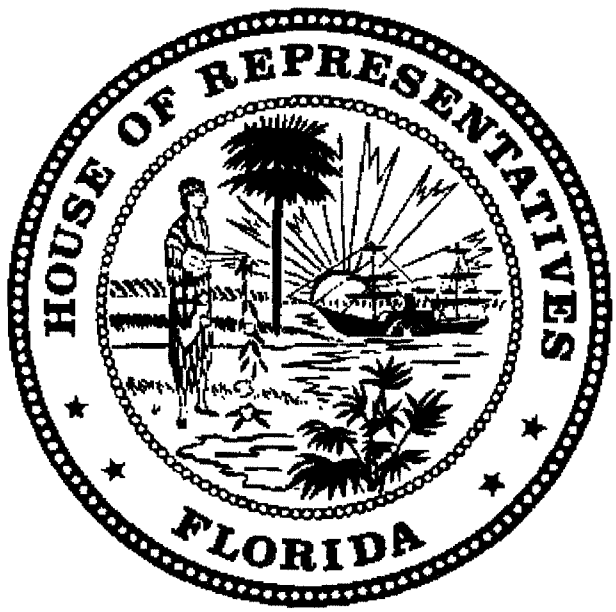

Elder & Family Services Policy Committee

Tuesday, March 9, 2010
10:00 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 09, 2010 10:00 am

End Date and Time: Tuesday, March 09, 2010 12:00 pm

Location: 24 HOB
Duration: 2.00 hrs

Consideration of the following bill(s):

HB 945 Automated External Defibrillators in Assisted Living Facilities by Anderson

Presentation by the University of South Florida Health Byrd Alzheimer's Institute on Alzheimer's Disease Research

Presentations on Alzheimer's Disease Care

NOTICE FINALIZED on 03/05/2010 16:14 by Alison.Cindy

The Florida House of Representatives

Health & Family Services Policy Council

Elder & Family Services Policy Committee

AGENDA

March 9, 2010
10:00 AM – 12:00 PM
24 House Office Building

I. Opening Remarks by Chair Anderson

II. Consideration of the Following Bill:

HB 945 – Automated External Defibrillators in Assisted Living Facilities by Rep. Anderson

III. Presentation on Alzheimer's Research

David Morgan, Ph.D., Chief Scientific Officer
USF Health Byrd Alzheimer's Institute
Director of Basic Neuroscience Research, College of Medicine
Professor of Molecular Pharmacology and Physiology

IV. Presentation on Alzheimer's Respite Care

Mary Ellen Grant, President & CEO
Share the Care, Inc.

V. Presentation on Alzheimer's Care

Mary Barnes, President & CEO
Alzheimer's Community Care

VI. Closing Remarks from Chair Anderson

VII. Adjourn

1301 The Capitol, 402 South Monroe Street, Tallahassee, Florida 32399-1300
(850) 414-6692

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 945 Automated External Defibrillators in Assisted Living Facilities
SPONSOR(S): Anderson
TIED BILLS: **IDEN./SIM. BILLS:** SB 2008

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Elder & Family Services Policy Committee		Shaw	Shaw
2)	Health Care Appropriations Committee			
3)	Health & Family Services Policy Council			
4)				
5)				

SUMMARY ANALYSIS

An assisted living facility (ALF) is a residential establishment for adults that provide housing, meals, and one or more personal services relating to the activities of daily living. Activities of daily living include: ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.

Automated external defibrillators (AED) are computerized devices that are used by healthcare providers and by lay rescuers to revive victims who are thought to be in cardiac arrest.

The bill amends s. 429.255, F.S., to provide that an ALF with 17 or more beds must have on the premises at all times a functioning AED. The bill requires that:

- Facility staff must be trained in the use of an AED.
- Only facility staff who are trained may use the AED.
- The owner or administrator of the ALF shall establish requirements for the use of the AED.
- The location of the AED shall be registered with the medical director of the local emergency medical service.

The bill directs that facility staff may withdraw or withhold the use of an AED if presented with an order not to resuscitate in the same manner as they can now withdraw or withhold cardiopulmonary resuscitation. The use of the AED by facility staff shall be covered under the provisions of the Cardiac Arrest Survival Act and the Good Samaritan Act.

The bill mandates that the Department of Health shall adopt rules to implement the bill relating to the use of an automated external defibrillator in an ALF.

The bill has a fiscal impact on state government. See the Fiscal Analysis & Fiscal Impact Statement for details.

The bill is effective upon becoming law.

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:

Present Situation

Assisted Living Facilities

An assisted living facility (ALF) is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.[1] A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-administration of medication.[2] Activities of daily living include: ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks. Florida currently has 2,851 licensed assisted living facilities with 909 of them having 17 or more licensed beds.[3] A typical resident is age 83 or older, is female, and is either widowed or single. [4]

ALFs are licensed by the Agency for Health Care Administration (AHCA) pursuant to part I of ch.429, F.S., relating to assisted care communities and part II of ch.408, F.S., relating to the general licensing provisions for health care facilities. ALFs are also subject to regulation under Rule Chapter 58A-5, F.A.C. These rules are adopted by the Department of Elder Affairs in consultation with the AHCA, the Department of Children and Family Services, and the Department of Health. An ALF must also comply with the Uniform Fire Safety Standards for ALFs contained in Rule Chapter 69A-40, F.A.C., and standards enforced by the DOH concerning food hygiene, physical plant sanitation, biomedical waste, and well, pool, or septic systems. Rules adopted to regulate ALFs are required to make distinct standards for facilities based upon the size of the facility; the types of care provided; the physical and mental capabilities and needs of the residents; the type, frequency, and amount of services and care offered; and the staffing characteristics of the facility.

In general, an ALF does not provide medical services to its residents. An ALF may obtain a limited nursing license which enables the facility to provide, directly or through contract, a select number of nursing services in addition to the personal services that are authorized under the standard license.

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[1] s. 429.02(5), F.S.
[2] s. 429.02(16), F.S.
[3] *Agency for Health Care Administration, 2010 Bill Analysis & Economic Impact Statement for HB 945*, on file with the Elder & Family Services Policy Committee
[4] Florida Assisted Living Association, http://www.falausa.com/what_is_an_alf.php (last visited on March 8, 2010).

The nursing services authorized to be provided with this license are limited to acts specified in administrative rules.[5]

The Department of Elder Affairs provides by rule[6] the core training requirements and a competency test for ALF facility staff. The training consists of a minimum of 26 hour and includes areas such as assistance with medications, HIV/AIDS, infection control, including universal precautions, and facility sanitation procedures prior to providing personal care to residents. Additionally, staff must have training in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.[7]

A staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses must be in the facility at all times.[8] In an emergency situation, persons licensed under the nurse practice act may carry out their professional duties until emergency medical personnel assume responsibility for care.[9]

An order not to resuscitate (DNRO) is a document executed by a resident and the resident's physician indicating that the resident does not want resuscitation during an emergency situation.[10] If a resident of an ALF has an order not to resuscitate, facility staff may withhold or withdraw cardiopulmonary resuscitation.[11] If a resident has a DNRO, then the ALF and facility staff shall not be subject to criminal or civil liability, or be considered to have acted negligently or unprofessionally, for withholding or withdrawing cardiopulmonary resuscitation.[12]

Automated External Defibrillators

The American Heart Association provides the following description of cardiac arrest:

> "Cardiac arrest is the sudden, abrupt loss of heart function. The victim may or may not have diagnosed heart disease. . . .Sudden death (also called sudden cardiac death) occurs within minutes after symptoms appear."[13]

Time is of the essence in responding to cardiac arrest because brain death begins in just 4 to 6 minutes. Cardiac arrest can be reversed if it is treated within a few minutes with an electric shock to the heart to restore a normal heartbeat – a procedure known as *defibrillation*. According to the American Heart Association, a victim's chances of survival are reduced by 7 to 10 percent with every minute that passes without defibrillation, and few attempts at resuscitation succeed after 10 minutes have elapsed.[14]

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[5] Rule 58A-5.031, F.A.C. The additional nursing services that might be performed pursuant to the LNS license include: conducting passive range of motion exercises; applying ice caps or collars; applying heat, including dry heat, hot water bottle, heating pad, aquathermia, moist heat, hot compresses, sitz bath and hot soaks; cutting the toenails of diabetic residents or residents with a documented circulatory problem if the written approval of the resident's health care provider has been obtained; performing ear and eye irrigations; conducting a urine dipstick test; replacing an established self-maintained indwelling urinary catheter, or performing an intermittent urinary catheterization; performing digital stool removal therapies; applying and changing routine dressings that do not require packing or irrigation, but are for abrasions, skin tears and closed surgical wounds; caring for stage 2 pressure sores, (care for stage 3 or 4 pressure sores are not permitted); caring for casts, braces and splints, (care for head braces, such as a halo, is not permitted); assisting, applying, caring for, and monitoring the application of anti-embolism stockings or hosiery; administering and regulating portable oxygen; applying, caring for, and monitoring a transcutaneous electric nerve stimulator (TENS); performing catheter, colostomy, and ileostomy care and maintenance; conducting nursing assessments; and, for hospice patients, providing any nursing service permitted within the scope of the nurse's license, including 24-hour nursing supervision.
[6] s. 429.52, F.S and Rule 58A-5.0191, F. A. C.
[7] Id.
[8] Id.
[9] s. 429.255(1)(c), F.S.
[10] s. 401.45, F.S.
[11] s. 429.255(3), F.S., directs the Department of Elder Affairs to adopt rules providing for the implementation of DNROs in assisted living facilites. The Department is in the process of adopting such rules. See Proposed Rule 58A-0183, F.A.C.
[12] s. 429.255(3), F.S.
[13] The American Heart Association, http://www.americanheart.org/presenter.jhtml?identifier=4481 (last visited on March 6, 2010).
[14] *Id.*

Automated external defibrillators (AED)[15] are computerized devices that are used by healthcare providers and lay rescuers on victims who are thought to be in cardiac arrest. Modern AEDs are now about the size of a laptop computer and they provide voice and visual prompts to lead rescuers through the steps of operation. AEDs analyze the victim's heart rhythm, determine if a defibrillation shock is needed, then prompt the rescuer to "clear" the victim and deliver a shock. According to the American Heart Association, with early defibrillation of a person in cardiac arrest, the person's possibility of survival jumps to more than 50 percent.[16]

Prior to July 1, 2008, s. 401.2915, F.S., required all persons who use an AED to have certain training and required all persons in possession of an AED to notify the local emergency medical services director of the location of the AED. Section 401.2915, F.S., was amended and now provides that all persons who use an automated external defibrillator are encouraged to obtain appropriate training, which includes completion of a course in cardiopulmonary resuscitation or successful completion of a basic first aid course that includes cardiopulmonary resuscitation training, and demonstrated proficiency in the use of an automated external defibrillator.[17] Additionally, the notification of the medical director of the local emergency medical services of the location of the automated external defibrillator is now only encouraged.

Cardiac Arrest Survival Act

The Cardiac Arrest Survival Act[18] provides civil immunity for any person[19] who uses or attempts to use an AED on the victim of a perceived medical emergency. However, this civil immunity will not apply if:

- The harm involved was caused by that person's willful or criminal misconduct, gross negligence, reckless disregard or misconduct, or a conscious, flagrant indifference to the rights or safety of the victim who was harmed;
- The person is a licensed or certified health professional who used the automated external defibrillator device while acting within the scope of the license or certification of the professional and within the scope of the employment or agency of the professional;
- The person is a hospital, clinic, or other entity whose primary purpose is providing health care directly to patients, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent;
- The person is an acquirer of the device who leased the device to a health care entity, or who otherwise provided the device to such entity for compensation without selling the device to the entity, and the harm was caused by an employee or agent of the entity who used the device while acting within the scope of the employment or agency of the employee or agent; or
- The person is the manufacturer of the device.

The act also provides civil immunity to any person who acquired the AED and makes it available for use. However, immunity will not apply if the person:

- Fails to properly maintain and test the device; or
- Fails to provide appropriate training in the use of the device to an employee or agent of the acquirer when the employee or agent was the person who used the device on the victim, except that such requirement of training does not apply if:
    - The device is equipped with audible, visual, or written instructions on its use, including any such visual or written instructions posted on or adjacent to the device;
    - The employee or agent was not an employee or agent who would have been reasonably expected to use the device; or

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[15] s. 786.1325 (2)(b), F.S., provides: "Automated external defibrillator device" means a lifesaving defibrillator device that: Is commercially distributed in accordance with the Federal Food, Drug, and Cosmetic Act; is capable of recognizing the presence or absence of ventricular fibrillation, and is capable of determining without intervention by the user of the device whether defibrillation should be performed; and upon determining that defibrillation should be performed, is able to deliver an electrical shock to an individual.
[16] The American Heart Association, http://www.americanheart.org/presenter.jhtml?identifier=4483 (last visited on March 6, 2010).
[17] s. 1, ch. 2008-101, L.O.F.
[18] s. 768.1325, F.S.
[19] s. 1.01(3), F.S., provides the word "person" includes individuals, children, firms, associations, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations, and all other groups or combinations.

- The period of time elapsing between the engagement of the person as an employee or agent and the occurrence of the harm, or between the acquisition of the device and the occurrence of the harm in any case in which the device was acquired after engagement of the employee or agent, was not a reasonably sufficient period in which to provide the training.

Good Samaritan Act

The Good Samaritan Act[20] also provides immunity to any person that gratuitously renders medical care or treatment in direct response to an emergency. More specifically, the Good Samaritan Act provides immunity from civil liability to:

- Any persons, including those licensed to practice medicine, who gratuitously and in good faith render emergency care or treatment either in direct response to emergency situations related to and arising out of a public health emergency declared pursuant to s. 381.00315, F.S., or a state of emergency which has been declared pursuant to s. 252.36, F.S., or at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment. The immunity applies if the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

- Any health care provider, including a licensed hospital providing emergency services pursuant to federal or state law. The immunity applies to damages as a result of any act or omission of providing medical care or treatment, including diagnosis, which occurs prior to the time that the patient is stabilized and is capable of receiving medical treatment as a nonemergency patient, unless surgery is required as a result of the emergency, in which case the immunity applies to any act or omission of providing medical care or treatment which occurs prior to the stabilization of the patient following surgery, or which is related to the original medical emergency. The act does not extend immunity from liability to acts of medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another.

- Any health care practitioner who is in a hospital attending to a patient of his or her practice or for business or personal reasons unrelated to direct patient care, and who voluntarily responds to provide care or treatment to a patient with whom at that time the practitioner does not have a then existing health care patient practitioner relationship, and when such care or treatment is necessitated by a sudden or unexpected situation or by an occurrence that demands immediate medical attention, unless that care or treatment is proven to amount to conduct that is willful and wanton and would likely result in injury so as to affect the life or health of another. The immunity extended to health care practitioners does not apply to any act or omission of providing medical care or treatment unrelated to the original situation that demanded immediate medical attention.

Effect of Proposed Changes

The bill amends s. 429.255, F.S., to provide that an ALF with 17 or more beds must have on the premises at all times a functioning AED. The bill requires that:

- Facility staff must be trained in accordance with s. 401.2915.[21]
- Only facility staff who are trained may use the AED.[22]
- The owner or the administrator of the ALF shall establish requirements for the use of the AED.
- The location of the AED shall be registered with the medical director of the local emergency medical service.

[20] s. 678.13, F.S.
[21] See, Drafting Issues or Other Comments, below.
[22] See, Drafting issues or Other Comments, below.

The bill directs that facility staff may withdraw or withhold the use of an AED if presented with an order not to resuscitate in the same manner as they now can withdraw or withhold cardiopulmonary resuscitation.

The use of the AED by facility staff shall be covered under the provisions of the Cardiac Arrest Survival Act and the Good Samaritan Act.

The bill mandates that the Department of Health shall adopt rules to implement the bill "relating to the use of an automated external defibrillator."

B. SECTION DIRECTORY:

Section 1: Amends s. 429.0255, F.S.

Section 2: Provides an effective date of upon becoming a law.

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:

ALFs will be required to purchase AEDs. Most AEDs cost between $1,500–$2,000.[23] Additionally, the ALFs will have costs associated with promulgating procedures on the use of AEDs and for training employees.

D. FISCAL COMMENTS:

The Agency for Health Care Administration will have to complete on-site inspections to verify that the ALFs have a functioning AED on their premises. The agency may have to verify the ALFs have promulgated training procedures. The agency believes the bill could increase the number of complaints or inquires related to the use of AEDs in assisted living facilities. The agency does not believe that it can fulfill the requirements of the bill within its existing resources.

[23] American Heart Association, http://www.americanheart.org/presenter.jhtml?identifier=3011859, (last viewed March 6, 2010)

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This 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 bill provides the Department of Health shall adopt rules relating to the use of automated external defibrillators.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The training requirements for the use of the AEDs are unclear in the bill. Line 36 directs that staff may only use an AED if the staff member has had the training required in subsection (4); however, subsection (4) does not require any training. Additionally the bill states that staff shall be trained "in accordance with s. 401.2915." Section 401.2915 encourages, but does not require training.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

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	_____

Council/Committee hearing bill: Elder & Family Services Policy Committee

Representative(s) Anderson offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Present subsection (3) of s. 429.255, Florida Statutes, is renumbered as subsection (4) and amended, and new subsections (3) and (5) are added to that section, to read:

429.255 Use of personnel; emergency care.—

(3)(a) An assisted living facility with 17 or more beds licensed under this part shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b).

(b) The facility is encouraged to register with the local emergency medical services medical director the location of each automated external defibrillator.

(c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility.

Amendment No. 1

(4) ~~(3)~~ Facility staff may withhold or withdraw cardiopulmonary resuscitation or the use of an automated external defibrillator if presented with an order not to resuscitate executed pursuant to s. 401.45. The department shall adopt rules providing for the implementation of such orders. Facility staff and facilities shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation or use of an automated external defibrillator pursuant to such an order and rules adopted by the department. The absence of an order to resuscitate executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation or use of an automated external defibrillator as otherwise permitted by law.

(5) The Department of Elder Affairs may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator.

Section 2. This act shall take effect July 1, 2010.

T I T L E A M E N D M E N T

Remove the entire title and insert:

A bill to be entitled

An act relating to automated external defibrillators in assisted living facilities; amending s. 429.255, F.S.; requiring certain assisted living facilities to possess a

functioning automated external defibrillator; encouraging location registration of automated external defibrillators; providing immunity from liability under the Good Samaritan Act and the Cardiac Arrest Survival Act; authorizing the Department of Elder Affairs to adopt rules relating to the use of automated external defibrillators; providing an effective date.

A bill to be entitled

An act relating to automated external defibrillators in assisted living facilities; amending s. 429.255, F.S.; requiring certain assisted living facilities to possess a functioning automated external defibrillator; providing for training in the use and maintenance of automated external defibrillators and location registration; providing immunity from liability under the Good Samaritan Act and the Cardiac Arrest Survival Act; requiring the Department of Health to adopt rules relating to the use of automated external defibrillators; providing an effective date.

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

Section 1. Section 429.255, Florida Statutes, is amended to read:

429.255 Use of personnel; emergency care.—

(1)(a) Persons under contract to the facility, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), and others as defined by rule, may administer medications to residents, take residents' vital signs, manage individual weekly pill organizers for residents who self-administer medication, give prepackaged enemas ordered by a physician, observe residents, document observations on the appropriate resident's record, report observations to the resident's physician, and contract or allow residents or a resident's representative,

designee, surrogate, guardian, or attorney in fact to contract with a third party, provided residents meet the criteria for appropriate placement as defined in s. 429.26. Nursing assistants certified pursuant to part II of chapter 464 may take residents' vital signs as directed by a licensed nurse or physician. Facility staff may use an automated external defibrillator only if the staff member has received the training required in subsection (4).

(b) All staff in facilities licensed under this part shall exercise their professional responsibility to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's physician. However, the owner or administrator of the facility shall be responsible for determining that the resident receiving services is appropriate for residence in the facility. The owner or administrator of an assisted living facility with 17 or more beds shall establish requirements for the use of automated external defibrillators.

(c) In an emergency situation, licensed personnel may carry out their professional duties pursuant to part I of chapter 464 until emergency medical personnel assume responsibility for care.

(2) In facilities licensed to provide extended congregate care, persons under contract to the facility, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), or those persons certified as nursing assistants pursuant to part II of chapter 464, may also perform all duties within the scope of their

license or certification, as approved by the facility administrator and pursuant to this part.

(3)(a) A assisted living facility with 17 or more beds licensed under this part shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b).

(b) Facility staff shall be trained in accordance with s. 401.2915.

(c) The location of each automated external defibrillator shall be registered with the local emergency medical services medical director.

(d) The use of automated external defibrillators by facility staff shall be covered under the provisions of ss. 768.13 and 768.1325.

(4)~~(3)~~ Facility staff may withhold or withdraw cardiopulmonary resuscitation or the use of an automated external defibrillator if presented with an order not to resuscitate executed pursuant to s. 401.45. The department shall adopt rules providing for the implementation of such orders. Facility staff and facilities shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation or use of an automated external defibrillator pursuant to such an order and rules adopted by the department. The absence of an order to resuscitate executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing cardiopulmonary resuscitation or use of an automated external defibrillator as

otherwise permitted by law.

(5) The Department of Health shall adopt rules to implement the provisions of this section relating to use of an automated external defibrillator.

Section 2. This act shall take effect upon becoming a law.

USF Health Byrd
Alzheimer's Institute

Byrd Alzheimer's Institute

Dave Morgan
Chief Scientific Officer
USF Health Byrd Alzheimer Institute
Director, Basic Neuroscience Research
University of South Florida College of Medicine
Scientist.dave@gmail.com

USF HEALTH

Johnnie B. Byrd, Sr. Alzheimer's Center & Research Institute

Dementia

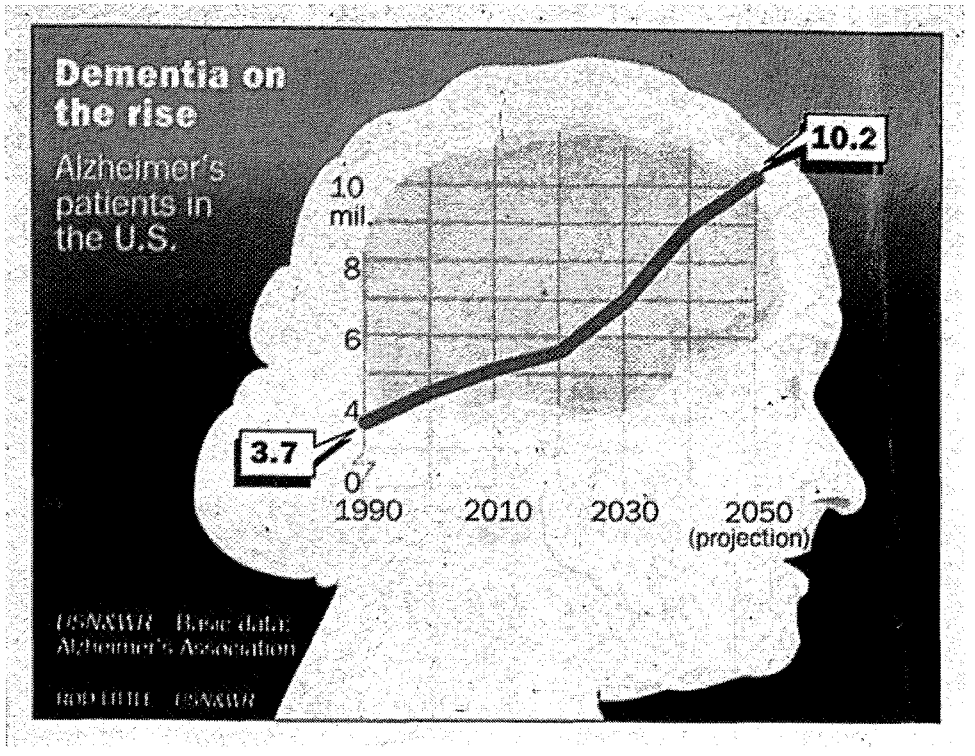
- Refers to general declines in cognition with aging. Typically starts with memory loss, but other cognitive domains also impaired.

- Recognized for most of recorded history (senility), yet notably, most ancestors died well before dementia would become apparent.

- Five to 20 year duration (average is 10). Often leads to institutionalization ($40-60,000/year).

4 Million Dements in US Today; 10 million by 2050

- A disease of survivors
- Slight increased prevalence in women
- 10% over 65; 40% over 85
- Cost $150 billion US; $12 billion Florida; 7% of total US health care costs.
- Delaying institutionalization 5 years saves $50 billion.



Costs of Alzheimer's In Florida

Per person health care costs for Medicare beneficiaries.

	Beneficiaries with no Alzheimer's or other dementia *	Beneficiaries with Alzheimer's or other dementia *	Alzheimer's Costs in Florida (500,000 cases)
Medicare	5,272	15,145	$6.1 B
Medicaid	**718**	**6,605**	**$2.6 B****
Private Insurance	1,466	1,847	$0.7 B
Other Payers	211	519	$0.2 B
HMO	704	410	$0.16B
Out of Pocket	1,916	2,464	$0.9B
Uncompensated	201	261	$1.0 B
Total Payments*	$10,603	$33,007	**$11.6 B**

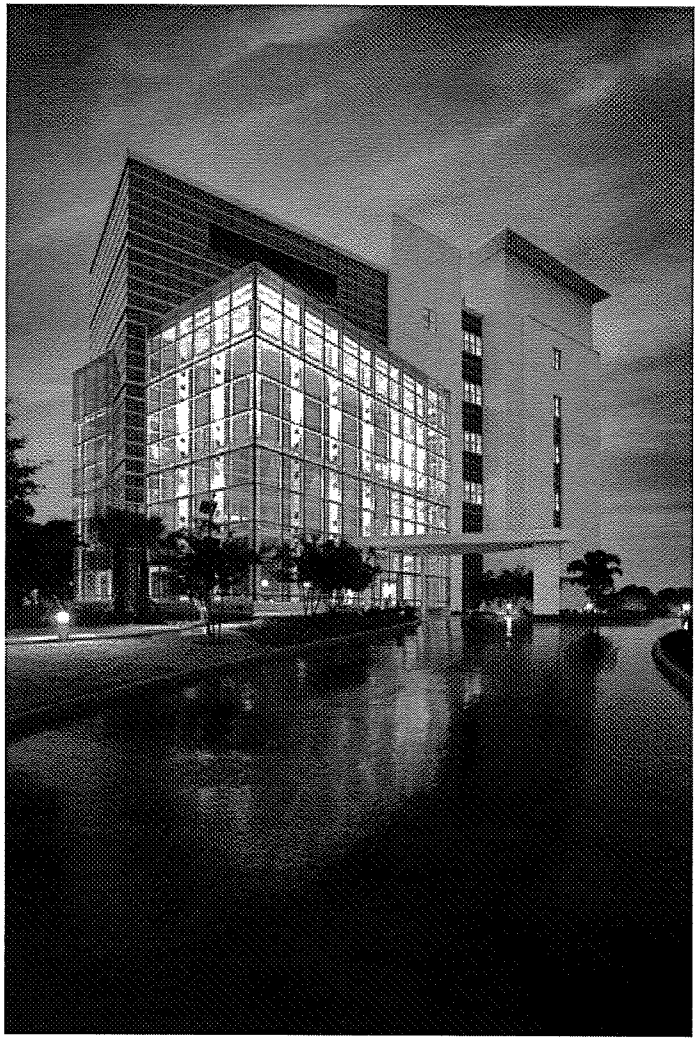
*Source; N Gingrich, R Kerry , The Report of the Alzheimer's Study Group

** $ 1 Billion is from Florida Budget; $3 million per day)

1 in every 40 Floridians has Dementia

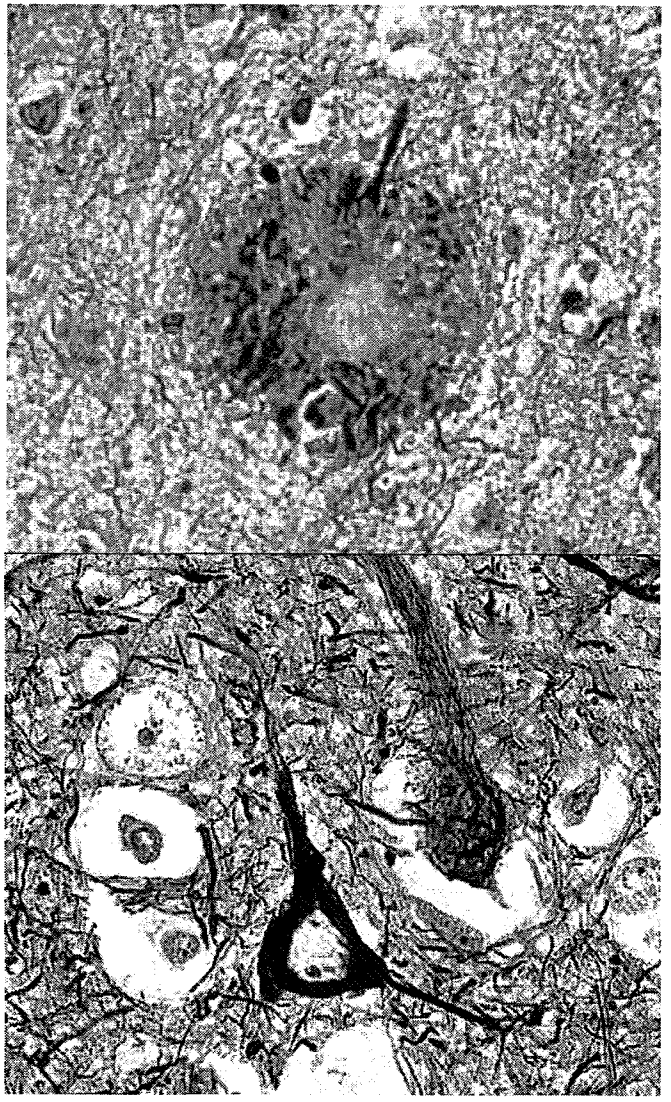
USF Health Byrd Alzheimer Institute Activities

- Alzheimer's Discovery Research Laboratories.
- Alzheimer's Comprehensive Clinical Center. Amanda Smith, MD, Director
- Florida Alzheimer's Disease Research Center. Huntington Potter, PhD, Director
- Mouse Facility (Comparative Biomedicine)



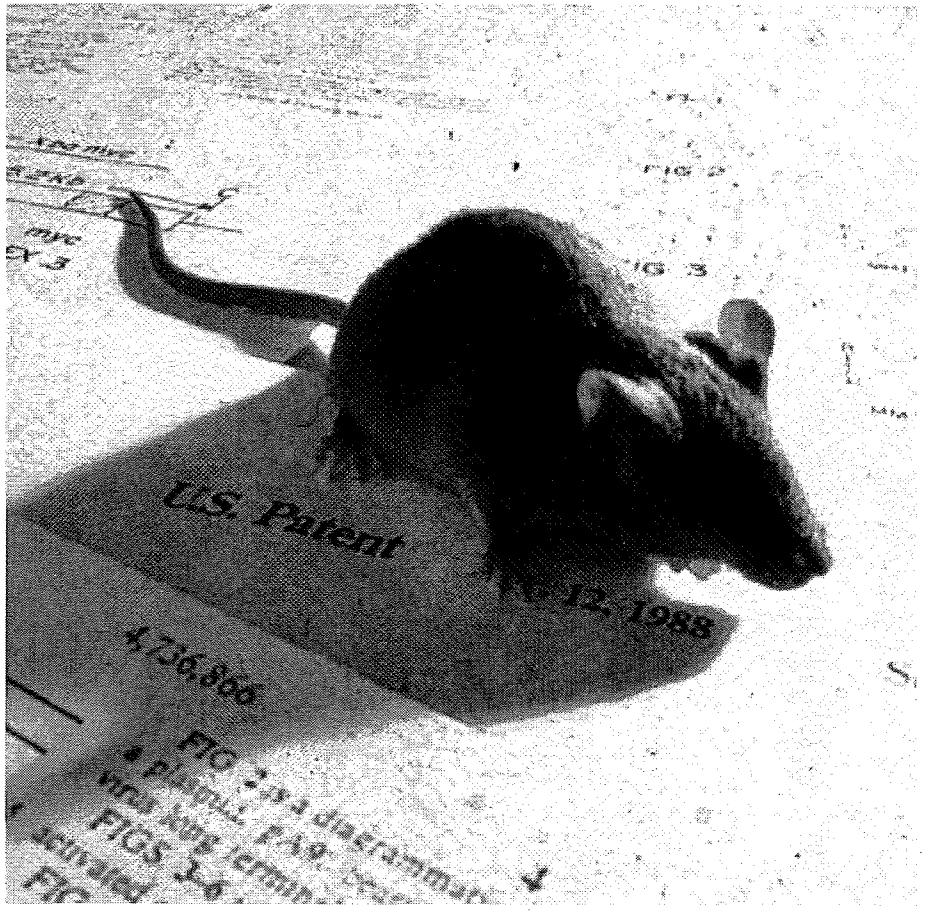
Amyloid Plaques; Tau tangles

- Current medications treat only Alzheimer's symptoms (memory loss)
- Like treating pneumonia with aspirin
- Need drugs which attack the disease process; like an antibiotic treats pneumonia
- Amyloid is the primary problem in Alzheimer's brain. It deposits BEFORE symptoms emerge
- Tau tangles are caused by the amyloid deposits. They kill the neurons; the cells needed for brain activity

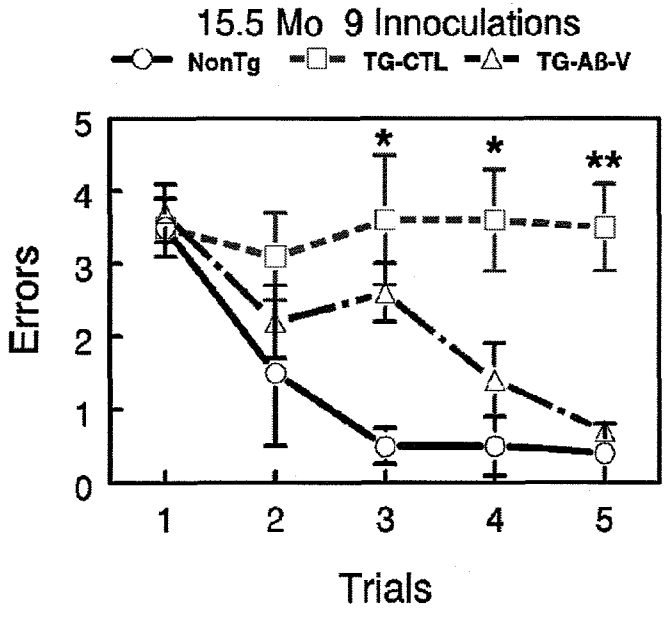


The USF Transgenic Mouse

- 1996; USF researchers bred a mouse that has large accumulations of amyloid (called APP+PS1 mouse)
- USF licenses use of the combination mouse to industry to seek new medications
- USF researchers use the mouse to develop anti-amyloid treatments



Aß Vaccination Prevents Memory Deficits in APP+PS1 Mice



Average of last 2 days of training

Morgan et al *Nature*, 408: 982-985, 2000

The Washington Post

FINAL

TUESDAY, MAY 8, 2001

Traffic Misery Slips—on Paper

San Francisco Overtakes D.C. for Commuter Pain

Pr. George's Test Scores Show Best Gains Ever

34% of County Schools Meet U.S. Benchmark

Hager Staying in Race for Va. Gov.

Party Leaders Urged Lt. Gov. to Drop Out

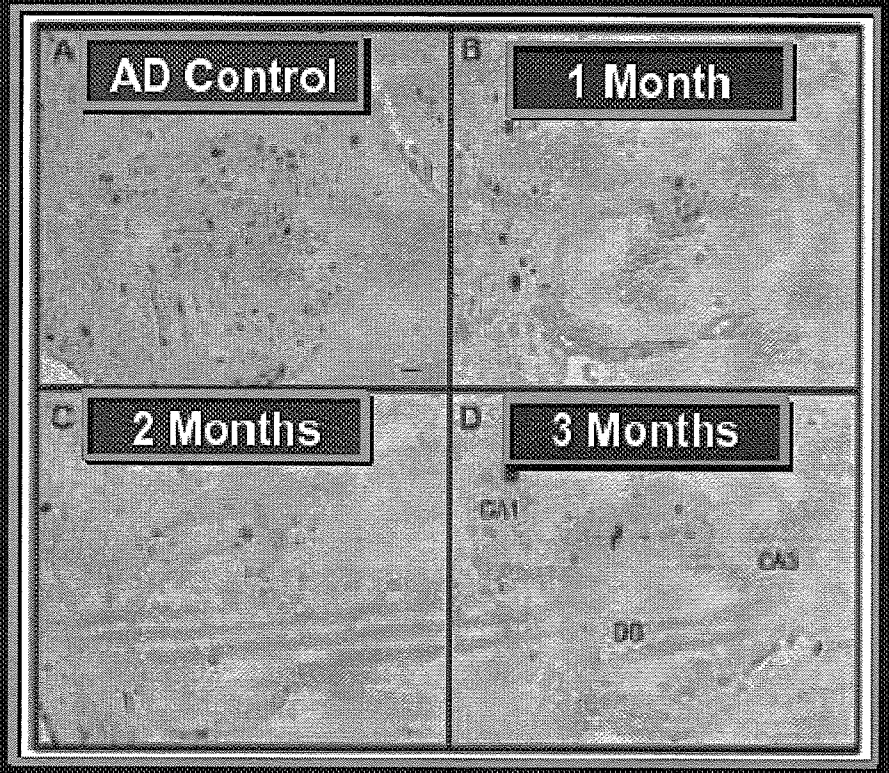
MEDICAL FRONTIERS | *Confronting Alzheimer's*

Promising Vaccine Targets Ravager of Minds

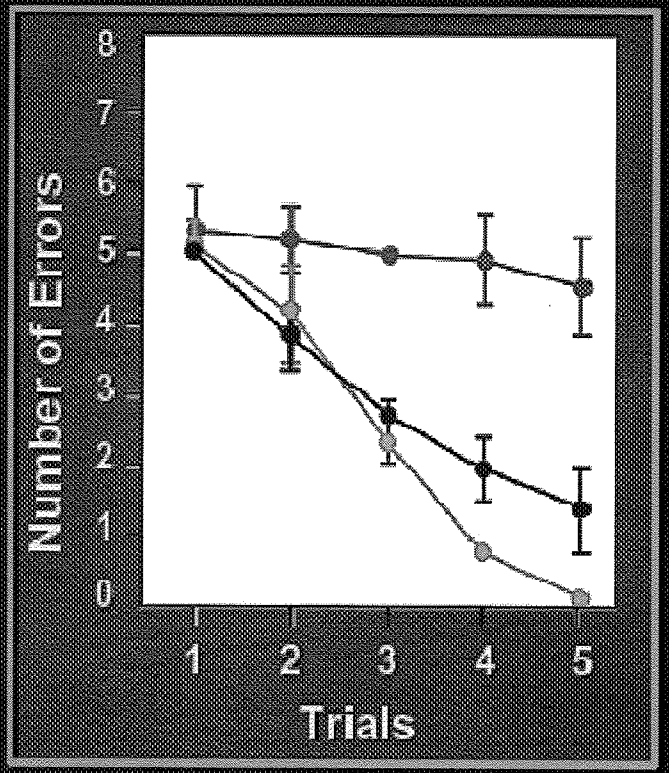
HEALTH

Unsettling News

RN1219 *
Reduces Plaque, Improves Cognitive Function



Wilcock, D.M. et al., *J. Neurosci.* 24(27): 6144-6151 (2004)



Derived from: Wilcock, D.M. et al *J. Neuroinflam.* 1:24 (2005)

AD mice

Control Rx

Murine anti-Aβ

Normal mice

Control Rx

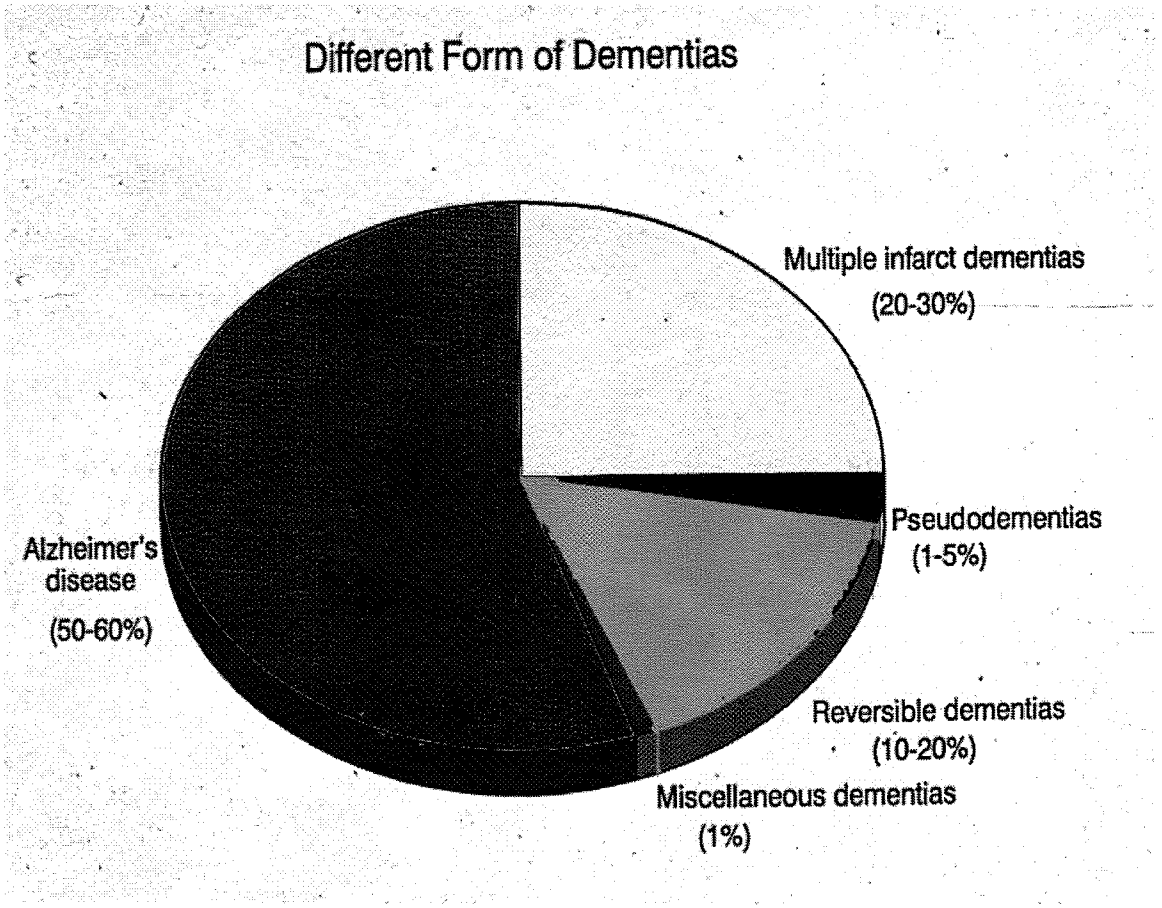
Presently in Phase II clinical testing

**Results presented using glycosylated Murine anti-Aβ antibodies - same target as RN1219*

Valid as of November 30, 2006

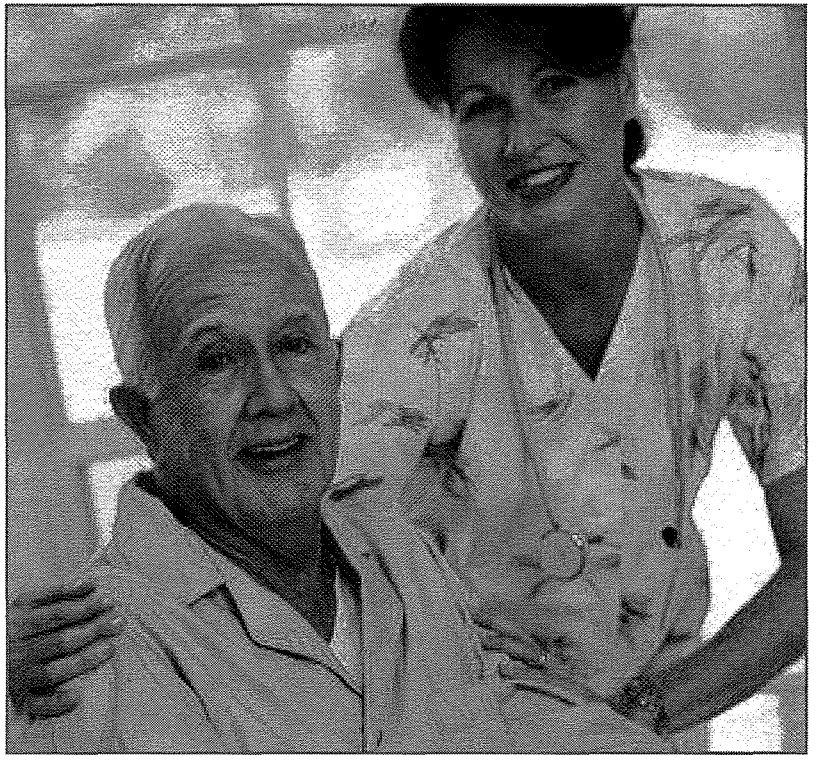
Causes of Dementia

- Alzheimer's is the most common form
- Diagnosis requires autopsy
- Many mixed cases
- Many "dementias" are reversible



Multidisciplinary Dementia Diagnostic Center

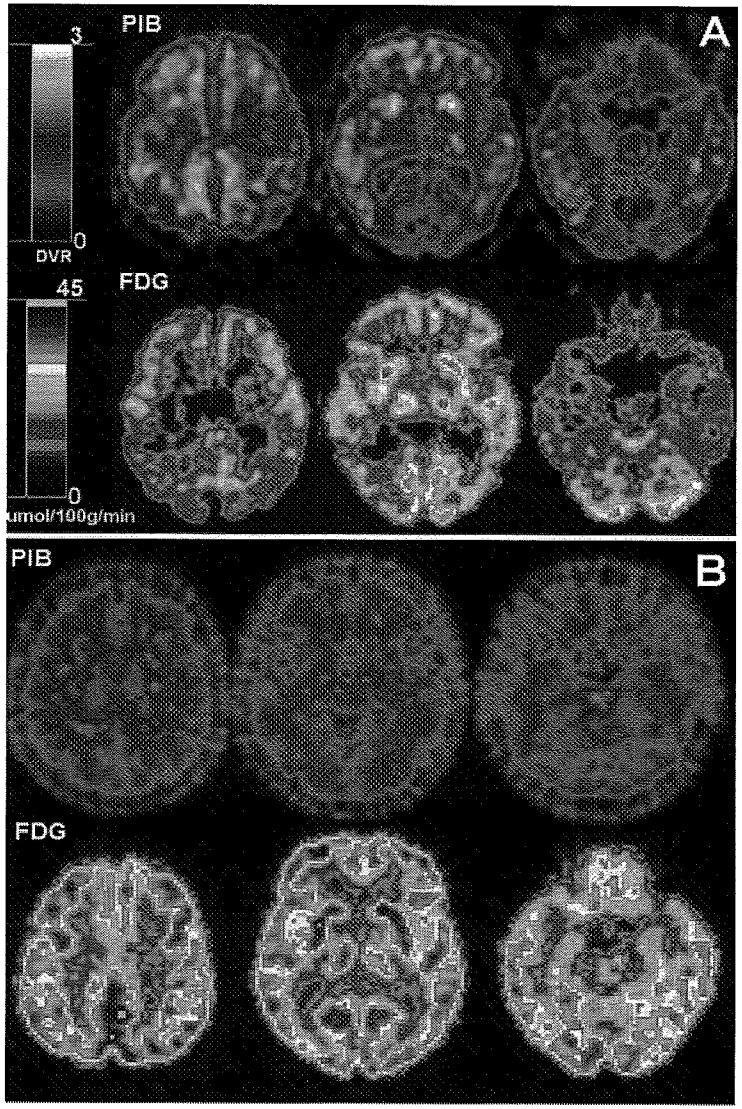
- Single Session permits evaluation by Psychiatrist, Neurologist, Geriatrician, Neuropsychologist.
- Informational sessions regarding
  - Adult Day Care,
  - Legal Issues relating to dementia,
  - Clinical social work
  - Occupational therapy,
  - Family member conseling
  - nutrition



PET Neuroimaging Center

Positron Emission Tomography (PET)

New imaging agents can detect amyloid accumulation prior to onset of symptoms



AD

Normal

Li et al Eur J Nucl Med Mol Imaging. 2008 35(12): 2169–2181.

Legislative Budget Request

- USF Health Byrd Alzheimer Institute is requesting $3 million for 2010-2011 in recurring support (previously $15 million)
- $1 million for first in state PET NeuroImaging Facility
- $1 million support for statewide Florida ADRC activities
- $1 million for recruitment and research support

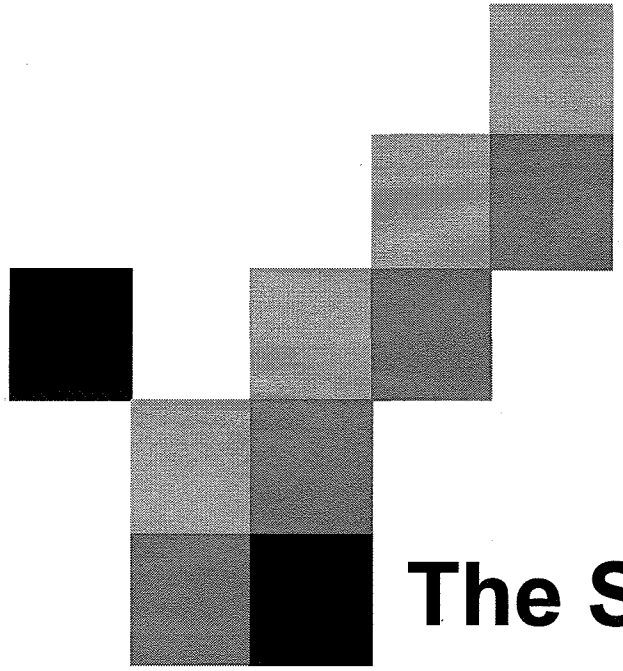
If Insititute programs delay Alzheimer's by 2 days, the State will have made back its investment

Other plans

- **Patient Dignity Initiative**. Utilize USF student interns to escort patients through the clinic and advise them what to expect. Train students in health care delivery
- **Total Alzheimer Care**. Early phase discussions with Moffitt Cancer Center and M2Gen to develop initiative to improve patient care and tailor treatments based on individual characteristics. Includes continued follow up of patients, advising patients/caregivers of trial results and offering new treatments as they become available.
- **Florida Alzheimer's Network**. Form an association of Florida researchers engaged in Alzheimer's studies to increase interactions and collaborative opportunities. Provide source for donor support and possibly future state support for research and clinical trials.

USF Health Byrd Alzheimer Institute

Share The Care

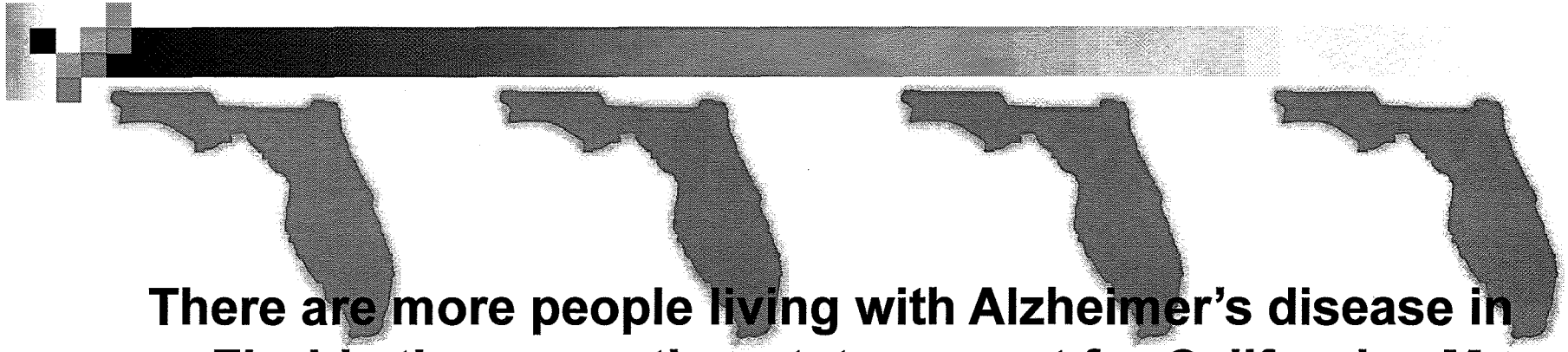


The Silent Side of Alzheimer's: Caring for Persons with Alzheimer's and CAREGIVERS

Mary Ellen Grant, President & CEO
Share the Care, Inc.

JUST RELEASED – MARCH 9, 2010-
Facts & Figures 2010
by the Alzheimer's Association, Washington D.C.

In 2011, the first baby boomers will reach their 65th birthdays. By 2029, all baby boomers will be at least 65 years old. This group, totaling an estimated 70 million people aged 65 and older, will have a significant impact on the U.S. healthcare system.



There are more people living with Alzheimer's disease in Florida than any other state, except for California. More than 500,000 Floridians have Alzheimer's disease. Florida is expected to see a 40% increase of Alzheimer's cases by the year 2025. Why?

1. Baby boomers reaching retirement age.
2. Rapid growth of elder population in Florida, especially 80 and over. Florida has the highest population of 80 and over.
3. People are living longer. Alzheimer's affects 10% of those 65 and over, and 50% of those 85 and over....that is every other person!
4. Larger number of persons under 60 years of age is being diagnosed with early-onset Alzheimer's.
5. Better awareness and earlier diagnosis.

Caregivers: Keeping Families Together

Who are Caregivers?

- UNPAID
- Primarily family members but includes friends and neighbors
- 60% are women
- Average age is 48
- 27% had children under 18 living in household (BRFSS survey including Florida)
- Provide 24/7 care and assist with all daily activities
- Care for persons with Alzheimer's, other cognitive impairments, frail seniors, and others

Economic Value of Caregiving

- In Florida alone (in 2009), 639,445 caregivers provided 728,200,485 hours of unpaid care for a loved one with Alzheimer's or another dementia valued at $8,374,305,570
- CAREGIVERS SAVE FLORIDA $$$

Impact on Caregiver's Health

- More than 40% rate stress of caregiving as very high
- One-third have symptoms of depression
- **Without respite services, more than half of caregivers will die before their loved one who has dementia dies.** Death of the caregiver is the main reason for early nursing home placement

Impact on Caregiver's Employment

- 69% are employed, homemakers or students
- Many caregivers have to quit work, reduce their work hours or take time off because of caregiving responsibilities.
- Caregivers of people with Alzheimer's or other dementias were 68 percent more like than caregivers of other older people to have reduced their hours or quit work.

What do caregivers need to continue providing care and to keep their loved one out of a costly nursing home?

RESPITE CARE

Respite - time away from their loved one in need of care - is beneficial to the health of caregivers.
Because caregivers provide 24/7 care, many caregivers experience high levels of stress and negative effects on their health, employment, income, and financial security.

Respite allows a family to:

- ❑ Keep their job; continue bringing in the income; stay off government assistance
- ❑ Pay bills, shop for groceries, run errands
- ❑ Manage health concerns
- ❑ Take a break from caregiving

29-1

- Respite programs serve 29 people as opposed to 1 person in a nursing home for the same cost.
- ADI Respite services cost $8,364/year; the annual cost of a nursing home is $58,929*. Several reports show that the average cost of a nursing home is up to $219 a day, or $79,935 a year.

*Department of Elder Affairs

How does Florida help UNPAID FAMILY CAREGIVERS?

- Florida was the Role Model for the Nation-1985 Created a statewide initiative called the the Alzheimer's Disease Initiative (ADI)
- Florida created 2 line items, both under the Department of Elder Affairs ADI – Alzheimer Disease Initiative: one specifically for Alzheimer respite services; the other line item for Memory Disorder Clinics, Brain Bank, Model Day Care and ADI Advisory Board. In 2009, the Legislature combined both line items
- ADI Respite Funds are channeled through the AAA, lead agencies, down to the respite provider. Today, ADI Respite services are available in every county in Florida.
  - The ADI Alzheimer Respite is not age specific since persons under 65 can get Alzheimer's or other dementias
  - Do not qualify for Medicaid
  - Sliding scale fee
  - Services include adult day care, home health care, others

Recommendations:

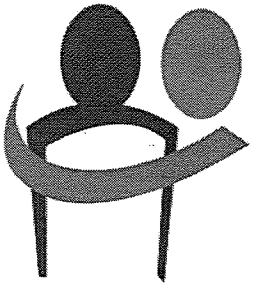
Taking the next step in helping caregivers

- ❑ The Florida Legislature must plan for the growing number and urgent service needs of caregivers
- ❑ Continue - at a minimum- the same level of Alzheimer Respite Funding
- ❑ Go back to 2 separate line items

Contact:
Mary Ellen Grant, Share the Care, Inc
407-423-5311
meort-marvin@helpforcaregivers.org

Natalie Kelly
850-570-5747
nataliekelly@msn.com

Alzheimer's
Community Care



ALZHEIMER'S COMMUNITY CARE®

1

PROMOTING AND PROVIDING SPECIALIZED CARE TO ALZHEIMER'S DISEASE AND RELATED DISORDER PATIENTS AND CAREGIVERS WITHIN A COMMUNITY-BASED ENVIRONMENT

MARY BARNES, PRESIDENT AND CEO

800 NORTHPOINT PWKY, SUITE 101B

WEST PALM BEACH, FLORIDA 33407

561.683.2700

WWW.ALZCARE.ORG

Community-Based Care

- We serve three counties: Palm Beach, Martin and St. Lucie.
- Largest non-profit dementia specific day care provider in Florida with 11 day care centers.
- We provided 406,000 hours of patient care in Fiscal Year 2009.
- We serve 230 patients daily who spend up to 10 hours a day at one of our day care centers.

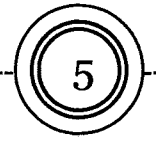
Alzheimer's Disease & Florida

- 502,000 persons with Alzheimer's disease live in Florida who depend on caregivers for care and support – the largest Alzheimer's disease population in the world.
- Alzheimer's disease is the 4th leading cause of death in adults.
- Alzheimer's disease is irreversible and can last from 2 to 20 years, averaging 8 years, ultimately leading to death.
- African-Americans have a 14% greater risk for Alzheimer's disease than Caucasians.
- Hispanics exhibit Alzheimer's disease 5 to 8 years earlier than Caucasians.

About Alzheimer's Caregivers

- 828,000 caregivers in Florida are taking care of someone with dementia.
- 80% of care is provided by an informal caregiver – spouse or child.
- 63% of Alzheimer's caregivers are at risk of dying before any other caregiver while caring for someone with a killer disease.
- 60% of all Alzheimer's patients will exhibit wandering tendencies sometime during the disease process.
- Male caregivers are five times more likely to throw in the towel than female caregivers.

Impact on the Economy



- 62% of caregivers on Florida's Medicaid Alzheimer's Waiver Program are employed.
- 64% increase in the projected number of persons with Alzheimer's disease in Florida from the year 2000 to 2025.
- Nationally, businesses lose $33.6 Billion annually due to reductions in worker productivity.

Impact on the Economy

On behalf of

Alzheimer's Community Care,

thank you for allowing us to present today.

Do you have any questions?