

Testimony of Stuart Yael Gordon
House Bill 456 – Maryland Department of Health – Public Health Outreach Programs
– Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia
House Health and Government Operations Committee
February 12, 2020

Position – Support with Amendments & Request for Summer Study

Chairperson Pendergrass, Vice Chair Pena-Melnyk, and Members of the HGO Committee --

I support House Bill 456. My siblings and I believe the public could be served well by a strong informational campaign on the early warning signs and detection of dementia. As with mental illness and substance use disorders, there is a stigma inherent in dementia that impedes the sharing of the status among family members and delays the learning process, often until it is too late.

But this legislation does not go far enough. Any informational campaign must target health care providers in all facilities caring for the elderly and include information on the appropriate treatment and therapies—pharmaceutical and non-pharmaceutical—for the condition.

Since 2011, the Centers for Medicare and Medicaid Services has led a National Partnership to reduce the use of antipsychotics in nursing homes absent a valid, clinical indication for their use and a systematic process to evaluate the resident’s need. That initiative has reduced anti-psychotic use from 23.9 percent of nursing home residents in 2011 to 14.6 percent of residents in the last quarter of 2018. This is important, because only about 23 percent of seniors with dementia will develop a co-occurring psychosis.

But nursing homes are not the only sites of care where the elderly are inappropriately prescribed anti-psychotics, and those facilities and providers have not been the focus of CMS.

My 92-year-old father, Paul Gordon, was mayor of Frederick in the early 1990s. During his life, he was CFO of a major D.C. area home builder, wrote several history books with my mother—one of which was used in the Frederick county school system, and wrote a newspaper column into his late 80s about historical analogues to current events.

In September 2019, my mother broke her hip and had to be hospitalized, then sent to a nursing home for rehabilitation. My father, with early stage dementia, at that point could engage in lucid, although sometimes fanciful, conversation. But with my mother absent, my father would leave the house in search of her and, on one occasion, encountered the local police, who—with the okay of my sister, a nurse and his healthcare proxy—transported him to the assisted living facility memory care unit we had chosen for him. His agitation there at being removed from his home of 52 years led them to send him off to the local hospital which, lacking capacity, forwarded him to a psychiatric hospital in the state where he would end up staying for about four weeks. (At no time was he involuntarily committed.)

Almost immediately, during his stay in the psychiatric facility, he was administered anti-psychotics at doses that caused him to fall so frequently that his bald head was badly scarred all over and he had to be restrained from rising. He also lost the ability to communicate verbally other than by mumbling. My sister and brother demanded throughout his stay that the hospital take him off the

anti-psychotics and release him back to the assisted living facility, which was willing to take him back—a course of action that the psychiatric hospital agreed to only when we hinted at legal action.

Within just a couple of weeks of being released back to the assisted living facility he died.

Had the psychiatric hospital been forced by regulation or condition of Medicaid participation into only appropriately prescribing anti-psychotics to an elderly person with dementia, this proud, bright light of the Frederick community might not have descended so quickly, in just four months, into complete incapacity and then death. He might, instead, now be enjoying life with his wife at the assisted living facility.

We ask that House Bill 456 be amended to include education for health care providers and facilities on the appropriate treatments for dementia in the elderly, and that summer study be scheduled to determine whether additional measures should be enacted to ensure that healthcare facilities and their staffs understand and administer only the appropriate therapies for dementia in the elderly.

Thank you for your time and attention to this issue.

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