



TO: DAN KNODL, CHAIR, SPECIAL COMMITTEE ON LEGAL INTERVENTIONS FOR PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS
PENNY BERNARD SCHABER, VICE-CHAIR, SPECIAL COMMITTEE ON LEGAL INTERVENTIONS FOR PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

FROM: ROB GUNDERMANN, ALZHEIMER'S AND DEMENTIA ALLIANCE OF WISCONSIN

RE: PROPOSED DRAFT LEGISLATION

DATE: NOVEMBER 12, 2012

Alliance comments regarding proposed draft legislation.

1. In my testimony before the Committee I mentioned our desire to have people with dementia who are placed in a psychiatric facility housed separately from people with other mental illnesses. I wish to clarify that this is our ideal standard but we do not support mandating this provision at this time. We have received feedback indicating facilities in many cases cannot meet this standard and would not be able to serve people with dementia if this were mandated. Many hospitals throughout Wisconsin provide excellent inpatient psychiatric services for people with dementia and we do not wish to lose these tools. We suggest the committee encourage but not mandate separating people with dementia from other mental health conditions. We believe at this point that mandating this provision would decrease capacity and would have a detrimental impact on care, especially in rural areas.
2. We urge the Committee not to create a time certain discharge period after placement into a psychiatric facility. Several long term care providers have contacted our organization stating that they would not readmit a person with dementia if they believed the individual was discharged from a psychiatric facility based upon a predetermined time period rather than treatment of the behaviors and condition requiring the placement. It has been pointed out to me numerous times that the penalties for not readmitting a patient are far less severe than the penalties associated with resident on resident violence. We support periodic court reviews of the situation to ensure the rights of the patient are upheld but we are opposed to predetermining how many days a psychiatric facility is allowed to treat the patient. In our view capping the number of days is not good medical practice and as has been pointed out would create potentially insurmountable hurdles for some facilities.

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3. With regard to Power of Attorney for Health Care we support allowing a principle to designate his or her agent the authority to admit the principle to a psychiatric unit. We do not believe that this should be reviewed by the court. While it is true as was pointed out by the Alzheimer's Association that changes may begin to occur in the brain years before the patient shows symptoms of the disease, it is also true that people with Alzheimer's disease are not and should not be automatically deemed incompetent. If the legislature suggests that the HCPOA document may not be valid or may require additional review because the individual may have had changes taking place in the brain at the time the document was drafted it seems the same argument could be made for wills or any other documents the individual has had drafted in the last decade.

4. While this last point is not a recommendation I do want make the Committee aware that we have begun to see people with dementia being placed in local jails because of the Supreme Court decision regarding Helen E.F. Most recently at an Interdisciplinary Team meeting formed around Elder Abuse/Neglect issues in Columbia County, our staff learned that a man with dementia was held in jail for several days because the police could not implement chapter 51, couldn't reach ADRC or Human Services staff because it was a weekend, and so placed him in jail until things could be sorted out. We are also being told by long term care facility owners and staff that they are being very cautious about who they admit until the psychiatric placement issue is resolved.

For 27 years, the Alzheimer's and Dementia Alliance of Wisconsin (ADAW) has been guiding those affected by Alzheimer's disease and other forms of dementia with innovative programs and services to maximize people's well-being along the journey. The mission of ADAW is to support individuals, families, and professionals impacted by Alzheimer's disease and other dementias through information, education, consultation, and advocacy; and to promote the advancement of scientific research to better diagnose, treat and ultimately eliminate Alzheimer's disease. For more information on ADAW, please visit www.alzwisc.org.

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