ALASKA STATE LEGISLATURE
JOINT MEETING
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
January 31, 2012
3:05 p.m.

MEMBERS PRESENT

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Wes Keller, Chair
Representative Alan Dick, Vice Chair
Representative Bob Herron
Representative Paul Seaton
Representative Bob Miller

SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Senator Bettye Davis, Chair
Senator Dennis Egan
Senator Fred Dyson

MEMBERS ABSENT

HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Representative Beth Kerttula
Representative Charisse Millett

SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

Senator Johnny Ellis
Senator Kevin Meyer

COMMITTEE CALENDAR

HOUSE CONCURRENT RESOLUTION NO. 20
Designating February 2012 as American Heart Month.

- MOVED OUT OF COMMITTEE

PRESENTATION: ALZHEIMER'S RESOURCE OF ALASKA

- HEARD

PREVIOUS COMMITTEE ACTION

BILL: HCR 20
SHORT TITLE: AMERICAN HEART MONTH
SPONSOR(s): REPRESENTATIVE(s) P.WILSON

01/25/12	(H)	READ THE FIRST TIME - REFERRALS
01/25/12	(H)	HSS
01/31/12	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

REPRESENTATIVE PEGGY WILSON
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Introduced HCR 20 as the prime sponsor of the bill.

JAMIE MORGAN
Senior Government Relations Director
American Heart Association (AHA)
Western States Affiliate
Sacramento, California
POSITION STATEMENT: Testified in support of HCR 20.

BOB URATA, MD
Family Physician
American Heart Association Volunteer
Juneau, Alaska
POSITION STATEMENT: Testified in support of HCR 20.

JIM FOSTER
Paramedic
American Heart Association volunteer
POSITION STATEMENT: Testified in support of HCR 20.

DULCE NOBRE, Executive Director
Alzheimer's Resource of Alaska
Anchorage, Alaska
POSITION STATEMENT: Presented an overview of Alzheimer's and related diseases.

AMBER SMITH, Education Specialist
Alzheimer's Resource of Alaska
Juneau, Alaska
POSITION STATEMENT: Testified during the discussion of Alzheimer's and related diseases.

CHERYL PUTNAM, Family Care Giver
Juneau, Alaska
POSITION STATEMENT: Testified during the discussion of Alzheimer's Disease and related disorders.

PATRICK CUNNINGHAM, DSW
Member, Board of Directors
Alzheimer's Resource of Alaska
Anchorage, Alaska
POSITION STATEMENT: Testified during discussion of Alzheimer's and related diseases.

ACTION NARRATIVE

3:05:53 PM

CHAIR WES KELLER called the meeting of the House Health and Social Services Standing Committee to order at 3:05 p.m. Representatives Keller, Miller, Dick, and Herron were present at the call to order. Representative Seaton arrived as the meeting was in progress.

HCR 20-AMERICAN HEART MONTH

3:07:03 PM

CHAIR KELLER announced that the first order of business would be HOUSE CONCURRENT RESOLUTION NO. 20, Designating February 2012 as American Heart Month.

3:07:19 PM

REPRESENTATIVE PEGGY WILSON, Alaska State Legislature, prime sponsor of HCR 20, paraphrased from her sponsor statement:

> HCR 20 raises awareness of the nation's leading cause of death, cardiovascular disease, by having the State of Alaska join the American Heart Association in celebrating February 2012 as American Heart Month. This unfortunate disease causes an average of one American death every 39 seconds or nearly 2,200 deaths each day. It is the costliest disease in the nation, with direct and indirect costs estimated to be $297,700,000 a year. Research shows that there are clear preventative and community based strategies that can increase survival rates from this disease. The

American Heart Association's 2020 impact goal seeks to improve cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular disease and stroke by 20 percent through research, population-level and community-level interventions, and public health and policy measures. The passage of this resolution would join Alaska and the American Heart Association in raising awareness of this disease by celebrating February 2012 as "American Heart Month" and promoting education and awareness by encouraging citizens to learn the warning signs of heart attack and stroke.

3:09:39 PM

REPRESENTATIVE MILLER asked if HCR 20 was intended to only be designated for this year.

3:09:56 PM

REPRESENTATIVE P. WILSON, in response, said that, currently, it was just for this year, but that she would like to see it become permanent.

REPRESENTATIVE MILLER expressed his agreement, and asked if HCR 20 included any planned programs for exercise, diet, and smoking.

REPRESENTATIVE P. WILSON replied that a representative from the American Heart Association would answer that question.

3:10:49 PM

REPRESENTATIVE HERRON offered his belief that annual introduction of the resolution "keeps it on the forefront."

3:11:44 PM

CHAIR KELLER opened public testimony.

3:12:03 PM

JAMIE MORGAN, Senior Government Relations Director, American Heart Association (AHA), Western States Affiliate, expressed her appreciation to the House Health and Social Services Standing Committee for its support of HCR 20. In response to an earlier question by Representative Miller, she said that AHA had many

educational programs in the community, as well as other available resources and materials posted on its website. She urged support for HCR 20.

3:13:07 PM

BOB URATA, MD, Family Physician, American Heart Association Volunteer, stated that he supported HCR 20. He confirmed that heart disease and stroke were a major cause of death and disability. He pointed out that many of the deaths from cardiovascular disease could be prevented by avoiding key risk factors and treating those which were abnormal. He stated that "maintaining a healthy weight, blood pressure, cholesterol, sugar, and not smoking are key risk factors that can lead to a longer life." He referenced the National Institute of Health (NIH), stating that 1.6 million lives had been saved since 1977 with an estimated 44 percent due to a reduction of risk factors. He reported that overweight and obesity was the new threat, as 27 percent of high school students were overweight or obese. "This will lead to an increase in high blood pressure, diabetes, and heart disease." He noted that although there was an increased awareness for the signs of heart attack, only 27 percent knew to call 911. He emphasized that "increasing awareness of risk factors and emergency care is a first step in reducing the risk of death and disability from this disease." He offered his support for passage of HCR 20.

3:15:37 PM

REPRESENTATIVE HERRON reflected that the statistics were sobering. He pointed out that food manufacturers created complex formulas to make food taste better, though not necessarily healthier, and asked if AHA was attempting to combat this.

3:16:40 PM

DR. URATA replied that AHA scientists maintained a nutrition vigil.

3:17:07 PM

MS. MORGAN, acknowledging the issue, stated that AHA had not yet taken a position. She offered to update the committee as more information became available.

3:17:43 PM

REPRESENTATIVE HERRON opined that although everyone liked food that tasted good, he questioned whether it was healthy for companies to create compounds to enhance flavor solely in order to get people to eat more of that food.

3:18:15 PM

DR. URATA, reflecting on the elimination of salt from his diet in order to combat rising blood pressure, suggested that his taste buds had adjusted to this change and that, after time, salty foods began to taste bitter.

3:19:27 PM

JIM FOSTER, Paramedic, stated that having a month dedicated to cardiovascular disease allowed the opportunity to bring awareness to the epidemic problem. He reported that although this was the number one cause of death in America, it was not a "media event" so it was not recognized.

3:20:49 PM

CHAIR KELLER closed public testimony.

3:21:04 PM

REPRESENTATIVE HERRON moved to report HCR 20 out of committee with individual recommendations and the accompanying zero fiscal notes. There being no objection, HCR 20 was reported from the House Health and Social Services Standing Committee.

3:21:29 PM

The committee took an at-ease from 3:21 p.m. to 3:33 p.m.

3:33:34 PM

SENATOR BETTYE DAVIS called the joint meeting of the House and Senate Health and Social Services Standing Committees to order at 3:33 p.m. Senators Davis, Egan, and Dyson and Representatives Keller and Miller were present at the call to order. Representative Seaton arrived as the meeting was in progress.

Presentation: Alzheimer's Resource of Alaska

3:34:17 PM

SENATOR DAVIS announced that the only order of business would be a presentation on Alzheimer's Resources of Alaska.

3:34:31 PM

DULCE NOBRE, Executive Director, Alzheimer's Resource of Alaska, shared that the Alzheimer's Resource of Alaska had incorporated as a 501(c)(3) in 1984 and that the 17 members on the board of directors reflected a good geographic diversity. She reported that the organization served all of Alaska primarily through its four offices: Anchorage, Juneau, Palmer, and Fairbanks. She shared that the organization hired people in local communities, and that it currently had 117 active in-home workers throughout the state, 44 percent of who were in rural areas. They served any age group with Alzheimer's disease or related dementia, as well as frail elders over 60 years of age without cognitive impairments, who needed assistance. She pointed out that the organization also served the family care givers, as the majority of service was in the home. She noted that the recipients of service were 65 percent clients and 35 percent care givers. She reported that the organization supplied a variety of services, including care coordination, in-home service, and education and support services.

3:40:56 PM

MS. NOBRE reported that Alaska's senior population, 60 and over, was growing at five times the national rate. She explained that, as age was a risk factor for Alzheimer's Disease, the over 60 population had almost tripled in the last 20 years to more than 6000 people today. She opined that in the next ten years, this population would double again.

3:44:22 PM

MS. NOBRE confirmed that this fast rate of growth would stretch the resources of the organization. She directed attention to the Alzheimer's Disease & Related Disorders (ADRD) grant for $127,118, which had only been increased once, by 10 percent, in the last 20 years. She compared this 10 percent grant increase to the 300 percent increase in the AARD population served. She pointed out the social and financial savings generated by this program, as it delayed the placement of individuals into facilities. She offered her belief that the grant increase was a good investment in the prevention of crisis.

3:48:03 PM

CHAIR KELLER asked to clarify that the growth rate was proportional to the population and not an increase in the incidence of Alzheimer's Disease.

MS. NOBRE replied that the Alzheimer's incidence rate had remained constant.

CHAIR KELLER asked how many frail elders were served.

MS. NOBRE clarified that the frail elders were served by another program.

3:49:11 PM

SENATOR EGAN asked if dementia and Alzheimer's were the same.

MS. NOBRE, in response to Senator Egan, said that dementia was an umbrella term, to describe a variety of conditions, which included Alzheimer's Disease.

SENATOR EGAN relayed a personal story.

MS. NOBRE clarified that Alzheimer's Disease was only diagnosed with certainty after an autopsy. She noted that dementia was often used when there was no other diagnosis, but that other diseases such as Parkinson's could cause dementia. Dementia was described as a set of symptoms. Everyone with Alzheimer's has dementia, but everyone with dementia does not necessarily have Alzheimer's.

3:51:28 PM

SENATOR EGAN asked about the dramatic increase in the number of diagnoses.

MS. NOBRE opined that the senior population in Alaska was growing five times faster than other states. She declared that age was the greatest risk factor and that the incidence of Alzheimer's increased by 47 percent after the age of 80.

3:53:03 PM

SENATOR DYSON respectfully asked what Ms. Nobre wanted to accomplish with this presentation and what she would like to have from the committee.

MS. NOBRE requested the opportunity to educate the public. She requested a $223,000 increase in the grant money from the state.

3:54:24 PM

SENATOR DYSON asked if this had been included in the governor's budget.

MS. NOBRE replied that the incremental increase was not.

SENATOR DYSON summarized the request to be an increase in money for ADRD.

3:54:50 PM

REPRESENTATIVE MILLER asked if Alzheimer's Resource of Alaska worked with preventative treatments.

MS. NOBRE said that they offered mental fitness, diet, and exercise programs.

3:56:13 PM

AMBER SMITH, Education Specialist, Alzheimer's Resource of Alaska, relayed that she travelled around Southeast Alaska providing education and support services. She described that anyone can make an anonymous phone call to discuss memory concerns or to receive a free memory screening. She declared that, based on concerns and the screening results, the person may be encouraged to schedule with a health care provider. If this is the case, she offered counseling on what to expect from the health care provider. She reported that, with early diagnosis of any disorder, the ADRD program offered early memory loss support groups. She detailed that these groups were facilitated by an education specialist and offered interaction with other people with similar diagnosis, understanding of what to expect, advance planning, and realization that they were not alone. She informed the committee that family care givers would also contact the program in search of resources, support, education, and training. She shared that she offered training to professional care givers, as well, and this training improved the quality of life for both the providers and the patients. She mentioned that she and her colleagues attended health fairs,

hosted awareness events, and spoke with community groups about Alzheimer's and related dementias and warning signs to help reduce the stigma and isolation. She requested that the grant funding from the state be increased.

4:03:06 PM

CHERYL PUTNAM, Family Care Giver, established that she was the adult long distance care giver to her mother in Skagway, while she [Cheryl] lived in a nursing home in Juneau. She declared that her family and friends had banded together to bring health care services to her 84 year old mother in Skagway, who did not want to leave her home of 50 years. Since her mother's development of dementia, Ms. Putnam had worked with the organization for help with the planning for her mom. She detailed that dementia was much more than a memory issue, as it included logic, perception, and cognition. She lauded the ADRD program and the support it had provided.

4:08:01 PM

MS. PUTNAM relayed that as her mom's condition continued to deteriorate, she had approached Ms. Smith to develop a plan of action for her mother. She confirmed that there was a great relief in developing the plan, and in knowing there were others to ask for help. She emphasized that the ADRD program had kept her mom out of a nursing home and better prepared the family for what was ahead. She declared her support for the funding request, pointing to a need due to the aging of the Boomer generation.

4:12:49 PM

PATRICK CUNNINGHAM, DSW, Member, Board of Directors, Alzheimer's Resource of Alaska, reading from a prepared statement:

> My name is Patrick Cunningham and I am a member of the Board of Directors of Alzheimer's Resource of Alaska. I am also an Associate Professor of Social Work in the College of Health, University of Alaska Anchorage.
>
> Thank you for the opportunity of meeting with you to present information regarding Alzheimer's Disease and Related Dementia. Related to this, I wish to thank Senator Bettye Davis for introducing Senate Bill 179 creating missing vulnerable adult prompt response and notification plans. This is similar to the Amber

Alert for missing children, but targets adults. Victims of Alzheimer's disease and related dementia have a tendency to wander as one of the manifestations of the condition and are at risk. Just last month in Fairbanks, a 63 year old woman suffering from Alzheimer's Disease froze to death after she became disoriented while driving, ran out of gas, and tried walking several miles to seek help.

A number of University of Alaska Anchorage Bachelor and Master of Social Work graduates are employed by Alzheimer's Resource of Alaska and provide education and support services as well as care coordination. Last July, I attended the Alzheimer's Association International Conference on Alzheimer's disease, in Paris, France.

Attending this Conference were over 5,000 scientists from all over the world who are engaged in a variety of research ventures seeking the causes of the disease and developing treatment interventions. I had the opportunity of reporting on challenges of care coordination in Alaska listing 20 challenges and proposing 20 solutions. Among the solutions was an emphasis on proactive early detection and engagement in services. I learned at the Conference that it is possible to identify individuals who are at risk for the Disease ten years prior to onset with 80 percent accuracy. The identification of biomarkers that may be measured with brain scans, spinal fluid analysis, blood, and cognitive markers consisting of tests for mild cognitive impairment are methods that are being used. At the Conference, the results of The World Alzheimer Report 2011 provided evidence that early dementia diagnosis, coupled with early intervention, is cost-effective, as the costs of an earlier diagnosis are more than offset by savings from the use of antidementia drugs and delayed institutionalization. Other key findings were:

- when people with dementia are well prepared and supported, their initial feelings of shock, anger, and grief often give way to a sense of reassurance and empowerment.
- earlier diagnosis allows patients to plan ahead while they can still make important decisions about their future care and allows them and their families to

access timely practical advice and support, as well as to access available therapies that may improve their cognition and enhance their quality of life; and

- most people with early-stage dementia would want to be told of their diagnosis.

The Alaska Division of Public Health conducts the Behavioral Risk Factor Surveillance System (BRFSS). Data are collected on risk and preventive behaviors and chronic disease prevalence that are especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs. Although Alzheimer's disease is listed as the 8th leading cause of death in Alaska and predicted to increase, it is not referenced in the section dealing with chronic disease. The Center of Disease Control Healthy Aging Program has developed an Impact of Cognitive Impairment Module to assess and monitor the public's beliefs about the impact of cognitive impairment. So far, 20 states have added it to the Behavioral risk Factor Surveillance System. It consists of 10 questions. The CDC has also developed a Caregiver Module to examine various aspects of caregiving. It also contains 10 questions. If the Division of Public Health were to include these modules in the survey, this would provide service providers like Alzheimer's Resource of Alaska with essential information to assist them in health promotion and disease prevention programs.

To date, treatment interventions for Alzheimer's disease and Related Dementia consists of pharmacological and non-pharmacological approaches. Some medication has been found to delay the progression of the disease, if identified early, but not cure it. Among the non-pharmacological approaches are prevention of risk factors, psychological, diet, exercise, and cognitively stimulating activities. Some experts are advocating for a paradigm shift away from the current approach of treating symptoms as they emerge to targeting the disease in its very earliest, preclinical stage. These are individuals with mild cognitive impairment who have not progressed to Alzheimer's disease. This offers the best opportunity, to date, to prevent or substantially delay the Disease.

A study reported at the Conference that I attended stated that up to 50% of Alzheimer's Disease cases are potentially attributable to 7 preventable risk factors. These include smoking, physical inactivity, midlife obesity, midlife hypertension, depression, diabetes, and cognitive inactivity. This is where interventions to increase education and physical activity and reduce smoking rates and depression could potentially have a dramatic impact on Alzheimer's prevalence over time. At the national level, government action on AD does not reflect the expanding human, social, and economic burden of the disease for American families. Today there are 5.4 million Americans with Alzheimer's disease and by 2050. As many as 16 million Americans will have Alzheimer's and the cost of care will surpass $1 trillion annually. There is currently no cure for AD and no disease-modifying treatment, so the current best hope lies in identifying prevention strategies.

Psychological interventions target behavioral and psychological symptoms of dementia. The most obvious are agitation, aggression, mood disorders and psychosis. Some examples of interventions are art, music, activity, and validation therapy.

In terms of diet, a study of relatively healthy elderly adults found that those with diets rich in several vitamins B, C, D, E or omega-3 fatty acids had better cognitive function and less brain atrophy associated with Alzheimer's disease than their peers with diets less abundant in these nutrients. Those who ate a diet rich in red meat and full-fat dairy foods were more likely to get Alzheimer's disease compared to those who ate a diet consisting mostly of nuts, poultry, fish, fruits, and vegetables. A chemistry professor at UAA has been recently rewarded a grant to study the effect of bog blueberries on dementia. Circumin derived from the spice turmeric reduces amyloidal accumulation and synaptic marker loss associated with Alzheimer's disease. There is currently a clinical trial underway to determine the effect of the herb sage as a potential treatment for the disease. Sage has been demonstrated to enhance memory and mental function.

Mounting evidence suggests that physical activity may have benefits beyond a healthy heart and body weight. Through the past several years, population studies have suggested that exercise which raises your heart rate for at least 30 minutes several times a week can lower your risk of Alzheimer's. A number of clinical trials are examining the effect of aerobic fitness training on human cognition, brain structure, and brain functioning in older adults. The use of a Nintendo gaming console called WII Fit is being tested for aerobics, strength, training and balance improvement with individuals with a diagnosis of mild dementia. A nurse at the University Of Washington School Of Nursing is evaluating an exercise and health promotion program for older adults with mild memory loss. And lastly, an even more promising program included exercise and mental activity. The participants rode recumbent bikes for an average of 3 rides per week, plus they had a virtual reality display that allowed them to ride in a 3-dimensional landscape and race against a ghost rider based on their last best performance.

In a group of healthy elderly individuals, researchers found that greater participation throughout life in cognitively stimulating activities such as reading, writing, and playing challenging games were associated with less beta-amyloid deposition in the brain, a hallmark of AD. Other cognitive activities for AD patients is to engage them in activities of recollection which are not only general in nature, but also can focus on memory skills that can be directly helpful to them in activities of daily living, such as where they left a purse or wallet, or what is their living address. These memory exercises are also beneficial to their caregivers, who often get frustrated with the memory deficits of their family member.

One of the functions of the agency's Education and Support Program is to provide education to the health care provider. Since it is the primary health care provider who bears the responsibility for managing most of the AD patients, there clearly is a need to assist these clinicians with best practices guidelines. When best prepared, the provider will be able to make the appropriate diagnosis and, in a

timely manner, inform the patient so that crises can be avoided, therapeutic and rehabilitative support can be initiated, and the patient can be adequately informed so that choices can be made for the future while decision-making capability remains. The patient and family face many short-term and long-term decisions that are best made based on knowledge of the disease process, the range of symptom progression, and the ultimate prognosis. This would include making decisions about advance directives to physicians, appointing a durable medical power of attorney, discussing end of life decisions with whoever will be designated as the surrogate decision maker, and future living arrangements. This is where a referral to the agency education and support services is warranted.

In terms of an economy of scale, when you consider the services provided by this program it becomes very cost effective when it may prevent the development of Alzheimer's Disease or delay it resulting in the individual remaining in their home and community for as long as possible, extending their quality of life and remaining out of an assisted living facility or nursing home. If the services the program provides delays for one year a nursing home admission for two clients, it results in a savings of well over $200,000. When you consider this, the request for $223,000 additional funding for the grant is a very modest one. Even more funding would enable an even greater outreach program.

4:27:55 PM

CHAIR DAVIS asked for the current finances of the Alzheimer's Resource of Alaska.

4:28:24 PM

MS. NOBRE replied that the organization currently received $127,000, which included the one increase of 10 percent in the past 20 years. In response to Chair Davis, she affirmed that Alzheimer's Resource of Alaska had spoken with the of the House Finance Committee's Budget Subcommittee.

CHAIR DAVIS opined that the organization provided "a great service" to both the patients and the care givers. She shared a

personal story of her mother's affliction with Alzheimer's Disease.

4:30:43 PM

DR. CUNNINGHAM, in response to Representative Miller, said that more research was conducted outside the U.S. He declared that vitamins were better received from foods than from pills. He listed Vitamins B, C, D, and E and the Omega 3 fatty acids as good preventatives. He also touted turmeric, stewed tomatoes, strawberries, and artichokes as good non-pharmalogical additions.

4:32:22 PM

REPRESENTATIVE MILLER, reflecting on discussions about the possibility of mad cow disease being inherent in the meat supply, asked about a European study that indicated the similarity between mad cow disease and Alzheimer's Disease, and the subsequent misdiagnosis.

DR. CUNNINGHAM stated that he was not aware of any further studies, but he shared that depression was often misdiagnosed as dementia. He agreed with Representative Miller to the importance of monitoring the food chain. He emphasized that the cause for Alzheimer's was still unknown.

4:34:22 PM

MS. SMITH clarified that Alzheimer's Disease and mad cow disease were separate diseases, though both were causes of dementia.

REPRESENTATIVE MILLER stated that the aforementioned study indicated that many cases were misdiagnosed as Alzheimer's, when in fact, 20 - 30 percent were mad cow disease.

4:35:18 PM

CHAIR KELLER asked if the bio markers were definite. He expressed his astonishment that 50 percent of dementia cases were preventable by life style changes.

4:35:58 PM

DR. CUNNINGHAM, in response, said that the presence of these bio markers often did identify the presence of Alzheimer's.

4:36:50 PM

SENATOR EGAN expressed his pride for the compassion offered by Alzheimer's Resource of Alaska and similar organizations.

4:38:18 PM

REPRESENTATIVE SEATON stated his agreement with a focus on the prevention of disease. He reflected on HCR 5, which focused on the prevention of disease as a model for health care, and was adopted unanimously by the entire legislature. He shared that Fraser Health in British Columbia, Canada had recently instituted a weekly dosage of 20,000 IU of Vitamin D to all patients in the senior residential care. He pointed out that this had resulted in a 10 - 25 percent reduction in fractures, a significant savings, as the cost of one fracture was equal to the cost of the entire Vitamin D program. He lauded the benefits of a prevention model.

4:40:11 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:40 p.m.