Minutes of the Joint Legislative Oversight Committee
February 4, 2021
Room EW42, Capitol, Boise, Idaho

Cochair Senator Mark Harris called the meeting to order at 4:30 p.m. He recognized new members of the committee: Senator Dave Lent, Senator David Nelson, and Representative Steve Berch. Attending the meeting were Senators Dave Lent, Michelle Stennett, David Nelson, Representatives Ilana Rubel (cochair), Caroline Nilsson Troy, Paul Amador, and Steve Berch. Also present were Rakesh Mohan, director and other staff from the Office of Performance Evaluations (OPE). Virtual audience members included the following:

Dave Jeppesen, Director, Department of Health and Welfare
Judy Taylor, Director, Commission on Aging

Approval of committee rules

Representative Troy moved to approve the committee rules with edits proposed by Rakesh. Senator Stennett seconded the motion, and it passed by voice vote.

Report presentation: *State Response to Alzheimer's Disease and Related Dementias*

Rakesh said the committee released the report to the website in December and he was excited to present this important information to the committee. The committee will be hearing from Sasha O'Connell on the report. The study was requested by seven different legislators, including two current members of the Joint Legislative Oversight Committee. The report is important because it talks about the growing public health problem around Alzheimer's disease and related dementias that the state is facing, and the report makes some suggestions on how to approach those issues. At the end of the report there are responses from the Governor, the Department of Health and Welfare, the Commission on Aging, and the six area agencies on aging (AAAs). Rakesh thanked the Department of Health and Welfare, the Commission on Aging, the AAAs, and service providers for their help on the report.

Sasha O'Connell, evaluator, discussed dementia and the state's efforts to respond. She said that about 27,000 Idahoans have Alzheimer's disease and that is projected to grow by 22 percent over the next five years. Idaho's state agencies play an important role in supporting people with dementia and their family caregivers.

Sasha said in 2013 a state plan to address dementia was endorsed by the legislature. OPE was asked to analyze progress on the state plan, but it was quickly found that no one was in charge of implementing the state plan. Also, OPE found that Idaho's response to address dementia was fragmented, making coordination more important than it is in other states with more centralized aging services. Neighboring states have more robust prevention efforts and stronger systemwide oversight of dementia services.

Sasha said dementia refers to a group of symptoms caused by damage to nerve cells in the brain and is not part of the normal aging process. Alzheimer's disease accounts for 60-80 percent of dementia cases. Symptoms of dementia include memory loss and severe cognitive decline that affects activities of daily living. As a result, people with dementia initially need help with things like grocery shopping and managing finances, and many eventually need help with things like

eating, bathing, and getting dressed. The average cost of care is $184,500 more for someone with dementia over the last five years of their life, compared with someone who does not have dementia. People with dementia are two to three times more likely to rely on Medicaid than their peers without dementia.

Senator Stennett asked if that is the average cost is the total over five years and not the annual cost and Sasha said it was the total increase in cost. Sasha said 86 percent of costs is paid for by families and the rest is paid for by Medicaid and Medicare.

Sasha said Idaho has made little progress on the 2013 state plan. Less than half of the stakeholders interviewed had heard of the 2013 state plan. The plan was created by the Idaho Alzheimer's Planning Group, which received a $10,000 grant from AARP to conduct a needs assessment. The group has since disbanded citing a lack of organizational capacity and resources. Unlike some of Idaho's neighboring states, there is no government entity tasked with implementing a state plan.

Sasha said Idaho has a fragmented response which complicates providing support to those with dementia and their families, leading to issues such as service gaps and duplication. The Department of Health and Welfare, the Commission on Aging, seven public health districts, and six AAAs all play a role in providing services to those with dementia. While some states have aging services in the same agency as other health and welfare services, Idaho has two separate agencies. The AAAs also operate independently from the Commission on Aging, some are housed in colleges while others provide services to people of all ages. Neighboring states have more centralized aging services than Idaho. For example, some states have senior centers, caregiver supports, and public health programs all under the same local government entities.

Forty percent of dementia cases are caused by 12 modifiable risk factors. National experts recommend a public health approach to dementia that focus on prevention and early detection. Idaho does not have a public health dementia program like it does for other chronic diseases.

Representative Berch asked if it is actual prevention or if it is slowing down the symptoms. Sasha said that the Lancet medical journal framed findings as dementia prevention and delay.

Senator Stennett said it was her understanding that there is a state coordinator position for Alzheimer's disease that is sometimes funded, depending on whether it is presented to JFAC. She asked if that was Sasha's understanding. Sasha said the Governor did modify his budget in response to the evaluation and added a dementia response coordinator position as well as a needs assessment.

Sasha said Alzheimer's disease is the sixth leading cause of death in Idaho. If all dementia deaths were grouped together, it would be the third largest cause of death in the state. Idaho does not have enough qualified professionals to diagnose and care for people with dementia. The type of dementia was unknown for half of Idaho's dementia deaths from 2014 to 2018.

There are an estimated 87,000 family caregivers of people of dementia in Idaho. Medicaid and the AAAs provide at-home assistance for home caregivers, but many do not access these supports because they are unaware of them or face barriers because of where they live.

Senator Stennett asked if Sasha was aware of any community-based caregiver networks. Sasha said that Alzheimer's Association has a large network, along with the AAAs. Overall, there was an ongoing theme in the interviews that people are not accessing the services even if there is an

active network though. Many caregivers do not view themselves as caregivers and do not seek out help.

Most Idahoans with dementia who rely on Medicaid live in a residential care facility. Staff training is an important component on keeping those with dementia safe, but Idaho does not require ongoing dementia training for nursing facility staff. Additionally, Idaho does not require a specific number of hours of dementia training for assisted living facility staff. Medicaid reimbursement is lower than the cost of residential care.

Work groups tried to address policy gaps for people with dementia relating to severe behavioral crises, Idaho's lack of an adult maltreatment registry, and inaccurate Medicaid reimbursement for assisted living facilities. In each case, something got in the way for that final push to a solution. No government entity is charged with pushing for results on behalf of Idahoans with dementia.

The report has two recommendations. First, the Legislature should consider establishing a system-wide oversight entity to improve collaboration and ensure accountability for outcomes. Second, the state should establish an ongoing position in the Division of Public Health to develop prevention efforts, help drive the dementia task force, and improve coordination.

Cochair Harris said that he appreciates the work that was done on the report. Representative Troy also said she appreciates the effort on the report.

Cochair Harris asked Dave Jeppesen, the director of the Department of Health and Welfare, to address the committee. Mr. Jeppesen said he wanted compliment OPE for always doing a professional and thorough job. The reports are gifts to help them understand what needs to be done.

Mr. Jeppesen said the department agrees with the report. Specifically, they agree that the state does not have a public health response to dementia like it does with other chronic diseases. Behavioral and environmental changes can reduce the risk of dementia. Additionally, Mr. Jeppesen said he agrees with the report that a well-coordinated state dementia program could help primary care providers and caregivers in the public understand the importance of risk reduction, early detection, and available resources.

The department has been looking for funding sources to develop a public health approach to dementia. The department does receive federal funding for some public health issues such as diabetes and heart disease but there are few federal grants available for dementia. Idaho applied for a federal grant to address dementia in 2020 but was not selected to be a recipient.

Representative Berch asked if there is any analysis on how much surrounding states are funding dementia services to get a handle on how much Idaho would need to spend. Sasha said every state has different needs and the Governor is supporting a needs assessment as part of his budget recommendation. Mr. Jeppesen said that understanding the cost is the first step and confirmed there is a needs analysis that is included in the line-item request in the Governor's budget.

Representative Troy asked how Mr. Jeppesen thinks the new position will be able to coordinate with the work done by the Commission on Aging. Mr. Jeppesen said the teams work closely and there needs to be a central person to keep track of the services. The new position allows a single point of focus to keep track of the activities.

Senator Nelson asked if dementia training at nursing homes and assisted living facilities could be done quickly through a rule change by the department. Mr. Jeppesen said they do have a mechanism to enforce more training since the state sets the rules for residential care facilities, so that is one tool they could use. However, the department would want to ensure that the training is modern and effective and understand how the new requirements would impact providers and how to assist them if necessary.

Cochair Harris next asked Judy Taylor, the director of the Commission on Aging, to address the committee. Ms. Taylor said that the commission fully stands behind the recommendations in the report. The report distilled both the issues and barriers to bringing the work that is going on among agencies over the finish line to provide tangible services.

Ms. Taylor said she stands behind the governor's budget recommendation to house a dementia coordinator position in the Department of Health and Welfare. Framing it as a public health issue and addressing it through primary prevention is the best place to start. The commission comes in on the secondary and tertiary prevention, where the problem is already challenging, and stabilizes it as much as possible.

Ms. Taylor said the commission stands ready to contribute to the effort especially around preventing institutionalization by providing caregiver supports, which is the mission of the Commission on Aging. On the Commission's website there is evidence-based and current training that could be used by direct care workers.

Representative Berch asked is there is data on the population growth among the elderly and if that could create a potential challenge down the road. Ms. Taylor said people 60 and older contribute to their communities. Most of their volunteers are those younger retired people, aged 60-85. A lot of people moving to the state are net contributors. The highest risk factor of developing Alzheimer's disease or related dementias is age. As the older population increases, they are at risk of increased spending in the last five years of their life because of dementia. Ms. Taylor said this is why they are excited to address the issue upstream with the public health approach and start with prevention.

Representative Troy moved that the report be presented to the House and Senate Health and Welfare committees. Senator Nelson seconded the motion, and it passed by a voice vote.

Senator Nelson moved to conduct a one-year follow up on recommendations. Representative Rubel seconded the motion, and it passed by voice vote.

Other committee business

Representative Troy asked when the committee would meet to discuss what topics will be selected for next year. Rakesh said the office has three more reports that need to be presented to the committee. Rakesh said that hopefully around March 10th the committee will meet to select topics, but if there is an important topic anyone has in mind to talk to the cochairs and the committee can meet earlier.

Cochair Harris said the committee would meet next week to discuss the driving privilege report.

The meeting adjourned at 5:55 p.m.