

School of Medicine

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Dear Chair Patterson, Vice Chair Hayden, and Members of the Senate Committee on Health Care:

My name is Dr. Jeffrey Kaye. I am a neurologist specializing in Alzheimer's disease and related dementias (ADRD) who for over the past 30 years has seen at Oregon Health & Science University and the Portland Veterans Affairs Medical Center, tens of thousands of Oregonians deeply challenged by dementia. I write to sincerely thank you for considering SB 796, which would establish the Oregon Memory Net. The urgency to address the unmet and growing needs for the over 150 thousand Oregonians with ADRD, including those with mild cognitive impairment (the common precursor to dementia) is clearly acute. In addition, there is even a greater number of family members and related caregivers affected, most of whom must provide unpaid care for long periods of time at not only great personal financial sacrifice, but also at the expense of their own health, as studies have shown that caregivers have higher rates of medical illness. All of this makes ADRD the most expensive disease in America (\$321 Billion in 2022!), and of course, in Oregon.

The solution to this concerning health crisis does not require waiting for a medical breakthrough. The evidence-based solution has already been implemented in other states (e.g., Georgia, Wisconsin, Florida, California, New York, Florida, Texas, Montana, and Virginia) through supporting early detection, diagnosis and care management of ADRD. Establishing the Oregon Memory Net stands on this evidence. It provides the roadmap for an array of proven services and management protocols to reduce the medical, social and financial burden of ADRD for patients, families, and caregivers, as well as the agencies and professionals that are responsible for the welfare of our community.

All successful health care begins with an early and accurate diagnosis. This is the first-mover component to improving the care of those with ADRD concerns. It is no longer acceptable to think that memory loss is "just normal aging" and "there's nothing we can do". A wealth of studies (and my own experience with thousands of patients) have shown that early and proper diagnosis leads to:

- Relief of stress and uncertainty from not knowing why memory is failing
- Better management of co-occurring chronic conditions
- Access to support services for both the individual and caregivers
- Access to available treatments and participation in clinical trials
- Ample time for advance care and financial planning
- Opportunities to build a care team
- Better safety, as families can ensure their environments are prepared for progression of the dementia
- Gives the person with dementia time to focus on what is important

In addition to the direct benefit to those impacted, an early and accurate diagnosis combined with comprehensive care planning will directly benefit the state budget and help to alleviate some of the other challenges we are facing in our health care system broadly. Nationally, if those in the "mild cognitive impairment" stage were all diagnosed, the country would save an estimated \$7 trillion in health and long-term care expenditures (2018, Alzheimer's Disease Facts and Figures). Appropriately diagnosing and managing

dementia and supporting family caregivers' well-being has been shown to reduce emergency room utilization and delay entry into long term care settings, both of which are expensive and challenged by capacity issues. As noted, many states large and small, "rich" and "poor", and "red" and "blue" have taken action to support early detection and diagnosis of Alzheimer's and other dementias. Oregon must step forward to meet this need. With over 200-day wait times for diagnostic services in Portland (where access is greatest), it is essential that the state puts in place the needed investments state-wide which will pay off with health benefits and cost savings down the road.

Finally, I emphasize as a clinician experienced in ADRD assessment and care, that the Oregon Memory Net is to be built upon the best of Oregonian traditions of solving problems through partnership across the many stakeholders needed to make the network most successful. The state-wide partnership will include not only the sole NIA-designated Alzheimer's Disease Research Center in Oregon (OHSU), but will critically engage the Alzheimer's Association, rural care networks, and the necessary state partners, among others to establish a model Memory Assessment Clinic outside the Portland-Metro area. This model developed in particular at the very successful Georgia Memory Net program, has become a national model. We in Oregon will all greatly benefit from this program, and knowing our Oregonian talent, experience, and commitment to quality care, will look to see an even more effective proven model of care initiated for the thousands affected by ADRD.

Your support for SB 796 to establish the Oregon Memory Net is deeply appreciated. Thank you!

Sincerely,

Jeffrey Kaye, MD

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