

2025 SENATE HUMAN SERVICES

SB 2140

2025 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Fort Lincoln Room, State Capitol

SB 2140
1/14/2025

Relating to dementia care services program.

9:02 a.m. Chairman Lee called the meeting to order.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

Discussion Topics:

- Treatment options
- Staffing
- Types of dementia

9:05 a.m. Melanie Gaebe, Director Public Policy for ND Alzheimer's Association, testified in favor and submitted testimony #28740, #28741, #28742.

9:14 a.m. Scott Bernstein, Executive Director of Guardian and Protective Services, testified in favor and submitted testimony #28916.

9:18 a.m. Nancy Maier, Director of the Adult and Aging Services Section with the Department of Health and Human Services, testified in favor and submitted testimony #28649.

9:25 a.m. Desiree Sorenson, Director for the Mountrail McKenzie Human Service Zone, testified in favor and submitted testimony #28863.

9:29 a.m. Chairman Lee closed the hearing.

9:29 a.m. Senator Roers moved Do Pass.

9:29 a.m. Seconded by Weston.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

9:29 a.m. Motion Passed 6-0-0.

9:30 a.m. Senator Clemens will carry the bill.

Additional written testimony:

Rebecca Quinn, Associate Director for Behavioral Health at the Center for Rural Health submitted testimony in favor #28854

9:30 a.m. Chairman Lee closed the meeting.

Andrew Ficek, Committee Clerk

REPORT OF STANDING COMMITTEE
SB 2140 ([25.0672.01000](#))

Human Services Committee (Sen. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2140 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

Testimony
Senate Bill No. 2140
Senate Human Services Committee
Senator Judy Lee, Chairman
January 14, 2025

Chairman Lee, and members of the Senate Human Services Committee, I am Nancy Nikolas Maier, Director of the Adult and Aging Services Section with the Department of Health and Human Services (Department). I appear before you in support of Senate Bill No. 2140.

The Adult and Aging Services Section administers the Dementia Care Services Program, which began on July 1, 2015. Adult and Aging Services contracts with the Minnesota-North Dakota Chapter of the Alzheimer's Association (ND Alzheimer's Association) to provide free care consultations and support to individuals and families affected by Alzheimer's Disease and related dementias. Additionally, the ND Alzheimer's Association offers education to the public, memory care facilities, skilled nursing facilities, health care professionals, law enforcement, and in-home care providers.

In State Fiscal Year 2023, the ND Alzheimer's Association conducted an average of 631 care consultations per month and reached an average of 107 participants per month through public and professional training events.

Adult and Aging Services staff have engaged in discussions with the ND Alzheimer's Association representatives about the proposed language changes in this bill. Both parties agree that the language changes are positive and align with the current need for training and consultations.

These language updates aim to better support individuals, families, and professionals in understanding and addressing Alzheimer's Disease and related dementias effectively. There is no fiscal note attached to this bill.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.

Alzheimer's is a Public Health Crisis Devastating **North Dakota**

In 2020,

14,000

North Dakotans

were living with Alzheimer's.

11.1% of

North Dakotans

over 65 were living with Alzheimer's.



In 2023 **19,000**

family caregivers provided

25 million

hours of unpaid care valued at



\$465 million



Medicaid costs of
caring for people with
Alzheimer's in 2020



\$190 million

Medicaid costs are
expected to increase

13.2%

by 2025.



Alzheimer's is the

5thth

leading cause of death in

North Dakota

Melanie Gaebe, MA, Director, Public Policy
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What **North Dakota** Officials Can Do to Address the Crisis



Dementia Care Services Program

The Alzheimer's Association has served North Dakota residents through the Dementia Care Services Program Since 2010 to improve disease management and increase family support to people living with dementia and their caregivers. The language in North Dakota Century Code 50-06-33 has not been updated in that time.

Services Provided

The Alzheimer's Association provides care consultation to individuals with memory loss and their care partners, physician outreach to inform health partners about the importance of early detection and diagnosis, and education through classes for the general public, professionals, care partners, medical professionals, and law enforcement. These services are all provided at no cost to the client.

Proposed Changes

The first proposed change is to remove the definition of dementia and define who is eligible for services. This shifts the focus away from the severity of cognitive decline and onto the earliest symptomatic point. The Dementia Care Services Program can provide assistance and connect clients to resources much earlier than waiting for symptoms to interfere with daily life severely enough to be "dementia".

Next, we propose removing the designation of providing services "in each area of the state served by a regional human service center".

This will be replaced with "a statewide dementia care services program". Our staff covers every part of the state, changing this language removes any potential for confusion on who and where the program operates.

Finally, we are updating the services that are included to provide a clear description of the help and information we are able to provide to our clients, professionals, and the general public.

None of these changes will alter the goals or purpose of the Dementia Care Services Program.



2024 NORTH DAKOTA ALZHEIMER'S STATISTICS



PREVALENCE

Number of People Aged 65 and Older with Alzheimer's (2020)

13,700

% of Adults Over 65 with Alzheimer's

11.1%



CAREGIVING

of Caregivers

19,000

Caregivers with Chronic Health Conditions

60.1%

Total Hours of Unpaid Care

25,000,000

Caregivers with Depression

30.4%

Total Value of Unpaid Care

\$465,000,000

Caregivers in Poor Physical Health

8.6%



WORKFORCE

of Geriatricians in 2021

12

of Home Health and Personal Care Aides in 2020

6,790

Increase Needed to Meet 2050 Demand

183.3%

Increase Needed to Meet 2030 Demand

25.8%



HEALTH CARE

of People in Hospice (2017) with a Primary Diagnosis of Dementia

468

Dementia Patient Hospital Readmission Rate (2018)

18.4%

Hospice Residents with a Primary Diagnosis of Dementia

18%

Medicaid Costs of Caring for People with Alzheimer's (2020)

\$190M

of Emergency Department Visits per 1,000 People with Dementia (2018)

1,173

Projected Change in Medicaid Costs from 2020 to 2025

13.2%

Per Capita Medicare Spending on People with Dementia in 2023 Dollars

\$21,711



MORTALITY

of Deaths from Alzheimer's Disease (2021)

325

Alzheimer's Disease as Cause of Death Rank

5th

Nearly **7 million Americans** are living with Alzheimer's, and more than **11 million** provide their unpaid care. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$360 billion** in 2024, increasing to nearly **\$1 trillion** (in today's dollars) by mid-century. For more information, view the **2024 Alzheimer's Disease Facts and Figures** report at alz.org/facts.

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Testimony
Senate Bill 2140
Human Services
Sen Judy Lee, Chair
January 14, 2025

Good morning Chair Lee 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 SB 2140. Alzheimer's and dementia touch our lives as caregivers, loved ones, friends, and family. I usually ask those in the room to raise their hand if they have been touched by this disease. However, in my time with the Alzheimer's Association, I have learned that the majority of the people we come into contact with on a daily basis would raise their hands. My family is no different.

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 locked memory care facility and finally moving to a skilled nursing facility. All of this to say, we started navigating the Alzheimer's journey with grandma before the Dementia Care Services program existed. The original language authorizing the Dementia Care Services program was passed in the 2009 session. Through the 15 year partnership between the State and the Alzheimer's Association, we have provided a lifeline for thousands of North Dakota families facing the unknown of living with or caring for someone with memory loss. The Dementia Care Services Program has also provided dementia education for tens of thousands of community members and professionals across the state.

North Dakota Century Code 50-06-33 has not changed in the time since it was written. What has changed in those years, is our understanding of Alzheimer's and dementia. When grandma was diagnosed, there were no biomarker tests, there were no scans; grandma had a paper exam that tested her cognitive abilities. Grandma drew a clock face with all of the numbers clustered in the bottom right and thought it was correct. At that time, her doctor diagnosed her with dementia because that is all the more accurate a diagnosis he could provide. Alzheimer's could only be confirmed with an autopsy. Now, we have the ability to accurately diagnose Alzheimer's disease through a combination of the standard cognitive exams, biomarker testing, and amyloid PET scans. We even have treatments that alter the underlying biology of Alzheimer's disease. All of this led us to believe it is time to update the language in 50-06-33 to reflect what we now understand about the continuum of the disease.

This understanding is the reason we propose removing the definition of dementia and replacing it with a definition of who our clients are. We now know that Alzheimer's disease exists on a continuum. Previously, we didn't really talk about Alzheimer's disease until it had progressed into the mid- to late stages. Now, we recognize the stages of disease progression and have even learned that biological changes are occurring in our brains up to twenty years before showing symptoms of cognitive decline.

We have also changed how we talk about dementia. Alzheimer's and dementia are no longer seen as interchangeable terms. This is because dementia isn't a disease, but a cluster of symptoms related to cognitive decline that are caused by diseases like Alzheimer's, Huntington's, Lewy bodies, and many others. It helps to think of it in the same way as cancer. When someone tells us they have been diagnosed with cancer, the first question we have is "what kind"; and that is the way we think about and talk about dementia now.

The changes proposed to NDCC 50-06-33 are technical updates and don't alter the purpose or goals of the existing Dementia Care Services Program. The changes are simply to bring the authorizing language into alignment with what has changed through research and ensure we continue providing services to the North Dakotans who need to know they aren't navigating Alzheimer's disease and related dementias alone.

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

Senate Human Services Committee
January 14, 2025
Senate Bill 2140- Testimony on dementia care services program

Madam Chair Lee and members of the Senate 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 my role at the Center for Rural Health I was the lead author on the 2022 North Dakota Alzheimer's State Plan; additionally, I serve as the director of the North Dakota Brain Injury Network. In both these roles I have been honored to partner with the Alzheimer's Association in providing support for those living with cognitive impairment, their families, and the providers supporting them.

I am in support of the changes proposed in Senate Bill 2140 and see these language changes as an opportunity to bring the century code in alignment with the current medical terminology. This change will allow for earlier referrals to the Alzheimer's Association and the best opportunity for individuals and families getting the support they deserve.

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

Testimony Prepared for the
Senate Human Services Committee

January 14, 2025

By: Desiree Sorenson, Mountrail McKenzie Human Service Zone Director

RE: SB 2140: Related to Dementia Services and Training

Chair Lee, and members of the Senate Human Services Committee, my name is Desiree Sorenson. I am the Director for the Mountrail McKenzie Human Service Zone, which includes the counties of Mountrail and McKenzie. In addition, I serve as Vice-Chair of the North Dakota Human Service Zone Director Association. I am here today to provide testimony in support of SB 2140.

Human Service Zones hold a variety of roles within the greater human service delivery system. Fourteen human service zones are qualified service provider (QSP) agencies and provide direct care to elderly/disabled individuals, in their homes, with the goal of remaining safely in their home community. In addition, two human service zones (Cass and Mountrail McKenzie) serve as vulnerable adult protection (VAPS), (now referred to APS- Adult protection Services), service providers through a contract with the North Dakota Department of Health and Human Services (HHS).

SB 2140 provides an important service in caring for our aging population. Dementia is a debilitating disease. Community partners such as law enforcement, ambulance services, public health officials, and even human service zones are called to respond when individuals in our community present concerning behaviors. In older adults, these behaviors are often a result of dementia.

To better equip our community partners, access to creditable information and support is key. Training, resources, and awareness are critical ways that we can help prepare our

communities to help support those in need. In addition, timely and pertinent training for direct care providers is of huge importance. Those suffering from dementia require care, support, and compassion. SB 2140 helps prepare key community partners to better serve this vulnerable population.

Thank you for consideration of my testimony regarding Senate Bill 2112. I stand for questions from the committee.

SB 2140
Senate Human Services
Testimony Presented by Scott Bernstein, NCG
Executive Director of Guardian and Protective Services
January 14, 2025

Chairperson Lee, members of the Senate Human Services Committee, I am Scott Bernstein, Executive Director of Guardian and Protective Services and I also serve on the Guardianship Association of North Dakota board.

Succinctly and to the point: I stand in support of SB 2140. That could be the end of my testimony but allow me to weave an acknowledgement and thank you into this support.

As you can imagine, many of our clients, under guardianship, are people with multiple co-morbidities. However, often all these co-morbidities are anchored on one life altering diagnosis. Alzheimer's or some form of cognitive impairment in all its various iterations.

I became a part of the Alzheimer's Association MANY years ago when I stepped into my role as an Executive Director of a memory care in Minnesota. At that time the Association could host a banquet sitting in a small room with just a few round tables. We knew there was a Tsunami coming but I don't think any of us at the banquet could fully imagine the magnitude of the implications.

I returned to North Dakota and quickly discovered that the North Dakota Legislature, with amazing wisdom and foresight had contracted with the Alzheimer's Association to provide Statewide services. I was thrilled beyond belief. At that point, I was the Executive Director at a brand-new Edgewood property. Guess who I had to do all my staff dementia training? Guess who I called in to do my family consults?

With a degree of pride, I can say North Dakota was an early adopter to addressing a growing need through a remarkable Government Nonprofit partnership...and you left Minnesota in the dust. My thanks and gratitude go out to those legislators with a vision to open the door for North Dakotans to receive gold standard information and resources.

Thank you for listening and I'm happy to answer any questions.

2025 HOUSE HUMAN SERVICES

SB 2140

2025 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2140
3/17/2025

Relating to the dementia care services program
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10:00 a.m. Chairman M. Ruby opened the hearing.

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

Members Absent: Representatives Davis, Dobervich

Discussion Topics:

- Modernization of definitions
- Education opportunities
- Specific training to best care for patients
- Updated support for caregivers

10:02 a.m. Melanie Gaebe, Director of Public Policy for the Alzheimer's Association, testified in favor and submitted testimony, #41818.

10:19 a.m. Maurice Hardy, Director of the Dakota Central Human Service Zone, testified in favor and submitted testimony, #42127.

10:24 a.m. Representative Frelich moved a Do Pass.

10:24 a.m. Representative Rohr seconded the motion.

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

10:26 a.m. Motion passed 11-0-2.

Representative Kiefert will carry the bill.

Additional written testimony:

Nancy Meier, Director of the ND DHHS Adult and Aging Services Section, submitted testimony in favor, #41656.

10:27 a.m. Chairman Ruby closed the meeting.

Jackson Toman, Committee Clerk

REPORT OF STANDING COMMITTEE
SB 2140 ([25.0672.01000](#))

Human Services Committee (Rep. M. Ruby, Chairman) recommends **DO PASS** (11 YEAS, 0 NAYS, 2 ABSENT OR EXCUSED AND NOT VOTING). SB 2140 was placed on the Fourteenth order on the calendar.

Testimony
Senate Bill No. 2140
House Human Services Committee
Representative Matthew Ruby, Chairman
March 17, 2025

Chairman Ruby, and members of the House Human Services Committee, I am Nancy Nikolas Maier, Director of the Adult and Aging Services Section with the Department of Health and Human Services (Department). This testimony is in support of Senate Bill No. 2140.

The Adult and Aging Services Section administers the Dementia Care Services Program, which began on July 1, 2010. Adult and Aging Services contracts with the Minnesota-North Dakota Chapter of the Alzheimer's Association (ND Alzheimer's Association) to provide free care consultations and support to individuals and families affected by Alzheimer's Disease and related dementias. Additionally, the ND Alzheimer's Association offers education to the public, memory care facilities, skilled nursing facilities, health care professionals, law enforcement, and in-home care providers.

In State Fiscal Year 2023, the ND Alzheimer's Association conducted an average of 631 care consultations per month and reached an average of 107 participants per month through public and professional training events.

Adult and Aging Services staff have engaged in discussions with the ND Alzheimer's Association representatives about the proposed language changes in this bill. Both parties agree that the language changes are positive and align with the current need for training and consultations.

These language updates aim to better support individuals, families, and professionals in understanding and addressing Alzheimer's Disease and related dementias effectively. There is no fiscal note attached to this bill.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.



Testimony
Senate Bill 2140
Human Services
Rep Matthew Ruby, Chair
March 17, 2025

Good morning Chair 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 SB 2140 and to explain a bit more about how the Dementia Care Services Program works.

Alzheimer's and dementia touch our lives as caregivers, loved ones, friends, and family. When our loved ones start experiencing symptoms of cognitive decline, our lives are turned upside down as well. It is normal to start grieving the person we have known and wondering what comes next. There is no longer an "easy decision" about day-to-day life. There are so many things we take for granted every day; brushing our teeth, getting dressed, even paying bills. We perform these tasks without even thinking about it. Once cognitive decline begins, our loved ones need support to perform all of these activities. For a caregiver, it is overwhelming to navigate ever changing needs and symptoms alone, all while wondering if there is anyone who can help.

This is why the original language authorizing the Dementia Care Services program was passed in the 2009 session. The Dementia Care Services program is a contract for services located in the Adult and Aging Services section of Health and Human Services. The agency manages the contract and the Alzheimer's Association delivers the services. The contract and services are designed to provide support and education for caregivers after the person they are providing care for is showing symptoms of cognitive impairment.

Prior to the implementation of the program, caregivers found it difficult to move through next steps after symptoms develop. Caregivers didn't always know what resources and help were available much less how to get connected with those resources. Through the 15 year partnership between the State and the Alzheimer's Association, we have provided a lifeline for thousands of North Dakota families facing the unknown of caring for someone living with memory loss. Our Dementia Care Service Program staff provide a number of services, free of charge, to North Dakotans.

Our care consultation services offer individualized assistance, problem-solving, and resource identification for individuals with memory loss, as well as their family and professional caregivers. Through these consultations, individuals with dementia and their caregivers receive valuable one-on-one support, enabling them to better manage care and make informed decisions regarding services, resources, and treatments, including clinical trials.

Care consultations are provided at the most convenient location for those accessing the service. Our Dementia Care Service Program staff are based in Bismarck, Fargo, Grand Forks, Maddock, and Minot, and they travel throughout the state. Consultations can be conducted in person at our offices, in clients' homes, by phone, or virtually, ensuring that family members have flexible options to participate.

While care consultations are a keystone of the support we provide, the relationships and partnerships our staff cultivate are essential to successful consultations. We don't have all the answers and aren't professionals in every area a caregiver needs support, but we are able to provide referrals and make connections to the correct professionals.

The education opportunities the program offers are also extremely valuable. We provide comprehensive information and education to the general public about the symptoms of Alzheimer's disease and related dementias, the

benefits of early detection and diagnosis, available treatments, research opportunities, and services.

Our team provides dementia education tailored to specific audiences, including professionals in long term care, healthcare, and law enforcement and first responders. We also provide on-demand training for direct care providers who manage and care for individuals with symptoms of mild cognitive impairment or dementia. This on-demand training ensures the quality service providers who provide home and community based services have dementia specific training to best care for their clients.

Our innovative services enable individuals to remain safely in their homes and communities, thereby delaying the placement of individuals living with dementia in long term care facilities.

Dementia that is unmanaged negatively impacts the individual living with the disease, their caregivers, and ultimately creates a costly toll for communities and on the economy. The Dementia Care Services Program can help reduce higher costs related to dementia care. For example, studies have consistently shown that active management of dementia can improve the quality of life of affected individuals and their caregivers. Consider, for the current contract period, July 1, 2023 through December 31, 2024, this program has:

- Delivered **2,020** Care Consultations and Information and Referrals - for **1,217** caregivers on behalf of **698** people living with dementia, including **17** veterans living with dementia;
- Educated **2,932** community members across the state;
- Trained **110** law enforcement and **818** health care professionals; and
- Referred **57** people directly to the Aging and Disability Resource LINK.

Clearly, North Dakota Century Code 50-06-33 created a robust program to provide support for caregivers and people living with Alzheimer's or a related dementia. However, the code has not been updated in the years since it was originally written. What has changed in those years, is our understanding of Alzheimer's and dementia. Consider in the three years since I began my

career with the Association, three treatments that alter the underlying biology of Alzheimer's disease have been approved by the FDA. For the first time, we are able to give people living with Alzheimer's disease more time with their loved ones. Research is also expanding our ability to detect and diagnose dementia. We have more ability to test for biomarkers than ever before with more advancements in the research pipeline. All of this led us to believe it is time to update the language in 50-06-33 to reflect what we now understand about the continuum of the disease.

Years ago, we didn't really talk about Alzheimer's disease until it had progressed into the mid- to late stages, as though a person just woke up one day with late stage dementia. Now, we recognize the stages of disease progression and have even learned that biological changes are occurring in our brains up to twenty years before showing symptoms of cognitive decline. This is why we are proposing the change from a definition of "dementia" as criteria for accessing services to focus on who our clients are. Many of our clients come to us through referrals from our partners and haven't received a formal diagnosis of dementia prior to seeing us.

The changes proposed to NDCC 50-06-33 are technical updates and don't alter the purpose or goals of the existing Dementia Care Services Program. The changes are simply to bring the authorizing language into alignment with what has changed through research and ensure we continue providing services to the North Dakotans who need to know they aren't navigating Alzheimer's disease and related dementias alone.

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



Testimony Prepared for the
House Human Services

March 17, 2025

By: Maurice Hardy, Dakota Central Human Service Zone.

Re: SB 2140: Related to Dementia Services and Training

Chairman Ruby, and members of the House Human Services Committee, my name is Maurice Hardy. I am the Director for the Dakota Central Human Service Zone, which includes the counties of McLean, Mercer, Oliver and Sheridan. In addition, I am a member North Dakota Human Service Zone Director Association. I am here today to provide testimony in support of SB 2140.

Human Service Zones hold a variety of roles within the greater human service delivery system. Fourteen human service zones are qualified service provider (QSP) agencies and provide direct care to elderly/disabled individuals, in their homes, with the goal of remaining safely in their home community. In addition, two human service zones (Cass and Mountrail McKenzie) serve as vulnerable adult protection (VAPS), (now referred to APS- Adult protection Services), service providers through a contract with the North Dakota Department of Health and Human Services (HHS).

SB 2140 provides an important service in caring for our aging population. Dementia is a debilitating disease. Community partners such as law enforcement, ambulance services, public health officials, and even human service zones are called to respond when individuals in our community present concerning behaviors. In older adults, these behaviors are often a result of dementia.

To better equip our community partners, access to credible information and support is key. Training, resources, and awareness are critical ways that we can help prepare our communities to help support those in need.

In addition, timely and pertinent training for direct care providers is of huge importance. Those suffering from dementia require care, support, and compassion. SB 2140 helps prepare key community partners to better serve this vulnerable population.

Thank you for consideration of my testimony regarding Senate Bill 2112. I stand for questions from the committee.