HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: PCS for HB 475 Alzheimer's Disease and Related Forms of Dementia Education and Public Awareness
SPONSOR(S): Professions & Public Health Subcommittee
TIED BILLS: **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Professions & Public Health Subcommittee		Guzzo	McElroy

SUMMARY ANALYSIS

Alzheimer's disease is the most prevalent 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. 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.

Florida has several programs and initiatives under the oversight of the Department of Elder Affairs (DOEA) that provide resources and support for individuals suffering from Alzheimer's disease and other dementia-related disorders. The Florida Department of Health (DOH) licenses physicians, osteopathic physicians, and nursing professionals who provide care, among others, to patients with Alzheimer's disease and other dementia-related disorders.

The bill creates the Ramping up Education of Alzheimer's and Dementia for You (READY) Act which requires DOH, in partnership with DOEA and the Alzheimer's Association, to educate physicians and nursing professionals about Alzheimer's disease and related forms of dementia. This effort will occur through existing public health and community outreach programs and include education on:

- The importance of early detection and timely diagnosis of Alzheimer's disease and related forms of dementia;
- Utilization of a validated cognitive assessment tool;
- The value and effectiveness of Medicare annual wellness visits in detecting Alzheimer's disease and related forms of dementia;
- The use of Medicare billing codes for care planning for individuals with Alzheimer's disease and related forms of dementia; and
- Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities who are at greater risk of developing Alzheimer's disease and related forms of dementia.

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

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

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED 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-stages, 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 6.2 million people in the United States with 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 double to a projected 12.7 million people.[3]

Florida has an increasing number of individuals with Alzheimer's disease. An estimated 580,000 Floridians have Alzheimer's disease.[4] The projected number of Floridians with Alzheimer's disease is estimated to increase by 24% 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. The ADI includes the following programs:[7]

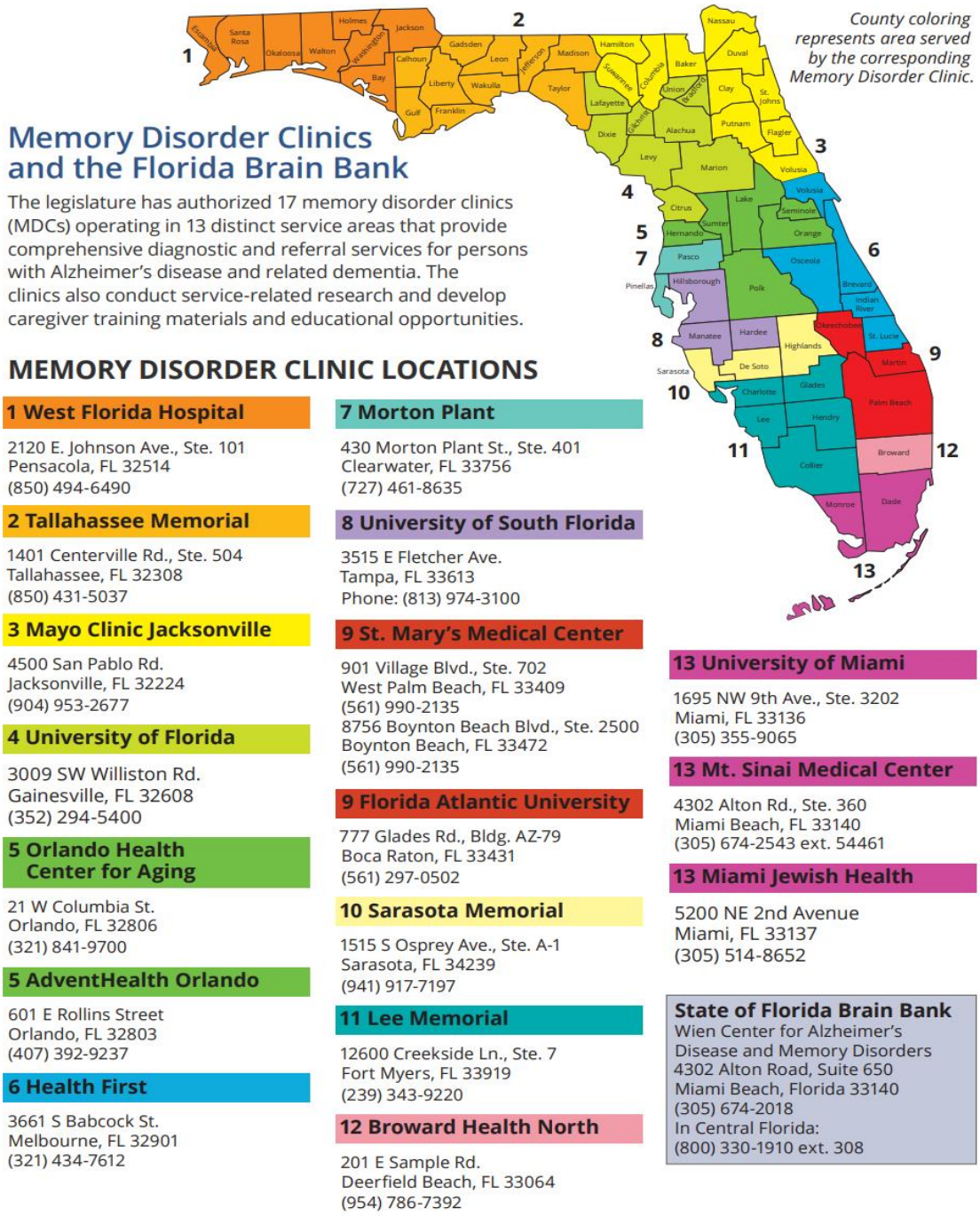
- Respite care and other support services for caregivers;
- Memory Disorder Clinics;
- Specialized Alzheimer's Adult Day Care Centers; and
- The Florida Alzheimer's Brain Bank, which is a service- and research-oriented network of regional sites which collect and study the brains of deceased dementia patients.[8]

Memory Disorder Clinics

[1] Alzheimer's Association, *2021 Alzheimer's Disease Facts and Figures*, available at https://www.alz.org/media/documents/alzheimers-facts-and-figures.pdf (last accessed January 20, 2022).
[2] Rajan KB, Weuve J, Barnes LL, McAninch EA, Wilson RS, Evans DA, *Population Estimate of People with Clinical AD and Mild Cognitive Impairment in the United States (2020-2060)*. Alzheimers Dement. 2021 Dec;17(12):1966-1975. doi: 10.1002/alz.12362. Epub 2021 May 27. PMID: 34043283.
[3] Id.
[4] Florida Department of Elder Affairs, *2021 Alzheimer's Disease Advisory Committee Annual Report*, available at https://elderaffairs.org/wp-content/uploads/ADAC-Report-2021_FINAL.pdf (last accessed January 20, 2022).
[5] Id.
[6] S. 430.503(1), F.S.
[7] Florida Department of Elder Affairs, *Alzheimer's Disease Initiative,* available at http://elderaffairs.state.fl.us/doea/alz.php (last accessed January 20, 2022).
[8] Florida Department of Elder Affairs, *The Florida Brain Bank*, available at http://elderaffairs.state.fl.us/doea/BrainBank/docs/BrainBank-brochure.pdf (last accessed January 20, 2022).

Section 430.502(1), F.S., designates 17 memory disorder clinics (MDCs)[9] 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.[10]

MDC Service Areas and Locations[11]



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.[12] In addition, MDCs conduct service-related research projects through model day

[9] S. 430.502(1), F.S.
[10] 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 accessed January 20, 2022).
[11] Id.
[12] *Supra* note 7.

care programs and respite care programs.[13] 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.[14]

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.[15]

The law required the task force to conduct an interim study regarding Alzheimer's disease in the state and directed the Task Force to:[16]

- 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
- 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.[17] The 2013 completed report by the task force is the *State Plan on Alzheimer's Disease and Related Forms of Dementia.*[18] 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.[19]

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).[20] The Governor's appointments must reflect the following representation:[21]

- 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

[13] Id.
[14] *Supra* note 10.
[15] Ch. 2012-172, Laws of Fla.
[16] Id.
[17] Id.
[18] 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 accessed January 20, 2022).
[19] S. 430.501, F.S.
[20] Id.
[21] Id.

regarding clinical services, home- and community-based care, education and research, and legislative advocacy.[22]

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 to the Governor, the President of the Senate, and the Speaker of the House of Representatives.[23]

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.[24]

Health Care Licensure in Florida

Chapter 458, F.S., governs licensure and regulation of the practice of medicine by the Florida Board of Medicine in conjunction with the Florida Department of Health (DOH). Physicians holding a Doctor of Medicine (M.D.) degree are licensed under this chapter.

Chapter 459, F.S., provides for the licensure and regulation of the practice of medicine by the Florida Board of Osteopathic Medicine in conjunction with DOH. Osteopathic Physicians holding a Doctor of Osteopathic Medicine (D.O.) are licensed under this chapter.

Chapter 464, F.S., provides for the licensure and regulations of the practice of nursing by the Florida Board of Nursing in conjunction with DOH. Individuals licensed under this chapter include registered nurses (RN), advanced practice registered nurses (APRN), licensed practical nurses (LPN), and certified nursing assistants (CNA).

Medicare Program

Medicare is a federal health insurance program for people 65 or older, people under 65 with certain disabilities, and people of any age with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).[25] The program is administered by the Centers for Medicare and Medicaid Services in the U.S. Department of Health and Human Services.
Medicare will pay for some services during every stage of Alzheimer's disease and dementia care, such as:[26]

- Cognitive assessments;
- Home safety evaluations
- Planning for care;

[22] Alzheimer's Disease Advisory Committee, *2009-2016 Summary of Accomplishments*, http://elderaffairs.state.fl.us/doea/alz/ADI_Accomplishments.pdf (last accessed January 20, 2022).
[23] S. 430.501(3)(b)8., F.S.
[24] Department of Elder Affairs, *Dementia Care and Cure Initiative*, http://elderaffairs.state.fl.us/doea/dcci.php (last accessed January 20, 2022).
[25] Medicare.gov, *What's Medicare*, https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare (last accessed January 20, 2022).
[26] Centers for Medicare and Medicaid Services, *Medicare and Medicaid Benefits for People with Dementia*, August 2017, https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Medicare-and-Medicaid-Benefits-for-People-with-Dementia.pdf (last accessed January 20, 2022).

- Hospital stays; and,
- Prescription drugs — Medicare Part D pays a portion of drug costs for individuals diagnosed with dementia.

Effect of Proposed Changes

The bill creates the Ramping up Education of Alzheimer's and Dementia for You (READY) Act. The bill requires DOH to use existing public health and community outreach programs to educate physicians and nursing professionals on a range of topics related to the diagnosis and treatment of Alzheimer's disease and related forms of dementia. Specifically, the bill requires DOH to educate physicians and nursing professions on:

- The importance of early detection and timely diagnosis of Alzheimer's disease and related forms of dementia;
- Utilization of a validated cognitive assessment tool;
- The value and effectiveness of Medicare annual wellness visits in detecting Alzheimer's disease and related forms of dementia;
- The use of Medicare billing codes for care planning for individuals with Alzheimer's disease and related forms of dementia; and
- Methods to reduce the risk of cognitive decline, particularly among individuals in diverse communities who are at greater risk of developing Alzheimer's disease and related forms of dementia.

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

B. SECTION DIRECTORY:

Section 1: Creates s. 381.825, F.S., relating to Alzheimer's disease and dementia-related disorders education.
Section 2: Provides an effective date of July 1, 2022.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

No rule-making authority is necessary to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES