



# TODD NOVAK

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## Testimony In Support of Assembly Bill 788 Committee on Mental Health Reform

January 25, 2016

Thank you Chairman Tittl and members of the committee for holding a public hearing today on these very important Alzheimer's & Dementia related bills. The bill I am introducing, Assembly Bill 788, will authorize four additional full-time equivalent positions at DHS for dementia care specialists in aging and disability resource centers in counties with a population under 150,000. Coming from the 51st Assembly district I personally know how important dementia care specialist are to our rural areas.

According to DHS and testimony that those on the task force heard, Dementia Care Specialist have three very important goals. The first goal is to support the ADRC staff and county programs to be better prepared, with knowledge and resources, to support individuals with dementia and their families. The second goal is to support the Specialists to act as a catalyst to create a dementia friendly community. Specialists may work with businesses, employers, local organizations, and the community to raise awareness of the unique needs of individuals with dementia and their families. The third goal is to assist individuals with dementia to remain active and in their homes longer.

AB788 will also increase funding to DHS to fill one additional position for the training of Dementia Care Specialists in ADRCs to educate employers about issues relating to dementia with their employees and family members of employees.

The four additional Dementia Care Specialists has an estimated cost of \$407,000 and the specialist focused on Dementia in the workplace is about \$93,000. However, I look at these positions as not only saving the state money in the long run, but also providing a much needed resource for those in need.

Thank You,

A handwritten signature in black ink that reads "TODD NOVAK". The signature is stylized and cursive.

Todd Novak  
State Representative  
51<sup>st</sup> Assembly District



STATE REPRESENTATIVE  
**BETH MEYERS**

## **Rep. Meyers Testimony for the Speaker's Taskforce on Alzheimer's and Dementia legislative package for the Assembly Committee on Mental Health Reform**

Monday, January 25, 2016  
9:00a.m.  
413 North (GAR)  
Wisconsin State Capitol

Chairman Tittl and members, thank you for agreeing to hear these legislative proposals which came from the Speaker's Taskforce on Alzheimer's and Dementia. I do apologize for my absence, but am hopeful that these remarks will be taken into consideration for the public hearing today.

As the former executive director for CORE Community Resources in Bayfield, and after joining my colleagues throughout the state for public hearings, and after holding my listening sessions in the 74<sup>th</sup> Assembly District, I know firsthand what Alzheimer's and Dementia can do not only to the ones affected by it, but also to the families that care for their loved ones. With the increasing population of older adults and increasing cost of care, our taskforce and these proposals are greatly needed, especially for those in Northern Wisconsin.

As you are aware, these bills were developed using the input from experts, caregivers, state officials and community members, many of whom attended the six bipartisan task force hearings held around the state, as well as members from this taskforce. I held five listening sessions myself on this topic and spent hours listening to concerned residents of the 74<sup>th</sup> Assembly District.

Assembly Bill 788, authored by Representative Novak and myself was specifically drafted to address the lack of funding for dementia care specialists in sparsely populated counties. This taskforce heard directly from residents that there is a need for these specialists, however geographic distance, the lack of resources, and education were all significant barriers for implementation. Assembly Bill 788, has the opportunity to provide for funding and education, and this legislative proposal is a proactive solution to address the concerns that we all heard when we received testimony this past year.

Assembly Bill 788, as well as the other proposals which are before this committee today are the culmination of hours of testimony and received input from numerous citizens concerned about Alzheimer's and dementia diseases. All of the bills have the opportunity to help and assist those living with Alzheimer's and dementia as well as address the needs of their caregivers.

Again, thank you for your consideration of Assembly Bill 788, and the other proposals which are before you today. This Taskforce provided members the opportunity to come together, and put politics aside and instead focus on an extremely important issue that affects all of our legislative districts, and I am honored to be a part of this package.

Sincerely,

  
Representative Beth Meyers

74 Assembly District



74<sup>TH</sup> ASSEMBLY DISTRICT

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Greater Wisconsin  
Agency on Aging Resources, Inc.

**Testimony of  
Janet L. Zander, Advocacy & Public Policy Coordinator  
Greater Wisconsin Agency on Aging Resources, Inc.  
Before the Assembly Committee on Mental Health Reform  
January 25, 2016**

Chairperson Tittl, Vice-Chairperson Jagler and members of the Committee on Mental Health Reform:

Thank you for this opportunity to testify today in support of the Wisconsin Cares legislation aimed at improving the care of those experiencing Alzheimer's and other forms of dementia, as well as providing support for their caregivers. My name is Janet Zander. I am the Advocacy & Public Policy Coordinator for the Greater Wisconsin Agency on Aging Resources (GWAAR) and a member of the Wisconsin Aging Advocacy Network (WAAN).

The costs of Alzheimer's disease and other dementias are high, robbing individuals of memories of who they are, where they have been and the contributions they have made. In time, the various forms of dementia leave those living with the disease, surrounded by "strangers" even when these strangers are really those they loved most dearly. In addition to the high emotional costs of dementia, recent studies have shown financial costs associated with caring for people with dementia far exceed costs associated with caring for people with heart disease or cancer. Dementia, has no effective treatments to slow its course, yet health care costs in the last five years of life are by far, the most expensive for persons with dementia. Over the five years of a recent study period, for patients on Medicare, the average total cost of care for a person with dementia was \$287,038, patients with heart disease or cancer had costs around \$174,000. Of those costs, Medicare paid almost the same amount for patients with each of those diseases (close to \$100,000), but dementia patients had many more expenses that were not covered by Medicare. The average out-of-pocket cost for a patient with dementia was \$61,522 which is more than 80 percent higher than the cost for someone with heart disease or cancer.<sup>1</sup> The need for constant supervision and help with basic activities like eating, dressing and bathing, significantly drive up costs, none of which are covered by Medicare. Many families end up spending most or all of the household assets on care and often end up dipping into their own savings to help cover the costs.

Beyond the financial obligations, caregiving also requires significant commitments of time and energy. According to a new study, family members and unpaid caregivers spend, on average, more than 100 hours a month assisting older adults with dementia who live in the community. This is a significantly greater average time commitment than for caregivers assisting older adults without dementia (73 hours/month).<sup>2</sup> Added to these care needs, is the necessity for caregivers and others to assist with transportation needs. Giving up the car keys means more than just losing independence; studies demonstrate a lack of transportation contributes to poor health outcomes, isolation and depression.<sup>3</sup>

As the Speaker's Task Force on Alzheimer's and Dementia travelled around the state, the members heard about these challenges from individuals with dementia, caregivers, professionals working in aging, and

community members and businesses. They also learned about some of the valuable community resources and best practices being disseminated. The proposals within Wisconsin Cares help to raise awareness of dementia, dementia care, and caregiver needs; address some of the unmet needs made known to Task Force members and build on the strength of what is currently working best in Wisconsin. As an agency providing training and technical assistance to many of Wisconsin's aging units and aging & disability resource centers (ADRCs) working directly with individuals with dementia and their caregivers, we are especially pleased to see this package of legislation includes much needed additional respite funding to support families to continue caregiving in the home. We have seen first-hand, the great work being done by dementia care specialists, and support the proposal to fund dementia care specialist (DCS) positions in several additional ADRCs serving rural areas and to hire an individual to provide training to dementia care specialists regarding employer education about issues related to dementia experienced by their employees and by family members of their employees. Counties and tribes know the challenges associated with responding to crisis situations involving individuals with dementia. Legislation in this package seeking funds to provide grants to train mobile mental health crisis teams to be dementia capable and proposing a pilot program to create dementia crisis units serving individuals with Alzheimer's and other forms of dementia who are in crisis, will better equip some of our communities to respond appropriately and compassionately to individuals with dementia and their families during crisis situations.

There are currently estimated to be between 115,000 to 120,000 people living in Wisconsin with Alzheimer's disease or other related dementias. Approximately 25% of these individuals are residing in some type of residential care setting (nursing home or assisted living facility); the remaining 75% are living in private residences - many with the help of family members and other caregivers and many others with little or no help from family and friends. Data from the Wisconsin Alzheimer's Institute, as reported in the Wisconsin Department of Health Services' – "Wisconsin Dementia Care Redesign: A Plan for a Dementia-Capable Wisconsin," revealed that 22% of people diagnosed with a dementia are living alone. The number of older adults living with Alzheimer's disease is expected to increase by 20% by 2020.

This package of legislation offers consumer protections, additional support and assistance for individuals with dementia and their caregivers, training and education for staff/professionals working with individuals with dementia, respite for caregivers, and new approaches to working with individuals in crisis. Most importantly, Wisconsin Cares sends a message to individuals with dementia and to their caregivers that Wisconsin does indeed care and lets them know they are not alone in their journey. Members of the Committee on Mental Health Reform, for all these reasons, we urge your support of these vital bills.

Thank you for this opportunity to comment on these important issues and proposals. We look forward to continuing to work with you to shape public policy that improves the quality of life of older people and caregivers throughout the state.

<sup>1</sup> Kelley, A. S., McGarry, K., Gorges, R., & Skinner, J. S. (2015). The Burden of Health Care Costs for Patients with Dementia in the Last 5 Years of Life. *Annals of Internal Medicine* *Ann Intern Med*, 163(10), 729.

<sup>2</sup> Kasper, J.D., Freedman, V.A., Spillman, B.C., & Wolff, J.L. The Disproportionate Impact of Dementia on Family and Unpaid Caregiving to Older Adults. *Health Affairs*, October 2015 34:101642-1649.

<sup>3</sup> Cronk, I. (2015, August). The Transportation Barrier, *The Atlantic*, Retrieved from <http://www.theatlantic.com/health/archive/2015/08/the-transportation-barrier/399728/>.