



TO: DAN KNODL, CHAIR, SPECIAL COMMITTEE ON LEGAL INTERVENTIONS FOR PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

PENNY BERNARD SCHABER, VICE-CHAIR, SPECIAL COMMITTEE ON LEGAL INTERVENTIONS FOR PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

FROM: ROB GUNDERMANN, ALZHEIMER'S AND DEMENTIA ALLIANCE OF WISCONSIN

RE: SUPPORT FOR DEFINITION OF DEMENTIA UTILIZED IN WLC 0061/1

DATE: DECEMBER 12, 2012

The Alzheimer's and Dementia Alliance of Wisconsin supports the changes to the proposed legislation addressing the problem created for people with dementia who are not incompetent. I believe the language Mary Matthias has come up with will solve the problem and I urge the committee to maintain that language in the bill.

As the bill was originally written an individual diagnosed with dementia could only access inpatient mental health services through Chapter 55 and was specifically prohibited from obtaining services through Chapter 51. The problem with this is that Chapter 55 can't be used unless the person is incompetent and some people with dementia are not incompetent.

Consider the following hypothetical situation: Tim is a 55 year old man with a history of depression. Tim has led a productive life but has occasional bouts of depression. Over the course of Tim's life he has required inpatient treatment periodically which Tim usually protests. Eventually Tim is diagnosed with Alzheimer's disease, the most common form of dementia. At some point after Tim's diagnosis he experiences another bout of deep depression requiring inpatient treatment which Tim will not agree to voluntarily. Because he has been diagnosed with Alzheimer's disease he can no longer be placed under Chapter 51 and because he is not incompetent he can't be placed under Chapter 55 either. The language added to the bill corrects this oversight and provides an avenue for individuals like Tim to receive treatment.

The initial bill draft was crafted very well to address the needs of the subject of the Supreme Court decision, Helen E.F, and others who because of their disease are no longer competent to make rational decisions for their own wellbeing. I believe the current bill draft better serves all people with dementia regardless of whether they are incompetent or not.

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First, it solves the competency problem created by utilizing Chapter 55. Secondly, it makes the determination of service avenues based not solely upon diagnosis but upon the patient's condition as well. This is in our view a significant improvement over the original bill. We have always tried to avoid making determinations based solely upon diagnosis. We believe that promotes further stigmatization of the disease and could potentially dissuade people from seeking a diagnosis.

Lastly, people who are not incompetent do not need guardianships. I have not been able to identify any client group being required to obtain guardianships for people who are competent. This is an issue that could very well have caused problems within families. Requiring a husband or wife to obtain a guardianship for their competent spouse who does not necessarily want a guardianship could be a difficult proposition and was a significant concern for our organization.

Again, for the above stated reasons we support the changes made to the bill draft and encourage the committee to retain the modifications.

For 27 years, the Alzheimer's and Dementia Alliance of Wisconsin (ADAW) has been guiding those affected by Alzheimer's disease and other forms of dementia with innovative programs and services to maximize people's well-being along the journey. The mission of ADAW is to support individuals, families, and professionals impacted by Alzheimer's disease and other dementias through information, education, consultation, and advocacy; and to promote the advancement of scientific research to better diagnose, treat and ultimately eliminate Alzheimer's disease. For more information on ADAW, please visit www.alzwisc.org.

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