain Bank*, http://elderaffairs.state.fl.us/doea/BrainBank/index.php (last visited Feb. 13, 2020).

¹⁰ Supra, note 8.

¹¹ Id.

DOEA administers the respite care program (and other elder services programs) through 11 Area Agencies on Aging, organized in Planning and Service Areas. ¹² Funds for respite care programs are contracted according to an allocation formula based on the number and proportion of the county population of individuals who are 75 years of age and older. ¹³



Memory Disorder Clinics

www.agingcarefl.org

(727) 570-9696

Gadsden Bldg., Suite 100 St. Petersburg, FL 33702 Sunrise, FL 33351 (954) 745-9567

www.adrcbroward.org

¹² Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*, http://elderaffairs.state.fl.us/doea/arc.php (last visited Mar. 17, 2020).

¹³ Section 430.502(5), F.S.

Section 430.502(1), F.S., designates 17 memory disorder clinics (MDCs)¹⁴ that provide comprehensive assessments, diagnostic services, and treatment to individuals who exhibit symptoms of Alzheimer's disease and related memory disorders. The MDCs operate in 13 distinct service areas. 15

MDC Service Areas and Locations¹⁶



3 Mayo Clinic Jacksonville

4500 San Pablo Rd. Jacksonville, FL 32224 (904) 953-2677

4 University of Florida

3009 SW Williston Rd. Gainesville, FL 32608 (352) 294-5400

5 Orlando Health Center for Aging

21 W Columbia St. Orlando, FL 32806 (321) 841-9700

5 AdventHealth Orlando

601 E Rollins Street Orlando, FL 32803 (407) 392-9237

6 Health First

3661 S Babcock St. Melbourne, FL 32901 (321) 434-7612

Phone: (813) 974-3100

9 St. Mary's Medical Center

901 Village Blvd., Ste. 702 West Palm Beach, FL 33409 (561) 990-2135 8756 Boynton Beach Blvd., Ste. 2500 Boynton Beach, FL 33472 (561) 990-2135

9 Florida Atlantic University

777 Glades Rd., Bldg. AZ-79 Boca Raton, FL 33431 (561) 297-0502

10 Sarasota Memorial

1515 S Osprey Ave., Ste. A-1 Sarasota, FL 34239 (941) 917-7197

11 Lee Memorial

12600 Creekside Ln., Ste. 7 Fort Myers, FL 33919 (239) 343-9220

12 Broward Health North

201 F Sample Rd Deerfield Beach, FL 33064 (954) 786-7392

13 University of Miami

1695 NW 9th Ave., Ste. 3202 Miami, FL 33136 (305) 355-9065

13 Mt. Sinai Medical Center

4302 Alton Rd., Ste. 360 Miami Beach, FI 33140 (305) 674-2543 ext. 54461

13 Miami Jewish Health

5200 NE 2nd Avenue Miami, FL 33137 (305) 514-8652

State of Florida Brain Bank

Wien Center for Alzheimer's Disease and Memory Disorders 4302 Alton Road, Suite 650 Miami Beach, Florida 33140 (305) 674-2018 In Central Florida: (800) 330-1910 ext. 308

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¹⁴ S. 430.502(1), F.S.

¹⁵ Florida Department of Elder Affairs, Summary of Programs and Services 2019, available at http://elderaffairs.state.fl.us/doea/pubs/pubs/sops2019/2019_SOPS_A.pdf (last visited Feb. 13, 2020). ¹⁶ ld.

MDCs also develop training programs and materials and conduct training for caregivers, respite service providers, and health care professionals in the care of persons with Alzheimer's disease and related memory disorders.¹⁷ In addition, MDCs conduct service-related research projects through model day care programs and respite care programs.¹⁸ MDCs are established at medical schools, teaching hospitals, and public and private not-for-profit hospitals throughout the state in accordance with s. 430.502, F.S. MDCs served 9,753 clients in 2017-2018.¹⁹

MDCs receive performance-based funding from the General Revenue Fund. ²⁰ Generally, the Legislature appropriates funding for the Alzheimer's Disease Initiative program, and DOEA determines the distribution amounts for the MDCs without legislative direction. For example, the Fiscal Year 2019-2020 General Appropriations Act (GAA) provided \$26,440,641 from the General Revenue Fund to the Alzheimer's Disease Initiative, but did not direct specific amounts to individual MDCs. ²¹ The Fiscal Year 2018-2019 GAA also provided \$26,916,231 from the General Revenue Fund to the Alzheimer's Disease Initiative without specific reference to the individual MDCs. ²²

At times, the Legislature has designated a specific appropriation for a new MDC, which amount is included (but not specifically identified) in the base total in the future years. For example, the 2018-2019 General Appropriations Act provided a specific line item for the new MDC at the Florida Hospital in Orange County.²³ Florida Hospital in Orange County recently changed its name to AdventHealth, causing the reference to the name of their MDC in statute to be out of date.²⁴

To receive base level funding, MDCs must meet minimum performance measures established by DOEA. Fifteen of the MDCs receive \$222,801 in annual base level funding.²⁵ One MDC, Mt. Sinai, receives \$294,469 in annual base level funding.²⁶ Incentive funding, subject to legislative approval, is available for MDCs that meet additional performance measures established by DOEA.²⁷ DOEA establishes performance measures in its annual contracts with the MDCs.²⁸ In Fiscal Year 2018-2019, 14 MDCs received incentive funding from the \$50,000 available.²⁹

Purple Ribbon Task Force and Alzheimer's Disease State Plan

Chapter 2012-172, Laws of Florida, created the Purple Ribbon Task Force. The task force was composed of 18 members with 6 members appointed by the Governor, 6 members appointed by the Speaker of the House of Representatives, and 6 members appointed by the President of the Senate.³⁰

The law required the task force to conduct an interim study regarding Alzheimer's disease in the state and directed the Task Force to:³¹

- Assess the current and future impact of Alzheimer's disease on the state;
- Examine existing industries, services, and resources that address the needs of persons with Alzheimer's disease;
- Develop a strategy to mobilize a state response to Alzheimer's disease: and

¹⁷ Supra, note 8.

¹⁸ Id.

¹⁹ Supra note 15.

²⁰ S. 430.502(3) and (4), F.S.; Florida Department of Elder Affairs, Agency Analysis of 2020 House Bill 835 (Dec. 17, 2020).

²¹ Conference Committee Report for enrolled Senate Bill 2500, 2019-2020 General Appropriations Act, Specific Appropriation 395.

²² Conference Committee Report for enrolled House Bill 5001, 2018-2019 General Appropriations Act, Specific Appropriation 394.

²³ Conference Committee Report for enrolled House Bill 5001, 2018-2019 General Appropriations Act, Specific Appropriation 394.

²⁴ Supra, note 7 at 3

²⁵ Email from Scott Read, Director of Legislative Affairs, Department of Elder Affairs, RE: Funding amounts for memory disorder clinics (Feb. 18, 2019).

²⁶ Id.

²⁷ Id.

²⁸ S. 430.502(3) and (4), F.S; Id.

²⁹ Email from Scott Read, Director of Legislative Affairs, Department of Elder Affairs, RE: HB 835 (Jan. 30, 2020).

³⁰ Ch. 2012-172, Laws of Fla.

³¹ ld.

Gather information on state trends and policy regarding Alzheimer's disease.

Additionally, the law required the task force to submit a report in the form of an Alzheimer's disease state plan.³² The 2013 completed report by the task force is the *State Plan on Alzheimer's Disease and Related Forms of Dementia.*³³ The state report included the task force's findings and recommendations. Upon submission of this report, pursuant to law, the Purple Ribbon Task Force terminated.

Current law requires DOEA to review and update the Alzheimer's disease state plan every three years. The state plan must include an assessment of the current and future impact of Alzheimer's disease, an examination of existing resources available to persons living with Alzheimer's disease, and other information regarding Alzheimer's disease trends and policies in the state.³⁴

Alzheimer's Disease Advisory Committee

Section 430.501, F.S., establishes the Alzheimer's Disease Advisory Committee (Committee) to advise DOEA on legislative, programmatic, and administrative matters regarding individuals with Alzheimer's disease and their caretakers. The committee is established within DOEA and composed of 11 members appointed by the Governor, 2 members appointed by the Senate President (one of which must be a sitting Senator), and 2 members appointed by the Speaker of the House of Representatives (one of which must be a sitting Representative). ³⁵ The Governor's appointments must reflect the following representation: ³⁶

- At least four members must be persons licensed pursuant to ch. 458 or 459, F.S., or hold a Ph.D. degree and be currently involved in research on Alzheimer's disease;
- At least four persons who have been caregivers of victims of Alzheimer's disease; and
- Whenever possible, a gerontologist, a geriatric psychiatrist, a geriatrician, a neurologist, a social worker, and a registered nurse.

Committee members are appointed to four-year staggered terms. The chair is elected by the Committee and serves a one-year term. The Committee may establish subcommittees as necessary to carry out the functions of the Committee. Currently, the Committee has four standing subcommittees regarding clinical services, home- and community-based care, education and research, and legislative advocacy.³⁷

The Committee is required to submit an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Elder Affairs by September 1 of each year. The report must include recommendations on Alzheimer's disease policy, all state-funded Alzheimer's disease efforts, and proposed updates to the Alzheimer's disease state plan.

DOEA must use the report submitted by the Committee and collaborate with other organizations and professionals when updating the state plan. DOEA must submit the updated state plan every three years, beginning November 1, 2020, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Effect of Proposed Changes

The bill directs all state agencies to provide assistance to the Alzheimer's Disease Advisory Committee, upon request, in order to facilitate the Committee's duties.

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³² Id

³³ Florida Department of Elder Affairs, *Purple Ribbon Task Force State Plan on Alzheimer's Disease and Related Forms of Dementia*, *available at* https://www.alz.org/media/Documents/florida-state-plan-august-2013.pdf (last visited Feb. 13, 2020).

³⁴ S. 430.501, F.S.

³⁵ ld.

³⁶ Id.

³⁷ Alzheimer's Disease Advisory Committee, *2009-2016 Summary of Accomplishments*, *available at* http://elderaffairs.state.fl.us/doea/alz/ADI_Accomplishments.pdf (last visited Feb. 13, 2020).

The bill requires DOEA to revise the funding allocation formula for respite care to consider the number and proportion of a county's population of individuals age 70 and older, rather than 75 and older, which will change the distribution of funds between the PSAs thereby causing some PSAs to increase funding while other PSAs will experience decreased funding. The impact on allocations by PSA is anticipated to be minimal; see Fiscal Analysis.

The bill creates the position of Dementia Director (Director) within DOEA, to be appointed by the Secretary of DOEA. The bill requires the director to facilitate coordination and support of policies and programs in the Legislature and the executive branch, including state agencies, relating to Alzheimer's disease and other related dementias (ADRD). Additionally, the Director must assist the Committee with updating and implementing the Alzheimer's disease state plan. He or she must support MDCs in meeting the performance goals for incentive funding developed by DOEA. The director is required to coordinate outreach programs and services between MDCs, Area Agencies on Aging (AAAs), and other interested groups to increase public awareness and education regarding ADRD. The Director must coordinate services and activities between groups interested in research relating to ADRD, including AAAs, service providers, advocacy groups, legal services organizations, emergency personnel, law enforcement, the Florida College System, and state universities. The Director also must collect and monitor data related to the impact of Alzheimer's disease in Florida.

The bill authorizes the Director to ask other state agencies for assistance in order to carry out his or her duties.

The bill updates the name of the MDC at Florida Hospital in Orange County to AdventHealth in Orange County to reflect the facility's recent name change and ensure this MDC continues to receive state funding associated with being a statutorily designated MDC.

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

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

DOEA's current initiatives and statutorily-mandated responsibilities generally require the performance of the tasks assigned by the bill to a Dementia Director. The department may need to reassign tasks to place the responsibilities outlined by the bill under one individual.

According to DOEA, the bill's directive to modify the age-based funding distribution formula for respite care would change the distribution as follows:³⁸

PSA		Respite Care 75+ (Current Formula)	Respite Care 70+ (Proposed Formula)	Difference	
	1	\$715,742	\$716,786	\$1,044	

³⁸ Email from Scott Read, Director of Legislative Affairs, Department of Elder Affairs, RE: HB 835 Info (Mar. 17, 2020) (On file with House Children, Families, and Seniors Subcommittee staff).

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2	\$872,442	\$873,597	\$1,155
3	\$2,135,197	\$2,136,269	\$1,072
4	\$1,729,280	\$1,732,293	\$3,013
5	\$1,974,999	\$1,974,520	-\$479
6	\$2,137,582	\$2,139,356	\$1,774
7	\$1,832,830	\$1,834,697	\$1,867
8	\$2,728,275	\$2,727,780	-\$495
9	\$4,693,085	\$4,687,438	-\$5,647
10	\$2,515,773	\$2,515,837	\$64
11	\$2,209,298	\$2,205,930	-\$3,368
Total	\$23,544,503	\$23,544,503	\$0

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1	R	ev	er/	าน	es:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

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