

2025 HOUSE HUMAN SERVICES

HB 1433

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1433
1/22/2025

Relating to the creation of the dementia response program; and to provide an appropriation.

9:48 a.m. Chairman M. Ruby opened the hearing.

Members Present: Chairman Ruby, Vice-Chairman Frelich, Representatives Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Holle, Kiefert, Rios, Rohr

Discussion Topics:

- North Dakota Alzheimer's State Plan.
- Frequency update
- Long term care personnel
- Search and rescue professional position

9:49 a.m. Representative Dobervich, District 11, introduced bill and submitted testimony #30656.

10:05 a.m. Melanie Gaebe, North Dakota Public Policy Director for the Minnesota-North Dakota Chapter of the Alzheimer's Association, testified in favor and submitted testimony, #30535, #30536, #30537, #30538.

10:20 a.m. Scott Bernstein, Executive Director of Guardian and Protection Services, testified in favor and submitted testimony, #29816.

10:24 a.m. Travis Bateman, Director of Badlands Search & Rescue, testified in favor and submitted testimony, #30624.

Additional written testimony:

Rebecca Quinn, Center for Rural Health, submitted testimony in favor, #30271.

Dawn Anderson submitted testimony in favor, #30462.

Megan Dooley, Owner of Innovative Therapy Solutions, submitted testimony in favor, #30571.

10:31 a.m. Chairman M. Ruby closed the hearing.

Jackson Toman, Committee Clerk



North Dakota House of Representatives

State Capitol
600 East Boulevard Avenue
Bismarck, ND 58505-0360

Representative
Gretchen Dobervich
District 11
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Committees:
Agriculture
Human Services

House Bill 1433
House Human Services Committee
Testimony of Rep. Gretchen Dobervich, Bill Sponsor
January 22, 2025

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.



Testimony
House Bill 1433
Human Services
Rep Matthew Ruby, Chair
January 22, 2025

Good morning Chairman Ruby and members of the committee. My name is Melanie Gaebe and I am the North Dakota Public Policy Director for the Minnesota-North Dakota Chapter of the Alzheimer's Association. I am here to provide testimony in support of House Bill 1433. Alzheimer's and dementia touch our lives as caregivers, loved ones, friends, family, and in our professional lives. Alzheimer's disease has been a part of my life for as long as I remember. I spent years afraid of my great grandma because I didn't meet her until after Alzheimer's disease left her nonverbal. But how can you explain dementia to a six-year old?

Off and on through high school and after college, I spent a number of years working in long term care facilities. I grew to understand how special it is to connect with someone living with Alzheimer's or another dementia. It became a privilege to be the person who could bring a smile to someone's face, make the one meal they would eat, or understand their communication when language became more difficult. And then my grandma was diagnosed with dementia. This past Christmas, was the sixth anniversary of my grandma passing away with Alzheimer's dementia. Prior to that, she spent sixteen years in care facilities moving from basic care to a secure memory care facility and finally moving to a skilled nursing facility. When I say things have changed in our understanding of Alzheimer's disease and related dementias in those nearly thirty years, it is an understatement.

This morning I would like to take a few moments to do a bit of level setting and provide you all with the new way we understand and talk about Alzheimer's disease and related dementias. It seems silly to ask, but what is dementia? We hear and use the term frequently enough but it isn't always used in the same way. So when we talk about dementia, it is an umbrella term for the collection of symptoms related to cognitive decline. These symptoms can be cognitive, behavioral, and psychological. There are a lot of diseases that cause the symptoms of dementia, Alzheimer's is the most common cause of dementia at around 60-80% of the diagnoses. But there are others such as vascular dementia, Lewy body, and even diseases like Huntington's and Parkinson's can cause dementia. It is important to note that not everyone with cognitive decline has dementia. Some causes of cognitive decline are even reversible.

There are still no cures for Alzheimer's disease or related dementias, but there are now two FDA approved treatments for Alzheimer's disease that alter the actual biology of the disease when Alzheimer's is in the early stages. Which leads to another change, we used to only talk about

dementia when people were diagnosed in the late stages. As though a person went from being perfectly healthy to having advanced dementia overnight. We now understand that there is a continuum for Alzheimer's and dementia which changes our ability to respond. The earliest stage of memory loss or loss of other cognitive ability that could develop into dementia is called Mild Cognitive Impairment. This is the stage where Alzheimer's treatments are the most effective.

But we also now know something that has bothered me ever since I learned it; the biological changes in our brains can start up to twenty years prior to showing any symptoms. And at this point you are probably wondering what any of this has to do with House Bill 1433 so I'll tell you. One of the most important things we have learned about Alzheimer's disease and related dementias is that there are things we can do to reduce our risk, slow the progression of mild cognitive impairment, and possibly even prevent ourselves from developing dementia.

Alzheimer's disease and related dementias come in as the fifth leading cause of death in North Dakota, yet there is no public health program in Health and Human Services to address lifestyle interventions for risk reduction and prevention. This is why we chose to put specific activities into the dementia response program to be overseen by a State Dementia Coordinator as each activity can be considered to fit into the purpose of public health; protecting and improving the health of people and their communities.

First, implementation and maintaining an updated Alzheimer's and Dementia State Plan. The most recent state plan was released three years ago. The plan was considered robust and shared with other states as an example of what a well-designed plan looks like. Unfortunately, there was no person or agency tasked with implementing the plan and it has spent three years sitting on the shelf. The state plan was heavily influenced by the Healthy Brain Initiative Road Map which was recently updated, meaning the state plan that was held up as an example has been left behind.

Second, the collection and dissemination of Alzheimer's disease and related dementia data is an integral piece of a comprehensive dementia response program. The most recent data on cognitive decline, caregiver needs, and diagnoses is necessary to both plan for future resources and evaluate the impacts of risk reduction efforts.

Third, we need to start talking about Alzheimer's disease and related dementia. Not only among professionals and in committee hearings, but every day. How many of you joke about memory loss when you misplace your keys or can't find a word even though it is right on the tip of your tongue? How many of you make those jokes to cover up the fear that you are really losing your memory? We need to stop acting like talking about Alzheimer's will mark us as the next person who will get it and start having conversations in the open about what it is like for people living with the disease and their caregivers. We are living in an era of treatment, the generation of hope. It is time to reduce the stigma of dementia and start addressing the lifestyle interventions that reduce our risk for developing dementia. The fear of Alzheimer's and dementia can be fought by learning about the disease and how to keep our brains healthy.

I have included with my testimony a few different infographics for you with statistics on the current prevalence of risk factors in North Dakota, the 2024 statistics for Alzheimer's and caregiving, and ten healthy habits for your brain that you can adopt.

Please give House Bill 1433 a do pass recommendation, let's send the message that brain health is a priority for all North Dakotans.

Thank you for your time, I'm happy to take questions.



cognitive decline in north dakota

alzheimer's  association®

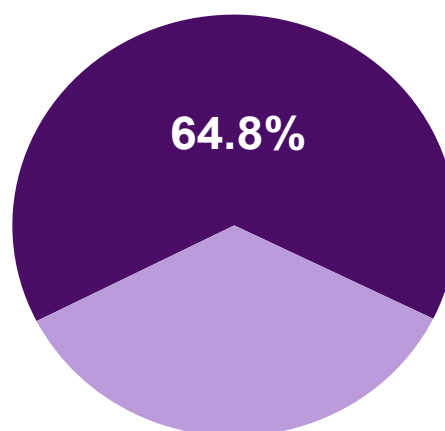
DATA FROM THE 2019 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

In North Dakota, 8.1% of those aged 45 and over report they are experiencing confusion or memory loss that is happening more often or is getting worse (“subjective cognitive decline”).

Nearly two-thirds of them have not talked to a health care professional about it.

For those with worsening memory problems, 32.6% say it has created “functional difficulties” — that is, caused them to give up day-to-day activities and/or interfered with work or social activities.

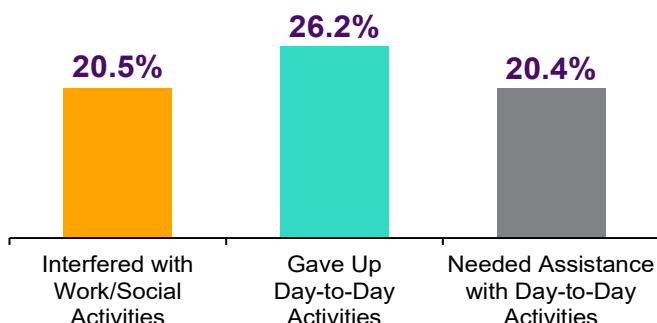
Percent with memory problems who have not talked to a health care provider



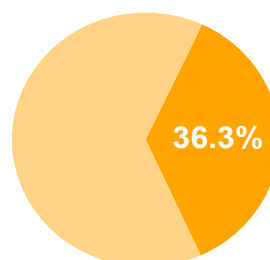
Percent of Those Aged 45+ with Subjective Cognitive Decline

All	Gender		Age					Educational Attainment			
	Men	Women	45-59	60-64	65-74	75-79	80+	< High School	High School	Some College	College Grad
	9.5%	6.7%	6.2%	7.4%	8.3%	9.3%	15.1%	16.9%	9.1%	7.5%	5.9%

Percent with memory problems who say it created difficulties and burden

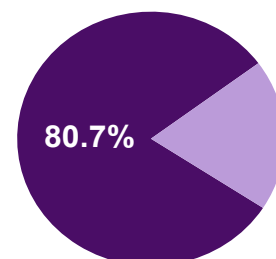


This Fact Sheet is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,795,933 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



Percent with memory problems who live alone

Percent with memory problems who have at least one other chronic condition*



*Defined as arthritis, asthma, COPD, cancer, cardiovascular disease, and diabetes



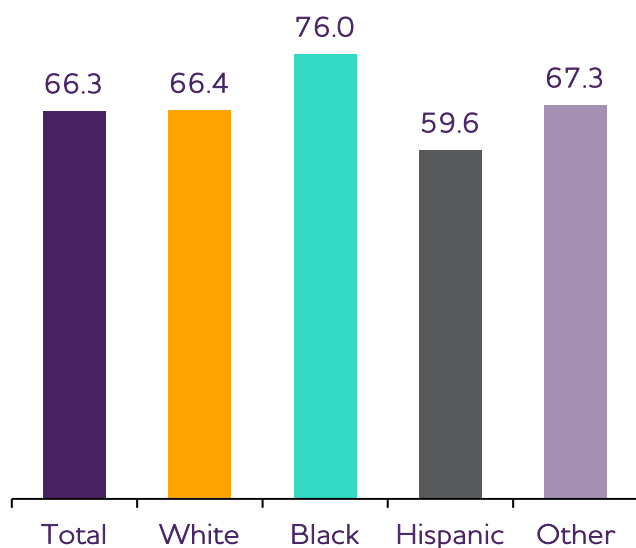
Risk Factors for Cognitive Decline: North Dakota



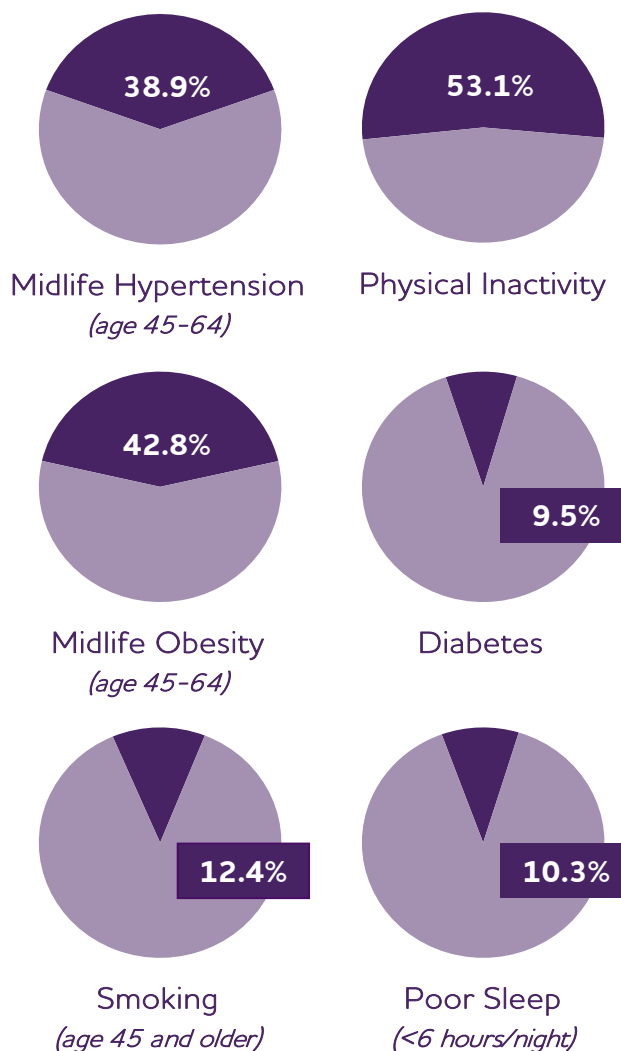
Based on population-level evidence, the six health conditions and behaviors included here increase risk for cognitive decline — and may also increase risk of dementia.

Data are from the Behavioral Risk Factor Surveillance System (BRFSS).

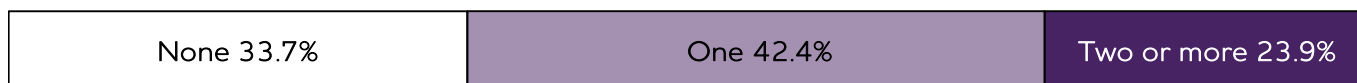
Percent With at Least One of Five Risk Factors (excluding sleep)



Prevalence of Six Risk Factors



Percent With Any of Five Risk Factors (excluding sleep)



This Fact Sheet is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$733,487. The contents are those of the Alzheimer's Association and do not necessarily represent official views of nor an endorsement by, CDC, HHS, or the U.S. government.

Updated: April 2023

10 HEALTHY HABITS FOR YOUR BRAIN

TAKE CHARGE OF YOUR BRAIN HEALTH. THESE HEALTHY HABITS CAN LOWER THE RISK OF DEVELOPING COGNITIVE DECLINE AND POSSIBLY DEMENTIA. THIS IS TRUE EVEN FOR PEOPLE WITH A HISTORY OF DEMENTIA IN THEIR FAMILIES.

Follow as many of these tips as possible to achieve the most benefits for your brain and body. It's never too late or too early. Start now!



Protect your head

Help prevent an injury to your head. Wear a helmet for activities like biking, and wear a seatbelt. Protect yourself while playing sports. Do what you can to prevent falls, especially for older adults.



Be smoke-free

Quitting smoking can lower the risk of cognitive decline back to levels similar to those who have not smoked. It's never too late to stop.



Get moving

Engage in regular exercise. This includes activities that raise your heart rate and increase blood flow to the brain and body. Find ways to build more movement into your day — walking, dancing, gardening — whatever works for you!

Challenge your mind



Be curious. Put your brain to work and do something that is new or hard for you. Learn a new skill. Try something artistic. Challenging your mind may have short- and long-term benefits for your brain.



Control your blood pressure

Medications can help lower high blood pressure. And healthy habits like eating right and physical activity can help too. Work with a health care provider to control your blood pressure.

Manage diabetes



Type 2 diabetes can be prevented or controlled by healthier eating, increasing physical activity and medication, if necessary.



Sleep well

Good quality sleep is important for brain health. Stay off screens before bed and make your sleep space as comfortable as possible. Do all you can to minimize disruptions. If you have any sleep-related problems, such as sleep apnea, talk to a health care provider.



Stay in school

Education reduces your risk of cognitive decline and dementia. Encourage youth to stay in school and pursue the highest level of training possible. Continue your own education by taking a class at a local library, college or online.



Eat right

Eating healthier foods can help reduce your risk of cognitive decline. This includes more vegetables and leaner meats/proteins, along with foods that are less processed and lower in fat. Choose healthier meals and snacks that you enjoy and are available to you.



Maintain a healthy weight

Talk to your health care provider about the weight that is healthy for you. Other healthy habits on this list — eating right, physical activity and sleep — can help with maintaining a healthy weight.

Learn more at [alz.org/healthyhabits](https://www.alz.org/healthyhabits).

House Bill No. 1433
House Human Services Committee

Chairman Ruby and members of the House Human Services Committee. I am Scott Bernstein, Executive Director of Guardian and Protective Services and board member of the Guardianship Association of North Dakota.

Until we hear these remarkable words, “We can now reverse and cure Alzheimer’s” we must face this monster that is impacting over 14,000 North Dakotans, and 19,000 care givers. However, those impacted by Alzheimer’s goes well beyond the individuals with a diagnosis and their caregivers. Emergency service providers, bankers, pharmacists, physicians, clergy, the wait staff at the local restaurant, extended family, and friends are not exempt. In other words, the ripple effect of Alzheimer’s and early cognitive impairment is enormous. From Fortuna to Hankinson and Pembina to Bowman the ripple is felt.

As guardians we work with clients that have an Alzheimer’s diagnosis. We are entrusted with the responsibility of wrapping these clients with services. Unfortunately, minimal understanding regarding the disease or early detection put these vulnerable individuals at risk. We have witnessed firsthand the enhancement in the quality of life that results when basic education regarding the disease is provided.

There are remarkable things happening across the State. However, coordinating efforts is essential to create better outcomes for the individuals with a diagnosis and for all the rest of us desiring to do the very best we can for those impacted with this disease.

I stand in support of this bill. North Dakota blazed a trail when they partnered with the Alzheimer’s Association. It has been a remarkable partnership and the legislature should be proud of their decision. Here is another opportunity to make a significant life-changing impact. I know this probably isn’t the slogan you would want on the Visitor Bureau website: “North Dakota, A Dementia Friendly State.” But this new position has the potential to make that a reality. And you know what, at the end of the day, I would be proud to wear that badge. This position can make that a reality.

I appreciate your time, and I would be happy to take any questions.



TO: NORTH DAKOTA LEGISLATURE-69TH LEGISLATIVE SESSION

RE: **TESTIMONY IN FAVOR OF HOUSE BILL 1433**

1/21/2025

Chairman Ruby and committee members,

Good morning, my name is Travis Bateman and I am here representing the Badlands Search & Rescue Service along with the Search and Rescue Volunteer Association of North Dakota. I am here before you today in favor of House Bill 1433 with the legislative lingo of a “friendly amendment” for Section 1 where it lists several positions titles as a work group (a-f). We would like to ask that you consider placing an additional position (g), to include a representative of an organization that specializes in search and rescue procedures and implementation of hasty search tactics for missing persons. For this bill that would specifically be for the lost person category of those with dementia.

This is a truly exciting piece of legislation and at this point in time we are unaware of any other state that is even looking at this topic to further aid the ever present conditions amongst our senior community involving dementia and Alzheimer’s.

North Dakota is no stranger to missing persons that have gone missing due to the primary factor of suffering from dementia. They’re often functioning and doing fine by all accounts while slowly declining in certain areas. I had a grandmother that suffered from this condition and saw the decline first hand. It then came abundantly clear when calling home while I was in the service that something was very wrong and a phone call to my mom confirmed my fears. Fortunately, we caught it in time and took necessary steps to safeguard her from the risk of wandering. My mom even took preemptive steps to hide her car keys and disconnect the car battery as she had began talking about places long gone but ever present in her memories.

There are many stories out there of similar circumstances ending in tragedy. I know of four in North Dakota. Three that ended in fatal tragedies. All three in the winter. All three male, in the winter, that ended up stuck in the snow or mud of a section line or a slough. Two succumbed to the elements and the third was trapped in the vehicle in deep snow and spun the wheels so long that the tires eventually caught fire and engulfed the vehicle. The fourth is that of Lloyd Liken from Bismarck. Lloyd was one of those that functioned well enough that his developing condition went undetected as to how bad it

was until it was too late and he was already missing and mobile. That was late November of 2023. We searched for him across North Dakota from the Canadian border to South Dakota. We used civilian volunteers that drove just under 17,000 miles of roads, trails, and rural areas. There was even a total of seven civilian aircraft at one time that searched for him. To add to the three government planes that were employed over two days early on.

This bill would provide for a proactive approach to this challenging issue. I speak only to the worst case scenarios of this condition when they wander and their location is unknown for an extended amount of time, there is a delay in the discovery that they are missing, and a search is implemented. To take proactive steps in safeguarding them early on, before they are missing is achievable. That is something that needs to be included in this as well as developing proper search procedures for them, for all involved to be familiar with, and other tools that can be used. There is tracking technology available and other unintrusive aids unless absolutely necessary. Many of them, like most of us, value their privacy, so that is something that needs to be included. The end goal is to have that “in case of emergency, break glass” type of readiness and knowledge that we would be able to offer and help guide.

Please give HB 1433 a Do Pass and make North Dakota the leader in helping to remedy as much of this issue and all of the challenges that come with it as possible so that we can better safeguard our elders when this awful condition changes their lives forever.

Thank you and I'll stand for any questions that you may have.

Respectfully,

Travis F. Bateman

Travis F. Bateman
Director / Founder
Badlands Search & Rescue
Search And Rescue Volunteer Association of North Dakota
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(W)- www.badlandsSAR.org
(S) www.facebook.com/badlandsSAR

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House Human Services Committee

House Bill 1433

Chairman Ruby and members of the House Human Services Committee, my name is Rebecca Quinn, and I serve as the associate director for behavioral health at the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. In 2021, the Center for Rural Health was contracted by the North Dakota Department of Health to update the state plan for Alzheimer's and related dementias.

North Dakota's previous plan was written in July of 2007 and is less than two pages. Although it does mention Alzheimer's and other dementias, it does not specifically outline a plan to address services for those living with, or supporting those living with, dementia in North Dakota.

The 2021 plan identifies broad goals and numerous actionable objectives, that if addressed, would promote the shared vision of creating an inclusive community and health system that understands, respects, and supports people who are at-risk of or diagnosed with Alzheimer's and other dementias and their caregivers.

These goals were developed in partnership with community stakeholders, caregivers, representation from Medicaid, medical and community care providers, state and national organizations, and associations. The state plan illustrates a strong commitment to work together. Despite this strong collaborative commitment, there was a key theme missing regarding who will be tasked with doing the work of the plan and how stakeholders will ensure the plan does not just sit on a shelf.

House Bill 1433 tasks the state with implementing the state plan. As a key author in writing it, I stand in full support that it should be implemented. More importantly, the bill develops a coordinator position to shepherd the implementation and lead the charge of updating the plan every three years. The creation of a dementia coordinator position is key to ensure that the work stays relevant and there is consistent follow-through.

Even though the existing state plan is only a few years old, it is already losing relevance and needs to be updated. Alzheimer's and dementia research is advancing our understanding of the disease at an extraordinary pace. Three years ago, the state plan was on the leading edge and held up as an example to other states. Today, the state plan is collecting dust on a shelf, HB 1433 could change that and put North Dakota back on the leading edge.

Additionally, the legislation would task the coordinator with collecting and disseminating data. As part of the development of the state plan we worked with the state epidemiology office in developing a report on Alzheimer's Disease and Dementia to compile all the currently available data into one centrally located place. This section of the bill will ensure that this data continues to be available and compiled on a regular basis to assist in planning and monitoring the impact of the disease in our state.

The final portion of the bill is to implement a public awareness campaign. If you were to ask me the one key message we received during the development of the state plan it was this: there needs to be more awareness. Families wished they had understood sooner, patients wished they had known the risks sooner, and professionals wanted to have reached people quicker. It all amounted to the need to raise the general awareness regarding Alzheimers and other dementias and reduce the stigma.

To view North Dakota's report on Alzheimer's Disease and Dementia and the current state plan go to

<https://www.hhs.nd.gov/health/data-statistics>

Thank you for your consideration,

Rebecca Quinn; LMSW, CBIST
Associate Director
Center for Rural Health
1301 N Columbia Road, Stop 9037
Grand Forks, ND 58202-9037

Good morning, Chairman Ruby and members of the committee:

My name is Dawn Anderson and I am here to testify in support of House Bill 1433.

My mom was diagnosed with dementia about 12 years ago, she passed away 4 years ago. My brother and I, along with my mom's husband, had noticed changes in her memory; increased irritability, and a general change in her demeanor. We encouraged her to see a neurologist, who prescribed cognitive testing. She was absolutely not in favor of seeing anyone about these issues because, even though she was very aware of the changes that were happening to her, she did not want to hear a diagnosis of dementia. Her father, my grandfather, also had dementia and had lived in long term care for several years prior to his passing in 2002.

The testing showed a definite decline in memory and trouble with a variety of activities of daily living, such as not being able to follow her recipe for donuts that she'd made for the people of Rugby for many years. She could no longer effectively and accurately complete alterations for people who had counted on her for many years to fix their clothing to fit.

I remember one particular conversation with my mom while we sat at her kitchen table. She told me that she didn't want this to happen to her, too (in reference to her dad). It's so very difficult to know how to respond to one's own mom when she's crying and looking for answers where there are none.

There was such a stigma around the diagnosis of dementia from the time her dad was in long term care in the late 1990's and early 2000's that she did not want anyone around her talking about the possibility of her also having dementia. Unfortunately, that stigma still exists.

I often wonder if there were things that we, as her family, could have done differently to keep her brain more active; would that have made a difference? There was no one available to talk to about the disease to know what exactly to expect for her future. There were the well-intentioned but misinformed people asking questions about the disease with some acting as though it may be contagious.

As I get closer to the age that my mom was when she was diagnosed, I wonder if I too will have a conversation with my sons that I don't want to be aware of what's happening to me too. I pray that I never need to have that conversation...with anyone.

For North Dakota to take this important giant, proactive step forward to fund a Dementia Response program would be amazing. The right person in this position will ensure that residents of our state know there is no shame in being diagnosed with a disease and that their brain health is a priority.

Please vote to pass House Bill 1433 and show North Dakota that a proactive approach to Alzheimer's and dementia is a priority. Thank you for your time.



Honorable Members of the House of Human Services Committee,

My name is Megan Dooley, and I am the owner of Innovative Therapy Solutions & Consulting LLC. We work closely with the North Dakota Alzheimer's Association to provide essential services to individuals living with dementia, their families, and professionals throughout the state. I am submitting this testimony in full support of the proposed bill titled "SECTION 2. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - DEMENTIA RESPONSE PROGRAM - FULL-TIME EQUIVALENT POSITION."

This bill, which appropriates \$250,000 from the general fund for the biennium beginning July 1, 2025, and ending June 30, 2027, represents a pivotal step in addressing the growing needs of individuals and families affected by dementia in North Dakota. Specifically, the appropriation will fund the administration of the dementia response program, behavioral risk factor surveillance models, and the establishment of a full-time equivalent position for a state dementia coordinator.

As someone deeply involved in providing care and resources for those impacted by dementia, I can attest to the urgent need for this investment. A state dementia coordinator will play a critical role in advancing preventative education and reducing stigma surrounding dementia. By fostering greater awareness and understanding of the disease, we can empower individuals, families, and communities to recognize early signs of dementia, seek timely medical intervention, and implement strategies to slow disease progression. This is particularly vital as we consistently see individuals who receive late diagnoses, missing opportunities for earlier intervention that could significantly improve their quality of life and lessen the burden on families and caregivers.

Through our work at Innovative Therapy Solutions & Consulting LLC, we have witnessed firsthand how education and awareness can transform outcomes for individuals living with dementia. By equipping communities with the knowledge and tools to better understand and support this population, we not only enhance individual well-being but also strengthen our communities as a whole.

Additionally, the proposed funding will bolster collaborative efforts between state agencies, healthcare providers, and organizations like ours to deliver comprehensive and coordinated care. This funding will also enhance data collection through behavioral risk factor surveillance models, providing invaluable insights into the prevalence and impact of



dementia in our state. This data will guide future policy and resource allocation, ensuring that we are effectively addressing the needs of our aging population.

Innovative Therapy Solutions & Consulting LLC fully supports this bill and its commitment to establishing a dedicated state dementia coordinator. We believe this position will serve as a vital resource for addressing the complex challenges associated with dementia and will help pave the way for a more informed and supportive North Dakota.

Thank you for your time and consideration. I urge you to support this critical legislation to improve the lives of individuals and families affected by dementia across our state.

Respectfully submitted,

Megan Dooley

Owner, Innovative Therapy Solutions & Consulting LLC

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

HB 1433
2/5/2025

Relating to the creation of the dementia response program; and to provide an appropriation.

5:16 p.m. Chairman M. Ruby opened the meeting.

Members Present: Chairman M. Ruby, Vice-Chairman Frelich, Representatives K. Anderson, Beltz, Bolinske, Davis, Dobervich, Fegley, Hendrix, Kiefert, Rios, Rohr,

Members absent: Representative Holle

Discussion Topics:

- Committee action

5:17 p.m. Representative Davis moved a Do Pass.

5:18 p.m. Motion failed due to a lack of a second.

5:24 p.m. Representative Bolinske moved a Do Not Pass.

5:24 p.m. Representative K. Anderson seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	N
Representative Karen Anderson	Y
Representative Mike Beltz	N
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Cleyton Fegley	N
Representative Jared Hendrix	Y
Representative Dawson Holle	AB
Representative Dwight Kiefert	Y
Representative Nico Rios	N
Representative Karen Rohr	Y

5:26 p.m. Motion failed 6-6-1.

5:27 p.m. Committee discussion

5:47 p.m. Vice-Chairman Frelich moved a Do Not Pass.

5:47 p.m. Representative K. Anderson seconded the motion.

Representatives	Vote
Representative Matthew Ruby	Y
Representative Kathy Frelich	Y
Representative Karen Anderson	Y
Representative Mike Beltz	N
Representative Macy Bolinske	Y
Representative Jayme Davis	N
Representative Gretchen Dobervich	N
Representative Cleyton Fegley	N
Representative Jared Hendrix	Y
Representative Dawson Holle	AB
Representative Dwight Kiefert	Y
Representative Nico Rios	N
Representative Karen Rohr	Y

5:49 p.m. Motion passed 7-5-1.

Vice-Chairman Frelich will carry the bill.

5:52 p.m. Chairman M. Ruby closed the meeting.

Jackson Toman, Committee Clerk

REPORT OF STANDING COMMITTEE
HB 1433 ([25.1048.01000](#))

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO NOT PASS** (7 YEAS, 5 NAYS, 1 ABSENT AND NOT VOTING). HB 1433 was placed on the Eleventh order on the calendar.