

My name is Meg Polyte and I'm the Policy Director for the Vermont Chapter of the Alzheimer's Association. Thank you for allowing me to share my thoughts and concerns with S.36 and the impact arrest without warrant could have on Vermonters with Alzheimer's and other dementias.

There are currently over 6 million Americans over the age of 65 who have been diagnosed with Alzheimer's or another dementia. This includes more than 13,000 Vermonters, a number we expect to grow by over 30% to 17,000 in the next two years. This number doesn't reflect the whole picture as it does not count those who do not have a diagnosis or have been misdiagnosed, and more relevant to this conversation, those with Younger Onset Alzheimer's, meaning they were diagnosed under the age of 65. I highlight this group to emphasize the need to broaden our awareness of the demographic that can be experiencing dementia.

Dementia is a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life. Alzheimer's is the most common cause of dementia. ([Alzheimer's Association](#)) Dementia symptoms vary from person to person and by type of dementia, but typically include memory loss and confusion, poor judgment, difficulty communicating with and understanding others, wandering and getting lost in familiar places, mishandling of money and finances, impulsivity, aggression, hallucinating or experiencing paranoia or delusion, and repeating questions. ([National Institute on Aging, 2021](#))

Individuals with dementia may exhibit behavioral problems that cause safety concerns and warrant police involvement. Cognitive and sensory impairment, confusion, challenges with speaking and other factors may result in escalated police involvement during crisis, and police are often not properly trained to identify and address these health-related issues. The timely identification of dementia is essential to understanding the person's behaviors.

In 2020 in Vermont, there were 3,310 dementia related emergency room visits. This is in part the result of our workforce crisis and insufficient residential capacity for Vermonters with dementia. We also do not have residential options for those with dementia who exhibit behavioral issues. Long term care facilities are often not equipped to support those Vermonters and maintain the safety and wellbeing of their other residents and staff. Involuntary discharge was the Vermont Ombudsman Project (VOP's) most common complaint in FY2022. Over 12% of all VOP complaints in FY2022 were due to involuntary discharges. When you consider the wide breadth of issues they work on and how serious involuntary discharges are, this is a shockingly high number.

We know a hospital emergency room or bed can be a very challenging environment for a person with dementia and acting out may be their response to confusion by the situation. This is why S.36 is so concerning to me. I understand from previous testimony that this bill is not aimed at people with dementia, but I am concerned about the implications it can have on them.

I want to give you an example of how a person living with dementia could be arrested. It is not uncommon for persons with Alzheimer's or other dementias to have urinary tract

or other infections. These types of infections are very common, but can also be painful. A person without dementia can explain the health concern and aid in the diagnosis. However, a person with dementia, due to their loss of cognitive function, may be unable to aid in their diagnosis because they are unable to articulate or even identify the cause of their physical discomfort. They may express this confusion through physical aggression toward a healthcare worker.

I am particularly concerned with section 20 of the S.36 (page 2 line 7)

(20) The person has committed a violation of 13 V.S.A. § 1026(a)(1) (disorderly conduct for engaging in fighting or in violent, tumultuous, or threatening behavior) that interfered with the provision of medically necessary health care services in a health care facility as defined in 13 V.S.A. § 1028(d).

My first concern is reference to the word tumultuous. According to Merriam-Webster, tumultuous is “loud, excited, and emotional.” It is extremely plausible that a person with dementia could shout or yell in a way that is threatening and that interferes with the health services they require.

My second concern is in reference to the definition of a health care facility as defined in 13 V.S.A. § 1028(d). Section 2 of that statute states, “Health care facility” shall have the same meaning as defined in 18 V.S.A. § 9432(8). This statute has a very broad definition of health care facility and, in addition to hospitals, includes nursing homes and home health agencies. Both these locations have a much higher number of people living with dementia and therefore a greater chance for communication and behavioral challenges.

I am asking you to explicitly carve out an exception for people living with dementia. As you do this, please know there are many Vermonters with dementia who are undiagnosed, so requiring a previous diagnosis will not be sufficient. It is quite possible someone who has yet to be diagnosed could find themselves in an emergency room, confused and triggered by the environment. Removing them from a medical facility will guarantee they do not receive needed medical attention. While some patients may need time to ‘cool down,’ those with degenerative cognitive diseases are in a constant state of decline. They may not understand what is happening to them or why they are being arrested and the next day they will likely not remember the incident.

Vermont is not the only state working to address violence against frontline healthcare workers and I don’t believe it is the intention of this bill to charge those with dementia. Unfortunately, we have our first evidence that those with dementia do get caught in these systems. In 2022, as part of a research project, South Carolina compared data from a statewide database on dementia with a statewide criminal database. Of the 214 responses it found involving an individual with dementia, there were seventeen, almost 8%, where people living with dementia were charged with/convicted of Assault in a Health Care Setting or Skilled Nursing Facility. ([American Bar Association](#)) This information is our strongest evidence to date that despite the intentions of states, people with dementia are still being charged with, and potentially convicted of these

crimes. For more details about the challenges of those with dementia in the criminal justice system, I invite you to read the full [ABA report from May 2022](#).

Vermonters with dementia rely on health care workers and their ability to provide care and remain safe is vitally important. S.36 is addressing a known problem, but it is not addressing the causes of the problem, some of which are lack of workforce, lack of housing for those with dementia, and insufficient training in both recognizing dementia and de-escalation techniques. I urge you to consider the unintended consequences of this bill as written.

Thank you for your time and consideration of the safety of Vermonters living with dementia.