



the compassion to care, the leadership to conquer

**Committee on Aging
Public Hearing
Tuesday, March 13, 2012**

Written Testimony of Laurie Julian, Director of Public Policy, Alzheimer's Association, CT Chapter (The Association).

Senator Prague, Representative Serra and distinguished members of the Committee on Aging, thank you for allowing me to submit testimony on S.B. 374 on behalf of the Alzheimer's Association, CT Chapter.

The Alzheimer's Association is a donor supported, non-profit organization serving the needs of families, health care professionals and those individuals who are affected with Alzheimer's disease and related dementias. The Association provides information and resources, support groups, education and training, and a 24 hour, 7 day a week Helpline.

SB 374 An Act Increasing Funding and Support for Home and Community-Based Care for the Elderly and Alzheimer's Patients

We thank the committee for recognizing the Alzheimer's crisis. In Connecticut, there are over 70,000 citizens with Alzheimer's or other related dementia.ⁱ This is projected to escalate rapidly in coming years as the baby boomer generation ages.

Last week our 2012 Facts and Figures report was released. Unless a concerted effort to change the trajectory of the disease is made today, costs for Alzheimer's and other dementias will soar from \$200 billion this year to as high as \$1.1 trillion dollars in 2050. This dramatic rise includes a six-fold increase in government spending under Medicare and Medicaid and a five-fold increase in out-of-pocket spending.

An estimated 60 to 70 percent of older adults with Alzheimer's disease and other dementias live in the community compared with 98 percent of older adults without Alzheimer's disease and other dementias.ⁱⁱ Most people with Alzheimer's disease and other dementias that live at home receive unpaid help from family members and friends, but some also receive paid home and community-based services, such as personal care and adult day center care.

Older people with Alzheimer's disease and other dementias have more hospital stays, skilled nursing facility stays and home health care visits than other older people. Given the high average costs of these services (e.g. adult day center services, \$70 per day, assisted living, \$41,724 per year, and nursing home care, \$79,110 to \$87,235 per year, individuals often spend down their assets and eventually qualify for Medicaid.

The impact of Alzheimer's cannot be underestimated, it is clear every effort must be made to address Alzheimer's disease today. However, the Association does not believe the Commission on Aging as set forth in Section 1 has the capability, resources or expertise to conduct a study about Alzheimer's disease. Instead, the Association recommends that an Alzheimer's Disease task force be created to deal with the epidemic.

Twenty-three states have published a state Alzheimer's plan to create the infrastructure to build dementia-capable programs for the growing number of people with the disease. To date, eleven task forces have been established to develop a state Alzheimer's plan and three states have legislation filed. (See attached map).

Community-based supports provide caregivers with an option to keep individuals with Alzheimer's at home and delay transition to more expensive alternatives, such as assisted living or nursing home care. Alzheimer patients are most at risk of nursing home transition.

Subsection (3) of the bill calls for a study of the cost-effectiveness of state programs. Three established programs: the Connecticut Home Care Program for Elders, Alzheimer's Statewide Respite and Adult Day, have allowed Alzheimer's individuals to remain in the community with its support services. For example, according to the Connecticut Home Care Program for Elders 2010 Financial Report, over \$106 million dollars was saved as a result of the reduced utilization of nursing facility beds due to the programs Medicaid Waiver. These are cost-effective nursing home diversion programs and save the State of Connecticut millions by avoiding more expensive nursing institutionalization.

In conclusion, Alzheimer's has profound implications for future state budgets, and states must prepare now to address the multiple and complex challenges that Alzheimer's poses to individuals, families and state governments, particularly Medicaid.

Thank you for the opportunity to submit this testimony in support of studying long term care options for older adults and persons with Alzheimer's disease in need of assistance and care to stay in the community.

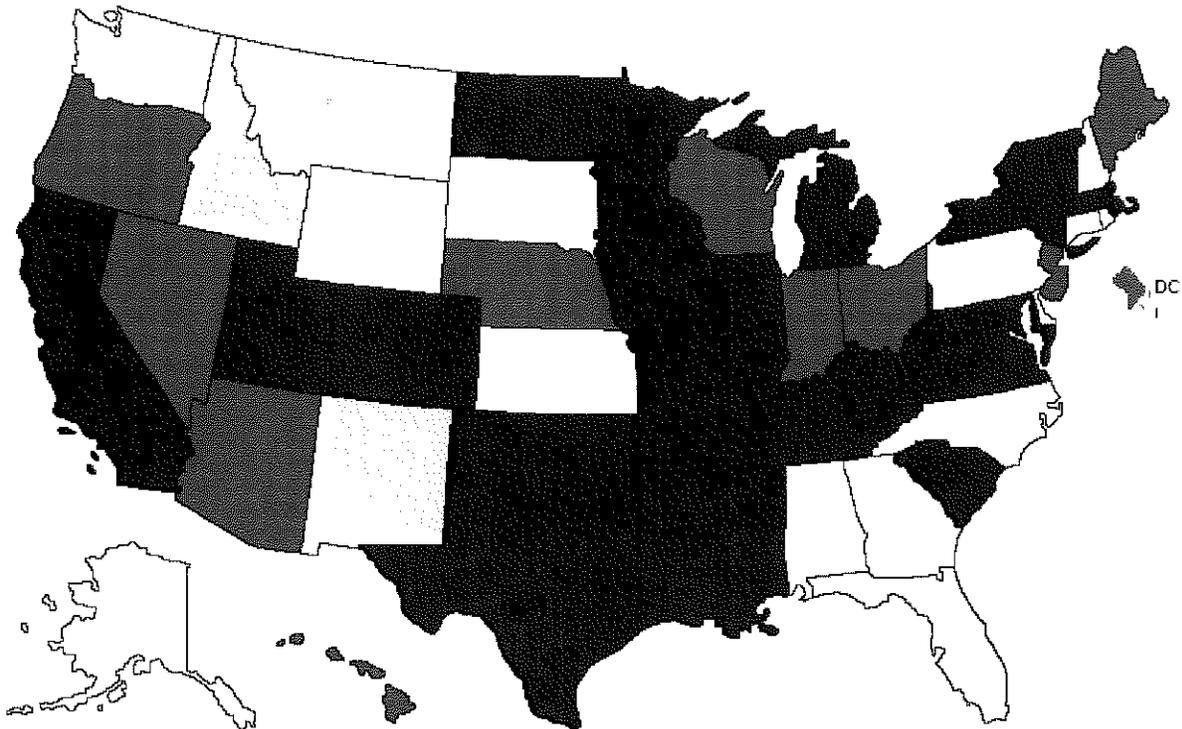
Please feel free to contact me at Laurie.julian@alz.org, or (860) 828-2828.

ⁱ 2012 Alzheimer's Disease Facts and Figures report at alz.org/facts.

ⁱⁱ MetLife Mature Market Institute. Market Survey of Long-Term Care Costs: The 2011 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs. New York, N.Y.: Metropolitan Life Insurance Company, 2011.

State Government Alzheimer's Disease Plans

Updated February 14, 2012



-  Published a State Alzheimer's Plan. (23)
-  Task Force established to develop a State Alzheimer's Plan. (11 includes DC)
-  Legislation filed. (3)
-  No Legislation filed or Executive Branch activity pending. (14)