Legislative History for Connecticut Act

PA 19-115

SB827

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went off about everyone being there for the vote" and he was one of the last people to vote [Applause]. So I'm thinking we may be seeing a 14-year-old press person being hired in the House Republican Office next year.

DEPUTY SPEAKER ORANGE (48TH):

There ya go. Representative Ritter do you care to respond? You're all set, we're all set. Thank you. Will the Clerk please call Calendar No. 504?

CLERK:

On Page 31, House Calendar 504, Substitute Senate Bill No. 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES. Favorable Report of the Joint Standing Committee on Aging.

DEPUTY SPEAKER ORANGE (48TH):

Representative Serra you have the floor, sir.

REP. SERRA (33RD):

Thank you, Madam Speaker. I move for Acceptance of the Joint Committee's Favorable Report and Passage of the Bill in concurrence with the

Senate.

DEPUTY SPEAKER ORANGE (48TH):

The Question is Acceptance of the Joint Committee's Favorable Report and Passage of the Bill in concurrence with the Senate. Representative Serra.

REP. SERRA (33RD):

Madam Speaker, the Clerk has an Amendment LCO 7372. I ask that the Clerk please call the Amendment and I be granted leave of this Chamber to summarize.

DEPUTY SPEAKER ORANGE (48TH):

Will the Clerk please call LCO No. 7372 which has been designated Senate Amendment Schedule “A”.

CLERK:

<u>Senate Amendment Schedule “A” LCO No. 7372</u> offered by Senator Maroney, Representative Serra, etal.

DEPUTY SPEAKER ORANGE (48TH):

Representative Serra.

REP. SERRA (33RD):

Thank you, Madam. Speaker.

DEPUTY SPEAKER ORANGE (48TH):

Oh, excuse me a second. I'm supposed to say something else, I can't remember. The Question before the Chamber is on Adoption of Senate Amendment "A". Representative Serra, your turn.

REP. SERRA (33RD):

Thank you, Madam Speaker. Madam Speaker, this is a Strike-All. This Bill modifies continued education requirements for physicians and advanced practice registered nurses APRN and current law requires these professional to be completed at least two contact hours of training or education during the first lesson renewal period in which continued evaluation is required at least once every six years thereafter on mental health conditions. Starting on January 1, 2020 the Bill retains a continued education requirement for APRN but allows for physicians to instead complete at least two hours of counseling of education following diagnosis and treating cognitive conditions including Alzheimer's dementia, delirium and related cognitive impairments and geriatric depression. Also, diagnosis and treatment of any mentally ill conditions including only those common to Veterans and their family members. Madam Speaker, I move adoption.

DEPUTY SPEAKER ORANGE (48TH):

Question before the Chamber is on adoption of Senate Amendment Schedule "A". Will you remark on Senate "A"? Representative Bolinsky, you have the floor, sir.

REP. BOLINSKY (106TH):

Thank you, Madam Speaker. Has anybody told you today how wonderful you look at the podium?

DEPUTY SPEAKER ORANGE (48TH):

Awe, no. Thank you.

REP. BOLINSKY (106TH):

My pleasure. I stand in very strong support of this Amendment and without repeating that which the distinguished Chair of the Aging Committee has said, I think everybody in this Chamber recognizes the aging of Connecticut's population and the importance of diagnosing and treating our medical professionals in the cognitive conditions and recognizing and treating Alzheimer's dementia, other age related impairments as well as specific training that's dedicated to ailments that are common to our Veterans. So I believe this is a very good Amendment and as added to the Bill it ought to pass. Thank you, Madam Speaker.

DEPUTY SPEAKER ORANGE (48TH):

Thank you, sir. Will you care to remark further on Senate Amendment Schedule "A". Representative Polletta, you have the floor on Senate "A".

REP. POLLETTA (68TH):

And good evening Madam Speaker. Good to see you up there as well. I rise in strong support of this Amendment as someone who dealt with this horrific disease both with my grandfather who passed and my grandfather who is still living who is currently going through it. The practices of understanding how to deal with someone who has

Alzheimer’s and dementia is almost like a work of art and it starts with first of all coming to term with this horrific disease and then realizing that the individual comprehends things in a much different way than someone of course who is just normally aging. So it takes quite a bit of time and talent and effort to understand how to properly care for these individuals. It is a disease that is affecting more and more people as the baby boomers get into their 70s and 80s. We are seeing a rise in dementia and Alzheimer’s patients and diagnoses and again as someone who went trough this with my grandfather, I saw my grandmother take care of him for eight years at home, finally having to concede to a convalescent home for the last two years. It truly is needed because I saw the care that he received in the facility, the trained professionals, those that understood how to talk to him, how to help him bathe, how to help him get through his daily life chores and activities. So I hope that my colleagues join me in supporting this Amendment which will become the underlying Bill. Thank you.

DEPUTY SPEAKER ORANGE (48TH):

Thank you, sir. Will you care to remark further on the Amendment before us? Will you care to remark further on Senate “A”? If not, let me try your minds. All those in favor please signify by saying, aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER ORANGE (48TH):

All those opposed, nay. The aye’s have it, the Amendment is adopted [Gavel]. Will you care to remark further on the Bill as amended? Will you care to remark further on the Bill as amended? If not Staff and guests please come to the Well of the House. Members take your seats, the machine will be open. [Ringing]

CLERK:

The House of Representatives is voting by roll, Members to the Chamber. The House of Representatives is voting by roll, Members to the

Chamber.

DEPUTY SPEAKER ORANGE (48TH): Have all members voted? Have all members voted? Please check the board to determine if your vote has been properly cast. If so, the machine will be locked and the Clerk will take a tally please.

Will the Clerk please announce the tally.

CLERK:

Senate Bill No. 827 as Amended by Senate “A” in concurrence with the Senate.

Total Number Voting	150
Necessary for Passage	76
Those voting Yea	150
Those voting Nay	0
Absent not voting	1

DEPUTY SPEAKER ORANGE (48TH):

The Bill passes in concurrence with the Senate [Gavel]. Will the Clerk please call Calendar No. 484.

CLERK:

On Page 60, Calendar 484 House Bill No. 6714 AN

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Calendar Page 41, Calendar 344, Senate Bill 1107 go. And if the Clerk could please call in that order.

THE CHAIR:

Thank you so much. Mr. Clerk. Would you please call the Calendar.

CLERK:

Page 2, Calendar No. 40, Substitute for Senate Bill 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES.

THE CHAIR:

Senator Maroney.

SENATOR MARONEY (14TH):

Madam President I move Acceptance of the Joint Committee's Favorable Report and Passage of the Bill.

THE CHAIR:

Will you remark?

SENATOR MARONEY (14TH):

Madam President, the Clerk is in possession of a Strike All Amendment LCO 7372, I would ask that the Clerk please call the Amendment.

THE CHAIR:

Mr. Clerk.

CLERK:

LCO No. 7372 Senate Schedule "A."

SENATOR MARONEY (14TH):

I move adoption of the Amendment and ask that its reading be waived and seek leave of the Chamber summarize.

THE CHAIR:

The Question is on Adoption of the Amendment. Senator will you remark further?

SENATOR MARONEY (14TH):

Yes, thank you very much, Madam President. This amendment is a Strike-All Amendment and it is the result of work done by the Alzheimer's Association and the Aging Committee to help promote awareness of Alzheimer and implement recommendations of a taskforce that had been previously established. What the Amendment does it requires, well it doesn't require, it adds within one of the six categories concerning medical education to offer education on Alzheimer's Disease awareness for both medical doctors and also Section 2 does the same for nurse practitioners. Currently, Connecticut is one of the, depending on what ranking you look at, it is the sixth or seventh oldest state in the country. This is going to be a rising need the education and there is no cure for Alzheimer's right now you can only hope to slow down the progression of the disease so early recognition is critical. Currently there are 5.7 million Americans with Alzheimer's and it is costing $259 billion dollars over the next 15 years the cost to treat dementia is expected to double.

THE CHAIR:

Thank you so much, Senator. Will you remark further on the Amendment? Will you remark further? Senator Kelly.

SEANTOR KELLY (21ST):

Thank you, Madam President. I rise to discuss the Amendment. I do recognize the Chairman's good work with regards to this issue both in Committee and subsequently working with stakeholders surrounding this issue because as he stated Connecticut and particularly with Baby Boomers our aging population is exploding for two reasons. The Boomers are unfortunately getting older as well as individuals over 80 are the fastest growing segment of our population. Because of those trends it is becoming more and more important to recognize Alzheimer's both from it's early onset for two reasons, one is to protect the patient itself as well as to diagnose and to treat that disease because we know as Senator Maroney indicated it is a progressive disease. That is why the underlying Bill I think was so important and it is now important just for gerontology or gerontologists to understand Alzheimer's. It is actually more important for individuals in the medical profession who do not treat Alzheimer's to recognize, to detect and treat individuals at the earliest point.

For that reason I think the underlying Bill is the way to go with that. It is a Bill that came out of conversations with Yale School of Medicine, UConn

Health so it is medical professionals have brought this to the Aging Committee and while I recognize the good work of Senator Maroney in bringing forth an Amendment the Amendment, I think, waters down the underlying Bill. And I think in this day and age with this population growing at the rate that it is, being able to identify and treat Alzheimer's is becoming more and more important not only for the patient's healthcare but also from a fiscal perspective because of its impact particularly on the Medicaid program. So I am going to rise in opposition to the Amendment because I think the underlying Bill is the better policy to pursue. It is the one that is more robust and will do more good for more people than watering it down. So for those reasons, I will be voting no on the Amendment. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Kelly. Senator Maroney will you remark further? Senator Anwar will you remark?

SENATOR ANWAR (3RD):

Thank you, Madam President. I rise to support the Amendment but I do want to make a couple of comments and as a physician in the community and interacting with the physicians and other clinicians in the community there are about some 11,900 physicians in the community so every time as a legislative body we say they are going to be required to do some continuing medical education programs that are mandated by the State of Connecticut you are, we are collectively 11,900 hours just from the physicians alone away from their work to take care of the patients and then the challenges people say we are not able to get the patients in to be able to be taken care of because 11,000 human hours have been lost in some of these mandated medical education additions which most people would know without further training if you will. So I just want to make sure that while this is critical, it is a public health issue, it is important to have that education but we have to have a mechanism of protecting some of the time and every body has a passionate disease, disease is a public health impact we just need to be cautious about this but I will be supporting this Amendment. Thank you, Madam President.

THE CHAIR:

Senator, thank you so much. Will you remark further on the Amendment? Senator Maroney.

SENATOR MARONEY (14TH):

I just want to thank Senator Anwar and Senator Kelly for their perspectives and their input. I thank Senator Kelly for all his work he was an invaluable resource throughout the Committee process and I would ask that a vote by taken by, a role call vote be taken on this Amendment.

THE CHAIR:

Thank you and with that we will open the machines to vote on the Amendment. Mr. Clerk would you please let everyone know.

CLERK:

An immediate roll call has been ordered in the Senate. An immediate roll call vote has been ordered in the Senate. An immediate roll call vote has been ordered in the Senate.

THE CHAIR:

Have all the Senators voted? Have all the Senators voted, have all the Senators voted? The machine will be closed and the Clerk, will announce the tally.

THE CLERK:

LCO 7372 Senate Amendment A.

Total number voting	32
Necessary for Adoption	17
Those voting Yea	24
Those voting Nay	8
Those absent and not voting	4

THE CHAIR:

[Gavel] The Amendment is adopted and now for discussion on the Bill as Amended. Will you remark. Will you remark Senator Maroney.

SENATOR MARONEY (14TH):

Thank you very much Madam President. If there is no objection I would ask that the Bill be placed on the Consent Calendar.

THE CHAIR:

Thank you. Mr. Clerk and the Senate will stand-at-ease.

The Senate will come back-to-order. Mr. Clerk.

CLERK:

Consent Calendar No 1, Page 2, Calendar No. 40, Senate Bill 827;
Page 4, Calendar 54, Senate Bill 832.
Page 12, Calendar 129, Senate Bill 919.
Page 24, Calendar 216, Senate Bill 839.
And Page 33, Calendar 283, Senate Bill 850.

THE CHAIR:

Thank you. Would you please call the Bill and the machines will be opened and Senators can commence voting. Thank you and with that we will open the machines and Mr. Clerk if you would announce a vote.

CLERK:

Immediate Roll Call vote has been ordered in the Senate on Consent Calendar No. 1. Immediate Roll Call cote has been ordered in the Senate on Consent Calendar No. 1. Immediate Roll Call vote in the Senate, Consent Calendar No. 1.

THE CHAIR: CLERK:

An immediate roll call has been ordered in the Senate. An immediate roll call has been ordered in the Senate.

THE CHAIR:

Have all the Senators voted. Have all the Senators voted. Seeing that all have, the machine will be closed and the Clerk will announce the tally. Mr. Clerk, will you please call the tally.

THE CLERK:

Consent Calendar No. 1.

Total number voting	32
Necessary for Adoption	17
Total voting Yea	32
Total voting Nay	0
Absent and not voting	4

THE CHAIR:

[Gavel] Measure passes. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President we can continue debate now on Calendar Page 22, Calendar 198, Senate Bill 977 please and mark that as go.

THE CHAIR:

Thank you, Senator Duff. Will you remark further on the Bill? Senator Lesser. So Senator Champagne.

SENATOR CHAMPAGNE (35TH):

Thank you, Madam President.

And through you to Senator Lesser.

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CHAIRPERSON:	Senator James Maroney
SENATORS:	Winfield, Kelly, Abrams
REPRESENTATIVES:	D'Amelio, Garibay, Meskers, Serra, Hampton, Wilson, Bolinsky, Fusco

CLERK: [Audio begins here] announcements. In the event of a lockdown announcement, please remain in the hearing room, stay away from the exit door and seek concealment behind desks and chairs until the all clear announcement is heard.

SENATOR MARONEY (14TH): Thank you, Gara. So, for the public hearing for the public generally the first hour is the public officials and then after that, we will go from the general public in the order that you signed up. We will get started with Steve Hernandez.

MR. HERNANDEZ: Good morning, Senator Maroney, Representative Serra who was here earlier, ranking and other distinguished members of the Aging Committee. My name is Steve Hernandez, Executive Director of the Commissions on Women, Children and Seniors and Equity and Opportunity. They are non-bipartisan bicameral commissions of this legislature. I am joined by Diane Stone, who is the Director of the Newington Senior and Disabled Center and also a member of my Commission.

We're here to testify on two bills specifically. Very quickly on Senate Bill 827. We joined the Alzheimer's Association in support of this bill that would require a one-time eight-hour dementia training for clinicians seeking to renew their licenses. Just to repeat their, their, their data, according to the Alzheimer's Association, 77,000 people are currently living with Alzheimer's in Connecticut and we anticipate that number to rise to 91,000 by 2025 as age remains a biggest risk factor to developing the disease. This is a strategy that has to be all hands-on deck and the more professionals that we have that are trained in the identification of Alzheimer's the more prepared we'll be to anticipate and to prepare sooner into the disease. I turn now to Diane Stone for her testimony on House Bill 7102.

MS. STONE: Good morning, thank you very much. I was very honored to be appointed to the task force to study senior centers. This is a task force that met late 2017, early 2018. And because the timing of our task force was between session, we took quite a bit of time to bring together a really broad array of experts and senior centers, the few that actually exist.

So, we met over the course of several months. I do want to thank -- take a moment to thank some of the members of the task force including Tina Doyle from the Berlin Senior Center, Harvey Friedman of the Naugatuck Senior Center, Catherine Dinsmore of the Watertown Senior Center, Maureen McIntyre of the North Central Area Agency on Agency, Steven Hernandez of the Commission on Women, Children and Seniors as well as current and former members of this Committee who attended meetings and followed our proceedings. Thanks also to the Commission for their support amidst their shrinking ranks. When we started, I think they had four staff, when we ended, they had two.

putting on nursing homes. I'd like to understand if we're going to contract the number of nursing homes or how we're going to deal with the number of beds that we have that are beyond what we're currently funding and beyond. My understanding is there is about 3,000 empty beds around the system.

So, I just point all that out. Again, today I'm here for bill 829 and like anybody that sits in front of you, there are many other bills that pique my interest and concerns. I'd be happy to answer any questions.

REP. SERRA (33RD): Thank you. Any questions from members of the Committee? Thank you, Senator.

SENATOR OSTEN (19TH): Thank you very much, you all have a nice day.

REP. SERRA (33RD): Yup. Dr. George. SB 827

DR. KUCHEL: Good morning everybody, my name is George Kuchel. It's a pleasure to be in front of the members of the Aging Committee and chair and vice chair. And I share a passion about aging with all of you by way of background. I'm a physician. I'm a geriatrician and gerontologist. I'm the director of UConn Center of Aging at UConn health down the street. I'm speaking on behalf, not just myself by my colleagues in our center and others at the school of medicine who's work and passion is care for older adults, including those who have memory issues. That includes physicians, scientists, educators and others.

So, by way of -- so, I wanted to make three points. First of all, I want to congratulate the Committee and others who have worked on bill and act concerning Alzheimer Disease and dementia training best practices, 827, which, as I understand it, will create a task force to come up with some educational programs that will be required for physicians and other health providers who take care of patients with dementia such as Alzheimer's Disease. I think this is highly needed.

There is a lot of evidence to indicate the research with our practices in our memory clinic at UConn health that the care of older adults who have memory issues is really -- has very different needs from other individuals with regards to diagnosis, medication prescription, help with caregiver issues and many of the issues you heard about earlier in terms of other care issues that come.

Our, our, our two suggestions that really caveat about how to increase the impact of this bill and I'll preface it by saying that when we -- that when we teach our medical students, nurses and others who take care of older patients, a little pneumonic that we use to help to remember what the three major causes of cognitive decline in older adults are, are the three D's. And I should say, this is also the name of a major federally funded research project underway out at UConn Health Center.

And the three D's that really represent all the three causes of cognitive decline in late life are dementia, as accurately pointed out but also delirium and depression. And just a couple of words about what each of those are.

So, delirium is what occurs quite commonly, unfortunately, in older adults who undergo surgery, including elective surgery. For an individual past the age of 80 who undergoes open heart surgery or hip fracture surgery or large joint replacement, there is almost one chance in two that they will develop what's called delirium which is a confusional state resembling dementia in some ways that occurs after anesthesia and surgery. It can also occur with infection and other diseases.

The reason that is important and it is actually part of a major national effort that I'm part of is that not only are patients with dementia more likely to develop delirium but patients with delirium are more likely to develop dementia. And there are strategies that can help prevent delirium in the hospital and elsewhere. But they only work if delirium is diagnosed and it commonly is not, even in very good hospitals. So, I think it's very important that this bill also teaches health providers tools for diagnosing and dealing with delirium much better as a way of preventing dementia.

Depression, everybody has heard of depression but less will recognize the fact that late in life, depression can be associated not just with changes in mood but also changes in memory. And it's actually relatively easily treatable again, if it's diagnosed. And we also know from research done at UConn health that the presence of depression in older adults make subsequent dementia such as Alzheimer's Disease more likely.

So, therefore, for all those reasons, it's very important that all the three D's, dementia, such as Alzheimer's Disease, delirium and, and depression be a focus of this very important bill for which I really congratulate the Committee on, on, on pushing forward. So, I'd be happy to answer any questions.

REP. SERRA (33RD): Any questions from the members of the Committee? Representative Hampton.

REP. HAMPTON (16TH): Good morning, Doctor. Thanks for being here. So, what professionals would be required to take the course?

DR. KUCHEL: [no audio 36:18-36:29] that comes up with the curriculum be somewhat expanded, that's all to focus on dementia but also focus on delirium and depression. To provide a more comprehensive approach that will have a far greater impact.

REP. HAMPTON (16TH): Do you know if there are other, other requirements for other diseases?

DR. KUCHEL: Well, I know that currently it's for HIV, for example, as a physician there are modules having to do with HIV training in terms of regarding care for individuals with HIV. I know there is no narcotics for obvious reason. So, there are these -- there are these educational mandates, there are precedents for this and we fully support this. I, I, I know that the Alzheimer's Society has worked hard on this and this is very important. Our goal is to support this but merely to offer two small caveats in order to, to, to, make, to ensure that the impact of this is as great as possible.

REP. HAMPTON (16TH): And in designing the course, who would be around the table, what principles?

DR. KUCHEL: Well, I think it's very important, since we're trying to reach a variety of health professionals, not just physicians. As you know, care of older adults does not involve only physicians, it involves all the health professions, all the allied health, you know, all the allied health professions. So, it goes from -- it involves nurses, involves social workers and colleges and, and, and many others. It would be what you really call a multidisciplinary approach, something that we're, that we're -- in the field of aging, is very common. It's really at the core of what we do in aging. So, it would have to involve representation from other disciplines as well, including other disciplines that are licensed by the DPH such as, such as, such as medicine, such as nursing and others.

REP. HAMPTON (16TH): How about family members?

DR. KUCHEL: Absolutely. I think that’s, and, in fact, the, the project that I mentioned which is funded by, by CORDs (phonetic 38:19) a federally funded project that is seeking to -- we're working with Medicare at evaluating the ability of nurse led coordinated care teams to improve the care. The coordination of care of older adults with any of these three conditions across the state, it's statewide. Part of that involves family members. So, we have an advisory board involving family members and it's absolutely crucial, so absolutely.

REP. HAMPTON (16TH): Thank you so much for being here, thanks for your hard word.

DR. KUCHEL: Thank you.

REP. HAMPTON (16TH): Thank you, Mr. Chairman.

REP. SERRA (33RD): Doctor, I have a question.

DR. KUCHEL: Yes.

REP. SERRA (33RD): Many years ago, this Committee -- I'm not sure but he had your job many years ago and he appeared here and some task force. The question really is for me is how much emphasis is given to physicians who are in medical school. I notice, at least personally, internists, I'm just wondering when they get seniors coming in whether they're besides the physical, you know, the blood pressure the whole thing, whether they're really aware of those changes that you've described.

We were going to send a letter many years ago to, then it was UConn EAO because we only have control over schools here in Connecticut. That where the schools are enough emphasis in this area that you described in medical schools. Because as I heard my colleague say, this is becoming a bigger and bigger problem not only in Connecticut, in the nation as we all age.

Do you believe that, I don’t want to put you on the spot, that enough education is placed in medical school for the up and coming physicians to be aware that they're going to come in contact with a lot of seniors who may have this condition and it won't be recognized unless they have specific training in this area? Can you comment on that doctor?

DR. KUCHEL: I certainly can. First of all, I would just ask you, Representative Serra, to please tell everybody that we have not spoken and before and I've not asked you to ask me this question. So, I think it's an incredibly important question and I think that we've come a long way. I think what people don't realize is that the field of aging as a clinical field of geriatrics and gerontology is relatively young. And so, we're kind in the early stages of this. We've come a long way at all -- in medical schools across the country but I still think we have a long way to go.

And I think what we're seeing a lot, in my practice, I often see, we often take over the care of older adults who, who have grown, who have aged together with their provider, with their physician. And so, it's kind of depends on when the physician was trained. I mean, if a physician trained, went to medical school 30, 40 years ago, I can tell you that the training then was not what it is today.

So, we've come a long way but I, I think, I do think there is a long way to go. If you ever want to -- if you're ever interested on this, I'd be happy to send you a copy of the Institute of Medicine, The National Academy of Sciences, wrote a report on this in, in 2008 that I'd be happy to forward to you as a PDF that spoke specifically regarding these issues. But not just in the context of medical care.

Really what we talked about earlier, multi professional, multidisciplinary care because it involves all the professions. I mean, it's not enough that your physician be sensitive to the needs of an older patient but it's also important the physical therapist is and, and, and, and then nurse and the social worker et cetera. So, we've come a long way but we certainly have a long way to go. Thank you.

REP. SERRA (33RD): Thank you, Doctor. Any other questions from members of the Committee? Thank you.

DR. KUCHEL: Thank you.

REP. SERRA (33RD): We're going to go to the public now and I have two people if you'd like to come up together. I think it's Bob Savage and Erica De Francesco. LiveWell is the organization. You can bring another chair around if you'd like. Good morning.

MR. SAVAGE: Good morning. Good morning, Senator Maroney and Representative Serra and members of the Aging Committee. My name is Bob Savage. I'm a person living well with dementia. And joining me today is Stephanie Shivers, COO of LiveWell, formally known as the Alzheimer's Association. Alzheimer's Research Center, my friend helped me here. That's why she -- never mind.

Stephanie and I are here to speak today in favor of SB 827, AN ACT CONCERNING ALZHEIMER'S DISEASE DEMENTIA TRAINING AND BEST PRACTICIES as specifically in favor of the establishment of a work group to review and update the current self -- set of recommendations established by the task force on Alzheimer's Disease and dementia established in 2013.

In addition, we urge the Committee to include on the list of task force, members of persons living well with dementia. I'm 87 years old. I was diagnosed four years ago with Alzheimer's. Although I have noticed change in my brain during this period, I'm still blessed with having the ability to speak to you today. I reside at LiveWell in an assisting living community. With LiveWell's support, we have created what we call the Dementia Peer Coalition that offers persons, persons with all forms of dementia the opportunities to participate in support groups that are designed for and run and managed by persons living with dementia.

The dementia, the Dementia Peer Coalition currently offers opportunities for persons living well with dementia to be empowered. Persons living well with dementia need to be empowered. We need to -- we need ways to share our stories and our experiences. We need opportunities to make a difference. We want and need to continue contributing to our families and our society. We need to be educating the public, creating and leading advocacy efforts such as this, influencing change, policy, services and supports. We need to be designing new ways of living and influencing the services and supports that are designed for us.

One way in which persons living well with dementia can be empowered is to have a seat at the table on the work group. Within this proposed working group, you would include important persons who can influence change. However, there is an important entity that is not represented on this work group and that is persons living well with dementia.

Working together, we will improve the lives of people with dementia and their care partners. It's imperative that nothing be done about us without us. Thank you for your consideration, our testimony and we'd be happy to answer any questions. And I'd like to introduce Stephanie.

MS. SHIVERS: First, I'd like to just echo my thanks to the Committee for bringing forth this bill. And as a healthcare professional who works directly with people living with dementia and someone who has for the past several decades, I would like to underscore Bob's testimony and encouragement that nothing about people with dementia should be determined without them.

And, as such, I recommend that two individuals living with dementia be included in the working group outlined in lines 124 through 142 in the bill.

And I recommend this to showcase Connecticut's commitment to include people living with dementia as valued and contributing citizens in spite of their healthcare conditions and in spite of their cognitive disabilities. Thank you. We're happy to answer any questions.

REP. SERRA (33RD): Thank you. Any questions from members of the Committee? Thank you. You have a question? Representative Hampton.

REP. HAMPTON (16TH): -- today, what does, what does your organization do? I'm not familiar with LiveWell. You said it's formerly Alzheimer's Research Center?

MS. SHIVERS: Can you hear me? LiveWell formerly the Alzheimer's Research Center is a not for profit direct service provider. We provide the continuum of services for individuals exclusively for individuals who are living with dementia. Including residential services, we have a campus in Southington, where 133 people live. 120 people live in our skilled nursing facilities. 13 people live in our assisted living facilities. We also offer a host of community-based services, adult day services.

We have recently been awarded a grant from the Administration on Community Living Alzheimer's Disease Programs Initiative to develop post diagnostic support and deliver evidence occupational therapy interventions to people living with dementia and their care partners at home. So, this is definitely a field with which we have great experience and are looking to be able to use that knowledge and experience to inform the services available to folks in Connecticut.

REP. HAMPTON (16TH): Okay and Mr. Savage, if you were to serve on that Committee, would there be kind of a top priority for you for input in your unique perspective? A recommendation high on your list?

MR. SAVAGE: I'd like to preface that to the experience I'm having in our support groups. What is happening is people, once they join a support group, become empowered and then they are willing to go out and speak. And this is a very, very important part. It really models AA in a lot of ways. And so, I think probably the most -- there's so many things. There's so many things we could. Like when the doctor was speaking here before, he mentioned dementia about four or five times and he talked about the, you know, the concerns. It would be wonderful if people with dementia could sit down and talk to these doctors.

So, that's just an example of there are so many things that are going on that we're not involved and all and you understand why, right? Because once we're dementiatized is what I say, we're no longer a value to our community and that's wrong, that's very wrong. And so, what I'm talking about here today is bring us back in and listen to us because we have a lot to say. [Applause]

REP. HAMPTON (16TH): Amen to that. Thank you so much for being here, both of you. Thank you.

REP. SERRA (33RD): Any other questions from members of the Committee? Thank you. Next is Anna, whatever I can't, Anna. Please correct me. Sometimes the penmanship is not that good.

MS. DOROGHAZI: Even though the penmanship is good, nobody gets Doroghazi. Thank you very much,

SB 804

SB 832

HB 7071

useful tool in a broader tool kit to help people select appropriate and safe services.

We also support HB 7071 which would provide an income tax deduction for individuals caring for elderly persons. Quick caveat, we don't support this as a replacement for paid family leave proposals but we see this as something that could help caregivers who are paying a great deal, typically out of pocket, to support their loved ones in their homes. Thank you.

REP. SERRA (33RD): Any questions from members of the Committee? Thank you.

MS. DOROGHAZI: Thank you very much.

REP. SERRA (33RD): Next is Erica De Francesco. I guess somebody impersonated you before.

MS. DE FRANCESCO: Thank you. Good morning, Senators Maroney and Kelly and Ranking Members Wilson and Serra and distinguished members of the Aging Committee. My name is Erica De Francesco, the real one, and I am the director of community education at LiveWell, formerly known as the Alzheimer's Resource Center. I am honored to stand before you to speak in favor of Senate Bill 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING BEST PRACTICIES.

Today, I am before you to specifically speak about the renewal of education for healthcare professionals not to exceed 8 hours on the diagnosis, treatment and care of persons with Alzheimer's and dementia. In my role at LiveWell, I visit with a lot of family members who have a loved one with Alzheimer's Disease or another related dementia. And what I am mostly seeing is not individuals who have been diagnosed in the early stages but rather individuals who are diagnosed in more of the moderate to severe stages.

Because of this, families are faced with a hardship. They are making decisions on behalf of their loved ones without knowing what their loved ones would have wanted to do for themselves. I hear far too many statements that begin with, I wish or if, one of which was, if I had known earlier, I would have asked my husband what he wanted with his life and not have had to make this decision for myself as a family member.

This narrative needs to be changed now and this bill is one way in which to change that, a paradigm shift. An early diagnosis of Alzheimer's Disease is critical. This early diagnosis enables persons living well with dementia to be included in their own care planning, to be instrumental in making choices about where they do and do not want to live. And to be engaged in meaningful conversations earlier on about what they want at the end of life. These conversations are not happening.

Embedded within the dementia bill of rights are three rights. I can't stand before you and read all of them but I'll tell you what three of them are. One of them is to have care partners well trained in dementia care. Another is to have an early diagnosis or to be informed of their diagnosis early on and another is to be able to advocate for themselves and for others. I do urge you to support Senate Bill 827, AN ACT THAT SUPPORTS THE RIGHTS OF PERSONS LIVING WITH DEMENTIA.

And one other thing I do want to add, I do want to speak to the task force as well. I think I have about 30 seconds left. I'd like to recommend that in addition to the individuals who were recommended for the task force, that this task force include two representatives from individuals who are directly serving. Persons living with dementia and who regularly interact with physicians and licensed healthcare providers.

I am honored on a daily basis to be able to work with Bob and other persons living with dementia and it is because of my work with him and others that I, I love what I do. So, please have direct service providers like myself who have relevant experience working with persons living with dementia on the task force because this will be valuable. Thank you for your time and I welcome any questions.

REP. SERRA (33RD): Thank you. Any questions from members of the Committee? Representative Bolinsky.

REP. BOLINSKY (106TH): Thank you for your passion.

MS. DE FRANCSESCO: Thank you.

REP. BOLINSKY (106TH): It's very important. The advance directives and knowing what somebody desires and not having it be put into the hands of family members is important. And I apologize, I had stepped out a moment ago to get a glass of water. How do, how do we get at that before the actual onset of dementia or some life event that, that actually causes it where you one day somebody has their mental capacity and the next day their efficacy has been compromised by a medical procedure or a stroke or something like that.

MS. DE FRANCESCO: So, I think that's a really great question and there's a lot of work that needs to be done. But it's about decreasing the stigma around the conversation. It's a taboo topic and it's a topic that is not just specific to persons living with dementia. In the context of this bill it is but really having this conversation early on, what happens is, what I see, I should say, is that people as you are noticing are waiting until sort of the moderate or end stages of the disease. So, it's not inclusive and I urge inclusion. So, it's about having conversations, I guess, when people are well. You know, so I want to be having conversations with my doctor.

I heard a great quote, one of my colleagues talks about, you know, dying well and how we end our lives is just as important as how we come into our lives. And, I think, part of it is how are we having conversations with people about this and that could be included in part of the training for Senate Bill 827 is how to have this dialogue and the barriers as to why this dialogue is not happening.

REP. BOLINSKY (106TH): Thank you very much. It is an important conversation. Your passion is, is shared. If you would have spoken to me maybe seven or eight years ago, I would say you can't legislate behavior and you can't legislate conversations about things that are uncomfortable to speak about.

But in the past seven years, I've actually traveled this road three times with three separate family members and God, it is just the most difficult thing to do when you really step, step back and you ask, you know, what do you think mom has as far as, you know, her vision for how her life will end when she's incapable of having the conversation once you begin it. So, I mean, I'm going to support moving this forward. I'm not sure where it's going to go but I thank you for bringing the conversation out, it's terribly important.

MS. DE FRANCESCO: I thank you for your vulnerability. Thank you.

REP. SERRA (33RD): Any other questions from members of the Committee? Thank you. Next is Erin Harkrader followed by Matt Barrett.

MR. SEKORSKI: Good morning. I'm not Erin, this is Erin. I didn't think I was going to make it here on time but since we did, we thought in the interest of time that we would just put our testimony together and give it to you that way. We thought that our message was the same so we would try to do that. My name is Joel Sekorski. I'm the director of services for the elderly for the City of Torrington. I'm also the president of CANASP which is the Connecticut Association of Senior Nutrition and Service Providers. HB 7072

MS. HARKRADER: And I'm Erin Harkrader, I'm the director of Elderly Nutrition for LifeBridge Community Services in the greater New Haven area.

MR. SEKORSKI: Along with Erin and myself, we also brought two other directors with us. There are nine of us in the state that do Meals on Wheels. We do the bulk of the meals, there are other providers that do provide some meals on wheels but we provide the bulk of the numbers. We do all of the advocacy and we're happy to be here today to give us -- give you -- give us the opportunity to speak about what's important to Meals on Wheels and to seniors in that venue going forward.

This is the same ask that we've had over the last couple sessions. We feel that we have made great

REP. WILSON (66TH): Okay and thank you so much for all your clarification and expertise and thanks for coming this morning. Thank you, Mr. Chair.

MR. BARRETT: Thank you so much.

REP. SERRA (33RD): Any other questions from members of the Committee? Thank you. Christy Kovel.

MS. KOVEL: Good morning. Good morning, Senator Maroney, Representative Serra, Chairs, Vice Chairs Winfield and Hampton, Ranking Members Kelly and Wilson and esteemed members of the Aging Committee, my name is Christy Kovel and I am the interim executive director and the director of public policy for the Alzheimer's Association Connecticut Chapter. The Alzheimer's Association is the worlds leading voluntary health organization in Alzheimer's care, support and research.

Thank you today for the opportunity to comment on Raised bill 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING BEST PRACTICE recommendations. As many of you may be aware, Connecticut is an aging state, now ranking sixth oldest in the country. According to the Alzheimer's Association 77,000 people are now living with Alzheimer's in our state and by 2025, that number is expected to rise to 91,000 as age is the greatest risk factor for developing the disease.

This bill seeks to address two critical areas of this growing population. The first being providing dementia training for clinicians for license renewal with a one-time eight-hour dementia training requirement. Massachusetts became the first state in the country last year to mandate training for physicians, physician's assistants, APRN's and RN's as a condition of licensure. There is no single test to tell if a person has Alzheimer's. It is a test -- you have to -- while physicians can almost determine if a person has dementia, it may be difficult to determine the exact cause.

Diagnosing Alzheimer's requires a complete assessment that considers all possible causes. Additional education and training for clinicians to recognize the signs and symptoms of dementia will help in obtaining an early and accurate diagnosis. This will allow for the person with Alzheimer's to have the opportunity for additional treatment options as well as the opportunity to participate in clinical trials.

According to our facts and figures report in 2018, early detection and diagnosis saves the cost of medical and long-term care for both families and the government. Among all American's alive today, if those who will get Alzheimer's Disease were diagnosed when they had mild cognitive impairment before dementia it would collectively save $7 trillion to $7.9 trillion in healthcare and long-term care costs.

I'll close by just adding that this bill also seeks to update the Alzheimer's training, the Alzheimer's plan which was completed by SA 13-11. We're asking for the legislature to authorize a small working group of stakeholders to review the current plan and make recommendations for how to move forward. Our current state plan is five years old. So, we're just asking for an authorization of a small working group to update these recommendations. I'm happy to answer any questions. Thank you.

REP. SERRA (33RD): Thank you. Representative Hampton.

REP. HAMPTON (16TH): Good morning, afternoon, almost afternoon, Christy. Thanks for being here. You referenced the Alzheimer's plan which is so important. You reference certain possible gaps in implementation. Can you talk about maybe what those gaps might be, please?

MS. KOVEL: Sure. So, and I'll be happy to share the plan with members of the Committee. So, it was done via legislation. All states have an Alzheimer's plan, ours in Connecticut was done via legislative task force. And this addressed areas such as care and support, transportation housing, access to service as well as the early diagnostic and access to treatment options.

So, it's a great model to look at and it does need an update. There has been legislation that's been implemented since that plan was released but it's time to update the recommendations. Because a lot of our systems have continued to change and grow and in terms of what's out there in terms of diagnostic models also has continued to grow.

REP. HAMPTON (16TH): Thank you. So, earlier, Mr. Savage testified quite compellingly that we incorporate -- do you see the possibility of incorporating some of his perspective and the perspective of individuals with dementia in the plan?

MS. KOVEL: We absolutely would support that and we think that should be a critical piece of this as well.

REP. HAMPTON (16TH): Excellent, thanks so much.

MS. KOVEL: Sure.

REP. SERRA (33RD): Any other members of the Committee have questions? Representative Bolinsky.

REP. BOLINSKY (106TH): Thank you for being here, Ms. Kovel. I'm not accustomed to seeing an AARP person testifying not wearing red. You got me all confused today. In, in, --

MS. KOVEL: Alzheimer's Association is purple, right?

REP. BOLINSKY (106TH): You're right, you're in purple, I'm so sorry.

MS. KOVEL: It's all right. Anna was earlier, so.

REP. BOLINSKY (106TH): I hereby withdraw my last comment.

MS. KOVEL: That's okay, I will forgive you. (Laughter)

REP. BOLINSKY (106TH): Do I get a second on that? (Laughter). Thank you, Mr. Chairman. Wow, where was my brain? Do you feel like we need a separate piece of legislation to initiate the updating of the statewide plan?

MS. KOVEL: I believe we do. I mean, if there is another workaround that we can do to actually update that but because we went the legislative route with this and it was at the time, the Commission on Aging was the legislative body to do that. This is why we introduced it because I don’t think we can just say, we'll take care of it. So, I believe there has to be some type of legislation. But we're not asking for a full task force. A lot of the work and a lot of folks who are sitting in this room did a lot of work in this. It's really just taking a look at what the current recommendations are and updating them which is why the recommendation had a smaller number of folks.

REP. BOLINSKY (106TH): Thank you for that and thank you, Mr. Chairman. And you do look very, very nice in purple.

MS. KOVEL: Thank you. (Laughter) I appreciate that, thank you.

REP. SERRA (33RD): Any other questions from members of the Committee?

MS. KOVEL: Thank you.

REP. SERRA (33RD): Maryhelen McCarthy.

MS. MCCARTHY: I'll sit in the chair. First of all, I'd like to thank all of you for the opportunity to speak here today. And I thank you for caring about the seniors, it's really important. My name is Maryhelen McCarthy and I have been a Newtown police officer for 20 years. I am here today in support of Raised bill 832 concerning registries of persons responsible for assaults and other abuse, neglect, exploitation and abandonment of the elderly.

Vulnerable, older Americans are among the easiest targets for abuse. Why, some reasons are social isolation and mental impairment. We also find that interpersonal violence occurs at disproportionally higher rates among adults with disability. Today, many older Americans rely on family caregivers. But due to the high divorce rate and fewer children among baby boomers, this may reduce the availability of family caregivers, or in some case, put undo registry. They have 1500 people on the registry. In one month alone, they had 22,000 hits on that registry. 22,000 people were looking to say hey, do I want this person caring for my mother, father, uncle, loved one. It's a good thing.

REP. BOLINSKY (106TH): Thank you very much for pointing that out. So, there is precedent, there are states that are actually doing this at this point.

MS. MCCARTHY: Absolutely.

REP. BOLINSKY (106TH): All right, very, very good. This is actually a Committee bill. I support it. I had an individual submission as did Senator Maroney. So, I thank you very, very much for bringing this to us and allowing us to initiate action. And thank you, Mr. Chairman.

REP. SERRA (33RD): Any other questions from members of the Committee? Thank you.

MS. MCCARTHY: Thank you.

REP. SERRA (33RD): Next up is Mag Morelli.

SB 828
HB 7099
HB 7103

MS. MORELLI: Good afternoon, Representative Serra, members of the Committee. My name is Mag Morelli and I'm the president of LeadingAge Connecticut. A membership association representing not for profit provider organizations serving older adults across the entire field of aging services and senior housing. We've submitted testimony on several bills this morning and we'd like to comment on a few of them.

First of all, Senate Bill 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES. We speak in favor of this bill and specifically in favor of the establishment of a work group to review and update the current set of recommendations. LeadingAge Connecticut members participated in a previous task force and would be interested in working with the Alzheimer's Association and other interested advocacy groups to assist in the review and update. In addition, we support the recommendation of LiveWell to include persons living with dementia on the work group membership.

We're speaking in opposition to Senate Bill 828, AN ACT REDEFINING EXPLOITATION OF ELDERLY PERSONS which proposes to amend the definition of exploitation in the Elderly Protective Services statute by adding nursing homes to the list of persons or entities that might exploit elderly persons. It is unfair and inaccurate to single out nursing homes as no other type of entity is listed in this definition.

Inserting nursing homes into this definition creates a presumption that nursing homes, unlike any other entity such as landlords or banks are likely to exploit an elderly person thereby triggering a specific obligation for mandatory reporters. This is not the case. In fact, there is far more onsite supervision and regulatory oversight of nursing homes in this regard than any other licensed healthcare provider.

We also believe that the proposal is unnecessary and misplaced. This section of the statute governs mandatory reporting obligations regarding elderly individuals under the jurisdiction of Elderly Protective Services Unit within the Department of Social Services. And Elderly Protective Services is

This is unnecessary. The Residents Bill of Rights already has a very broad provision that the resident has the right to receive quality care and services. No other portion of the care plan is included in the Residents Care of Rights, so we don't, we don't believe that falls should be separated out. The bill would also require the nursing home to offer the use of assistive devices and as the Ombudsman said, many assistive devices are no longer encouraged and some are actually prohibited by federal law.

We're all in agreement that the goal must be to achieve and maintain effective fall prevention programs within our state's nursing homes. And while we can't support this bill, we welcome a discussion on how better we can support the nursing facilities and our commitment to this goal including how we can provide the funding necessary to maintain the tools, resources and training that is essential to continue this quest. Thank you for the opportunity to testify, I would be happy to answer any questions.

REP. SERRA (33RD): Any questions from members of the Committee? Thank you.

MS. MORELLI: Thank you very much.

REP. SERRA (33RD): Next up is Kristin Cusato, if I'm pronouncing it correctly.

MS. CUSATO: Good afternoon, Chairman Serra and esteemed members of the Aging Committee. My name is Kristin Cusato and I am the director of communications for the Alzheimer's Association Connecticut chapter. However, my most important role ever in my entire life was that of best friend SB 827 and daughter to an amazing woman, Linda Cusato. My mother was diagnosed with dementia at the age of 61 which is a younger onset when you're diagnosed before the age of 65. She was living here on the east coast and I was living in San Diego. And the woman who was a to the penny checkbook person and who would run rotary meetings as the second female president of her rotary club forgot how to do all those wonderful things, forgot her children's birthdays, left the door open to the garage. All of the things that made someone potential symptoms of dementia.

I moved here to be with her and on the way here, we had a phone call. She said, Kris, I'm a good person, right? I said, of course mom, you're the best person I know. She said, then why did somebody come into my room in the middle of the night and poor acid in my ears? She knew something was wrong, she knew her brain was going away.

After I moved here to start this process with her, she had a fall and was taken to the emergency room. She was anxious and very concerned. The ER staff was talking about giving her a certain kind of drug to calm her down. I ran up to them and said no, you can't give her this type of drug. I had done the research and knew that that could severely worsen any of her symptoms and potentially cause her death. I wish the ER staff had knowledge of dementia, had an education of dementia. I wished that they knew something about something as crucial as this.

One year into my mother's journey at the age of 62, she had a heart attack and ended up in intensive care. Because my brother and I were just early on negotiating these challenges and learning about what this disease and what it means, we didn't have really important conversations with her about what it meant at the end of her life. So, in fact, as we stood over her, life was in that bed in ICU. Doctors and nurses came into us every five minutes and said, does she have a DNR? Do we do not resuscitate, what do we do if her heart stops. Every five minutes. We wanted to scream, stop asking us this question. But, in fact, it was on us.

If we had had this discussion, if we had known earlier, if she would have gotten an earlier diagnosis in this disease, we would have been able to find out yes or no to a DNR and would have made that painful, painful situation perhaps a little bit easier. My mother passed away from dementia three years after that at the age of 65. As you can imagine, I miss her every day and this is why I do what I do.

Please support this and ensure that those in the healthcare field are knowledgeable about dementia and about what Alzheimer's and other forms of dementia is. And then we at the Alzheimer's Association and all the other amazing organizations you heard from today can take care of the caregivers and those with the disease. Thank you and I'll answer any questions.

REP. SERRA (33RD): Is there any questions from the members of the Committee? Representative Bolinsky.

REP. BOLINSKY (106TH): Thank you, Mr. Chairman. No questions. Thank you very much for your advocacy and for sharing your story.

MS. CUSATO: Thank you for you as well.

REP. SERRA (33RD): Isabel, can you summarize. I mean, I've heard this before from you. And just, you know, we can go on for hours. We have other meetings we have to attend.

MS. MENOZZI: Yes, well --

REP. SERRA (33RD): You're opposed to this, I'm assuming.

MS. MENOZZI: Yes.

REP. SERRA (33RD): For a host of reasons.

MS. MENOZZI: Yes.

REP. SERRA (33RD): Thank you.

MS. MENOZZI: Thank you.

REP. SERRA (33RD): We'll take that under consideration.

MS. MENOZZI: Thank you so much for your time.

REP. SERRA (33RD): And with that, do we have anybody else who hasn't signed up who would like to testify before us? Now's the time.

MS. GAUTHIER: Hello, gentlemen. My name is Sharon Gauthier, I'm a registered nurse and I own an independent nursing practice called Patient Advocate for You for the last 15 years. And my background is mostly in ER nursing. SB 827

One of the things that has not been brought up at all today which surprises me is the influx of non-medical homecare agencies in Connecticut. There are thousands of them. And what they have done is they have entertained patients' families to hire non-medical homemakers and companions and to care for their elderly families. And most, if not all, are uneducated, untrained. I have a question of whether or not a lot of them are even in this country legally.

Although for 15 years, I have had a patient advocacy nursing practice, I developed a homecare division about three years ago because of my experience with these non-medical homecare agencies. I have worked very closely with Michelle Siegel who is the commissioner of consumer protection and they have put in new rules this year that they never had in the past. Which now they will ask you whether or not you're a convicted felon because many of them who own them were. Many or not you have employees because many had employees and weren't paying taxes and whether or not you have insurance, so I think they're going in the right direction.

While you discuss the training for people with dementia, I would urge you to look into that group of people because it is huge. And, I think, it impacts the care of residents that are home in a very large amount that you may not be aware of. Out of that has been the offshoot which the police officer had spoken a little bit about, of people who have decided to be independent caregivers. And again, there are no background checks done on them. Families are looking for the cheapest route in order to care for their elderly population and that creates a problem for that elderly person.

I'd like to applaud Bob who is not here who came from the Alzheimer's Resource Center for coming forward and talking about them being a voice because I think that that's very important. I would just urge you all to really look at that non-medical piece because that is a huge business model in the

State of Connecticut that is not controlled, there is no accountability for what they do and they're a big part of caring for our elderly population. That was good timing.

REP. SERRA (33RD): Thank you. Any questions from members of the Committee? No, I guess nobody else in the audience. Oh, one more. State your name please for the record.

MS. SCADA: My name is Amy Scada, I am the director of the Cromwell Senior Center and I'm here in support of House Bill 7102 in support of senior centers. I've had the privilege of working in three different states as a senior center director. Florida, large senior population, Massachusetts, wonderful support of its senior centers with the Massachusetts Council on Aging and now I'm here in Connecticut and we are behind in the support of senior centers.

We are, we are the first turn to for families looking for Meals on Wheels, looking for Alzheimer's support. We're mandated municipal agents. There's no training for municipal agents out there. It just, it's so important. We see and we're caring for the majority of the seniors in our state and we just definitely need the support. Thank you.

REP. SERRA (33RD): Thank you. Any questions from members of the Committee? Representative Wilson.

REP. WILSON (66TH): Thank you for coming. Sometimes the last shall be first, I guess. So, it's curious, you said that you had senior experience in Florida and Massachusetts and this is slightly off subject. But you see these problems

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Written Testimony to the Aging Committee for Bills SB 804, 805, 832, and HB 7072 SB 827

Testimony is submitted on behalf of the five regional Connecticut Area Agencies on Aging (C4A), a membership organization dedicated to improving the quality of life and independence for older persons and persons with disabilities. The Agencies on Aging represent individuals in every Connecticut City and Town and are the "point of entry" for older adults and caregivers in need of assistance to navigate and enroll in local, State and Federal support services.

S.B. 804, AN ACT REQUIRING THE STATE OMBUDSMAN TO INVESTIGATE COMPLAINTS CONCERNING RECIPIENTS OF HOME AND COMMUNITY-BASED SERVICES. C4A is not in support of S.B. 804. C4A is concerned that HB 804 will create confusion in the community as the Department of Public Health has cognizance and responds to complaints waged against nursing, skilled therapies and home health services. The Department of Consumer Protection and, in the case of CT Home Care Programs, Allied Community Resources, have the responsibility to respond to complaints against non-skilled, homemaker/companion agencies and investigate as necessary. Further, complaints related to abuse, neglect or theft with an elderly victim are under the purview of the Department of Social Services, Protective Services for the Elderly. Consumers may become more confused as to where and how they can learn about offenses committed by home & community-based service providers.

S.B. 805, AN ACT ESTABLISHING A REVOLVING LOAN FUND TO ASSIST ELDERLY HOMEOWNERS. C4A finds HB 805 aligned to the overriding goal of successful aging in the community. Given the high cost of living in Connecticut, some older homeowners find their savings and income does not keep pace with growing property tax liability and homeowner costs. This fund provides an alternative for older homeowners whereby they can meet their housing expenses without foregoing other important expenses such as healthcare and nutrition. The recoupment process ensures repayment to the State upon the sale of the property.

S.B. 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES. C4A agrees with the concept of specialized Alzheimer's and Dementia training in concert with best practices. The S.B. 827 targets training for skilled providers (nursing, home health and therapies) and leaves out the important non-medical providers including personal care attendants, homemakers and companions. Non-medical staff spend far more hours with patients with dementia and receive minimal training and skills designed to support their role as caregivers and improve the quality of care for patients. C4A would support this initiative with inclusion of all providers.

H.B. 7072, AN ACT INCREASING FUNDING FOR ELDERLY NUTRITION PROGRAM. C4A works in partnership with the members of the Connecticut Association on of Nutrition and Aging Services Providers (CANASP) to provide over 1,352,400 home delivered meals each year. We strongly support HB 7072. To support older Connecticut residents, home delivered meal funds come from a mixture of Federal Older Americans Act funds, which support eligible adults who are not yet enrolled or eligible for the CT Home Care Program and Medicaid waiver funds, which support Medicaid eligible adults through the CT Home Care Program. The distinction between the two programs is important. Although foods are prepared in the same kitchens, using the same raw products, packaged and delivered in the same trucks and often to the same neighborhoods, **the reimbursement for the two programs has not remained equal**. The Federal Older Americans Act reimbursement for meals has increased at a rate close to CPI whereas the meals served in the CT Home Care Program have increased only 3% over the past twelve years. Food experienced an average inflation rate of 1.97% per year from 2007 - 2019. **This should have resulted in a 23.64% not 3% increase.** In other words, food costing $20 in the year 2007 would cost $25.27 in 2019 for an equivalent purchase. Compared to the overall inflation rate of 1.63% during this same period, inflation for food was higher.

LeadingAge
Connecticut

Testimony to the Aging Committee

Presented by

Mag Morelli, President of LeadingAge Connecticut

February 19, 2019

Regarding

- **SENATE BILL 804, AN ACT REQUIRING THE STATE OMBUDSMAN TO INVESTIGATE COMPLAINTS CONCERNING RECIPIENTS OF HOME AND COMMUNITY-BASED SERVICES**
- **SENATE BILL 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES**
- **SENATE BILL 828 AN ACT REDEFINING EXPLOITATION OF ELDERLY PERSONS**
- **SENATE BILL 832, AN ACT CONCERNING REGISTRIES OF PERSONS FOUND RESPONSIBLE FOR ASSAULTS OR OTHER ABUSE, NEGLECT, EXPLOITATION OR ABANDONMENT OF ELDERLY PERSONS OR PERSONS WITH DISABILITIES**
- **HOUSE BILL 7072, AN ACT INCREASING FUNDING FOR ELDERLY NUTRITION SERVICES**
- **HOUSE BILL 7099, AN ACT INCREASING THE MINIMUM RATIO OF DIRECT CARE STAFF IN NURSING HOMES**
- **HOUSE BILL 7100, AN ACT CONCERNING NONEMERGENCY TRANSPORTATION FOR NURSING HOME RESIDENTS**
- **HOUSE BILL 7103, AN ACT CONCERNING NURSING HOME FALLS**

Good morning Senator Maroney, Representative Serra, and members of the Aging Committee. On behalf of LeadingAge Connecticut, a membership association representing not-for-profit provider organizations serving older adults across the entire field of aging services and senior housing, I am pleased to present the following testimony on several of the bills that are before you today.

Senate Bill 804, An Act Requiring the State Ombudsman to Investigate Complaints Concerning Recipients of Home and Community-Based Services

In support of the concept

The work of the independent Office of the Long-Term Care Ombudsman is extremely valuable to nursing home residents and we would support the concept of expanding the role of the Office to reflect the rebalancing of the long-term care field. We are concerned however that the definition of "home and community-based services" contained in this bill is extremely broad and potentially overwhelming. The Committee might consider limiting or phasing in the expansion of duties for the Ombudsman, such as starting with home and community-based services that are funded through Medicaid waiver programs. Refining the scope of home and community-based services covered by this, at least initially, would serve to clarify the expectation and responsibility of the Office. It would also be helpful to make a distinction between the duties of the Ombudsman statute and the Office of Elderly Protective Services with regard to these investigations.

Senate Bill 827, An Act Concerning Alzheimer's Disease and Dementia Training and Best Practices

In support

We would like to speak in favor of SB 827, An Act Concerning Alzheimer's Disease and Dementia Training and Best Practices, and specifically in favor of the establishment of a work group to review and update the current set of recommendations established by the Task Force on Alzheimer's Disease and Dementia established in 2013. LeadingAge Connecticut members participated on the previous task force and we would be interested in working with the Alzheimer's Association and other interested advocacy groups to assist in the review and update of the recommendations that were produced by that task force. In addition, we support the recommendation of LiveWell to include persons living with dementia on the work group membership. Their experience and perspective are vital to the mission of the workgroup and would be extremely valuable to the development of recommendations.

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Testimony of Kristen Cusato, Director of Communications
Alzheimer's Association Connecticut Chapter
Tuesday February 19, 2019

Re:
S.B. 827 (RAISED): An Act Concerning Alzheimer's Disease and Dementia Training Best Practice Recommendations

Senator Maroney, Representative Serra, Vice-Chairs Winfield and Hampton, Ranking Members Kelly and Wilson and esteemed members of the Aging Committee, my name is Kristen Cusato and my present role is Director of Communications for the Alzheimer's Association Connecticut Chapter. However, my most important role and the one that led me to this career path was that of best friend and daughter of an amazing woman, Linda Cusato.

My Mother was diagnosed with a form of dementia at the age of 61. She was living here on the East coast at the time and I was living in San Diego. The woman who balanced her checkbook to the penny was making major math mistakes; she was a great writer who now had trouble with spelling and penmanship; she was forgetting to take her medications and was scared. During a phone call shortly after her diagnosis, she said, "Kris, I am a good person, right?" "Of course Mom, you are the best person I know." "Then why," she said," did someone pour acid in my ears?"

I dropped everything and moved back 3000 miles to be with her through this painful, challenging, eye-opening, exhausting, and ultimately life-changing for all of us journey. She had a fall and was taken to the emergency room. She was anxious and confused and the ER staff talked about giving her something to calm her down. I rushed up to them and said "Do not give her Haldol…it may kill her!" They did not know that some medications can severely worsen the symptoms of someone with dementia and could lead to their death. They didn't know much about dementia at all. I wished the ER staff would have knowledge of something as crucial as this.

One year into this journey – at the age of 62 - Mom had a heart attack and ended up in intensive care. Because we were still navigating, struggling to understand this disease and all that comes with it, we did not have a crucial conversation with her before this happened…we did not talk to her about what she wanted for her health care future. And as my brother and I stood over her lifeless in the bed, we were asked by doctors and nurses every 5 minutes: Does your mother have a do not resuscitate order? What do we do if her heart stops? Every 5 minutes. We wanted to scream STOP ASKING THIS! If we had gotten this diagnosis earlier perhaps we would have been able to have that conversation with her and would have known her wishes about her end of life. She survived that heart attack and passed away from dementia 3 years later at the age of 65.

Please approve this bill and ensure that those in the health care field are educated about Alzheimer's and other forms of dementia. Then we can take care of the caregivers and help them live a good life with their loved ones. Thank you.

Connecticut Commission on
Women, Children *and* Seniors
CWCS

CEO
Commission on Equity and Opportunity

Testimony of the
Commission on Women, Children & Seniors
Commission on Equity & Opportunity
Submitted to the Aging Committee
February 19, 2019

S.B. No. 827 (RAISED) AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES.
H.B. No. 7102 (RAISED) AN ACT CONCERNING SENIOR CENTERS.

Senator Maroney, Representative Serra, Ranking and other distinguished members of the Aging Committee; my name is Steven Hernández, Executive Director of the Commissions on Women, Children & Seniors & Equity & Opportunity. Thank you for the opportunity to provide testimony on the above referenced bills.

S.B. No. 827 (RAISED) AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES.

On SB No. 827, we join the Alzheimer's Association in support of this bill which would require a one-time 8 hour dementia training for clinicians seeking to renew their licenses.

According to the Alzheimer's Association, 77,000 people are currently living with Alzheimer's in Connecticut and we anticipate that number to rise to 91,000 by 2025 as age remains the biggest risk factor to developing the disease.

While physicians can almost always determine if a person has dementia, it may be difficult to determine the exact cause. Diagnosing Alzheimer's involves a complete assessment that considers all possible causes. Often we see the one time visit to a general practitioner is not enough.

Additional education and training for clinicians to recognize the signs and symptoms of dementia will help in obtaining an early and accurate diagnosis. This will allow for the person with Alzheimer's the opportunity for additional access to treatment options, opportunities to participate in clinical trials and more time to plan for the future. According to our 2018 Alzheimer's Association Alzheimer's Disease Facts and Figures special report, early diagnosis saves costs of medical and long-term care for both families and the government. Among all American's alive today, if those with Alzheimer's disease were diagnosed when they had mild cognitive impairment, before dementia it would collectively save $7 trillion to $7.9 trillion in health and long-term care costs.

This bill also seeks to update our Connecticut Alzheimer's Plan, which was completed in 2014 from SA 13-11. We are asking for the legislature to authorize a small working group of stakeholders to review the current comprehensive report, determine gaps in implementation and make recommendations concerning best practices for Alzheimer's disease and dementia care. This report is a valuable tool for members of the General Assembly and providers in the aging services network as it addresses multiple policy areas focusing on quality of life.

H.B. No. 7102 (RAISED) AN ACT CONCERNING SENIOR CENTERS.

In accordance with Special Act 16-7: An Act Concerning Senior Centers, the Commission submitted a report and recommendations on senior centers to the joint standing committee of the General Assembly having cognizance of matters related to aging. The task force hopes the Aging Committee will consider these recommendations during its deliberations in the 2018 legislative session.

The task force was charged with studying the following:

1. The resources and training needs of senior center personnel, municipal agents and other municipal employees to allow them to facilitate delivery of health and human services and related information
2. The most effective means to provide such resources and training
3. Current information delivery practices
4. Best practices in this state and other states for the delivery of such services and information
5. Barriers to access to information, and
6. Data on the cost of resources and staff provided by emergency medical services, municipal police departments and other entities to provide such health and human services and information in the calendar year 2015.

The Senior Center Task Force established a work plan to guide its deliberations. The plan included the identification of key tasks, a process to gather and analyze information and the formation of recommendations. Key tasks included:

- Defining health and human services and related information
- Identification of the core programs and services that older adults in Connecticut should expect to receive in their community.
- Identification of the current landscape and where Senior Centers/municipal aging services fit.
- Defining the expectation for effective delivery of core programs and services at a local level.

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Testimony of Christy Kovel, Interim Executive Director/Director of Public Policy
Alzheimer's Association Connecticut Chapter
Tuesday February 19, 2019

Re:
S.B. 827 (RAISED): An Act Concerning Alzheimer's Disease and Dementia Training Best Practice Recommendations

Senator Maroney, Representative Serra, Vice-Chairs Winfield and Hampton, Ranking Members Kelly and Wilson and esteemed members of the Aging Committee, my name is Christy Kovel and I am the Interim Executive Director and Director of Public Policy for the Alzheimer's Association Connecticut Chapter. The Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support and research.

Thank you for the opportunity to comment on **Raised Bill #827, An Act Concerning Alzheimer's Disease and Dementia Training Best Practice Recommendations.**

As many of you may be aware, Connecticut is an aging state, now ranking the 6th oldest state in the country. According to the Alzheimer's Association, 77,000 people are currently living with Alzheimer's in Connecticut and we anticipate that number to rise to 91,000 by 2025 as age remains the biggest risk factor to developing the disease.

This bill seeks to address 2 critical areas for this growing population of state residents:

1) Provide dementia training for clinicians up for license renewal with a one time 8 hour Dementia training requirement. MA became the first state in the country to pass legislation mandating dementia training for MD's, Physician Assistants, APRN's and RN's as a condition of license renewal last year. There is no single test to prove that a person has Alzheimer's. While physicians can almost always determine if a person has dementia, it may be difficult to determine the exact cause. Diagnosing Alzheimer's involves a complete assessment that considers all possible causes. Often we see the one time visit to a general practitioner is not enough. Additional education and training for clinicians to recognize the signs and symptoms of dementia will help in obtaining an early and accurate diagnosis. This will allow for the person with Alzheimer's the opportunity for additional access to treatment options, opportunities to participate in clinical trials and more time to plan for the future. According to our *2018 Alzheimer's Association Alzheimer's Disease Facts and Figures special report*, early diagnosis saves costs of medical and long-term care for both families and the government. Among all American's alive today, if those who will get Alzheimer's disease were diagnosed when they had mild cognitive impairment, before dementia it would collectively save $7 trillion to $7.9 trillion in health and long-term care costs.

2) This bill also seeks to update our Connecticut Alzheimer's Plan, which was completed in 2014 from SA 13-11. We are asking for the legislature to authorize a small working group of stakeholders to review the current comprehensive report, determine gaps in implementation and make recommendations concerning best practices for Alzheimer's disease and dementia care. This report is a valuable tool for members of the General Assembly and providers in the aging services network as it addresses multiple policy areas focusing on quality of life.

Thank you for allowing me to comment on this bill.

UCONN
HEALTH

Testimony of

Dr. George Kuchel, M.D, FRCP, AGSF
Director of UConn Center on Aging

Dr. David Steffens, M.D., M.H.S.
Professor and Chair Department of Psychiatry

Dr. Richard Fortinsky, Ph.D.
Professor & Health Net, Inc. Endowed Chair in Geriatrics & Gerontology

Committee on Aging
Public Hearing – February 19, 2019

SB 827
An Act Concerning Alzheimer's Disease and Dementia Training and Best Practices

Thank you for raising Senate Bill 827 and for the opportunity to provide testimony on this important bill. We are providing this testimony as physicians with extensive expertise in Geriatrics and Psychiatry – we teach medical students, residents and fellows; provide clinical care to patients; and perform research in these fields.

Senate Bill 827 would require physicians, physician assistants, APRNs, RNs, and LPNs – after July 1, 2023 – to have completed a one-time course on the diagnosis, treatment and care of patients with Alzheimer's disease (AD) and dementia as part of their initial licensure or license renewal. The bill also would establish a working group to make recommendations concerning best practices for AD and dementia care.

We are in **strong support** of these proposals, and have some comments and recommendations for the Committee's consideration.

Research has shown that **early diagnosis** of AD and related conditions associated with cognitive impairment has a major impact on treatment options and on the progress of research into these conditions. Further, it is widely known that AD and related conditions associated with cognitive impairment are under-diagnosed and under-reported. Consistent, evidence-based training of medical professionals throughout Connecticut on the diagnosis, treatment and care of these conditions would go a long way to improve these problems, and to improve the care received by patients. Such training is also likely to reduce the number of repeat visits such patients make to emergency rooms, since patients who are properly diagnosed can then be referred to appropriate medical specialists and suitable treatment plans can be established.

We respectfully suggest, however, that the Committee broaden the scope of the bill as it is currently written. If we are to have a real impact on the cognitive health of our fellow citizens, and to reflect where the science lies in the year 2019, **practitioner training should not be limited only to AD and dementia, but should include the broader umbrella of related conditions associated with cognitive impairment.**

For example, delirium represents the type of more acute cognitive impairment that – if recognized and appropriately treated through the use of validated tools for delirium prevention and mitigation – may forestall the onset of AD and dementia and have a profound impact on the future cognitive impairment and clinical outcomes of these patients, especially among those who are hospitalized. We have attached to our written testimony a 2018 article written in the *Alzheimer's & Dementia* journal that outlines these issues.

As a result, we respectfully suggest that the Committee revise the language throughout the bill to require that practitioners take a course relating to:

> **"the diagnosis, treatment and care of patients with Alzheimer's disease, dementia, delirium and related cognitive impairments."**

We also recommend that this training include education on the diagnosis and treatment of depression in the elderly, with particular emphasis on the assessment and management of depression in cognitively impaired individuals. We note that depression itself may be associated with cognitive impairment and may increase one's risk of developing cognitive decline and dementia. Also, presence of depression in the context of Alzheimer's disease and other dementias can worsen cognitive symptoms. Thus, any comprehensive educational program on Alzheimer's disease, dementia, delirium and related cognitive disorders should include training on geriatric depression.

We would like the Committee to also know that UConn Health has major nationally-recognized strengths in these areas, particularly at the UConn Center on Aging, and in our Departments of Psychiatry, Neurosciences and Social Work, among others.

Should the working group outlined in Section 5 of the bill move forward, we would welcome an invitation to participate. Also, we are happy to provide more information on this and related topics to the Committee at any time.

Thank you for your consideration of our position.

For more information or discussion, please contact Andrea Keilty, andrea.keilty@uconn.edu (860)416-1559.

ELSEVIER

Alzheimer's & Dementia 14 (2018) 845-847

Alzheimer's & Dementia

Editorial

Reduce the burden of dementia now

1. A call to arms

Although Congress has allocated substantial funding to accelerate dementia research, nearly all attempts to find effective preventions and treatments for dementia have failed. Current dementia therapies offer little hope. They provide only modest clinical benefits and have limited impact on the unrelenting progression of disease. With few means to slow the epidemic, the projected increase in Alzheimer's and dementia cases over the next 30 years will prove overwhelming for a health care system that is ill-equipped to manage treatment, care, and costs. However, an opportunity to ***immediately forestall the onset of new dementia cases*** and to reduce morbidity in those with existing dementia has been largely overlooked. Stated succinctly, we believe that **we have an unprecedented opportunity to reduce the burden of dementia now.**

As suggested by Khachaturian in 1992 [1], and demonstrated by Brookmeyer et al. in 1998 [2], the one-year onset delay of dementia would substantially decrease dementia prevalence. Presently, the only path to achieve this goal is lifestyle intervention. An important, tangible, and overlooked approach to reduce the burden of dementia is by preventing delirium. Delirium is common in older adults [3], and while dementia increases the risk for delirium, it is becoming clear that delirium also substantially increases the risk for subsequent dementia. This dangerous symbiotic relationship contributes to increased suffering, morbidity, mortality, and health care costs. Delirium may accelerate cognitive decline and can unmask dementia pathology in cognitively normal or mildly impaired individuals, reducing time to dementia diagnoses. Yet, randomized trials demonstrate that multicomponent nonpharmacological interventions, can in some instances reduce the risk of delirium by nearly 40%. To realize this potential we need to improve recognition of delirium, to implement strategies to prevent delirium, and to instigate major research programs to better understand the biology of delirium.

2. The International Drive to Illuminate Delirium: Development of a campaign & implementation of programs

We propose an ambitious multi-stakeholder campaign of research, care, and advocacy to address the problem of delirium. Just as the Leon Thal Symposia (LTS) 2007-2010 helped lead to today's advances in Alzheimer's disease research and care public policies, we *seek to apply* this approach once again: to launch an international public health campaign, "IDID" (International Drive to Illuminate Delirium), to advance and synergize the field of delirium along five pillars: Awareness, Policy, Diagnosis, Burden, and Biology; with the goal of improving care and developing better strategies to prevent and treat delirium (Fig. 1). Longer term efforts will be required to better understand the etiology of delirium, and mechanistic links between delirium and dementia.

2.1. *Awareness & policy*

Delirium prevention offers opportunities for meaningful dementia prevention *right now*. A growing body of evidence suggests that delirium represents a sentinel event that is indicative of increased brain vulnerability [4], and can result in enhanced risk of persistent cognitive decline, including dementia [3]. Therefore, increasing awareness among patients, primary care physicians, and hospitals might help to target and reduce the problem. Patients and family members need to be aware of the risks and consequences of delirium. Despite the obvious clinical importance of delirium, implementation of prevention programs, particularly for high-risk older adults with mild cognitive impairment or dementia, is currently not considered a high priority for most hospital systems. Furthermore, care providers need to know how to identify and appropriately treat delirium and hospitals need to take an active role in monitoring at-risk patients for delirium. That means regular screening and diagnosis of delirium, as well as implementation of appropriate and effective treatments for delirium. Importantly, a campaign to forestall dementia by preventing delirium could spur implementation of ambitious policies that may ultimately lead to effective delirium prevention programs at 25% of hospitals worldwide by 2020, 50% by 2024, and 75% by 2028, which would target a potentially preventable driver of cognitive decline and dementia in older adults. These policies would represent a new standard of care that includes comprehensive screening for delirium risk, widespread roll-out of preventive strategies, systematic assessment for incident delirium, and appropriate management of delirium with reduction in its attendant complications.

https://doi.org/10.1016/j.jalz.2018.06.3039

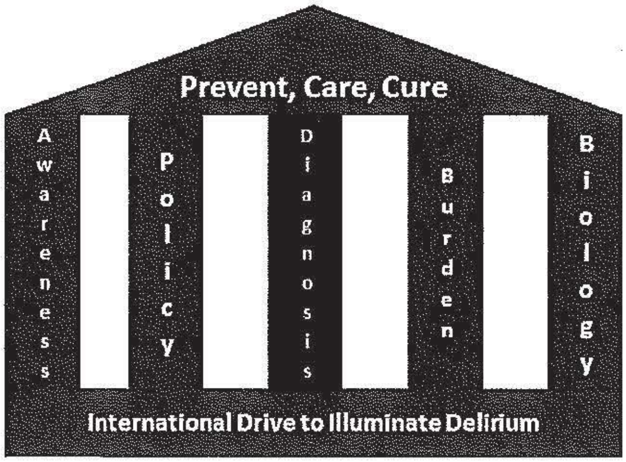

Fig. 1. The International Drive to Illuminate Delirium seeks to advance and synergize the field of delirium along five pillars: Awareness, Policy, Diagnosis, Burden, and Biology.

2.2. *Diagnosis*

A critical aspect of assessing the population burden of delirium is case identification. We know the importance of this seemingly simple notion because of the example set by dementia researchers. Generally accepted criteria helped standardize case assessment, refined our counts of cases, enabled us to differentiate types of dementia, and allowed us to study the epidemiology of dementia. Our dementia criteria have been revisited and refined, further pushing the field toward discovering the etiology of disease. Currently, accepted reference standards for delirium (e.g., the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition) still do not account for the substantial heterogeneity of delirium etiologies, presentations, and prognoses. Moreover, operationalization of the reference standards have yet to be consistently applied. This is exacerbated by a lack of consensus across the multiple approaches that exist in different disciplines and across the variety of case identification methods that can be applied in different clinical settings and patient populations. As demonstrated by dementia studies, an accurate and standardized approach to case identification is an essential prerequisite for public health surveillance, quality monitoring, risk factor identification, and biomarker discovery. Achieving the goals of standardized screening and diagnoses would advance knowledge of etiology and pathophysiology of delirium, and could enable development of more effective prevention and perhaps treatment options.

2.3. *Burden & biology of disease*

Delirium research lags far behind dementia research. We still do not have a solid understanding of the scope of the problem nor the costs associated with it. And yet, previously published estimates suggest the burden of delirium is very high both in cost and in human suffering. Despite the huge potential of studying the interface between delirium and dementia, the biological pathways by which these disorders are intertwined is little understood. Delirium is strongly associated with the development of new-onset dementia and acceleration of existing cognitive decline. It may be that interventions for delirium could result in secondary prevention of dementias, but research into the extent to which delirium and dementias are driven by either distinct or shared pathophysiological processes remains in its infancy [4]. However, human patho-epidemiological and animal model studies indicate that new pathological features may arise during episodes of delirium and it is crucial to research the mechanisms by which inflammatory, neurotransmitter, and metabolic perturbations link delirium to long-term cognitive decline across different clinical settings [5,6]. Only in the last decade has the call for large-scale longitudinal studies on delirium been answered. A limited number of studies that are currently underway will track cognitive status before, during, and after an acute stressor, coupled with imaging and other biomarker assessments, and will address how much of the population burden of chronic cognitive impairment might in fact be attributable to acute decline precipitated by delirium.

3. Low-hanging fruit

A starting point in this campaign would be to focus on an easily addressable aspect of the problem. A prevention program targeting delirium could be implemented swiftly with adequate buy-in from policy makers and the health care community. While such programs exist and have proven efficacy and cost-effectiveness, large scale implementation is lagging despite the fact that these programs hold the potential to dramatically improve clinical outcomes, quality and safety of care, and importantly, may forestall long-term cognitive decline. A preoperative screening and prevention program might make an immediate impact on dementia because: (1) rates of postoperative delirium in surgical patients aged 65 + are high, ranging from 15- to over 50% and from 70- to over 80% of intensive care unit (ICU) patients; and (2) older patients who undergo *elective* outpatient surgery often experience postoperative delirium, potentially increasing the risk of accelerated cognitive decline and dementia. With implementation of a global standard of care, including appropriate preoperative screening, counseling, and postoperative care, a significant number of high-risk individuals might be spared the adverse effects of delirium and increased risk of dementia. With such an approach, high-risk patients can make informed decisions, weighing the risks and benefits of surgery; high-risk patients who proceed with a surgery could be closely monitored for delirium and treated appropriately with nonpharmacologic interventions.

Effective programs have been developed and tested across many clinical settings beyond surgery. However, it is important to acknowledge that not all delirium will be preventable and not all episodes of delirium that are prevented by interventions will have an impact on dementia trajectories. A greater appreciation of the biological underpinnings of delirium and the key determinants of new brain injury will be essential to identify points of intervention in these populations.

4. *Alzheimer's & Dementia* championing IDID

The Journal will help support this effort with a Special Topics Section; workgroups to address each pillar; and presentation of a preliminary action plan. Reports included in the special topic section will provide a roadmap to address research gaps, spur a public health awareness campaign, and generate health policy objectives. Increased research funding targeted for delirium prevention is essential to advance this cause. Through this unified public health effort, we seek to reduce the burden and prevalence of dementia through immediate implementation of effective programs to prevent delirium.

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COMMITTEES
Environment
Judiciary
Regulations Review

Re: S.B. 827 (RAISED): An Act Concerning Alzheimer's Disease and Dementia Training Best Practice Recommendations

Feb. 18, 2019

Senator Maroney, Representative Serra, Vice-Chairs Winfield and Hampton, Ranking Members Kelly and Wilson and esteemed members of the Aging Committee:

My name is Christine Palm and I am the State Rep. for the 36th district. In this context, I am also the daughter of a women who changed radically, before my eyes, from a disease that claims the dignity and quality of life of millions of formerly productive people.

I appreciate the opportunity to comment on **Raised Bill #827, An Act Concerning Alzheimer's Disease and Dementia Training Best Practice Recommendations**, which I strongly support.

As one who had Power-of-Attorney for my mother and mother-in-law (both of whom died in the last two years at age 98), I have had a lot of experience with eldercare. My mother suffered from dementia for about 8 years before she died, and it was the most challenging time in the life of my family.

This challenge was made worse by the fact that my mother's primary care physician, while a compassionate and professional doctor, was unable to prove clinically that my mother was slipping into dementia, even when it was abundantly clear to all of us. Simply put, she (the general practitioner) did not have the training to give my mother anything beyond the basic 10-point questionnaire provided to physicians to ascertain the presence of deteriorating memory in a patient.

As it happens, my mother passed the test with flying colors, answering everything correctly. But as soon as we got back into the car five minutes later, she could not tell me her name, or where we were, or why.

I believe that had my mother's doctor been better equipped, she would have had other resources with which to diagnose my mother's illness early, and could have prescribed medicine to slow down the process of mental deterioration.

I urge you to vote yes on this bill, which will help families like mine struggling with the onset of this terrible disease.

Thank you for allowing me to comment on this bill.

LiveWell

Testimony to the Aging Committee

Presented by Bob Savage and Stephani Shivers
LiveWell (formerly Alzheimer's Resource Center)

February 19, 2019

In Support of

SB 827, AN ACT CONCERNING ALZHEIMER'S DISEASE AND DEMENTIA TRAINING AND BEST PRACTICES

Good morning Senator Maroney, Representative Serra, and members of the Aging Committee. My name is Bob Savage, and I am a person living well with dementia. Joining me today is Stephani Shivers, Chief Operating Officer of Community Services at LiveWell (formerly known as the Alzheimer's Resource Center).

Stephani and I are here today to speak in favor of SB 827, An Act Concerning Alzheimer's Disease and Dementia Training and Best Practices, and specifically in favor of the establishment of a work group to review and update the current set of recommendations established by the Task Force on Alzheimer's Disease and Dementia established in 2013. In addition, we urge the committee to include on the list of task force members persons living well with dementia.

I am 87 years old and I was diagnosed 4 years ago with Alzheimer's. Although I have noticed changes in my brain during this period, I am still blessed with having the ability to speak to you today. I reside at LiveWell in an assisted living community. With LiveWell's support, we have created the Dementia Peer Coalition that offers persons with all forms of dementia opportunities to participate in support groups that are designed for and run and managed by persons living with dementia. The Dementia Peer Coalition currently offers opportunities for persons living well with dementia to be empowered.

Persons living well with dementia need to be empowered! We need ways to share our stories and our experiences. We need opportunities to make a difference. We want and need to continue contributing to our families, communities and society. We need to be educating the public, creating and leading advocacy efforts, influencing change, policy, services and supports. We need to be designing new ways of living and influencing the services and supports designed for us.

One way in which persons living well with dementia can be empowered is to have a seat at the table on the work group. Within this proposed working group, you have included important persons who can influence change. However, there is an important entity that is not represented on this workgroup, and that is persons living well with dementia.

Working together, we will improve the lives of people with dementia and their care partners. It is imperative that nothing be done about **us without us!**

Thank you for your consideration of our testimony and we would be happy to answer any questions.

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16 February, 2019

Re: Raised S.B. No. 827, Session Year 2019
An Act Concerning Alzheimer's Disease and Dementia Training and Best Practices

To Whom It May Concern:

I hope that you will support S.B. No. 827: *To require certain health care professionals who provide primary care or emergency treatment for adults to receive training in recognizing the signs and symptoms of Alzheimer's disease and dementia and to establish a working group to develop recommendations on improving the care of Alzheimer's disease and dementia patients.*

More than 77,000 Connecticut residents and their families live with Alzheimer's disease and dementia. As Chair of the Medical and Scientific Advisory Counsel of the Alzheimer's Association, Connecticut Chapter, I can attest that these individuals often encounter a surprising degree of unfamiliarity—even ignorance—and insensitivity from well-meaning healthcare professionals.

We have long known that physicians and other healthcare professionals who provide primary care or emergency treatment need more training to recognize the signs and symptoms of Alzheimer's disease and dementia. Our many efforts to provide this training through voluntary educational programs have had considerable success—but only for those professionals who opt to attend our programs.

As an Alzheimer's disease researcher and doctor—but also as someone who has been personally affected by Alzheimer's disease—I know firsthand that early detection and diagnosis are essential to enable individuals and their families to understand what is happening to them and to plan for their future needs. This necessity has become more critical, as we stand on the brink of the first disease-modifying treatments for Alzheimer's disease—where earlier intervention will delay progression of brain deterioration and symptoms. Alzheimer's specialists depend on primary care and emergency healthcare professionals to detect the earliest signs and symptoms of disease and to make appropriate referrals.

The proposed legislation will promote earlier detection and diagnosis, improve communication with the person with dementia, reduce risk and stigma, and prevent avoidable hospitalizations. It will support individuals with Alzheimer's disease but also families and communities throughout Connecticut.

I urge you to support S.B. No. 827 so that those with dementia get the early attention and support they need to navigate this journey.

Sincerely,

Christopher H. van Dyck, M.D.

Professor of Psychiatry, Neurology, and Neuroscience

From: Kate Wessling <kt.wess.ling81@gmail.com>
Sent: Friday, February 15, 2019 4:10 PM
To: agetestimony
Subject: SB 827 On Training in Alzheimers Disease - hearing 2/19/19

Senator Maroney, Representative Serra, Vice-Chairs Winfield and Hampton, Ranking Members Kelly, Wilson and other members of the Aging Committee,

I am a recently retired family physician writing to support and comment on SB 827. The bill appropriately emphasizes the importance of highlighting the training of relevant medical primary care professionals with regard to screening for, recognizing and managing dementia and Alzheimer's Disease in particular. The bill suggests a onetime course of no more than eight hours as a requirement for license renewal. My amendment would be that this should be a session of one hour (as for other disease listed in this bill) and repeated every 6 years or so. In the near future for example lab tests to screen for Alzheimer's Ds will be available and professionals and the public will need to know when and for whom that testing would be appropriate. For knowing screening tests are physical exam and questionnaires. Practitioners and the public need to be aware of the best current approach to prepare patients, families and society in general.

Thank you for allowing me to comment on this proposal,

Kate Wessling M.D.
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