Every day there is more confusing and bad news about Medicare. Critics, supporters and neutral commentators are focused on such aspects as the prescription drug benefit and the effects of budget surplus and deficit on the program's future soundness.

Political partisans across the spectrum can argue any side they want. The one overriding and immutable fact is the relentless pressure of an aging society. By 2030, there will be twice as many people over the age of 65 as there are today – more than 71 million, according to the US Census Bureau.

Exacerbating this time bomb is another unsettling prospect. As the over-65 population increases, so does the number of people with Alzheimer's disease. At present, an estimated 4.5 million Americans have Alzheimer's. One in ten individuals over 65 and nearly half of those over 85 are affected. Unless a cure or preventative measure is found, the number of Alzheimer's patients is likely to more than triple by 2050, 44-16 will be according to the Alzheimer's Association. In Nevada that means the number of people living with Alzheimer's could increase from the current estimate of 40,000 to more than 100,000 OR MORE as we see more and more was seniors moving to Nevada. Healthy, active retirees who will need increasing support and services as they age. This disease alone could be enough to bankrupt the Medicare and Medicaid systems as we know them – regardless if there is a prescription benefit or not.

Alzheimer's disease has a long time trajectory, with death coming eight, ten or even 20 years after diagnosis. Long before the end, Alzheimer's patients lose their ability to communicate with others and to understand what is going on around them. Alzheimer's disease is more than just losing your memory...it is a progressive, degenerative neurological disease that is fatal.

True, few people die OF Alzheimer's but thousands die each year WITH Alzheimer's. Typically, if the Alzheimer's patient lives long enough, they die of pneumonia or an infection...but it was the Alzheimer's disease that weakened their bodies, made swallowing difficult and made them more suspecpible to other factors ultimately causing their death. Because Alzheimer's is not the PRIMARY cause of death it is often not recorded.

The burdens of care fall upon spouses and other family members. With Alzheimer's disease, family caregivers put their lives on hold for years. This is because our so-called health system has little or no provision for the care of Alzheimer's patients.

This central fact about Alzheimer's disease raises serious public policy questions. Do we have any right to ask that the entire burden be placed on family members? In my view, the answer to that question is no. It seems to me unethical. We have a health care system that pays doctors and hospitals to care for patients, but assumes that family and friends will do this work without pay, for as long as necessary and under the most difficult and stressful conditions imaginable.

What are we doing to insure that there are programs and services in place to support these families who can care for their loved one at home? And what are we doing for those who can no longer remain at home? This "free" care may save money for our health care system. It does not take into account the direct financial costs to family caregivers, such as lost income, or the costs associated with health problems brought on or exacerbated by the stresses of care giving.

Studies show that family caregivers of dementia patients have higher rates of depression than caregivers of patients with other terminal illnesses. Research confirms what we have strongly suspected: Care giving is so stressful for family members caring for dementia patients, so emotionally draining and difficult, that it leads to poor health and perhaps even to premature death.

Alzheimer's is a real test of the humanity of the system. Help for these patients and their families is now pushed into the background by a system that makes ability-to-pay the first consideration in providing care.

Many are unaware that currently Nevada Medicaid places more than 50 demented seniors in nursing homes in Utah and Idaho – miles away from the loving support and oversight of family and friends. And why are we sending them out of state? – Because we lack facilities that can care for them – especially if there are any behavioral issues or concerns. And you may think, as I once did, that we must be sending them to specialized facilities better able to accommodate those special needs. Unfortunately that is not the case. The reason is Document consists of 2 pages

Due to size limitations, pages

A copy of the complete document is available through the Research Library (775-684-6827 or e-mail library@lcb.state.nv.us).

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money. Utah and Idaho accept a reimbursement rate from the State of approximately \$94/day. The facilities are not specialized in dementia care and in some instances have provide substandard care.

Currently, in N. Nevada there are 76 secured, skilled nursing beds for dementia patients. 76. In today's paper, it was announced that a new skilled center will be opening in Fallon and the facility is planning for some dementia beds. That could take us up to 100 beds! 100@ for a population of nearly 9,000 in N. NV.

You will be saddened and shocked to hear that there are two elderly demented men literally stuck in jail because our system does not support their special needs. We all know there are gaps in our system, and these two gentlemen and their families appear to have found everyone of them.

We have three adult day care programs - 2 in Reno and 1 in Elko. A service that can be a lifesaver for families trying to work and those needing a break from caregiving. We are hoping a program gets off the ground in Carson City at the newly expanded Senior Center and another 10 –person private day care is opening this summer. But for most families the cost is prohibitive. Families in our rural communities have even less options and support and become very isolated.

Northern Nevada has two licensed group homes for Alzheimer's located in Elko. That is it. Families who can't afford the \$2500 or more a month for care at the larger assisted living communities are sometimes forced to place in group homes that may not have the trained staff, extra safety measures and experience required to care for someone with Alzheimer's. Las Vegas faces similar issues while they try to address an exploding senior population in one of the fastest growing cities in the Nation.

We all need to be concerned – not only about our inability to serve our families now – but the huge impact Alzheimer's will have during the next 20-30 years. The Alzheimer's Association is 2nd only to the US government in funding research and our chapter offices located across the country provide a tremendous amount of education and support to families and professionals caring for those with dementia. These are the two sides of our mission – supporting research to find a cure and enhancing the quality of life for those living with

AD. We are a non-profit organization - we receive no funding from an national Organization to the profit of the money from a particle of the money from a particle of the profit of the

I appreciate your time this morning. I'd be happy to answer any questions you may have.