



North Dakota House of Representatives

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Committees:
Agriculture
Human Services

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Testimony of Rep. Gretchen Dobervich, Bill Sponsor
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Good Morning Mr. Chairman and Members of the House Human Services Committee. For the record my name is Representative Gretchen Dobervich. I work for the people of District 11 in Fargo.

Thirteen thousand and seven hundred North Dakotans are afflicted with Alzheimer's disease, a progressive, degenerative, neurological disease. There are 19,000 unpaid caregivers, typically a family member, for people with Alzheimer's disease in North Dakota. North Dakota has statistically had a high per capita rate of Alzheimer's disease due to the large percentage of older citizens, who also have a high rate of longevity into their old age.

In 2009 North Dakota became an innovation leader in the delivery of Alzheimer's disease services when the Legislature passed policy and funded the creation of the North Dakota Dementia Care Services Program. This internationally recognized program is available at no cost to all North Dakotas. It includes education, care consultation, and resource referral. Services are available for people with Alzheimer's disease living at home or in a care facility and for unpaid and professional caregivers. The program was evaluated for efficacy and return on investment by the North Dakota Center for Rural Health and was found to delay skilled care placement resulting in private and public cost savings while also reducing caregiver stress.

The next level to North Dakota's response to Alzheimer's disease is HB 1433, which establishes a dementia response program in the North Dakota Department of Health and Human Services, administered by a state dementia coordinator. Currently North Dakota's State Alzheimer's Plan is administered through NDDHHS without a designated coordinator. This program would

implement North Dakota's Alzheimer's State Plan, update the plan every three years, which would include convening a work group that includes a. Individuals living with dementia; b. Care partners and family members of individuals living with dementia; c. Representatives of home and facility - based care professionals; d. Representatives of the medical profession with experience in diagnosing and treating Alzheimer's and dementia; e. A representative of a leading national organization that advocates on behalf of individuals living with Alzheimer's or dementia; and f. A representative of an organization that advocates for older adults. The dementia response program would be responsible for implementing statewide public awareness campaigns to reduce stigma, encourage risk reduction, and promote early detection, diagnosis, and treatment. The program would also collect data to be used in making data driven decisions and recommendations.

HB 1433 has a fiscal note of \$250,000 per biennium. This would include all costs associated with the development and implementation of the program, including one full time employee.

This concludes my testimony, and I stand for any questions. Thank you Chairman Ruby and members of the Committee.