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HB5979

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 10
3086 - 3445**

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Yes. We have today's Calendar for Tuesday, May 9, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Mr. Clerk. And to that end, let's get started with today's business. Will you please call Calendar number 356.

THE CLERK:

Calendar number 356, favorable report of the joint standing Committee on Public Health on page 19, substitute for House Bill 5979, AN ACT ESTABLISHING A TASKFORCE ON ALZHEIMER'S DISEASE AND DEMENTIA.

SPEAKER SHARKEY:

Representative Johnson.

REP. JOHNSON (49th):

Good morning, Mr. Speaker. I move the joint committee's favorable report and passage of the bill.

SPEAKER SHARKEY:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of the bill.

You have the floor, Madam.

REP. JOHNSON (30th):

Thank you. Mr. Speaker, this -- this bill

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establishes a taskforce to study Alzheimer's disease and make recommendations beginning in January 1, 2014. I also have a legislative commissioner's amendment and I'd like to have the Clerk call LCO number 3 -- 6345.

SPEAKER SHARKEY:

Will -- and I assume you'd like permission to summarize?

REP. JOHNSON (30th):

Yes. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Sure. Mr. Clerk, will you please call LCO 6345 which will be designated House Amendment A.

THE CLERK:

House A, LCO 6345 introduced by Representative Johnson et al.

SPEAKER SHARKEY:

The Gentlewoman leaves -- seeks leave of the Chamber to summarize the amendment. Is there objection? Is there objection? Seeing none, Representative Johnson, you may proceed with summarization.

REP. JOHNSON (30th):

Thank you, Mr. Speaker. This is a simple change. It changes the Department on Aging as being the -- the

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department that would actually provide services to the committee or commission. And asserts the Commission on Aging as providing the services for the -- to the duties of the taskforce. So that's all this does. And it's -- it's in line with the constitutional separation of powers. I move adoption. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Madam. Would you care to remark further on the amendment that is before us? Would you care to remark further on the amendment that's before us? If not, let me try your minds. All those in favor of House Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed nay.

The ayes have it. The amendment is adopted.

Would you care to remark further on the bill as amended?

REP. JOHNSON (30th):

Yes.

SPEAKER SHARKEY:

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Representative Johnson.

REP. JOHNSON (30th):

Thank you, Mr. Speaker. So this is -- this is a bill that will help the State of Connecticut analyze what is going on with people who have early onset of Alzheimer's or some type of dementia and will be able to make recommendations and policy changes to the legislative body after the study is completed. So I move adoption of the bill. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Madam.

Would you care to remark further on the bill as amended? The distinguished Ranking Member of the Public Health Committee, Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Good morning, Mr. Speaker.

SPEAKER SHARKEY:

Good morning, Sir.

REP. SRINIVASAN (31st):

I rise in strong support of this taskforce. We need a plan. A plan that will provide an organized responsible approach to long term care, home and community based services, better training for

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healthcare givers, improved quality of care and case management, early detection and diagnosis and of course the necessary funds for research.

What this taskforce will do is look at all of these various things that need to be done, that need to be accomplished so that we are able to give -- render better care for our patients. As we know Alzheimer's and dementia unfortunately is becoming an epidemic and this is something that we need to address and this is a very good first step for us to move in this direction and I urge my colleagues to support this bill. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you very much, Sir.

Would you care to remark further on the bill as amended? Representative Groggins of the 129th. Representative Groggins of the 29th -- 129th, did you care to remark on this bill?

REP. GROGGINS (129th):

I'm sorry, I --

SPEAKER SHARKEY:

Thank you, Madam.

Representative Fleischmann of the 18th district. You also hit your button by mistake. That's a weird

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coincidence. Representative Sawyer, did you hit your button with an interest in speaking on this bill? You may proceed, Madam. We have a winner.

REP. SAWYER (55th):

Mr. Speaker, on my feet. Thank you. Certainly Alzheimer's has been a talk of this Chamber. This isn't the first time. And we have had bills on respite care for families who struggle with working to care for their families because of the stress that it causes on the families.

But we also know that with an aging population in the State of Connecticut and in the northeast that it is essential that we have a plan in place so I highly thank -- highly comment this bill and support this bill but would like to thank the people that have worked to put this together because we know with the demographics of our State that we have to move in the direction of finding solutions but more importantly to come up with a plan. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Madam.

Would you care to remark further on the bill as amended? Representative Ziobron of the 34th.

REP. ZIOBRON (34th):

Thank you, Mr. Speaker. I also rise in support of this bill. I think it's a critical component of our public health in the State of Connecticut and as my good colleague, Representative Sawyer said even the northeast section of the United States.

Alzheimer's is a multiplying effect of a disease because while it certainly affects the individual in profound ways it affects the family members as well. And I think it's a very important first step in understanding what we can do to help our citizens and I urge support of the bill. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Madam.

Would you care to remark further on the bill as amended? Would you care to remark further on the bill as amended? If not, staff and guests to the well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the Chamber immediately.

(DEPUTY SPEAKER ORANGE IN THE CHAIR.)

DEPUTY SPEAKER ORANGE:

Have all members voted? Have all members voted?
If all members have voted the machine will be locked
and the Clerk will take a tally. And will the Clerk
please announce the tally.

THE CLERK:

Bill number 5979 as amended by House A.

Total Number Voting	123
Necessary for Adoption	62
Those voting aye	123
Those voting nay	0
Absent and not voting	27

DEPUTY SPEAKER ORANGE:

Thank you, Mr. Clerk. The bill as amended
passes.

Will the Clerk please call Calendar number 389.

THE CLERK:

Calendar number 389 on page 22 of today's
Calendar, favorable report of the joint standing
Committee of Environment, substitute Senate Bill 1010,
AN ACT CONCERNING SEA LEVEL RISE AND THE FUNDING OF
PROJECTS BY THE CLEAN WATER FUND.

DEPUTY SPEAKER ORANGE:

**JOINT
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**PUBLIC
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SENATOR GERRATANA: Thank you very much, Dr. Foley.

Are there any questions?

Thank you for coming today.

JOHN FOLEY: Thank you.

SENATOR GERRATANA: We have Nancy Shaffer followed by Representative Hampton.

NANCY SHAFFER: Good afternoon, Senator Gerratana and Representative Johnson --

SENATOR GERRATANA: Good afternoon.

NANCY SHAFFER: -- hi -- and members of the Public Health Committee. Thank you for this opportunity to testify before your Committee today at this morning/afternoon hour.

By way of explanation, my name is Nancy Shaffer and I am the State Long-Term Care Ombudsman. As many of you probably know, the Ombudsman Program is a federally mandated Older Americans Act Program and it's also mandated through Connecticut General Statutes 17B:400 through 406.

I'm a gerontologist as well. And I have 25 years plus of experience in long-term care in the State of Connecticut. As some of you may know, effective January 1st of 2013, the Long-Term Care Ombudsman Program is now under the umbrella administration of the newly created State Department on Aging.

I have written testimony which I'm not going to read. I'll spare you that. But I just want to note a couple of things. Proposed Senate Bill number 64, AN ACT CONCERNING

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NOTICE TO PATIENTS OF THE COST TO COPY OR TRANSFER MEDICAL RECORDS. As I'm sure you know, current Connecticut law does provide for patients of nursing homes to receive free of charge if they're on Medicaid, their copies of their medical records.

I think that this bill is ensuring that as well and residents are admitted into a nursing home, they receive a copy of all fee for services. And I think that this would ensure that that would go down. The Ombudsman Program does, on occasion, have consultations with families who are seeking to get copies of their loved ones medical records. And we do talk with them about the fact that as a Medicaid recipient, they are not liable for paying for that copy.

So, I think that that would be good to put on there, you know, just as an aside to ensure residents and families are aware that they do not have to pay for that.

Proposed House Bill 5979, AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMER DISEASE, I think we're all aware of the aging demographics of Connecticut by 2030. We expect that we'll have increase of about 64 percent in our 65 plus year olds in Connecticut. And we all know that Alzheimers Disease is a disease that is a progressing worsening disease. It takes a great toll on families, individuals, the cost to the state and to our health care system. And we know that many people over the age of 65 do it some point in their lives have Alzheimers Disease.

I believe that there's a piece of the long-term care plan which also recommends a study of Alzheimer's Disease. And, so, I would, you know, hope that those two could be

coordinated, so, that it would be one task force.

Most specifically, I'd like to talk with you about Proposed House Bill 5738. And, again, you have my written testimony. But after hearing Ms. Picard speak to you earlier, I want to just speak briefly to the experience that she had that she described regarding her father.

And I think that when we hear someone's personal story, we then begin to understand the many -- varied levels of issues that arose. And there were a couple of things. And, first of all, certainly, the safety issues of her loved one in the nursing home and how the facility responded to that.

Another issue is the facility providing all of the information in advance. And as I said to Ms. Picard, I stepped out after she left. You know, I always used to tell families when they were admitting a loved one to a nursing home to take a step back and realize that there's nothing that's probably ever prepared them for that experience to admit a loved one into a nursing home. A lot of information is, hopefully, provided to families and the resident at the time of admission. And a lot of that information is really not going to be very pertinent to the moment in time. They're going through a lot of, you know, concern for their loved one. And, truthfully, there's probably a stack like that between admission sign in and notices and all those things.

So, I've asked Representative Rojas and also Ms. Picard and the Committee if we could work together a little bit to talk about how we can best ensure that notices are provided, that residents and families are aware.

REP. HAMPTON: I'm sorry for my absence earlier. As a freshman Legislator, I'm trying to learn to balance many meetings. And, so, I don't know how long I can use that freshman excuse, but I'm going to keep.

But I'm delighted to be here today, Senator Gerratana and Representative Johnson and the esteem members of the Public Health Committee. I'm John Hampton. I represent the 16th District, Simsbury. I'm here to testify on behalf of Proposed Bill 5979 which is an ACT ESTABLISHING A TASK FORCE ON ALZHEIMERS DISEASE TO CREATE A TASK FORCE TO DEVELOP A COMPREHENSIVE STRATEGIC PLAN TO ADDRESS THE ALZHEIMERS EPIDEMIC.

I'm also a former staff member of the Alzheimer's Association serving in the early 1990s in the Washington DC chapter performing marketing and advocacy duties.

Today, an estimated 5.4 million Americans have Alzheimers Disease and that number is projected to total up to 16 million by the middle of the century. The burden of this devastating disease is placing and will place on state budgets long-term care infrastructure and the healthcare system is enormous. The states must not only deal with today's crisis, but must be prepared for the worsening crises of tomorrow.

A state government Alzheimer's Disease plan creates the infrastructure and accountability necessary to build dementia capable programs for the growing number of people with the disease. These plans prepare states to address a range of issues including quantifying the number of individuals with Alzheimer's in the State of Connecticut, availability of diagnostic services, dementia

capable support services for people at all stages of the disease, Medicaid coverage of long-term care for people with Alzheimer's, and safety of individuals with Alzheimer's patients who wander.

A comprehensive state strategy to address the needs of individuals with Alzheimer's Disease provides a mechanism to consider all of these issues collectively. The process of strategy creation involves bringing to the table such parties as state agencies, Legislators, residential and community care providers, professional and family caregivers and persons with Alzheimer's Disease.

Using this approach, state governments can address the Alzheimer's epidemic with a thoughtful integrated and co-effective approach.

Please support creating a task force for the comprehensive strategic plan to address the Alzheimer's Disease epidemic.

I thank you so much for your consideration.

SENATOR GERRATANA: And we thank you for your testimony, sir.

Are there any -- if not, thank you for coming today.

Next is Lori Lindell. Is Lori here?

If not, then Representative Fawcett. There she is.

REP. FAWCETT: Earlier this morning and didn't get a chance to talk with you, but it's nice to see you Senator Gerratana and Representative Johnson --

pretty big day. I know my nationality, first time, 50 years. You've all got your nationality down, everyone here? I did. I do now and it's pretty cool.

Please I'm asking you to do this. Let adoptees in Connecticut know their history. It's a basic human right. I truly believe this is a basic human right. And I respectfully say that the State of Connecticut has no right -- has no right to deny this basic human right. You have the right to fix this.

REP. JOHNSON: Thank you.

GARY OSBREY: I'm begging you. Thank you.

REP. JOHNSON: Thank you so much for your testimony. And I know that your mother would appreciate it very much. So, I'm very pleased to have you here and provide that vision for all of us to listen to you and your sharing your experience.

Are there any questions?

Thank you. Thank you very much.

GARY OSBREY: I'm going to call my mother.

REP. JOHNSON: Karen Caffrey. Is Karen here?

A VOICE: No, she's going to come back.

REP. JOHNSON: Okay. Thank you. We'll move -- okay, very good. Okay. Laurie Julian.

Welcome. And please state your name for the record.

LAURIE JULIAN: Thank you. And thank you for

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staying. Laurie Julian with the Alzheimers Association, Connecticut Chapter. And I've been here in support of H.B. 5979, AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMERS DISEASE.

The Alzheimers Association is a donor-supported non-profit organization serving the needs of families, healthcare professionals, and those individuals who are affected with Alzheimers Disease and related dementia. We have resources such as support groups, education training, and a 24-hour seven day help line for you to know.

As we heard earlier, there are over 70,000 citizens in Connecticut alone that have Alzheimers or related dementia. And this is expected to rapidly increase as the baby boomer generation ages. It's actually one of the fastest growing diseases without a cure. And it is progressive degenerative disease.

It is also a costly disease. They are high users of health care, long-term, and hospice services and are most at risk for nursing home transition.

As you know, this has significant implications for state budgets. About half of all Medicaid beneficiaries with Alzheimers or other related dementia are in nursing homes residence. Also, it's the unpaid caregiver strain.

In Connecticut, alone, there are 174 caregivers which are usually family members who provide care for someone with the disease often times compromising their own health, further exacerbating the cost.

Caregivers provide over 2.4 billion in uncompensated services. And as a result,

under significant emotional physical and mental stress.

I've enclosed, I think, with your packet, the map of the State Alzheimer's Disease plans and, currently, there are 26 that have published plans and 15 are on the way of writing plans to develop state plans.

Many of you may know that Governor O'Neill, the late Governor O'Neill, he actually convened a task force back in 1988. And in 1989, recommendations from there came the need for more community-based home care and respite care. A lot has changed in the last 20 something years, number one, the number of Alzheimer's patients has doubled.

So, we heard earlier from Representative Hampton as well as the nursing home ombudsman as to what the task force would do, it would bring stakeholders together, professionals, family caregivers, community care providers, and persons with Alzheimer's Disease. We're going to hear from a personal experience next to all come together and address pertinent issues from early detection and end of life care.

So, it's very important to have a disease planned to plan for today's crisis, but also for tomorrow and identify the Gaston services in support. Again, it would build the infrastructure so that we can respond appropriately to this very (inaudible) disease.

Again, it would be a roadmap to respond for the next five to ten years. So, in summary, I ask you to support the Alzheimer's plan.

REP. JOHNSON: Thank you so much for your testimony

today and for the long wait.

Are there any questions?

I think that you gave a good outline. And Representative Miller also has a question.

LAURIE JULIAN: Thank you.

REP. MILLER: Thank you, Madam Chair. And thank you for your testimony, Laurie.

Do you have a template for how these task forces are set up in other states? And could you give us a sample of some of the -- and members who are included in this and what they bring to the task force?

LAURIE JULIAN: Yes, absolutely. It's a -- most of them start off with a task force and it's usually would include the chairs of Public Health, Aging. Many of them are set up in Departments of Aging will be the person that will staff it. And sometimes they've gotten, actually, the support the governor to, like, we did previously.

But, also, on the Committees are, again, we would ask labor, maybe, perhaps, someone from the Labor Department Representative for work force capacity issues. Even, perhaps, banking. Okay, of course, human services. And then, also, providers as well as professionals. We'd like to have a medical professional as well, primary care, in particular. And, of course, caregivers and people affected by the disease. Does that answer your question?

REP. MILLER: Yes, it does. Thank you. And I thank you, Madam Chair.

LAURIE JULIAN: Thank you.

REP. JOHNSON: Thank you for waiting and thank you for your comprehensive testimony.

Any additional questions? Okay.

LAURIE JULIAN: Okay. Thank you.

REP. JOHNSON: Michael Tobin, please.

MICHAEL TOBIN: Good evening, Madam Chair and members of the Committee.

REP. JOHNSON: Good evening and welcome. And thank you so much for your wait. And please state your name for the record.

MICHAEL TOBIN: Michael Tobin. I'm also here to testify in support of House Bill number 5979. And the focus of my testimony is going to address a less acknowledged impact of Alzheimer's Disease which should also be included in a general statewide plan.

I'm referring to younger Alzheimer's which affects persons age 45 to 65. And the effects of this dementia carry a different burden to a family dynamic. It's genetic in form with the dominant gene presenilin-1 passed on through generations at a 50 percent risk and usually comprises 10 percent of the total cases.

It is a progressive disease which over time will diminish and destroy all cognitive function within the person causing death from the depleted immune system. And it also places the caregivers in a serious uncomplicated financial strain to manage costly maintenance prescription meds, approximately \$1,000 a month. And for in home or outside daycare.

And as was said before, in the long run, the state becomes expense involved when the client requires nursing home placement. And the cost need to be covered by Medicaid Title 19.

And from my personal experience, my wife was diagnosed with younger onset in 2004 at age 49, passing away in 2008 at age 53. There's a very strong family history on the paternal side of the family relating to the disease. Her father and his brother passed away in the early 80s, a sibling cousin passed away in 2008 at age 52. And her sibling sister is still living with a diagnosis at age 53.

All of the previous mentioned family members were and are carriers of the dominant gene and were confirmed by genetic testing. And in casual research done by myself, the dominant gene may have been existed in prior generations, but was undocumented medically. My deceased wife is also a confirmed carrier of the dominant gene and my two sons, twin sons, age 19 are at risk for inheritance -- at the 50 percent risk of inheritance.

There are many issues that will be required to be included in a general statewide plan. Individual family counseling, respite care for the working spouse, respite care for the client should be inclusive and considered by the task force and the establishment of the plan.

Also, any form of local research support should be a provision. And, finally, building expanding that workforce capacity is also a concern.

Thank you for listening to my story and my reasons for supporting House Bill 5979 and for

the opportunity to testify before you.

REP. JOHNSON: Thank you so much for sharing your story. I can imagine, this must have been very difficult. And it's great that you've taken the initiative to work on this issue to see that other families have a better process to follow when they discover they have to deal with these issues that are so difficult for families.

MICHAEL TOBIN: Well, the thing is, too, is when she was diagnosed, my sons were age 10. It was -- that, also, added another dimension to everything else that was going on.

REP. JOHNSON: Are there any questions?

Thank you. Thank you for sharing and thank you for waiting.

MICHAEL TOBIN: Okay. Thank you.

REP. JOHNSON: Attorney Richard Fischer.

RICHARD FISCHER: Good evening members of the Public Health Committee. My name is Richard Fischer and I'm an attorney in Stamford, Connecticut working mainly in the elder law and estate field.

I'm also a member of the Board of Directors of the Connecticut Chapter of the Alzheimer's Association. And I'm chairman of the Public Policy Committee. And as you can imagine, I'm speaking in favor of proposed bill 5979, AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMERS DISEASE.

You have heard that there are 70,000 people living with Alzheimer's Disease in Connecticut at this time. But during the year 2025, just

12 years from now, it's estimated that the number of people, age 65 and older with Alzheimer's will be 76,000, around a 9 percent increase. Since we don't know everybody that has Alzheimer's and since Alzheimer's can sometimes take years before it's diagnosed, that figure could be substantially more.

I am here, both, as an individual having had a grandmother and an aunt die from also representing the volunteers who work with and for the Connecticut Chapter of the Alzheimer's Association to ask that you raise Proposed Bill number 5979 for the following reasons.

The people of Connecticut need a plan to address the challenges of Alzheimer's Disease and related dementia for the present generation and future generations. The goals of the task force in developing a plan might be as follows:

- 1) To assess the current and future impact of Alzheimer's Disease and related dementia on Connecticut residents.
- 2) Examine the existing services and resources addressing the needs of persons with dementia, their families and their caregivers.
- 3) Develop recommendations to respond to the escalating public health crisis caused by the increase in people with Alzheimer's.

The state plan does not necessarily call for spending more money, but, instead, it's to improve the communication and efficiency between groups that conserve Alzheimer's patients, their families, and caregivers.

As you may know, in 2011, Congress passed and the President signed the National Alzheimer's

Project Act. We call it NAPA which establishes federal priorities with strong public health elements, recommendations that engage the resources of the public health committee and leverage its network. And since that time, there have been a number of actions taken by federal agencies to increase the effect of the federal government and the Health and Human Services Department to assist us in our effort to stop Alzheimer's.

You've also heard that there are 26 states that have already adopted an Alzheimer state plan with another 15 states in the process of writing them.

So, on behalf of those residents of Connecticut who have been diagnosed with Alzheimer's, their families, caregivers, and all of us who may one day suffer from that terrible loss of memory, I and the Alzheimer's Association would appreciate your support in raising this bill and eventually forming the task force and coming up with the state plan.

Thank you for your time and consideration. And I have copies of this testimony if the Committee wishes to have them.

REP. JOHNSON: I think we have your testimony, sir, online.

RICHARD FISHER: Thank you.

REP. JOHNSON: I've just been looking at it. So, thank you so much for taking the time to come and testify. And if you might, you might want to share with us some of the national information, as well, if you have an opportunity to forward that to the Committee. That might be a good idea.

And in terms of some of the work that you might do as an attorney, are you working to do estate planning for families that have this sort of thing? Would that be part of the plan? Is that the focus for the National Association?

RICHARD FISHER: Well, I do that. That's on a private basis, yes. But we, also, as the Association, have a program -- a number of programs that assist the citizens of Connecticut. We have a four-part caregivers program that we do in various parts of the state at different times. And I -- and other attorneys deliver the fourth portion which financial and legal. And if anybody is interested in finding when these programs are, they can go to our website which is very simply alz.org/ct. And we have a lot of information on that website for you or for anybody who might be interested.

REP. JOHNSON: Thank you so much. Any questions?

Thank you for being here.

RICHARD FISHER: Thank you.

REP. JOHNSON: The next person on the list is Steve Karp.

STEPHEN KARP: Good evening. I'm Stephen Karp, Executive Director for National Association of Social Workers, Connecticut Chapter. And we're here to speak today in favor of S.B. 366.

We recognize the importance of assuring that a healthcare provider workforce is culturally confident. We believe this bill moves us in that direction. We also would recommend that social workers and most mental health

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STATE OF CONNECTICUT

STATE DEPARTMENT ON AGING

LONG TERM CARE OMBUDSMAN PROGRAM
 25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033
 Telephone Number: (860) 424-5200 Fax Number: (860) 424-4966

PUBLIC HEALTH COMMITTEE

PUBLIC HEARING

FEBRUARY 20, 2013

TESTIMONY OF

NANCY SHAFFER, STATE OMBUDSMAN

Good morning Senator Gerrantana and Representative Johnson and members of the Public Health Committee. My name is Nancy Shaffer and I am the State Long Term Care Ombudsman. The Long Term Care Ombudsman Program is mandated by the Older American's Act and Connecticut General Statutes 17b-400 through 17b-406 to provide services to protect the health, safety, welfare and rights of residents of long term care facilities. As the State Ombudsman it is my responsibility to facilitate public comment and represent the interests of residents in order to recommend changes to the laws, regulations, policies and actions which affect residents' quality of life and care. As State Ombudsman I serve as a member of the Long Term Care Advisory Council, the Money Follows the Person Steering Committee and I am a member of the CT Elder Action Network (CEAN). I am a Gerontologist and have more than twenty-five years of experience in long term care in Connecticut. Effective January 1, 2013, the Long Term Care Ombudsman Program is now under the umbrella administration of the newly created State Department on Aging. I appreciate the opportunity to testify before you today regarding certain legislative proposals.

HB5919
 HB5738

PROPOSED S.B. No. 64 AN ACT CONCERNING NOTICE TO PATIENTS OF THE COST TO COPY OR TRANSFER MEDICAL RECORDS.

Current Connecticut law provides that nursing home residents, their authorized health agents, conservators or holders of powers of attorney have the right to review and copy all their medical records. No charge can be imposed for looking at a medical record. Furthermore, a resident who is a Medicaid recipient is entitled to a copy of his or her records at no charge. Upon admission to a nursing home all residents, regardless of payer source, are provided a copy of current fees charged for all services. This notice should include fees for copying medical records. The proposal before you should ensure that it is included in a listing of all fees for services. It should be noted on this list that no charge is incurred for a Medicaid recipient's

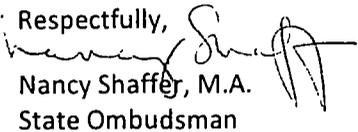
copy of medical records or if the request for copies relates to a claim or appeal under either Medicare or Medicaid. (Connecticut General Statutes 19a-490b)

PROPOSED H.B. No. 5979 AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMER'S DISEASE.

It is estimated that the aging population of Connecticut (65+ year olds) will increase by 64% between 2006 and 2030. We know that the greatest known risk factor for Alzheimer's disease is increasing age and that the majority of Alzheimer's patients are 65 years of age and older. Those statistics alone warrant a better understanding of how the aging demographic and the anticipated increased number of individuals with Alzheimer's disease will affect Connecticut's future. Alzheimer's disease progressively worsens and we know that the burden on family and caregiver is significant. The financial costs are overwhelming, both for the individual and family as well as for the State of Connecticut. The Ombudsman Program supports the Alzheimer's Association proposed task force on Alzheimer's disease.

PROPOSED H.B. No. 5738 AN ACT REQUIRING NURSING HOME FACILITIES TO PROVIDE INFORMATION CONCERNING SAFETY INCIDENTS TO PATIENTS AND THEIR FAMILIES.

A core principle of The Long Term Care Ombudsman Program is to ensure consumers have all pertinent information available to them to make an informed decision regarding nursing home placement. Safety must be a priority in the nursing home setting. Any accident or incident which causes harm to the resident is a serious matter. The Department of Public Health receives notification of accidents and incidents and determines safety violations. When the Department of Public Health (DPH) investigates these incidences the home is expected to develop a plan of care specific to that resident and also review policy and procedures and write a Plan of Correction to ensure all residents can be kept safe from similar harm. Often times the annual inspection conducted by the DPH will include violations related to safety issues. These annual survey findings and subsequent plans of correction are available to the public. Some homes maintain a copy of its most recent survey at the reception desk while others post a notice as to where this copy is located. Currently, the requirement is to post only the most recent survey, it would be informative to provide the most recent and the previous year's survey for comparison and research of the home's trends in care. The current proposal does not define "patient safety incident". For clarity sake for the consumer and the provider this should be defined if the proposal is enacted.

Respectfully,

Nancy Shaffer, M.A.
State Ombudsman

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 3
681-1010**

2013

Public Health Committee
February 20, 2013

Written Testimony H.B. 5979 An Act Establishing a Task Force on Alzheimer's Disease

I would like to bring your attention to the impact of Alzheimer's disease on patients in the State of Connecticut and their caregivers. I am a licensed Clinical Psychologist in Guilford, Connecticut, and a large part of my geriatric practice involves working with patients suffering from Alzheimer's disease. In Connecticut alone, there are an estimated 70,000 individuals 65 and older living with the disease, and Connecticut presently does not have a State Plan, as most of the other states do, to coordinate the services provided to these patients.

With the aging of the baby boom generation, the number of Americans aged 65 and over with Alzheimer's is expected to skyrocket. Today, 5.4 million Americans aged 65 and over are living with the disease. By mid-century, that number is expected to reach 13.5 million-and could be as high as 16 million. It is also the sixth leading cause of death and the only cause of death among the top 10 without a way to prevent, cure or even slow its progression.

Individuals with Alzheimer's disease and other dementias are high users of health care, long-term care and hospice services. Average annual Medicare payments for individuals with Alzheimer's disease and other dementias are three times higher than for those without the conditions. More alarming to Connecticut: Medicaid payments for those with the disease are, on average, nineteen times higher.

As I serve these extremely ill patients, I move from hospitals, to nursing homes, to rehabilitation facilities, to private care facilities, and to private homes. Since these patients suffer from dementia, they are unable to express their needs, or to supervise their own care. This burden often falls upon their families or friends, and if there is no one to help them, the patients are simply placed in some facility that is willing to house them, and there they are often over-medicated to keep them quiet. Since there is no over reaching State Plan, none of this is supervised in an organized way. Families are bewildered and overburdened trying to understand what action to take, or where to turn for help.

There is no question that Connecticut needs a State Plan similar to that which other states have. It would provide an organized and responsible approach to long term care, home and community based services, better training for health care givers, improving the quality of care, improving case management, early detection and diagnosis, and adequate research funding to fight this insidious illness. We need support for vital programs, such as the statewide Alzheimer's Respite Program, Connecticut Home Care Program for Elders, and Adult Day Care, which allow individuals to remain in their homes and in many cases delay costly institutionalization. This disease is rapidly increasing. Connecticut must take responsible action in the face of this extremely high level of suffering. We must not abandon our elderly patients.

Thank you for your attention and allowing me to submit this testimony in support of H.B. 5979

Dr. Blair McCracken
Licensed Clinical Psychologist
Lic. # CT 002583
42 Long Hill Road
Guilford, CT 06437

alzheimer's association®

the compassion to care, the leadership to conquer

Committee on Public Health
Wednesday, February 20, 2013

Written Testimony of **Laurie Julian, Director of Public Policy, Alzheimer's Association**, CT Chapter (The Association) in support of **H.B. 5979 An Act Establishing a Task Force on Alzheimer's Disease**

Senator Gerratana, Representative Johnson and distinguished members of the Committee on Public Health, thank you for allowing me to submit testimony on behalf of the Alzheimer's Association, CT Chapter.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

Introduction

In Connecticut, there are over 70,000 citizens with Alzheimer's or other related dementia.¹ This is projected to escalate rapidly in coming years as the baby boomer generation ages. Alzheimer's disease is the sixth-leading cause of death. In fact, among the 10 leading causes of death, it is by far the fastest growing – increasing more than 50 percent from 2000 to 2007.

Alzheimer's is the only disease in the top 10 causes of death without a way to prevent, cure or even slow its progression. But beyond the human impact on families, the economic burden is staggering, with total care costs nationally escalating from \$183 billion to more than \$1 trillion by 2050.

Individuals with Alzheimer's disease and other dementias are high users of health care, long-term care and hospice services and are most at risk of nursing home transition. This has significant financial implications for state budgets. Average per person Medicaid payments for Medicare beneficiaries with Alzheimer's and other dementias are nineteen times as great as average Medicaid payments for Medicare beneficiaries without the disease.² People with Alzheimer's disease and other dementias use state

dollars to pay for their health care, especially long-term care. About half of all Medicaid beneficiaries with Alzheimer's or another dementia are nursing home residents. Among nursing home residents with Alzheimer's disease and other dementias, just over half rely on Medicaid to help pay for their nursing home care.

There are more than 174,000 caregivers, usually family members who provide unpaid care for someone with the disease, often compromising their own health. Alzheimer's and Dementia caregivers provide over \$2.4 billion in uncompensated services and endure significant emotional, physical and mental stress, multiplying the overall cost of the disease. ⁱⁱⁱ Sixty-one percent of caregivers for people with Alzheimer's or other dementia rate the emotional stress of caregiving as high or very high, and are more than twice as likely as caregivers of people without these conditions to say the greatest difficulty associated with caregiving is that it creates or aggravates health problems. ^{iv}

Currently, 26 states have published a State Alzheimer's Plan. Fifteen states have established task forces to develop a State Alzheimer's Plan and are in the process of writing plans (see attached map).

Alzheimer's Disease Task Force

The bill would create a task force and bring together an array of stakeholders: state agencies, legislators, residential and community care providers, professionals and family caregivers and persons with Alzheimer's disease. Using this approach, state government and private industries can address the Alzheimer's epidemic with a thoughtful, integrated and cost-effective approach, and provide a mechanism to consider pertinent issues from early detection to end-of-life care.

State Alzheimer's Disease Plans

The burden this devastating disease is placing and will place on state budgets, long term care infrastructure and the health care system is enormous. While only 7% of the Medicaid population receives long-term services and supports, 61% (\$2.863 billion) of the FY '12 state budget Medicaid expenditures of \$4.714 billion, were made on the behalf of long-term care beneficiaries. States must not only deal with today's crisis, but prepare for the worsening crisis of tomorrow.

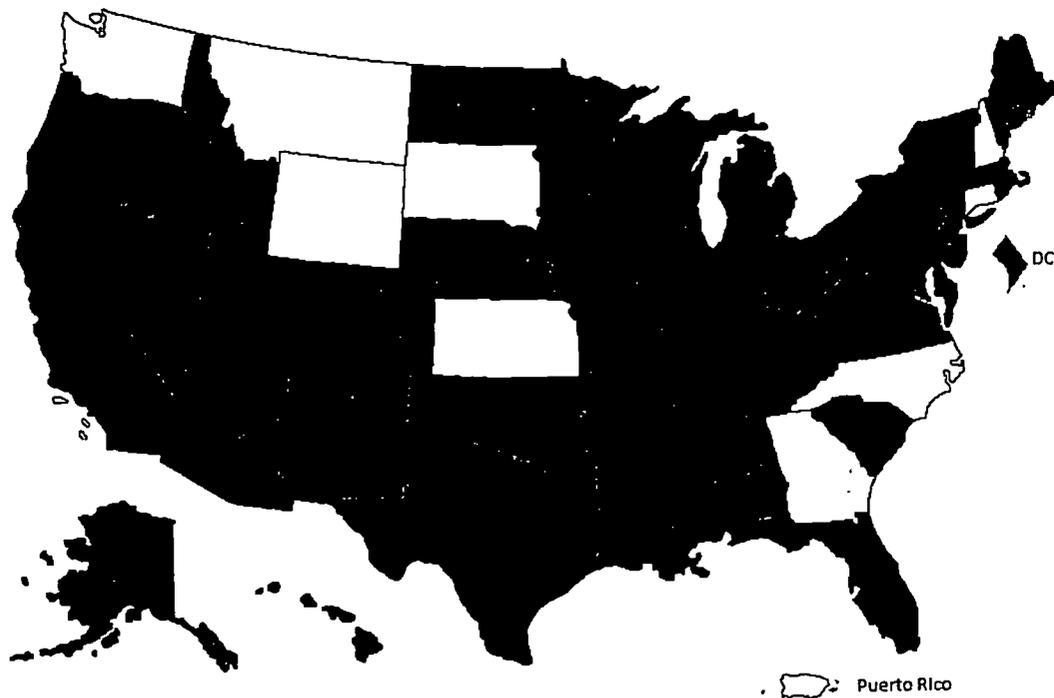
State Government Alzheimer's Disease Plans create the infrastructure and accountability necessary to build dementia-capable programs for the growing number of people with the disease. These plans also prepare states to address a range of issues, including: quantifying the number of individuals with Alzheimer's, availability of diagnostic services across the long term care continuum, building and expanding workforce capacity, and improving dementia care and competency of primary care providers and direct care providers, Medicaid coverage of long-term care for people with Alzheimer's, availability of home and community-based resources and respite care to assist families, and safety of individuals with Alzheimer's who wander, are a few but not all of the encompassing challenges. In sum, a comprehensive state strategy to address

the needs of individuals with Alzheimer's disease provides a mechanism to consider all of these issues collectively.

Most completed state plans contain an executive summary, an overview of Alzheimer's as a public health and a long-term care crisis, an inventory of existing services and service gaps, and a list of policy recommendations to address needs of persons with Alzheimer's disease and their caregivers, and plan for the impending influx of consumers of state funded long-term care services, whether in community or residential settings.

This disease will place an ever-increasing financial, emotional and medical burden on our state and its residents. This is why the The Association supports passage of HB 5979 to create an Alzheimer's disease Task Force to examine the impact of the disease on Connecticut and present a plan for responding to the growing number of individuals with Alzheimer's. Thank you for the opportunity to submit this testimony.

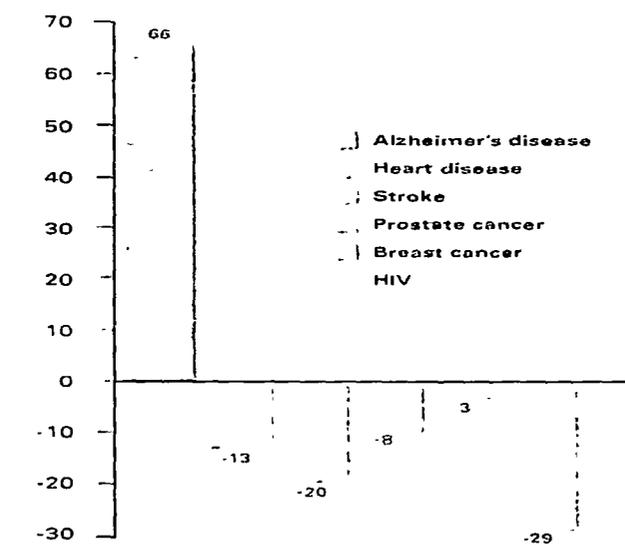
Please feel free to contact me at ljulian@alz.org, or (860) 828-2828.



**State Government Alzheimer's disease Plans
Updated January 14, 2013**

- Published a State Alzheimer's Plan. (25)
- Task Force established to develop a State Alzheimer's Plan (16 including DC)
- Legislation filed.
- No Legislation filed or Executive Branch activity pending. (9 including PR)

Percentage Change in Selected Causes of Death, 2000-2008



Source: National Center for Health Statistics, *Deaths: Final Data for 2000 and Deaths: Preliminary Data for 2008*

ⁱ 2012 Alzheimer's Disease Facts and Figures report at alz.org/facts.

ⁱⁱ 2012 Alzheimer's Disease Facts and Figures report at alz.org/facts.

ⁱⁱⁱ 2012 Alzheimer's Disease Facts and Figures report at alz.org/facts.

^{iv} The Council of State Governments, *Alzheimer's Disease and Caregiving*, Sept 2011.



Testimony to the Public Health Committee

Presented by Mag Morelli, President, LeadingAge Connecticut

February 20, 2013

Regarding

HB 5979, An Act Establishing a Task Force on Alzheimer's Disease

House Bill 5738, An Act Requiring Nursing Home Facilities to Provide Information Concerning Safety Incidents to Patients and Their Families

Good morning Senator Gerratana, Representative Johnson, and members of the Public Health Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership organization representing over one hundred and thirty mission-driven and not-for-profit provider organizations serving older adults throughout the continuum of long term care including not-for-profit nursing homes.

Our members are sponsored by religious, fraternal, community, and municipal organizations that are committed to providing quality care and services to their residents and clients. Our member organizations, many of which have served their communities for generations, are dedicated to expanding the world of possibilities for aging.

On behalf of LeadingAge Connecticut, I would like to testify on two bills before you today.

HB 5979, An Act Establishing a Task Force on Alzheimer's Disease

LeadingAge Connecticut has many members with expertise in the field of dementia care and we would be pleased to assist the Committee with this task force if you choose to move forward in establishing it.

House Bill 5738, An Act Requiring Nursing Home Facilities to Provide Information Concerning Safety Incidents to Patients and Their Families

The stated purpose of this proposed bill is "to ensure families have adequate information concerning the quality of care a patient may receive when placed in a nursing home facility." We are pleased to testify that this legislation is not needed as there are numerous state and federal statutes and regulations already in place to ensure that families will have detailed information about the quality of care at nursing facilities. These existing requirements go well beyond the provisions proposed in this bill.

The language of the bill also refers to several acute care hospital terms by requiring that nursing facilities and chronic disease hospitals provide patients and family members with the number of "patient safety incidents" in the prior two years, the facility's corrective actions taken as a result and methods to access Department of Public Health (DPH) records concerning "safety" violations at the facility.

The nursing home is not an acute care hospital. A nursing home is a residential environment with skilled nursing services that involve monitoring, assessment, delivery of care and treatment pursuant to physician orders. Individuals who live in nursing homes are residents, not patients. Nursing homes do not perform surgeries or medical procedures, other than routine procedures that are within the scope of nursing practice.

Nursing homes are also regulated separately from acute care hospitals. **In fact, nursing homes are the most heavily regulated sector of the health care industry.** Numerous state and federal statutes and regulations are already in place to ensure that families will have detailed information about quality of care at nursing facilities. These existing requirements go well beyond the provisions proposed in the bill. **We therefore do not believe that this bill is necessary.**

For example, the Connecticut Public Health Code, Section 19-13-D8t(g) requires that nursing facilities classify and report all "reportable events" that occur at a facility. "Reportable events" include: events resulting in death or serious harm; disease or foodborne outbreaks, complaints of abuse, fires and events causing evacuation, events causing serious injury or significant changes in condition, medication errors of clinical significance and adverse drug reactions.

Nursing facilities make these reports to DPH on a particular DPH-approved form and within a strictly enforced time frame. They must conduct follow up investigations, identify preventative measures and submit reports to the facility's medical staff. As we understand it, the reportable event forms are maintained on file at DPH and are publicly available under the Freedom of Information Act.

DPH investigates reportable events, as well as all complaints made about resident care at a facility. In addition, DPH conducts regular licensure and federal Medicare certification surveys (inspections) at each nursing facility in the state. As a result, most facilities are surveyed at least once a year and often more frequently.

Upon completion of each survey, DPH details its findings and violations under state or federal requirements. Any violations found for adverse events that may have occurred at a facility are described in detail. Nursing facilities must prepare plans of correction for each violation and submit them to DPH. The survey reports and plans of correction are publicly available. In fact, nursing homes must make survey reports and plans of correction for the most recent year available and accessible in the lobby or other public area of the nursing home.

Unlike hospitals, nursing homes are subject to federal and state civil monetary penalties for certain violations that result in harm to a patient. Nursing facilities are required to post any state citations at the facility until such time as DPH instructs them that they may remove the posting.

Each facility also posts and provides to residents a *Resident's Bill of Rights*, which contains information on how to contact DPH in case the resident or a family member has questions about a facility, or wishes to make a complaint. The Bill of Rights also contains information on how to contact the State Long Term Care Ombudsman.

The federal Centers for Medicare and Medicaid Services (CMS) has a *Nursing Home Compare* web site and a Five Star rating system in place for nursing facilities based in large part on survey results. The Five Star ratings for all nursing facilities are easily accessible on the internet. Anyone considering a nursing home can readily pull the Five Star information for the nursing facility and compare facilities under consideration.

The *Affordable Care Act* is enhancing the consumer information that is available on the website. Under Section 6103 of the Affordable Care Act, the CMS Nursing Home Compare web site must include certain specified information including: (1) links to state web sites where state survey and certification program information can be found, along with information to guide consumers in interpreting and understanding survey and certification reports; (2) summary information on substantiated complaints; (3) criminal violations by the facility or committed by facility employees and civil

monetary penalties levied against the facility. We understand that the state's required consumer website for nursing home information is currently under development.

The Affordable Care Act also includes the *Elder Justice Act*, a law that requires nursing homes and certain other long-term care providers to report any reasonable suspicion of a crime committed at a long-term care facility to local law enforcement authorities and to DPH, as the state survey agency for CMS.

As we said, the nursing home is a residential environment with skilled nursing services that involve monitoring, assessment, delivery of care and treatment pursuant to physician orders. Individuals who live in nursing homes are residents, not patients. Nursing homes do not perform surgeries or medical procedures, other than routine procedures that are within the scope of nursing practice. Residents often stay in nursing homes longer than they stay in hospitals: For short term rehab, the stay can last several weeks, and for some frail elderly individuals, the nursing home becomes their permanent home. Given the nature of the nursing home environment, it does not make sense to impose hospital reporting standards. Rather, the extensive federal and state standards already in place, which provide for reporting, transparency and guarding against abuse and neglect, are appropriate and effective for the nursing home setting.

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

Mag Morelli, LeadingAge Connecticut, 1340 Worthington Ridge, Berlin, CT 06037 (860)828-2903 mmorelli@leadingagect.org

**TESTIMONY
Of
Michael K. Tobin
Before the Public Health Committee
Of The
Connecticut General Assembly**

February 20, 2013

Madame Chairpersons and Honorable Members of the Public Health Committee, my name is Michael Tobin. I am here to testify in support of House Bill No. 5979, "An Act To Establish A Task Force on Alzheimer's Disease". The focus of my testimony will address a lesser acknowledged impact of Alzheimer's Disease, which should be included in a general Statewide Plan. I am referring to Younger-Onset Alzheimer's, which affects persons ages 45 to 65. The effects of this dementia carry a different burden to a family dynamic. It is genetic in its form, with the dominant gene "Presenilin 1" passed on through generations at a 50% risk, and usually comprises 10% of the total cases. It is a progressive disease, which over time will diminish and destroy all cognitive function within the person, causing death from the depleted immune system. It also places the caregiver(s) in a serious and complicated financial strain to manage costly maintenance prescription medications (\$1,000 per month), and for in-home or outside day care. In the long run, the State becomes expense-involved when the client requires nursing home placement, and the costs need to be covered by Medicaid Title 19.

I speak from personal experience, as my wife was diagnosed with Younger-Onset in 2004 at age 49, passing away in 2008 at age 53. There is a very strong family history on the paternal side of her family relating to the disease. Her father and his brother passed away in the early 80's, a sibling cousin passed in 2009 at age 52, and her sibling sister is still living with a diagnosis at age 53. All of the previously mentioned family members were/are carriers of the dominant gene, confirmed by genetic testing. And in casual research done by myself, the dominant gene may

have been existent in prior generations, but was undocumented medically. My deceased wife was also a confirmed carrier of the dominant gene, and my two sons, aged 19, are at risk for inheritance.

There are many issues that will be required to be included in a General Statewide Plan. Individual and Family counseling, respite programs for the working spouse, respite care for the client, should be inclusive and considered by the task force in the establishment of the Plan. Also, any form of local research support should be a provision. Finally, building and expanding workforce capacity is a concern.

Thank you for listening to my story and my reasons for supporting the proposed House Bill 5979, and for the opportunity to testify before you. I would be happy to answer any questions at this time. Please feel free to contact me at any time with any future questions or concerns.

Michael K. Tobin

74 Helen Street

Hamden, CT

203-248-4900

*TESTIMONY FOR PUBLIC HEARING**PUBLIC HEALTH COMMITTEE**FEBRUARY 20, 2013*

RICHARD S. FISHER
32 WEST LANE
STAMFORD, CT 06905

RE: Proposed Bill No. 5979—AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMER'S DISEASE.

Good Afternoon Members of the Public Health Committee. My name is Richard Fisher and I am an attorney in Stamford, Connecticut working mainly in the elder law and estate field. I am also a member of the Board of Directors of the Connecticut Chapter of the Alzheimer's Association and I am chairman of the Public Policy Committee. As you know, or as I hope you have heard, there are 70,000 people living with Alzheimer's Disease in Connecticut at this time. During the year 2025, just 12 years from now, it is estimated that the number of people age 65 and older with Alzheimer's will be 76,000 or a 9% increase. During 2009 there were approximately 63,000 nursing home residents in Connecticut, 36% of whom had severe to moderate cognitive impairment and 25% of whom had mild cognitive impairment. Since Alzheimer's can sometimes take years before it is diagnosed, the figure of 76,000 could be substantially more.

I am here as both an individual, having had a grandmother and an aunt die from Alzheimer's, and representing the volunteers who work with and for the Connecticut Chapter of the Alzheimer's Association, to ask that you raise Proposed Bill No. 5979 for the following reasons . The people of Connecticut need a plan to address the challenges of Alzheimer's Disease and

related dementia for the present generation and future generations. The goals of the task force in developing a plan might be as follows:

1. Assess the current and future impact of Alzheimer's Disease and related dementia on Connecticut residents.
2. Examine the existing services and resources addressing the needs of persons with dementia, their families and their caregivers.
3. Develop recommendations to respond to the escalating public health crisis caused by the increase in people with Alzheimer's.

The state plan does not necessarily call for spending more money but instead will improve communication and efficiency between groups that serve Alzheimer's patients, their families and caregivers.

In 2011 Congress passed, and the President signed, the National Alzheimer's Project Act (NAPA) which establishes federal priorities with strong public health elements, recommendations that engage the resources of the public health community and leverage its network. At this time, 23 states have adopted an Alzheimer's State Plan with another 13 states and the District of Columbia in the process of writing such plans.

On behalf of those residents of Connecticut who have been diagnosed with Alzheimer's, their families, caregivers and all of us who may one day suffer from that terrible loss of memory, I and the Alzheimer's Association would appreciate your support in raising this bill and eventually forming the task force.

Thank you for your time and consideration.

Richard S. Fishel



State of Connecticut
 HOUSE OF REPRESENTATIVES
 STATE CAPITOL
 HARTFORD, CONNECTICUT 06106-1591

REPRESENTATIVE JOHN HAMPTON
 SIXTEENTH ASSEMBLY DISTRICT

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 ROOM 4044
 HARTFORD, CT 06106-1591

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 TOLL FREE 800-842-8267

MEMBER
 AGING COMMITTEE
 EDUCATION COMMITTEE
 PUBLIC SAFETY COMMITTEE

Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee, I am pleased to offer testimony on behalf of proposed H.B. No. 5979:

AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMER'S DISEASE.

To create a task force to develop a comprehensive, strategic plan to address the Alzheimer's epidemic

Today, an estimated 5.4 million Americans have Alzheimer's disease, and that number is projected to total up to 16 million by the middle of this century. The burden this devastating disease is placing — and will place — on state budgets, long-term care infrastructure and the health care system is enormous. States must not only deal with today's crisis but must be prepared for the worsening crisis of tomorrow.

State Government Alzheimer's Disease Plans (state plans) create the infrastructure and accountability necessary to build dementia-capable programs for the growing number of people with the disease. These plans prepare states to address a range of issues, including:

- *quantifying the number of individuals with Alzheimer's in a state,*
- *availability of diagnostic services,*
- *dementia-capable support services for people at all stages of the disease,*
- *Medicaid coverage of long-term care for people with Alzheimer's, and*
- *safety of individuals with Alzheimer's who wander*

A comprehensive state strategy to address the needs of individuals with Alzheimer's disease provides a mechanism to consider all of these issues collectively. The process of strategy creation involves bringing to the table such parties as: state agencies; legislators; residential and community care providers; professional and family caregivers, and persons with Alzheimer's disease. Using this approach, state governments can address the Alzheimer's epidemic with a thoughtful, integrated and cost-effective approach.

Please support the creating a task force to develop a comprehensive, strategic plan to address the Alzheimer's epidemic. Thank you for your consideration.

With every good wish,

John K. Hampton

S - 665

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2013**

**VOL. 56
PART 14
4130 - 4472**

THE CLERK:

Also on page 20, Calendar 594, House Bill Number 6596,
AN ACT CONCERNING POLICE OFFICERS AND FIREFIGHTERS,
Favorable Report of the Committee on Public Safety.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank, thank you, Mr. President.

I believe the next item to be called would be Calendar
page 20, Calendar 592, House Bill 5979, from the
Public Health Committee.

THE CLERK:

Mea culpa.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Calendar 592, substitute for House Bill Number 5979,
AN ACT ESTABLISHING A TASK FORCE ON ALZHEIMER'S
DISEASE AND DEMENTIA, Favorable Report of the
Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President, I move acceptance of the Joint
Committee's Favorable Report and passage of the bill
in concurrence with the House.

THE CHAIR:

On acceptance and passage in concurrence, will you remark?

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President, this bill establishes a task force on Alzheimer's disease and dementia. Public Health Committee heard quite a bit of testimony this year from many of the advocates that deal with our aged or with individuals who may experience and have a diagnosis of Alzheimer's or dementia. I think it's a very good organization. The goals are certainly appropriate, and I would look forward to the report when it comes out. This will go a long way in helping us to identify some of the needs of this special population.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

I too support this bill. I think more than five and a half million people in America suffer from Alzheimer's today. And as I'm sure some of us know, it's a disease that is very debilitating and very, very painful, not only to those that are suffering but to those that are the loved ones that are suffering as well. And as our population in America continues to age, obviously, this is going to become more and more of an issue that will consume our resources both public and private. So this is a good bill. It is a good task force, and I would urge the Chamber's adoption.

Thank you.

THE CHAIR:

Thank you, Senator.

Senator Fasano.

SENATOR FASANO:

Thank you, Mr. President.

Mr. President, I associate myself with the remarks of Senator Gerratana and Senator Welch. Alzheimer's/dementia is a awful disease, and, unfortunately, in our society, it's a very difficult decision for adults to make for their parents or if there is a spouse or a, a partner who has this disease.

The ramifications are so significant, and the issues on how to deal with it are so significant, and this task force, when it looks at this issue, I think there's one other important aspect that I thought about bringing up as an amendment, but I will not. And I think it's to talk about the nucleus of a family and how a family can prepare for an Alzheimer's/dementia type of, of adverse effect it could have to a family.

What you'll find, as I found as a lawyer, is when Alzheimer's hits a family member, it causes many conflicts within the family. What do you do with the member? How do you treat the member? What services are provided for the member? Do you convalesce the member out of the house, in house? Where do the assets come from to pay? Or if someone has a history of Alzheimer's, how do we prepare for the future? All those are real dynamics of a family and unfortunately in a lot of cases tear the family apart.

I know many families who struggled with this when it was too late. So I think, usually in this building, we look at task force as the way to push an issue off to the side and deal with it tomorrow. And I know that Senator Gerratana will have her fingers on the pulse of this. It is my hope that when we do get a report that we work bipartisan to achieve a result that takes into account how we're going to deal with Alzheimer's patients at the state level, but equally

important, how are we going to counsel our constituents on how to deal with Alzheimer's?

Mr. President, it is of a great concern to our society that's growing older and living longer, and we face this at many levels. We have a number of facilities in our state that deal with this. I know that Wallingford and East Haven have two great facilities. But it is the education factor among family members, because there comes that point where a family member says, I don't want to move the loved one out of the house, but on the other hand, the whole house is disrupted for the loved one. Those are really, really heart-wrenching issues.

Mr. President, I look forward to this task force. I look forward to looking at this report. I want to be a part of whatever we do, because it means a lot to me that we work on this issue collectively and together. And as I said so many times in this circle, the best piece of legislation, the most, the legislation which has the most impact positively in the State of Connecticut is that piece of legislation where all the hands in the circle are in the mixing bowl.

Thank you, Mr. President.

THE CHAIR:

Senator McLachlan.

SENATOR MCLACHLAN:

Thank you, Mr. President.

I stand in support of this bill before us. I'd like to thank Senator Gerratana and the Public Health Committee for paying attention to this issue that we've all heard stories about friends and neighbors and in some cases even family members who have suffered this terrible disease. And we must do what we can here in state government to educate our residents, to provide for them the information that can be helpful to the family members and to the patients and importantly discover new ways to pay for this cost of treatment and care for the patients of Alzheimer.

I had the joy of visiting the Alternative Center for Education in Danbury earlier this year. This is an alternative high school. And there was a group of students there who are very engaged in reaching out to me as their Legislator advocating for this disease and hopeful that we are going to find ways in the future to have better treatment and, most importantly, to see to it that people don't fall through the cracks.

You know, Alzheimer's has touched my family and several of my friends' families. And so I've seen the pain of the families dealing with this disease, and I can assure you for those that have not seen it up close it, it clearly is gut wrenching, heart wrenching, and in some cases devastating to an entire family, sometimes multiple generations. And so whatever we can do in this regard to study the issue, I am supportive, and I thank, once again, Senator Gerratana for her attention to this matter.

Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further on the bill?

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President, I just want to thank members who commented on the legislation. I don't think there's anyone in our circle here in this building that hasn't been touched by the disease or, or dementia in any way, shape, or form. I think that it has touched us all and that finally, finally our Legislature is taking some action. I also want to thank the advocates who brought this before the Public Health Committee. And Mr. President, if there is no objection, I would like to place this item on our Consent Calendar.

THE CHAIR:

Seeing and hearing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On page 24, Calendar 619, House Bill Number 6482, AN ACT CONCERNING BIRTH CERTIFICATES FOR HOMELESS YOUTH, Favorable Report of the Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the House.

THE CHAIR:

Acceptance and passage in concurrence. Will you remark?

SENATOR GERRATANA:

Yes, thank you, Mr. President.

Mr. President, this bill before us has been before us before, and now I am hoping that it will pass out of the Senate. This bill allows certified homeless youth and emancipated minors to access or receive their birth certificates. There has been quite a challenge, and many, many people came and advocated for the bill who work with and know about our youth that are homeless and some of the challenges that they have being in that state and status.

Some of the testimony talked about because they don't have access to birth certificates here in the State of Connecticut that they may not be able to attend school or get other services. So this legislation, of

Madam President, if the other items marked go would now be marked passed retaining their place on the Calendar, and if the Clerk would read the items on the second Consent Calendar so that we might proceed to a vote on that second Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On the second Consent Calendar for the day, page 6, Calendar 348, House Bill 5767; Calendar 352, House Bill Number 6452; also on page 6, Calendar 354, House Bill 6388; on page 7, Calendar 368, Senate Bill 900; page 18, Calendar 573, House Bill 6524; page 20, Calendar 591, House Bill 5727; Calendar 592, House Bill 5979; Calendar 593, House Bill 6523; Calendar 594, House Bill 6596; page 21, Calendar 605, House Bill 6567; page 23, Calendar 615, House Bill 6638; on page 24, Calendar 618, House Bill 6433; and Calendar 619, House Bill 6482; on page 33, Calendar 125, Senate Bill 906; and page 39, Calendar 422, House Bill 5718.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote. Oops, hold on a moment.

Senator Looney.

SENATOR LOONEY:

Yes, Madam President.

Just I wanted to indicate did we get the item on Calendar page 33 --

THE CHAIR:

Yes, sir.

SENATOR LOONEY:

-- Calendar 125, Senate Bill 906?

THE CHAIR:

Yes, sir.

SENATOR LOONEY:

Good. Thank you very much, Madam President.

THE CHAIR:

Yeah.

SENATOR LOONEY:

I appreciate it and move that we vote the Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Immediate roll call has been ordered in the Senate.
Senators please return to the Chamber. Immediate roll call on Consent Calendar 2 has been ordered in the Senate.

THE CHAIR:

The machine is open.

THE CHAIR:

Senator Boucher.

No problem.

Senator Maynard.

Thank you.

If all members have voted, all members have voted, the machine will be closed.

Mr. Clerk, will you call the tally.

THE CLERK:

On the second Consent Calendar for today,

Total Number Voting	34
Necessary for Adoption	18
Those voting Yea	34
Those voting Nay	0
Those absent and not voting	2

THE CHAIR:

Thank you. The Consent Calendar, second Consent Calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President, first of all for a, a journal notation.

THE CHAIR:

Please proceed, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, Senator Coleman was absent today due to illness. We hope that he will be back with us next week, missed votes today. And also for a point of personal privilege, Madam President.

THE CHAIR:

Please proceed.

SENATOR LOONEY:

Thank you.

Madam President, two of our wonderful caucus colleagues on the, the Democratic staff in great