

Thank you so much for this opportunity to speak on S.206. My name is Meg Polyte and I am the Policy Director for the Vermont Chapter of the Alzheimer's Association. Before I speak to specific parts of the bill I would like to reinforce the importance of addressing Alzheimer's and other dementias and share some work that is happening, which you may not be aware of.

Alzheimer's is a public health crisis in the USA and here in Vermont. Right now there are more than 13,000 Vermonters over the age of 65 living with Alzheimer's. That number is projected to climb to 17,000 by 2025. Nationally, Alzheimer's and dementia deaths increased 16% during the COVID pandemic. One in three seniors dies with Alzheimer's or another dementia. It kills more than breast cancer and prostate cancer combined. It is the 5th leading cause of death in Vermont and we have no cure.

In 2020 Vermont had 25,000 unpaid caregivers supporting family members with Alzheimer's and other dementias. The value of that unpaid care was \$717 million dollars. Approximately two-thirds of caregivers are women; more specifically, over one-third of dementia caregivers are daughters. Alzheimer's takes a devastating toll on caregivers. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial and physical difficulties.

The problem looms large, but we have already started to address it and we are seeing positive outcomes, due in large part to currently having a statewide program manager. In 2020, Vermont was the recipient of a 3-year Building Our Largest Dementia infrastructure aka BOLD grant from the CDC. This grant allowed us to hire a statewide manager for our Alzheimer's Disease and Healthy Aging Program. This grant is showing us what can be accomplished with statewide coordination and the impact it can have on increasing public awareness, early detection and diagnosis. Here is a snapshot:

1. Late in 2021 a monthly Alzheimer's and Healthy Aging electronic newsletter was launched. This platform provides a centralized system to inform providers, caregivers, and agency staff with the latest data, projects, resources.
2. In September 2021 the Vermont DOH launched Project Echo - an eight-month, virtual education series to help build capacity for dementia diagnosis and care. The program is being run through the Area Health Education Center at UVM's Larner College of Medicine and sees close to 60 PCP's participating in each series.
3. Vermont Health Learn, a free, online education tool, added a Dementia Diagnosis and Management Curriculum. Currently there are 27 enrollees.
4. Primary Care Providers and their teams can now participate in Dementia Corner Consults with Dr. Pendlebury, Medical Director of the UVMHC Memory Care Program. To date 8 providers have had consults and 22 slots are available for 2022.

In addition to all that three years ago an Alzheimer's and Healthy Aging Work Group convened and they have been instrumental in establishing a Hub & Spoke model of care with a goal to reduce hospital admittance of those with dementia.

All of these programs require coordination. What we are doing is working, measurable, and has a direct and positive impact on those with Alzheimer's, their caregivers, and their medical providers. We must ensure this legislation paves the way for the continuation of a full-time statewide dementia coordinator.

Now I would like to provide a few comments on the specific bill, S.206.

S.206 puts creation and assessment of a State Plan in the hands of the Commission on Alzheimer's Disease and Related Disorders – the ADRD. I've witnessed the work of the ADRD over the last six months and strongly support the annual report they created and shared with you earlier this year. The Commission is composed of members who are informed and actively participate. That said, I do not believe they have the authority or resources to complete the charge this bill sets for them. It is my understanding that Commissions serve as resources and advisors on issues. If you review the annual reports from the ADRD you will see they have been making strong recommendations for investments, support, and coordination for many years, but those reports have not resulted in policy or program changes. I see this bill giving the ADRD a new and different charge and fear they will fall short without the resources needed to complete it. This work, and Vermonters with Alzheimer's, need staff and funding to address this issue with the seriousness it deserves.

Statement of Purpose Line 8 - This bill proposes to: require the Commission on Alzheimer's Disease and Related Disorders to produce an assessment and State plan to overcome Alzheimer's Disease." Our BOLD grant requires us to create a statewide plan and we have been working with stakeholders on this. The plan is set to be released in May 2022 and while some members of the ADRD are part of the BOLD process, I'm not sure these two requirements are interchangeable. I also would like to flag the word "overcome" in all sections as it relates to Alzheimer's disease and suggest it might be changed to "address" or "respond to."

I have concerns with charge 3 (line 12) "allow physicians disclosure of diagnosis and treatment plans..." We know there is a reluctance on the part of Primary Care Physicians to make a diagnosis of Alzheimer's or other dementia and one of the reasons is because they feel unprepared to support the patient and their family. We are working hard to increase the rate of diagnosis and I worry this parameter could make that more challenging. As a member of the Self-Neglect Working group formed by the Older Vermonters Act of 2020, I know there is great concern about the lines of safety, self-determination, and negligence. I believe this charge should be removed from the bill.

I do not believe charge 4 (line 14) requiring hospitals adopt an operational plan focused on patients with dementia makes sense at this time. I am sure your committee has heard about the severe staffing shortages at hospitals and, while I think they should have such a plan, I don't think this year is the time to mandate it, and I am not advocating for this to remain in the bill.

I strongly agree we need a statewide plan and we need a regular schedule for when it is updated, I would suggest every 3-5 years. An alternative to charging the ADRD with creating the

plan might be to require a section specifically related to Alzheimer's Disease and other Dementias in the State Plan on Aging which the Department of Disabilities, Aging and Independent Living is already charged with updating every four years. The ADRD could be required to contribute to or approve this plan.

Most importantly we need a Statewide Coordinator to ensure the work we are doing continues and that we have the structure needed to receive future funding.

Thank you so much for dedicating your time to this cause. You have the opportunity to put forward legislation that will make a huge difference for Vermonters with Alzheimer's and their families, caregivers and medical providers. I look forward to collaborating with you in this endeavor.