



Elder & Family Services Policy Committee

**Tuesday, March 16, 2010
10:30 AM - 12:00 PM
24 House Office Building**

**Larry Cretul
Speaker**

**Thomas "Tom" Anderson
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Elder & Family Services Policy Committee

Start Date and Time: Tuesday, March 16, 2010 10:30 am

End Date and Time: Tuesday, March 16, 2010 12:00 pm

Location: 24 HOB

Duration: 1.50 hrs

Consideration of the following bill(s):

HB 705 Alzheimer's Disease by Schwartz

Presentation by the Department of Elder Affairs on Communities for a Lifetime

NOTICE FINALIZED on 03/12/2010 16:22 by Alison.Cindy



The Florida House of Representatives

Health & Family Services Policy Council

Elder & Family Services Policy Committee

AGENDA

March 16, 2010

10:30 AM – 12:00 PM

24 House Office Building

- I. Opening Remarks by Chair Anderson

- II. Consideration of the Following Bill:

HB 705 – Alzheimer's Disease by Rep. Schwartz

- III. Presentation by the Department of Elder Affairs on Communities for a Lifetime

Larry Baxter, Bureau Chief
Elder Rights Unit
Department of Elder Affairs

- IV. Closing Remarks from Chair Anderson

- V. Adjourn

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 705
SPONSOR(S): Schwartz
TIED BILLS:

Alzheimer's Disease

IDEN./SIM. BILLS: SB 580

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Elder & Family Services Policy Committee		Guy <i>[Signature]</i>	Shaw <i>[Signature]</i>
2) Health Care Appropriations Committee			
3) Health & Family Services Policy Council			
4)			
5)			

SUMMARY ANALYSIS

House Bill 705 requires the Department of Elderly Affairs (department) to develop a public education program regarding memory impairment screening, early diagnosis, and treatment of Alzheimer's disease and related disorders. The department is required to submit an annual report to the Florida Legislature concerning these activities. The bill directs the department to implement the public education program within existing fiscal resources.

The bill authorizes the department to develop a grant program for entities that provide memory screening information and services. The bill requires that a grant recipient must submit an evaluation to the department describing how funds were used and the effectiveness of its activities. The bill provides a cap on technical support to grantees of 15% of the total grant program appropriation. The bill makes implementation of the grant program contingent upon an appropriation or funding from private sources.

The bill requires the department to conduct or provide support for a study regarding memory impairment screening, including evidence-based memory screening techniques and the availability of memory screening services. The bill directs the department to implement the study within existing fiscal resources.

The bill provides clarification regarding employment practices and training requirements for employees or direct caregivers of Alzheimer's patients when those persons move from one facility type to another.

The bill appears to have a fiscal impact to state government. (See Fiscal Comments.)

This bill provides an effective date of July 1, 2010.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Alzheimer's Disease

Alzheimer's disease is the most common cause of dementia, or loss of mental function, among people age 65 and older. Alzheimer's is a progressive, degenerative disorder and neither its cause nor its cure is known.¹ Currently, the only way to confirm that an individual suffered from Alzheimer's disease is by conducting a brain autopsy at the time of death.² Individuals who suffer from Alzheimer's disease experience the gradual loss of memory and the ability to learn, reason, make judgments, and communicate.³

There are an estimated 5.2 million Americans living with Alzheimer's disease.⁴ This number is expected to grow to 16 million by 2050.⁵ According to the Alzheimer's Association, there are approximately 450,000 cases of Alzheimer's disease in Florida.⁶ By 2010, Florida's 65 and older population is expected to increase 20% over population figures in 2000, representing 17.7% of Florida's total population.⁷ Since the risk of developing Alzheimer's increases with age, population increases in Florida are likely to increase the number of people affected by Alzheimer's disease and other age-related dementias.⁸

¹ Alzheimer's Foundation of America, see <http://www.alzfdn.org/AboutAlzheimers/definition.html> (last visited March 2, 2010).

² Department of Elderly Affairs, see <http://elderaffairs.state.fl.us/english/BrainBank/index.php> (last visited March 2, 2010).

³ Alzheimer's Foundation of America, see <http://www.alzfdn.org/AboutDementia/definition.html> (last visited March 2, 2010).

⁴ Alzheimer's Association, see http://www.alz.org/news_and_events_14004.asp (last visited March 2, 2010).

⁵ *Id.*

⁶ Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 2, 2010).

⁷ The Florida Legislature Office of Economic & Demographic Research, *Florida Demographic Summary*, see <http://edr.state.fl.us/population/popsummary.pdf> (last visited March 2, 2010).

⁸ Florida Department of Elderly Affairs, Alzheimer's Disease Initiative, *Memory Disorder Clinics and Florida Brain Banks 2008-2009 Year End Report*, see http://elderaffairs.state.fl.us/english/legis/2009_Memory_Disorder_Clinics_and_Brain_Bank.pdf (last visited March 2, 2009).

Alzheimer's disease is currently the sixth leading cause of death in the United States and the fifth leading cause for people over age 65.⁹ While death rates for diseases including heart disease, breast cancer, prostate cancer, and stroke declined during 2000-2006, death from Alzheimer's disease increased by 47.1 percent.¹⁰ In 2005, Florida was second in the nation for the highest number of deaths due to Alzheimer's disease.¹¹

Memory Screening

Memory screening is a safe and simple evaluation tool that is used to assess memory and other intellectual functions and indicates whether additional testing is needed. Memory screening typically occurs in either medical facilities or community settings such as a senior center. During a screening, clinicians or doctors diagnose probable Alzheimer's disease by examining full medical history, conducting lab tests, physical examination, brain scans and neuropsychological tests that gauge memory, attention, language skills and problem-solving abilities. Proper diagnosis is vital since several other causes of dementia exist with the same symptoms of Alzheimer's disease. Memory screening can aid in quicker diagnosis of probable Alzheimer's disease, making it easier for Alzheimer's victims and caregivers to manage symptoms and plan for the future.¹²

The Alzheimer's Disease Initiative

In 1985, the Florida Legislature created the Alzheimer's Disease Initiative (ADI) to provide continuing services and training for individuals and families affected by Alzheimer's disease and related memory disorders.¹³ The Alzheimer's Disease Initiative Advisory Committee (committee) is composed of 10 unpaid members appointed by the Governor and are tasked with advising the department in the performance of its duties under ADI. Specifically the committee is authorized to advise the department regarding legislative, programmatic, and administrative matters that relate to Alzheimer's victims and their families.¹⁴ There are four main program components to ADI.

- **Memory Disorder Clinics:** Provides comprehensive assessments, diagnostic services, referral services, and treatment for persons who exhibit symptoms of Alzheimer's disease and other memory related disorders.¹⁵
- **Respite Care:** Offers in-home caregiver relief and supportive services including caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements.¹⁶
- **Model Day Care Programs:** Operates in conjunction with memory disorder clinics to test therapeutic models and delivery of specialized care.¹⁷
- **Brain Banks:** Compares clinical data about client's condition, which is obtained prior to the client's death with a sample of the client's brain tissue obtained after death. Provides valuable data on the pathology of Alzheimer's disease.¹⁸

Currently, there are 15 memory disorder clinics in Florida as provided in s. 430.502, F. S. These clinics provide comprehensive assessments, diagnostic services, referral services, and treatment for persons

⁹ Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 2, 2010).

¹⁰ Alzheimer's Association, *Alzheimer's disease supersedes diabetes as sixth leading cause of death in the United States*, Alzheimer's News, June 12, 2008, see http://www.alz.org/news_and_events_13689.asp (last visited March 2, 2010).

¹¹ Alzheimer's Association Report, 2009 Alzheimer's Disease Facts and Figures, see http://www.alz.org/national/documents/report_alzfactsfigures2009.pdf (last visited March 2, 2010).

¹² Alzheimer's Foundation of America, see <http://alzfdn.org/AboutAlzheimers/diagnosis.html> (last visited March 2, 2010).

¹³ S. 430.503, F.S.

¹⁴ S. 430.501, F.S.

¹⁵ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_mem.php (last visited March 2, 2010).

¹⁶ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_respite.php (last visited March 2, 2010).

¹⁷ S. 430.502(4), F.S.

¹⁸ Florida Department of Elderly Affairs, Alzheimer's Disease Initiative, *Memory Disorder Clinics and Florida Brain Banks 2008-2009 Year End Report*, see http://elderaffairs.state.fl.us/english/legis/2009_Memory_Disorder_Clinics_and_Brain_Bank.pdf (last visited March 2, 2009).

with symptoms of Alzheimer's disease and related memory disorders. In addition, these clinics develop training programs and materials, and conduct training for caregivers, respite service providers and health care professionals.¹⁹ Florida law requires that state funds be used to support research conducted by memory disorder clinics that addresses diagnostic technique, therapeutic interventions, and supportive services for persons suffering from Alzheimer's disease and related memory disorders. Memory disorder clinics must submit an annual report containing the findings, conclusions, and recommendations of completed research to the department.²⁰

The department contracts with providers for memory disorder clinic services. To be eligible for services, a patient must be at least 18 years old, have an Alzheimer's or related disorder diagnosis, or be suspected of having Alzheimer's or a related disorder. Services are provided on a sliding fee scale and may be free of charge in certain circumstances.²¹

According to the department, during FY 2008-2009, memory disorder clinics served a total of 4,761 patients and performed 4,612 full medical memory evaluations.²² In FY 2008-2009, the state provided memory disorder clinics \$2,896,413 in funding, each receiving an equal portion.²³ Florida's 13 Memory Disorder Clinics are:

- University of South Florida (Tampa)
- University of Florida (Gainesville)
- University of Miami (Miami)
- The Wien Center for Alzheimer's Disease and Memory Disorders at Mt. Sinai Medical Center (Miami Beach)
- Memory Disorder Clinic at North Broward Medical Center (Deerfield Beach)
- East Central Florida Memory Disorder Clinic (Melbourne)
- Mayo Clinic Jacksonville Memory Disorder Clinic (Jacksonville)
- West Florida Hospital Memory Disorder Clinic (Pensacola)
- St. Mary's Medical Center Memory Disorder Clinic (West Palm Beach)
- Orlando Regional Healthcare System (Orlando)
- Tallahassee Memorial Healthcare Memory Disorder Clinic (Tallahassee)
- Lee Memorial Health System's Lee Memory Care (Ft. Myers)
- Sarasota Memorial Hospital Memory Disorder Clinic (Sarasota)

The two unfunded memory disorder clinics are located at Morton Plant Hospital in Clearwater and Florida Atlantic University in Boca Raton. These clinics are in statute by name recognition only and receive funding from private grants and philanthropic organizations.

FY 09-10 Department of Elder Affairs Appropriations

Respite Care	\$6,408,505
Memory Disorder Clinics	\$2,896,413
Model Day Care Programs	\$340,065
Brain Banks	\$189,199

Effect of Proposed Changes

Public Education and Awareness

House Bill 705 creates s. 430.5025, F.S., and requires the Department of Elderly Affairs to develop a public education program regarding memory impairment screening, early diagnosis, and treatment of

¹⁹ Florida Department of Elderly Affairs, see http://elderaffairs.state.fl.us/english/alz_mem.php (last visited March 2, 2010).

²⁰ S. 430.502(2), F.S.

²¹ Florida Department of Elderly Affairs, 2010 Legislative Bill Analysis House Bill 705.

²² *Id.*

²³ Florida Department of Elderly Affairs, Alzheimer's Disease Initiative, *Memory Disorder Clinics and Florida Brain Banks 2008-2009 Year End Report*, see [http://elderaffairs.state.fl.us/english/legis/2009 Memory Disorder Clinics and Brain Bank.pdf](http://elderaffairs.state.fl.us/english/legis/2009%20Memory%20Disorder%20Clinics%20and%20Brain%20Bank.pdf) (last visited March 2, 2009).

Alzheimer's disease and related disorders. The bill directs the department to implement the public education program within existing fiscal resources.

The bill authorizes the department to develop a grant program for entities that provide memory screening information and services. The bill provides evaluation and selection criteria of grant applicants and requires that any grant recipient submit an evaluation to the department describing how funds were used and the effectiveness of its activities. The bill allows the department to provide technical support to grant recipients. The bill makes implementation of the grant program contingent upon an appropriation or funding from private sources.

The department is required to submit an annual report to the Florida Legislature concerning the public education and grant programs. The report must include an analysis of how the programs have affected the rate of memory impairment screening and if the activities have improved patient and caregiver outcomes.

The bill requires the department to conduct or provide support for a study regarding memory impairment screening, including evidence-based memory screening techniques and the availability of memory screening services. The study shall analyze scientific evidence regarding techniques for memory screening, assess the availability of memory screening on a nationwide basis, and identify strategies to expand screening services through public-private partnerships to improve patient and caregiver outcomes. The bill directs the department to implement the study within existing fiscal resources.

The department is required to submit to the relevant committees of the Florida Senate and the Florida House of Representatives a report that describes the results of the study. The report must include recommendations developed from the study results.

Employees and Direct Caregivers

The bill makes changes to the training requirements for facility staff caring for patients with Alzheimer's disease and related disorders in nursing homes, hospices, and assisted living facilities. The changes prevent duplication of training when an employee moves from one type of facility to another. The bill makes consistent the statutes relating to caregivers working in different types of facilities

Currently, an employee or direct caregiver in a nursing home, hospice, or assisted living facility is not required to repeat training if the employee or caregiver moves to a different type of facility. However, the statutes are inconsistent as to which types of facilities are included. These differences could result in confusion and duplication of training when an employee or direct caregiver changes employment.

The bill amends s. 400.1755(6), F.S., s. 400.6045(1)(h), F.S., and s. 429.178(4), F.S., so that each of these statutes consistently and clearly provides that an employee or caregiver in a nursing home, hospice, or assisted living facility does not have to repeat training if the employee or direct caregiver changes employment to a different facility or to an assisted living facility, home health agency, adult day care center, or hospice. The bill also makes consistent the requirement that direct caregivers must comply with other applicable continuing education requirements when they change employment.

B. SECTION DIRECTORY:

Section 1: Creates s. 430.5025, F.S., relating to memory impairment screening; grant program.

Section 2: Creates an unnumbered section of law, relating to a study on screening for memory impairment.

Section 3: Creates an unnumbered section of law, relating to implementation.

Section 4: Amends s. 400.1755, F.S., relating to care for persons with Alzheimer's disease or related disorders.

Section 5: Amends s. 40.6045, F.S., relating to patients with Alzheimer's disease or other related disorders; staff training requirements; certain disclosures.

Section 6: Amends s. 429.178, F.S., relating to special care for persons with Alzheimer's disease or other related disorders.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

Public Education Program: According to the Department of Elderly Affairs, the department will contract with Florida Memory Disorder Clinics to implement the public education program. The department will include this requirement as a deliverable in future contracts, but will remove an existing deliverable to remain within existing contract costs. The department believes that the Florida Memory Disorder Clinics already substantially perform public education programming under existing contract provisions.

The bill directs the department to implement the public education program within existing fiscal resources.

Grant Program: According to the Department of Elderly Affairs, without an appropriation, the department would be unable to implement this grant program.

The grant program is discretionary and is made contingent upon an appropriation or funding from private sources.

Memory Impairment Screening Study: According to the Department of Elderly Affairs, to implement this provision, the department would contract with an outside provider to conduct the study. The department estimates that the study could be conducted for approximately \$30,000.

The bill directs the department to implement the study within existing fiscal resources.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Department of Elderly Affairs has sufficient rule-making authority to implement provisions of House Bill 705.

C. DRAFTING ISSUES OR OTHER COMMENTS:

According to the Department of Elderly Affairs, the programs and services created in House Bill 705 would duplicate memory screening services already provided by the 13 Florida Memory Disorder Clinics.²⁴

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

²⁴ Teleconference with Department of Elder Affairs staff, March 2, 2010 (notes on file with the Committee).

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED ___ (Y/N)
ADOPTED AS AMENDED ___ (Y/N)
ADOPTED W/O OBJECTION ___ (Y/N)
FAILED TO ADOPT ___ (Y/N)
WITHDRAWN ___ (Y/N)
OTHER _____

1 Council/Committee hearing bill: Elder & Family Services Policy
2 Committee
3 Representative(s) Schwartz offered the following:
4

Amendment (with title amendment)

6 Remove lines 139-166 and insert:

7 Section 2. Implementation.—

8 (1) Implementation of the public education program created
9 under s. 430.5025, Florida Statutes, shall operate within
10 existing resources of the Department of Elderly Affairs.

11 (2) Implementation of the memory-impairment screening
12 grant program created under s. 430.5025, Florida Statutes, is
13 contingent upon appropriation of state funds or the availability
14 of private resources.

16
17 **T I T L E A M E N D M E N T**

18 Remove lines 10-20 and insert:

COUNCIL/COMMITTEE AMENDMENT

Bill No. HB 705 (2010)

Amendment No. 1

19 requiring an annual report to the Legislature; providing for
20 implementation of the public education program to operate within
21 existing resources of the department; providing that
22 implementation of the memory-impairment screening grant program
23 is contingent upon an appropriation of state funds or the
24 availability of private resources; amending s.

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

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29 | begin employment without repeating certain training
30 | requirements; providing an effective date.

31 |
32 | WHEREAS, Alzheimer's disease is a slow, progressive
33 | disorder of the brain which results in loss of memory and other
34 | cognitive functions, is the eighth leading cause of death in the
35 | United States, and currently affects an estimated 5 million
36 | Americans, with that number expected to increase to 16 million
37 | by mid-century, and

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

42 | WHEREAS, Alzheimer's disease takes an enormous toll on
43 | family members who are the caregivers for individuals having the
44 | disease, and

45 | WHEREAS, caregivers for individuals who have Alzheimer's
46 | disease suffer more stress, depression, and health problems than
47 | caregivers for individuals who have other illnesses, and

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

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

56 | WHEREAS, research shows that several medications have been

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57 developed which can reduce the symptoms of Alzheimer's disease,
 58 that persons begin to benefit most when these medications are
 59 taken in the early stages of a memory disorder, and that this
 60 intervention may extend the period during which patients can be
 61 cared for at home, thereby significantly reducing the costs of
 62 institutional care, and

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

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

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

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

83

84 Be It Enacted by the Legislature of the State of Florida:

85
86 Section 1. Section 430.5025, Florida Statutes, is created
87 to read:

88 430.5025 Memory-impairment screening; grants.-

89 (1) The Department of Elderly Affairs shall develop and
90 implement a public education program relating to screening for
91 memory impairment and the importance of early diagnosis and
92 treatment of Alzheimer's disease and related disorders.

93 (2) The department may award grants to qualifying entities
94 to support the development, expansion, or operation of programs
95 that provide:

96 (a) Information and education on the importance of memory
97 screening for early diagnosis and treatment of Alzheimer's
98 disease and related disorders.

99 (b) Screenings for memory impairment.

100 (3) As used in this section, the term "qualifying
101 entities" means public and nonprofit private entities that
102 provide services and care to individuals who have Alzheimer's
103 disease or related disorders and their caregivers and families.

104 (4) When awarding grants under this section, the
105 department shall give preference to applicants that:

106 (a) Have demonstrated experience in promoting public
107 education and awareness of the importance of memory screening or
108 providing memory-screening services.

109 (b) Have established arrangements with health care
110 providers and other organizations to provide screenings for
111 memory impairment in a manner that is convenient to individuals
112 in the communities served by the applicants.

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113 | (c) Provide matching funds.

114 | (5) A qualifying entity that receives a grant under this
115 | section shall submit to the department an evaluation that
116 | describes activities carried out with funds received under this
117 | section, the long-term effectiveness of such activities in
118 | promoting early detection of memory impairment, and any other
119 | information that the department requires.

120 | (6) The department may set aside an amount not to exceed
121 | 15 percent of the total amount appropriated to the memory-
122 | impairment screening grant program for the fiscal year to
123 | provide grantees with technical support in the development,
124 | implementation, and evaluation of memory-impairment screening
125 | programs.

126 | (7) A grant may be awarded under subsection (2) only if an
127 | application for the grant is submitted to the department and the
128 | application is in the form, is made in the manner, and contains
129 | the agreements, assurances, and information that the department
130 | determines are necessary to carry out the purposes of this
131 | section.

132 | (8) The department shall annually submit to the President
133 | of the Senate and the Speaker of the House of Representatives a
134 | report on the activities carried out under this section,
135 | including provisions describing the extent to which the
136 | activities have affected the rate of screening for memory
137 | impairment and have improved outcomes for patients and
138 | caregivers.

139 | Section 2. Study on screening for memory impairment.-

140 | (1) The Department of Elderly Affairs shall conduct or

141 | provide support for a study on screening for memory impairment.
 142 | The study shall analyze scientific evidence regarding techniques
 143 | for memory screening, assess the availability of memory
 144 | screening on a nationwide basis, and identify strategies to
 145 | expand memory-screening services through public-private
 146 | partnerships to improve outcomes for patients and caregivers.

147 | (2) The department shall, by July 1, 2011, prepare and
 148 | submit to the relevant substantive committees of the Senate and
 149 | the House of Representatives a report that describes the results
 150 | of the study conducted under this section. The report shall
 151 | include specific recommendations to increase awareness of the
 152 | importance of early detection of memory impairment and to
 153 | improve access to memory-screening services nationwide by
 154 | supporting and expanding existing memory-screening efforts in
 155 | the private sector.

156 | Section 3. Implementation.-

157 | (1) Implementation of the public education program created
 158 | under s. 430.5025, Florida Statutes, shall operate within
 159 | existing resources of the Department of Elderly Affairs.

160 | (2) Implementation of the memory-impairment screening
 161 | grant program created under s. 430.5025, Florida Statutes, is
 162 | contingent upon appropriation of state funds or the availability
 163 | of private resources.

164 | (3) Implementation of the study on screening for memory
 165 | impairment created under section 2 of this act shall operate
 166 | within existing resources of the Department of Elderly Affairs.

167 | Section 4. Subsection (6) of section 400.1755, Florida
 168 | Statutes, is amended to read:

169 400.1755 Care for persons with Alzheimer's disease or
 170 related disorders.—

171 (6) Upon completing any training listed in this section,
 172 the employee or direct caregiver shall be issued a certificate
 173 that includes the name of the training provider, the topic
 174 covered, and the date and signature of the training provider.
 175 The certificate is evidence of completion of training in the
 176 identified topic, and the employee or direct caregiver is not
 177 required to repeat training in that topic if the employee or
 178 direct caregiver changes employment to a different facility or
 179 to an assisted living facility, home health agency, adult day
 180 care center, or hospice ~~adult family care home~~. The direct
 181 caregiver must comply with other applicable continuing education
 182 requirements.

183 Section 5. Paragraph (h) of subsection (1) of section
 184 400.6045, Florida Statutes, is amended to read:

185 400.6045 Patients with Alzheimer's disease or other
 186 related disorders; staff training requirements; certain
 187 disclosures.—

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

190 (h) Upon completing any training described in this
 191 section, the employee or direct caregiver shall be issued a
 192 certificate that includes the name of the training provider, the
 193 topic covered, and the date and signature of the training
 194 provider. The certificate is evidence of completion of training
 195 in the identified topic, and the employee or direct caregiver is
 196 not required to repeat training in that topic if the employee or

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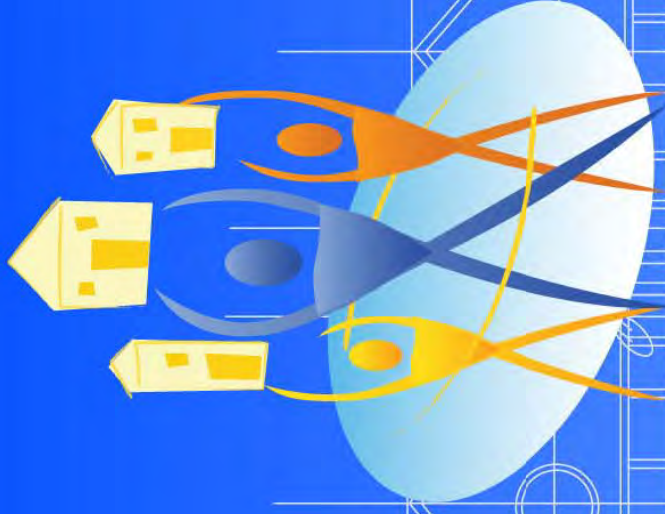
197 | direct caregiver changes employment to a different hospice or to
 198 | a home health agency, assisted living facility, nursing home, or
 199 | adult day care center. The direct caregiver must comply with
 200 | other applicable continuing education requirements.

201 | Section 6. Subsection (4) of section 429.178, Florida
 202 | Statutes, is amended to read:

203 | 429.178 Special care for persons with Alzheimer's disease
 204 | or other related disorders.—

205 | (4) Upon completing any training listed in subsection (2),
 206 | the employee or direct caregiver shall be issued a certificate
 207 | that includes the name of the training provider, the topic
 208 | covered, and the date and signature of the training provider.
 209 | The certificate is evidence of completion of training in the
 210 | identified topic, and the employee or direct caregiver is not
 211 | required to repeat training in that topic if the employee or
 212 | direct caregiver changes employment to a different assisted
 213 | living facility or nursing home, hospice, adult day care center,
 214 | or home health agency ~~facility~~. The employee or direct caregiver
 215 | must comply with other applicable continuing education
 216 | requirements.

217 | Section 7. This act shall take effect July 1, 2010.



**COMMUNITIES
FOR A LIFETIME**

***Florida Communities: Prepare
for Tomorrow, Today!***



**Charlie Crist,
Governor**



**E. Douglas Beach, Ph.D.
Secretary**

Communities for a Lifetime

A statewide initiative that assists Florida cities, towns, villages and counties in planning and implementing improvements that benefit residents of all ages with an emphasis on aging in place.

Prepare for Tomorrow, Today!

- Florida's demographics are changing.
- Elder population is expected to double by 2030.
- Over 78 million Americans born between 1946 and 1964 (baby boomers) will begin turning 65 in 2011.

We are all future elders... What services will be available to us as we age?

How does my community become a Community for a Lifetime?

- Proclamation or resolution by local government
- Task force/senior advisory council/committee
- Create a community inventory
- Senior survey or needs assessment
- Develop a community action plan
- Initiate partnerships
- Develop a maintenance plan

(This is an on-going process.)

Initiative Focus Areas

1. Housing/accessibility and affordability
2. Transportation and mobility options
3. Senior Employment
4. Volunteerism and Civic Engagement
5. Intergenerational
6. Health, Wellness and Injury Prevention

Technical assistance provided through focus areas to assist each community in addressing their locally defined initiatives/priorities.

Partnership Opportunities:

- Aging-network partners
- City, state and/or county staff
- Transportation officials
- Housing officials
- Business community
- Medical community
- Faith-based community
- Volunteers
- Community colleges and universities
- ...and many more

Benefits of Becoming a Community for a Lifetime

- Provide seniors an opportunity to remain independent in their own communities.
- Increase safety and services through coordination of community planning and partnerships.
- Improve social, intellectual and physical activity of residents.
- Help children to grow and prosper.
- Promote senior issues in community planning.
- Maximize local resources.

By Preparing for Tomorrow - Today

EVERYONE BENEFITS!

Communities for a Lifetime