

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. I have listened to the deeply disturbing testimony shared last week, and fully support protecting our front-line workers and addressing their safety needs in a way that will not cause unintended harm.

There are currently over 6 million Americans over the age of 65 who have been diagnosed with Alzheimer's or another dementia. This includes 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.

Last year, the House Committee on Human Services took testimony on H.530, an Act relating to the creation of a Silver Alert Program. This bill sought to create a system to address older Vermonters who wander; those with dementia who leave their residence, and the most effective way to safely recover them. In an effort to increase the effectiveness of this intervention, the Program Manager of the Vermont Chapter of the Alzheimer's Association and I have been working with the Department of Public Safety to identify appropriate training, focused on recognizing the signs and communication strategies for those with dementia, to add to law enforcement requirements. Trainings such as these would provide both public safety officers and emergency room personnel additional tools for interactions with those experiencing dementia.

We are aware there is an increase of people with dementia being brought to the emergency room. This is in part the result of our workforce crisis and insufficient residential capacity for Vermonters with dementia. At Allen Brook Memory Care in Williston, the only affordable memory care community in the state, there are over 100 on a waitlist for one of their 14 homes.

Long term care facilities are often not equipped to support those with dementia who exhibit behavioral issues. 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.

In November, Dr. Stephen Leffler, president of the University of Vermont Medical Center, told VPR "Every single day, we have 50 to 70 beds taken by people who don't need hospital care, but can't leave the hospital." ([Vermont Public](#))

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 may be unintentionally arrested or even charged. 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. For a senior who does not have dementia, they can explain the health concern and aid in the diagnosis. However, for a person with dementia, due to their loss of cognitive function, they are unable to aid in their diagnosis because they are unable to articulate or identify the cause of their physical discomfort, and, therefore, may express it through physical aggression toward a healthcare worker.

I am asking you to explicitly carve out an exception for people living with dementia and to carefully consider how those with dementia will be identified and protected. It is quite possible someone who has yet to be diagnosed could find themselves in an emergency room, confused and triggered by the environment, so requiring a previous diagnosis will not be sufficient.

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 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](#).

Thank you for your time and consideration of the safety of Vermonters living with dementia. I'm happy to answer questions and I look forward to working with you this legislative session.