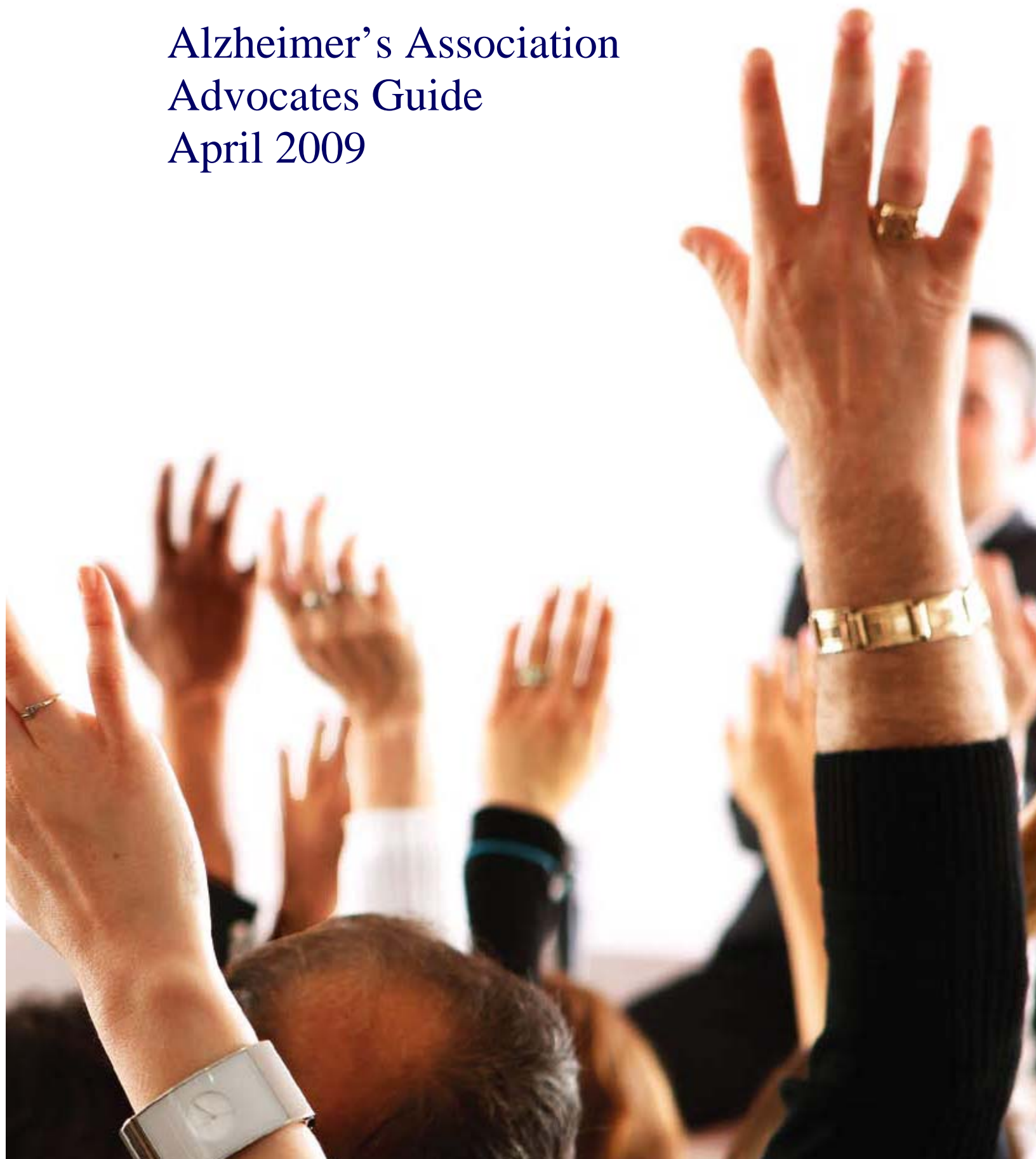


Alzheimer's Association
Advocates Guide
April 2009



Alzheimer's Association
Advocacy and Public Policy Office

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FACTS ABOUT ALZHEIMER'S DISEASE

Alzheimer's is a progressive, degenerative disease of the brain and the most common form of dementia.

Prevalence

- In 2009, it is estimated that there are as many as 5.3 million people living with Alzheimer's disease in the United States. This includes 5.1 million people age 65 and over and 200,000 people under age 65 with younger onset Alzheimer's disease.
- Every 70 seconds, someone in America develops Alzheimer's disease and by mid-century someone will develop Alzheimer's every 33 seconds.
- Age is the greatest risk factor for Alzheimer's. A small percentage of Alzheimer cases is caused by rare, genetic variations found in a few hundred families worldwide.
- By 2010, there will be nearly a half million new cases of Alzheimer's each year and by 2050, there will be nearly a million new cases annually.
- The 85 years and older population currently comprises nearly 50 percent of the individuals with Alzheimer's disease, or about 2.7 million people. By the time the first wave of baby boomers reaches age 85 years old (2031), there will be an estimated 3.5 million people age 85 and older with Alzheimer's.

Mortality

- Alzheimer's disease is the sixth leading cause of death for people in the United States; and the fifth leading cause of death for those over the age of 65.
- From 2000 to 2006, deaths from Alzheimer's disease increased by 47.1 percent. Deaths from heart disease decreased by 11.5 percent, breast cancer deaths decreased by .6 percent, prostate cancer deaths decreased by 14.3 percent, and stroke deaths decreased by 18.1 percent.
 - In fact, many studies have shown that deaths caused by Alzheimer's are under-reported, so the true number of deaths caused by Alzheimer's is probably even higher.
- A 2001 study of national death certificates found that 66.9 percent of people aged 65 and older who died of dementia did so in nursing homes; among those dying of other conditions, only 28 percent died in nursing homes.

Cost of Alzheimer's Disease

- In 2004, Medicare, Medicaid and all other payment sources except HMO's, paid more per person for people age 65 and older with Alzheimer's and other dementias than for other older people.
- Average per person Medicaid payments were 9 times higher; Medicare payments were 3 times higher, and private insurance payments were 26 percent higher for those with Alzheimer's compared to those without Alzheimer's.
- Direct and indirect costs of Alzheimer's and other dementias amount to more than \$148 billion annually.
- Most people with Alzheimer's also have one or more serious medical conditions. Their Alzheimer's complicates the management of these other conditions, resulting in more hospitalizations and longer hospital stays than for those with the same conditions but no Alzheimer's disease.
- In 2008, there were nearly 10 million caregivers in the U.S. providing 8.5 billion hours of unpaid care valued at \$94 billion, a \$5 billion increase since last year's *Alzheimer's Disease Facts and Figures*.
- Residents in more than half of the states in America provide more than a billion dollars in unpaid care each year. The leading states are: California (\$10.6 billion), Texas (\$7.2 billion), New York (\$6.2 billion), Florida (\$5.4 billion), and Pennsylvania (\$4.1 billion).

Federal Legislative Priorities – 2009

111th Congress, 1st Session

WE CALL ON CONGRESS TO ADDRESS THE GRAVE THREAT THAT ALZHEIMER'S POSES TO THE WELL-BEING AND FINANCIAL SECURITY OF AMERICAN FAMILIES BY:

- 1. Increasing fiscal year 2010 Alzheimer research funding at the National Institutes of Health (NIH) by \$250 million with a goal of reaching \$1 billion per year in funding in fiscal year 2011.**
 - Accelerates the investment in medical research to develop the capability to prevent Alzheimer's disease in ninety percent of individuals by 2020.
- 2. Establishing the Alzheimer's Solutions Project Office within the federal government backed by an appropriate scale of investment.**
 - Leads national efforts to reengineer dementia care delivery and, ultimately, prevent Alzheimer's disease.
- 3. Phasing out Medicare's two-year waiting period so individuals with Alzheimer's are eligible for Medicare immediately after they receive their determination of disability.**
 - Improves access to health coverage for individuals with Alzheimer's as a part of health care reform.

Alzheimer Research Funding

Ask

Increase fiscal year 2010 Alzheimer research funding at the National Institutes of Health (NIH) by \$250 million with a goal of reaching \$1 billion per year in funding in fiscal year 2011.

Talking Points

- Alzheimer's disease research investment has declined over 6 years; as a result:
 - good science goes unfunded
 - young scientists (and their new ideas) are turned away
 - life-saving treatments are delayed or lost forever
- Federal funding for Alzheimer research is not proportionate to the current and future impact of the disease.
- Investing in research to end Alzheimer's is one of the best decisions Congress can make. New treatments would save millions of baby boomers from Alzheimer's disease and yield \$60 billion in annual Medicare and Medicaid savings within five years of a breakthrough.
- Unless we find treatments soon, Alzheimer's disease will destroy the health care system and bankrupt Medicare and Medicaid.

Background

NIH currently is spending an estimated \$412 million on Alzheimer research. Congress is now considering funding for fiscal year 2010 (which begins Oct. 1, 2009). Funds for Alzheimer research will be contained in the *Labor, Health and Human Services and Education (Labor-HHS) Appropriations bill* (bill number unknown as of March 2009). Hearings will take place during the spring of 2009 in the House and Senate Labor-HHS Appropriations Subcommittees. Initial decisions on Alzheimer funding will be made in Subcommittee "mark-ups" following the hearings.

Between 1998 and 2003, Congress doubled total funding for the NIH, resulting in a steady increase in Alzheimer research funding. Since then, however, funding has been stagnant, resulting in a 12 percent decline due to inflation and discouraging new scientists from entering this field of study.

At the direction of Congress, NIH recently implemented a new method for identifying how much is being spent on individual diseases and disorders. Under this new system, NIH determined that \$412 million is currently devoted to Alzheimer research, compared to the \$650 million as was previously reported. This new information only underscores how little is being done—and how much more is needed to mount a full-scale effort to conquer Alzheimer's disease.

In February 2009, Congress passed an economic stimulus bill, the *American Recovery and Reinvestment Act*, containing an additional \$10 billion investment in NIH. At time of printing, the amount specifically for Alzheimer research was unknown, though it will not be enough to make up for 5 years of stagnant funding.

We still need robust, sustainable funding to reach our ultimate goal of \$1 billion annually for Alzheimer research. Our strategy is to advocate for an increase fiscal year 2010 Alzheimer

research funding at the NIH by \$250 million with a goal of reaching \$1 billion per year in funding in fiscal year 2011

Today's advances in Alzheimer's research stem from funding decisions made 5 to 10 years ago. If Congress doesn't increase funding, recent advances in Alzheimer's research may stall as researchers become discouraged and turn to other fields of study. Researchers are making dramatic gains in the ability to diagnose Alzheimer's - offering hope of preventing the disease and improving treatments. Scientists are pursuing a number of highly promising theories including the connections between Alzheimer's and diabetes, and the interaction of genetics and lifestyle.

This progress is made possible by the interdisciplinary and collaborative nature of Alzheimer research and the existing research infrastructure at NIH. For example, researchers at National Institute on Aging (NIA)-funded Alzheimer's Disease Centers are working to translate research advances into improved diagnosis and care for those with Alzheimer's *and* are engaged in efforts to find a way to cure and possibly prevent the disease. Alzheimer's Disease Centers train scientists; offer diagnostic and treatment services in underserved communities; and provide opportunities for volunteers to participate in drug trials, support groups, clinical research projects, and other special programs (*see map of the Alzheimer's Centers*).

The additional \$250 Million investment is needed for:

Clinical Trials to Find Preventions - basic research and epidemiological studies are identifying new targets for interventions – including compounds that are already widely available (such as over the counter medications). Additional funding is needed because large-scale clinical trials are required to see which compounds may actually slow or prevent the disease. Large-scale clinical trials are time consuming and expensive. Such trials can cost from \$10 million to \$30 million each.

Early Markers of Disease - early diagnosis of disease is crucial because the ultimate goal of research is to stop the disease before it ravages the brain. Also, new therapies under development may be effective only at the early stage of disease. Additional funding is also needed because the NIA-funded neuro-imaging initiative is under-funded and moving slowly; improving imaging is critical to early detection.

Basic Science Research - while great progress has been made, researchers are still searching for definitive answers to questions about the basic mechanisms of the disease. We must maintain the pipeline of basic scientific discovery to develop additional targets for treatment. At current levels, the NIA is able to fund only a small portion of approved projects. Projects that may hold critical answers are not being funded, and those projects that are funded are forced to slow or limit their inquiry.

Key Members of Congress

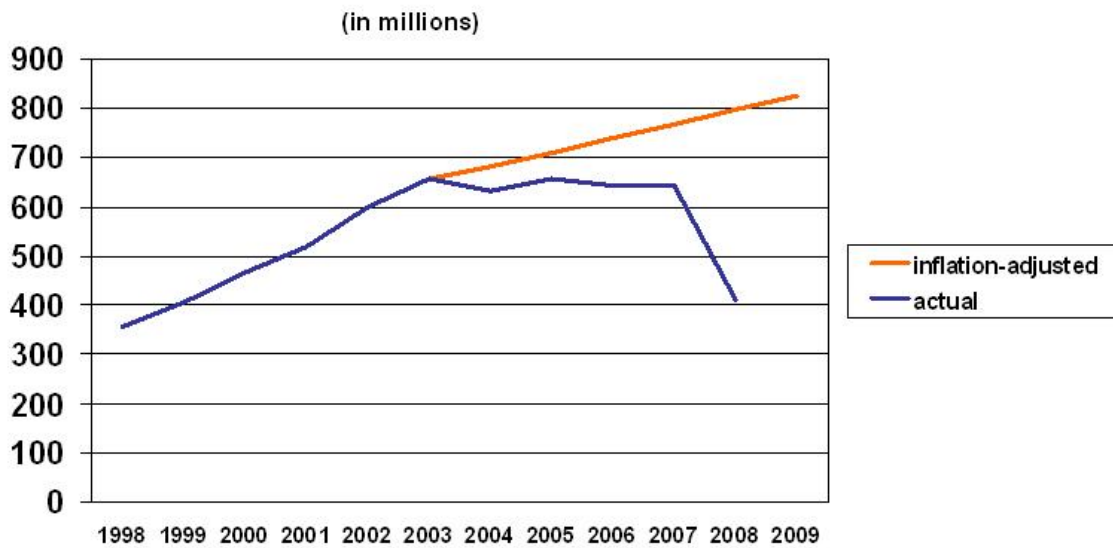
- Senate and House Appropriations Committees, Subcommittee on Labor, Health & Human Services, & Education

Resources

Alzheimer's Association, *2009 Alzheimer's Disease Facts & Figures*.

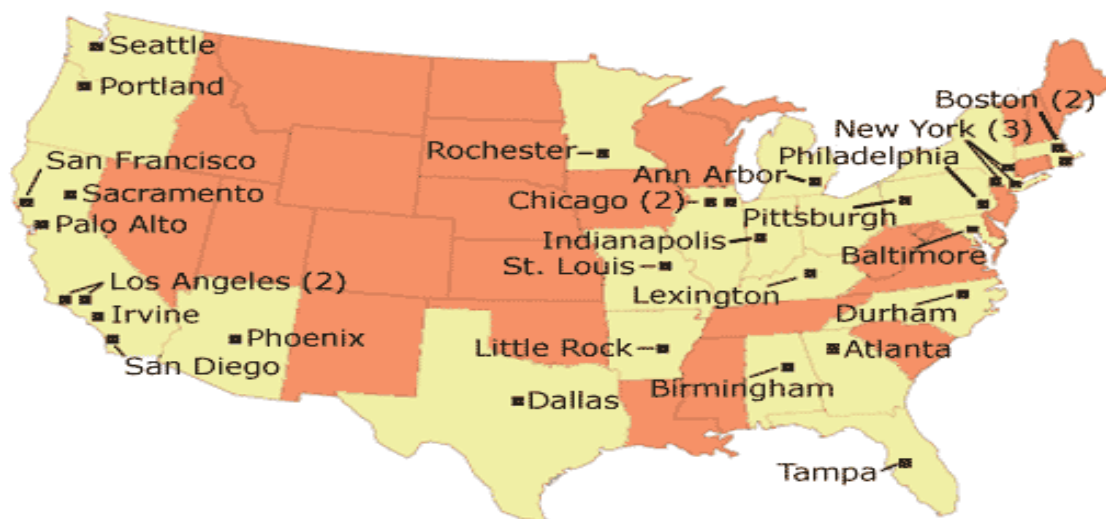
For information about federal funding for this program, contact: advocate@alz.org

Federal Funding for Alzheimer Research Actual Spending vs. Inflation-Adjusted Dollars



2008 Figure Based on NIH's Estimates of Funding Research, Condition, and Disease Categorization (RCDC)

Alzheimer's Disease Centers Funded by the National Institute of Aging



Alzheimer's Solutions Project Office

Ask

Establish an Alzheimer's Solutions Project Office within the federal government, backed by an appropriate scale of investment.

Talking Points

- The national effort to address Alzheimer's disease lacks coordination and focus.
- Currently, there are multiple federal agencies with Alzheimer's and dementia-related initiatives and programs, but no one party responsible for coordinating their efforts.
- We need an Alzheimer's Solutions Project Office within the federal government that would advance 3 goals:
 1. Accelerate and focus national efforts
 2. Reengineer dementia care delivery, and
 3. Prevent Alzheimer's disease.

Background

In 2007, congressional leaders, deeply concerned about the devastating and escalating impact of Alzheimer's disease upon the nation, identified the need for an independent, non-partisan Alzheimer's Study Group (ASG). The ASG is a taskforce of national leaders charged with creating the Alzheimer's National Strategic Plan to overcome the mounting Alzheimer's crisis.

The ASG, led by co-chairs former Speaker Newt Gingrich (R-Ga.) and former Senator Bob Kerrey (D-Neb.), began formal work on a Alzheimer's National Strategic Plan in 2007. The ASG assessed the adequacy of the country's current efforts to combat Alzheimer's and created strategies to accelerate progress toward defeating this terrible disease.

The ASG developed the Alzheimer's National Strategic Plan in consultation with a broad community of the country's leading experts on Alzheimer's and related fields including basic science, translational research, public health, clinical care, and caregiving.

The plan is a "national call to action" to improve care today and speed the development of more effective treatments for tomorrow.

A key recommendation in the plan is to establish an outcomes-oriented, project-focused Alzheimer's Solutions Project Office within the federal government, backed by an appropriate scale of funding by 2010.

The Alzheimer's Association supports the creation of the Alzheimer's Solutions Project Office. Its charge will be to contain the staggering impact of the disease by 2020. It is as urgent and uplifting as any national project our country has yet undertaken. If we succeed, we will immeasurably improve the lives of millions of Americans.

Key Members of Congress

- Congressional Task Force on Alzheimer's Disease

Resources

A National Alzheimer's Strategic Plan: The Report of the Alzheimer's Study Group
(March 09)

For information about the Alzheimer's Solutions Project Office, contact advocate@alz.org.

Two-Year Waiting Period for Medicare

Ask

Cosponsor the *Ending the Medicare Disability Waiting Period Act of 2009* (S.700 / H.R. 1708) to phase out the Medicare disability waiting period. This legislation phases out Medicare's two-year waiting period so individuals under age 65 with Alzheimer's are eligible for Medicare immediately after they receive their determination of disability.

Talking Points

- People under age 65 with dementia who lose their jobs are likely to lose job-related health insurance. Many of these people become uninsured and uninsurable.
- Most individuals who become disabled were, before their disability, working full-time jobs and paying into Medicare like all other employed Americans. Now, when these people need coverage the most—when they have lost their health, jobs, income, and health insurance—federal law requires them to wait two years to become eligible for Medicare.
- Because of the two-year wait, many people with disabilities and their families are likely to face soaring out-of-pocket expenditures for long-term care or are likely to completely forego medical care.

Background

Individuals with early onset Alzheimer's disease under age 65, who qualify for Medicare benefits under Social Security Disability Insurance (SSDI), must wait 24 months after the date their SSDI begins for Medicare benefits to start. In 1972, when Medicare expanded to include individuals with significant disabilities, Congress stipulated that people with disabilities must first receive SSDI for 24 months before gaining Medicare eligibility, which is a three step process. First, the Social Security Administration must make a determination of SSDI approval. Second, individuals with disabilities must wait five-months before receiving SSDI benefits. Third, after receiving their SSDI benefits, individuals must wait an *additional* 24 months before they receive Medicare coverage.

Exceptions to the waiting period have already been made for individuals with amyotrophic lateral sclerosis, also known as Lou Gehrig's disease, and for those with end-stage renal disease.

According to the Congressional Budget Office, there were about 1.8 million Americans with disabilities in the 24-month waiting period for Medicare. Nearly one-third of these individuals are uninsured.

Many of these people cannot afford to pay COBRA premiums to maintain coverage from their former employer and private coverage. Within the individual market, private coverage is unavailable or too expensive for this high-cost population.

It would cost about \$113 billion over 10 years if the Medicare waiting period was eliminated for all individuals at the same time they become eligible for SSDI benefits. However, there would be several billion dollars of savings to Medicaid savings, which would be shared between the states

and the federal government. Medicaid covers as many as 40 percent of people in the waiting period.

This bill was re-introduced in the 111th Congress in late March 2009. The sponsors are Senator Jeff Bingaman (D-N.M.) and Representative Gene Green (D-Texas-29). Joining them as original co-sponsors are: Senator Sherrod Brown (D-Ohio); Senator Susan Collins (R-Maine) and Representative Lee Terry (R-Neb.-2).

In the 110th Congress, several bills were introduced in the House and Senate to provide more immediate access to Medicare for individuals who qualify for Social Security Disability benefits, including the *Ending the Medicare Disability Waiting Period Act of 2007* (see *Co-sponsor list for reference*). This legislation would have phased out the waiting period for disabled individuals to become eligible for Medicare benefits over 10 years. It would have created a process by which the Secretary of the Department of Health & Human Services (HHS) could immediately waive the waiting period for people with life-threatening illnesses. For purposes of identifying life-threatening conditions, the HHS Secretary would have compiled a list of conditions that are fatal without medical treatment.

Key Members of Congress

- House Energy and Commerce Committee
- House Ways and Means Committee
- House Transportation and Infrastructure
- Senate Finance Committee

Resources

Alzheimer's Association, *Early Onset-Dementia: A National Challenge, A Future Crisis*. (Washington, D.C.: Alzheimer's Association, June 2006) Accessible at www.alz.org

Basic Social Security Disability Insurance information: <http://www.ssa.gov/disability/>
Congressional Budget Options, Volume I, Health Care, December 2008:
<http://www.cbo.gov/ftpdocs/99xx/doc9925/12-18-HealthOptions.pdf>

Disabled Americans' Long Wait for Health Coverage.
<http://www.commonwealthfund.org/Content/Spotlights/2008/Disabled-Americans-Long-Wait-for-Health-Coverage.aspx>

Transitioning to Medicare before Age Sixty-Five. *Health Affairs*, 27, no. 3 (2008): w175-w184.

For more information, please contact Brenda.Sulick@alz.org.

Ending the Medicare Disability Waiting Period Act of 2007 Co-Sponsor List for 110TH CONGRESS (last session)

SENATE

Sponsor: Sen Bingaman, Jeff [NM]

Cosponsors(23), Alphabetical

Sen Boxer, Barbara [CA]

Sen Cantwell, Maria [WA]

Sen Casey, Robert P., Jr. [PA]

Sen Collins, Susan M. [ME]

Sen Durbin, Richard [IL]

Sen Inouye, Daniel K. [HI]

Sen Kerry, John F. [MA]

Sen Lautenberg, Frank R.

Sen Menendez, Robert [NJ]

Sen Reed, Jack [RI]

Sen Sanders, Bernard [VT]

Sen Whitehouse, Sheldon [RI]

Sen Brown, Sherrod [OH]

Sen Cardin, Benjamin L. [MD]

Sen Clinton, Hillary Rodham [NY]

Sen Dodd, Christopher J. [CT]

Sen Feinstein, Dianne [CA]

Sen Johnson, Tim [SD]

Sen Landrieu, Mary L. [LA]

Sen Lincoln, Blanche L. [AR]

Sen Obama, Barack [IL]

Sen Salazar, Ken [CO]

Sen Stabenow, Debbie [MI]

HOUSE

Sponsor: Rep Green, Gene [TX-29]

Cosponsors(104), Alphabetical

Rep Abercrombie, Neil [HI-1]

Rep Andrews, Robert E. [NJ-1]

Rep Berkley, Shelley [NV-1]

Rep Bono Mack, Mary [CA-45]

Rep Brady, Robert A. [PA-1]

Rep Carnahan, Russ [MO-3]

Rep Carson, Andre [IN-7]

Rep Chandler, Ben [KY-6]

Rep Cleaver, Emanuel [MO-5]

Rep Conyers, John, Jr. [MI-14]

Rep Courtney, Joe [CT-2]

Rep Davis, Danny K. [IL-7]

Rep DeLauro, Rosa L. [CT-3]

Rep Doolittle, John T. [CA-4]

Rep Edwards, Donna F. [MD-4]

Rep Farr, Sam [CA-17]

Rep Ferguson, Mike [NJ-7]

Rep Allen, Thomas H. [ME-1]

Rep Baldwin, Tammy [WI-2]

Rep Bishop, Timothy H. [NY-1]

Rep Boucher, Rick [VA-9]

Rep Calvert, Ken [CA-44]

Rep Carney, Christopher P. [PA-10]

Rep Castle, Michael N. [DE]

Rep Clay, Wm. Lacy [MO-1]

Rep Cohen, Steve [TN-9]

Rep Costello, Jerry F. [IL-12]

Rep Davis, Artur [AL-7]

Rep DeFazio, Peter A. [OR-4]

Rep Doggett, Lloyd [TX-25]

Rep Doyle, Michael F. [PA-14]

Rep Engel, Eliot L. [NY-17]

Rep Fattah, Chaka [PA-2]

Rep Filner, Bob [CA-51]

Rep Fortuno, Luis G. [PR]
Rep Frelinghuysen, Rodney P. [NJ-11]
Rep Gonzalez, Charles A. [TX-20]
Rep Grijalva, Raul M. [AZ-7]
Rep Hinojosa, Ruben [TX-15]
Rep Holt, Rush D. [NJ-12]
Rep Israel, Steve [NY-2]
Rep Johnson, Eddie Bernice [TX-30]
Rep Kennedy, Patrick J. [RI-1]
Rep LaHood, Ray [IL-18]
Rep Larson, John B. [CT-1]
Rep Lee, Barbara [CA-9]
Rep LoBiondo, Frank A. [NJ-2]
Rep Lowey, Nita M. [NY-18]
Rep McCollum, Betty [MN-4]
Rep Miller, Brad [NC-13]
Rep Nadler, Jerrold [NY-8]
Rep Olver, John W. [MA-1]
Rep Pastor, Ed [AZ-4]
Rep Peterson, Collin C. [MN-7]
Rep Price, David E. [NC-4]
Rep Regula, Ralph [OH-16]
Rep Ross, Mike [AR-4]
Rep Roybal-Allard, Lucille [CA-34]
Rep Salazar, John T. [CO-3]
Rep Sanchez, Loretta [CA-47]
Rep Schakowsky, Janice D. [IL-9]
Rep Scott, Robert C. "Bobby" [VA-3]
Rep Smith, Christopher H. [NJ-4]
Rep Space, Zachary T. [OH-18]
Rep Tierney, John F. [MA-6]
Rep Upton, Fred [MI-6]
Rep Waters, Maxine [CA-35]
Rep Wexler, Robert [FL-19]
Rep Yarmuth, John A. [KY-3]

Rep Frank, Barney [MA-4]
Rep Gerlach, Jim [PA-6]
Rep Goode, Virgil H., Jr. [VA-5]
Rep Hinchey, Maurice D. [NY-22]
Rep Hirono, Mazie K. [HI-2]
Rep Honda, Michael M. [CA-15]
Rep Jefferson, William J. [LA-2]
Rep Jones, Walter B., Jr. [NC-3]
Rep Kucinich, Dennis J. [OH-10]
Rep Lampson, Nick [TX-22]
Rep Latham, Tom [IA-4]
Rep Lewis, John [GA-5]
Rep Lofgren, Zoe [CA-16]
Rep Markey, Edward J. [MA-7]
Rep McDermott, Jim [WA-7]
Rep Murphy, Christopher S. [CT-5]
Rep Napolitano, Grace F. [CA-38]
Rep Ortiz, Solomon P. [TX-27]
Rep Paul, Ron [TX-14]
Rep Platts, Todd Russell [PA-19]
Rep Rahall, Nick J., II [WV-3]
Rep Richardson, Laura [CA-37]
Rep Rothman, Steven R. [NJ-9]
Rep Ryan, Tim [OH-17]
Rep Sanchez, Linda T. [CA-39]
Rep Saxton, Jim [NJ-3]
Rep Schiff, Adam B. [CA-29]
Rep Sires, Albio [NJ-13]
Rep Snyder, Vic [AR-2]
Rep Terry, Lee [NE-2]
Rep Towns, Edolphus [NY-10]
Rep Van Hollen, Chris [MD-8]
Rep Welch, Peter [VT]
Rep Woolsey, Lynn C. [CA-6]
Rep Young, Don [AK]

**PROJECTIONS BY REGION AND STATE FOR TOTAL
NUMBERS OF AMERICANS
AGED 65 AND OLDER WITH ALZHEIMERS**

Source – Alzheimer's Association. *2009 Alzheimer's Disease Facts and Figures*

Projections by Region and State for Total Numbers of Americans Aged 65 and Older with Alzheimer's

Northeast*	Year	Projected Number (in 1,000s) with Alzheimer's by Age Group			Total	Percentage Change in Alzheimer's (Compared to 2000)
		65-74	75-84	85+		
Connecticut	2000	3.6	35.0	30.0	68.0	
	2010	2.8	30.0	37.0	70.0	3
	2020	3.6	29.0	38.0	70.0	3
	2025	3.9	34.0	38.0	76.0	12
Maine	2000	1.6	13.0	10.0	25.0	
	2010	1.2	12.0	12.0	25.0	0
	2020	1.7	12.0	12.0	25.0	0
	2025	2.0	14.0	12.0	28.0	12
Massachusetts	2000	6.6	61.0	52.0	120.0	
	2010	5.1	54.0	64.0	120.0	0
	2020	6.8	51.0	66.0	120.0	0
	2025	7.5	61.0	67.0	140.0	17
New Hampshire	2000	1.2	9.8	8.0	19.0	
	2010	1.0	9.9	11.0	22.0	16
	2020	1.4	10.0	12.0	23.0	21
	2025	1.7	13.0	12.0	26.0	37
New Jersey	2000	9.1	80.0	63.0	150.0	
	2010	7.5	73.0	74.0	150.0	0
	2020	9.4	71.0	77.0	160.0	7
	2025	10.0	83.0	79.0	170.0	13
New York	2000	20.0	170.0	140.0	330.0	
	2010	16.0	150.0	150.0	320.0	-3
	2020	20.0	150.0	160.0	330.0	0
	2025	21.0	170.0	160.0	350.0	6
Pennsylvania	2000	17.0	150.0	110.0	280.0	
	2010	12.0	130.0	140.0	280.0	0
	2020	15.0	120.0	130.0	260.0	-7
	2025	17.0	140.0	130.0	280.0	0
Rhode Island	2000	1.3	12.0	10.0	24.0	
	2010	0.9	10.0	13.0	24.0	0
	2020	1.2	9.1	12.0	23.0	-4
	2025	1.4	11.0	12.0	24.0	0
Vermont	2000	0.6	5.2	4.4	10.0	
	2010	0.5	5.1	5.3	11.0	10
	2020	0.8	5.2	5.5	12.0	20
	2025	0.9	6.5	5.6	13.0	30

Midwest*	Year	Projected Number (in 1,000s) with Alzheimer's by Age Group			Total	Percentage Change in Alzheimer's (Compared to 2000)
		65-74	75-84	85+		
Illinois	2000	12.0	110.0	89.0	210.0	
	2010	10.0	98.0	100.0	210.0	0
	2020	13.0	97.0	110.0	220.0	5
	2025	14.0	110.0	110.0	240.0	14
Indiana	2000	6.6	54.0	42.0	100.0	
	2010	5.9	55.0	54.0	120.0	20
	2020	7.0	56.0	58.0	120.0	20
	2025	8.4	65.0	60.0	130.0	30
Iowa	2000	3.3	32.0	30.0	65.0	
	2010	3.0	30.0	36.0	69.0	6
	2020	3.6	30.0	38.0	71.0	9
	2025	4.2	34.0	39.0	77.0	18
Kansas	2000	2.6	25.0	23.0	50.0	
	2010	2.3	24.0	26.0	53.0	6
	2020	3.2	25.0	28.0	56.0	12
	2025	3.7	30.0	29.0	62.0	24
Michigan	2000	11.0	69.0	67.0	170.0	
	2010	8.3	62.0	85.0	180.0	6
	2020	10.0	77.0	86.0	170.0	0
	2025	12.0	90.0	87.0	190.0	12
Minnesota	2000	4.5	43.0	40.0	88.0	
	2010	4.0	41.0	50.0	94.0	7
	2020	5.4	43.0	53.0	100.0	14
	2025	6.4	51.0	56.0	110.0	25
Missouri	2000	6.5	55.0	48.0	110.0	
	2010	5.6	53.0	55.0	110.0	0
	2020	7.2	53.0	57.0	120.0	9
	2025	8.3	63.0	58.0	130.0	18
Nebraska	2000	1.7	16.0	15.0	33.0	
	2010	1.6	16.0	19.0	37.0	12
	2020	2.1	17.0	21.0	39.0	18
	2025	2.4	20.0	21.0	44.0	33
North Dakota	2000	0.8	7.5	7.3	16.0	
	2010	0.7	7.7	9.8	18.0	13
	2020	0.8	7.3	11.0	19.0	19
	2025	1.0	8.4	11.0	20.0	25

Midwest (continued)	Year	Projected Number (in 1,000s) with Alzheimer's by Age Group			Total	Percentage Change in Alzheimer's (Compared to 2000)
		65-74	75-84	85+		
Ohio	2000	13.0	110.0	82.0	200.0	
	2010	11.0	110.0	110.0	230.0	15
	2020	13.0	100.0	120.0	230.0	15
	2025	15.0	120.0	120.0	250.0	25
South Dakota	2000	0.9	8.1	7.7	17.0	
	2010	0.8	8.0	9.7	19.0	12
	2020	1.0	7.8	10.0	19.0	12
	2025	1.2	9.2	11.0	21.0	24
Wisconsin	2000	5.7	51.0	45.0	100.0	
	2010	4.9	49.0	55.0	110.0	10
	2020	6.4	49.0	58.0	110.0	10
	2025	7.5	58.0	60.0	130.0	30

South*	Year	Projected Number (in 1,000s) with Alzheimer's by Age Group			Total	Percentage Change in Alzheimer's (Compared to 2000)
		65-74	75-84	85+		
Alabama	2000	5.6	44.0	35.0	84.0	
	2010	5.2	44.0	41.0	91.0	8
	2020	6.9	47.0	44.0	99.0	18
	2025	7.8	56.0	46.0	110.0	31
Arkansas	2000	3.5	29.0	23.0	56.0	
	2010	3.5	29.0	28.0	60.0	7
	2020	4.7	32.0	30.0	67.0	20
	2025	5.4	39.0	32.0	76.0	36
Delaware	2000	0.9	6.7	4.8	12.0	
	2010	0.7	6.7	6.9	14.0	17
	2020	0.9	6.7	7.2	15.0	25
	2025	1.0	8.0	7.4	16.0	33
District of Columbia	2000	0.6	5.2	4.2	10.0	
	2010	0.5	4.2	4.5	9.1	-9
	2020	0.6	3.9	4.7	9.1	-9
	2025	0.6	4.5	4.8	10.0	0

South (continued)	Year	Projected Number (in 1,000s) with Alzheimer's by Age Group			Total	Percentage Change in Alzheimer's (Compared to 2000)
		65-74	75-84	85+		
Florida	2000	23.0	200.0	150.0	360.0	
	2010	22.0	210.0	220.0	450.0	25
	2020	32.0	230.0	250.0	510.0	42
	2025	37.0	290.0	270.0	590.0	64
Georgia	2000	7.5	58.0	44.0	110.0	
	2010	7.4	60.0	57.0	120.0	9
	2020	10.0	68.0	64.0	140.0	27
	2025	12.0	84.0	68.0	160.0	45
Kentucky	2000	5.1	39.0	30.0	74.0	
	2010	4.9	41.0	35.0	80.0	8
	2020	6.3	43.0	38.0	87.0	18
	2025	7.0	50.0	39.0	97.0	31
Louisiana	2000	5.1	38.0	30.0	73.0	
	2010	4.7	41.0	37.0	83.0	14
	2020	6.0	43.0	43.0	92.0	26
	2025	7.0	51.0	46.0	100.0	37
Maryland	2000	5.1	42.0	31.0	78.0	
	2010	4.4	40.0	41.0	86.0	10
	2020	5.8	41.0	44.0	90.0	15
	2025	6.6	49.0	45.0	100.0	28
Mississippi	2000	3.4	26.0	22.0	51.0	
	2010	3.2	26.0	24.0	53.0	4
	2020	4.1	28.0	26.0	58.0	14
	2025	4.7	33.0	27.0	65.0	27
North Carolina	2000	9.4	72.0	53.0	130.0	
	2010	9.2	80.0	78.0	170.0	31
	2020	12.0	88.0	89.0	190.0	46
	2025	14.0	110.0	94.0	210.0	62
Oklahoma	2000	3.8	31.0	27.0	62.0	
	2010	3.7	34.0	37.0	74.0	19
	2020	5.0	37.0	42.0	85.0	37
	2025	5.8	45.0	45.0	96.0	55
South Carolina	2000	4.8	36.0	25.0	67.0	
	2010	4.5	38.0	37.0	80.0	19
	2020	6.2	42.0	43.0	91.0	36
	2025	7.0	51.0	45.0	100.0	49

South (continued)	Year	Projected Number (in 1,000s) with Alzheimer's by Age Group			Total	Percentage Change in Alzheimer's (Compared to 2000)
		65-74	75-84	85+		
Tennessee	2000	6.9	54.0	41.0	100.0	
	2010	6.6	56.0	54.0	120.0	20
	2020	8.7	61.0	59.0	130.0	30
	2025	9.8	73.0	62.0	140.0	40
Texas	2000	19.0	140.0	110.0	270.0	
	2010	19.0	160.0	160.0	340.0	26
	2020	26.0	190.0	190.0	400.0	49
	2025	31.0	230.0	200.0	470.0	74
Virginia	2000	7.1	56.0	41.0	100.0	
	2010	6.6	59.0	60.0	130.0	30
	2020	8.9	64.0	67.0	140.0	40
	2025	10.0	77.0	71.0	160.0	60
West Virginia	2000	2.7	21.0	16.0	40.0	
	2010	2.5	22.0	19.0	44.0	10
	2020	3.2	22.0	20.0	46.0	15
	2025	3.5	26.0	21.0	50.0	25

West *	Year	Projected Number (in 1,000s) with Alzheimer's by Age Group			Total	Percentage Change in Alzheimer's (Compared to 2000)
		65-74	75-84	85+		
Alaska	2000	0.3	1.9	1.1	3.4	
	2010	0.4	2.7	1.9	5.0	47
	2020	0.5	3.4	2.7	6.6	94
	2025	0.6	4.1	3.1	7.7	126
Arizona	2000	5.4	43.0	29.0	78.0	
	2010	5.4	47.0	45.0	97.0	24
	2020	7.9	54.0	52.0	110.0	41
	2025	9.3	68.0	57.0	130.0	67
California	2000	28.0	240.0	180.0	440.0	
	2010	24.0	220.0	230.0	480.0	9
	2020	36.0	250.0	270.0	560.0	27
	2025	44.0	320.0	300.0	660.0	50
Colorado	2000	3.1	26.0	21.0	49.0	
	2010	3.7	34.0	35.0	72.0	47
	2020	5.4	40.0	44.0	90.0	84
	2025	6.3	50.0	48.0	110.0	124

**NUMBER OF ALZHEIMER AND OTHER DEMENTIA
CAREGIVERS, HOURS OF UNPAID CARE AND
ECONOMIC VALUE OF THE CARE BY STATE, 2008**

Source – Alzheimer's Association. *2009 Alzheimer's Disease Facts and Figures*

Number of Alzheimer and Other Dementia Caregivers, Hours of Unpaid Care and Economic Value of the Care by State, 2008

State	Number of Alzheimer/ Dementia Caregivers	Hours of Unpaid Care per Year	Value of Unpaid Care
All States	9,856,945	8,508,514,817	\$94,444,514,466
Alabama	168,363	145,331,368	\$1,613,178,184
Alaska	14,539	12,550,265	\$139,307,943
Arizona	179,305	154,775,727	\$1,718,010,574
Arkansas	111,758	96,469,079	\$1,070,806,781
California	1,112,121	959,982,607	\$10,655,806,936
Colorado	143,956	124,262,492	\$1,379,313,661
Connecticut	113,074	97,605,554	\$1,083,421,654
Delaware	29,589	25,540,976	\$283,504,829
District of Columbia	16,837	14,533,507	\$161,321,930
Florida	573,249	494,828,745	\$5,492,599,071
Georgia	353,919	305,502,898	\$3,391,082,166
Hawaii	30,540	26,362,111	\$292,619,427
Idaho	47,047	40,611,136	\$450,783,610
Illinois	349,614	301,786,819	\$3,349,833,685
Indiana	211,236	182,339,133	\$2,023,964,382
Iowa	96,292	83,119,307	\$922,624,309
Kansas	84,717	73,128,121	\$811,722,145
Kentucky	153,210	132,251,117	\$1,467,987,394
Louisiana	160,914	138,900,565	\$1,541,796,269
Maine	46,215	39,893,050	\$442,812,859
Maryland	168,071	145,079,317	\$1,610,380,420
Massachusetts	208,821	180,254,341	\$2,000,823,183
Michigan	364,293	314,457,518	\$3,490,478,446
Minnesota	175,960	151,888,916	\$1,685,966,972
Mississippi	133,528	115,261,619	\$1,279,403,972

State	Number of Alzheimer/ Dementia Caregivers	Hours of Unpaid Care per Year	Value of Unpaid Care
Missouri	180,997	156,236,940	\$1,734,230,037
Montana	33,385	28,800,394	\$319,684,369
Nebraska	54,647	47,171,212	\$523,600,451
Nevada	75,652	65,302,918	\$724,862,386
New Hampshire	41,215	35,576,788	\$394,902,345
New Jersey	290,550	250,802,854	\$2,783,911,684
New Mexico	58,446	50,450,909	\$560,005,088
New York	651,705	562,552,068	\$6,244,327,960
North Carolina	317,742	274,274,804	\$3,044,450,328
North Dakota	17,490	15,097,380	\$167,580,919
Ohio	391,022	337,530,280	\$3,746,586,108
Oklahoma	113,475	97,951,999	\$1,087,267,190
Oregon	122,043	105,347,495	\$1,169,357,192
Pennsylvania	432,589	373,410,861	\$4,144,860,553
Rhode Island	35,291	30,463,091	\$338,140,312
South Carolina	162,350	140,140,116	\$1,555,555,267
South Dakota	27,235	23,508,847	\$260,948,201
Tennessee	225,258	194,442,829	\$2,158,315,399
Texas	780,548	656,505,018	\$7,287,205,697
Utah	90,283	77,932,159	\$865,046,968
Vermont	15,848	13,680,360	\$151,851,397
Virginia	250,025	215,821,228	\$2,395,615,613
Washington	181,542	156,706,861	\$1,739,446,160
West Virginia	84,499	72,939,381	\$809,627,130
Wisconsin	180,134	155,491,718	\$1,725,958,068
Wyoming	15,825	13,660,020	\$151,628,219

Created from data from the 2000 BRFSS, U.S. Census Bureau, National Alliance for Caregiving and AARP. [BRFSS 00](#)

COGNITIVE IMPAIRMENT IN NURSING HOME RESIDENTS BY STATE, 2007

Source – Alzheimer's Association. *2009 Alzheimer's Disease Facts and Figures*

Cognitive Impairment in Nursing Home Residents by State, 2007

State	Total Nursing Home Residents*	Level of Cognitive Impairment (Percentage)		
		None	Very Mild/Mid	Moderate/Severe
Alabama	50,282	27	27	46
Alaska	1,274	29	27	44
Arizona	39,950	47	24	30
Arkansas	33,474	24	30	47
California	254,790	34	26	40
Colorado	38,404	28	30	42
Connecticut	62,423	37	26	37
Delaware	9,220	35	26	39
District of Columbia	5,398	39	24	37
Florida	204,842	40	23	38
Georgia	65,142	15	24	61
Hawaii	8,331	25	23	53
Idaho	12,176	30	28	43
Illinois	167,966	29	32	39
Indiana	84,181	35	26	39
Iowa	49,104	22	30	48
Kansas	35,814	23	31	46
Kentucky	49,537	30	24	46
Louisiana	42,425	24	28	49
Maine	18,313	35	25	41
Maryland	64,611	39	23	39
Massachusetts	103,029	34	24	42
Michigan	99,066	30	26	44
Minnesota	70,112	29	30	41
Mississippi	27,884	23	28	48
Missouri	77,797	29	31	40

Cognitive Impairment in Nursing Home Residents by State, 2007

State	Home Residents*	Level of Cognitive Impairment (Percentage)		
		None	Very Mild/Mild	Severe
Montana	11,510	27	30	43
Nebraska	27,110	25	31	44
Nevada	12,206	39	25	36
New Hampshire	15,532	31	25	44
New Jersey	116,562	42	25	34
New Mexico	13,115	28	29	43
New York	227,231	35	25	40
North Carolina	87,247	33	23	44
North Dakota	10,648	22	30	48
Ohio	186,302	28	27	45
Oklahoma	37,504	29	31	41
Oregon	26,688	35	29	36
Pennsylvania	180,306	31	27	41
Rhode Island	16,935	30	28	42
South Carolina	37,117	28	22	50
South Dakota	11,317	22	30	49
Tennessee	70,375	25	26	49
Texas	183,562	24	32	45
Utah	17,377	37	29	34
Vermont	6,881	27	26	47
Virginia	69,221	32	26	42
Washington	57,001	32	28	40
West Virginia	21,655	36	21	43
Wisconsin	73,121	34	28	38
Wyoming	4,925	20	29	52
U.S. Total	3,196,923	31	27	42

*These figures include all individuals who spent any time in a nursing home in 2007. Percentages for each state may not sum to 100 percent because of rounding.
 Created from data from *Nursing Home Data Compendium 2008 Edition*.¹⁰

**NUMBER OF DEATHS DUE TO ALZHEIMERS AND AGE
ADJUSTED RATES PER 100,000 POPULATION BY STATE,
2005**

Source – Alzheimer's Association. *2009 Alzheimer's Disease Facts and Figures*

Number of Deaths Due to Alzheimer's and Age-Adjusted Rates* per 100,000 Population by State, 2005

State	Number of Deaths	Age-Adjusted Rate per 100,000	State	Number of Deaths	Age-Adjusted Rate per 100,000
Alabama	1,501	33.2	Montana	267	23.9
Alaska	61	21.3	Nebraska	473	21.8
Arizona	1,831	31.3	Nevada	310	17.1
Arkansas	686	22.6	New Hampshire	376	26.1
California	7,706	23.2	New Jersey	1,815	17.6
Colorado	1,064	28.5	New Mexico	327	18.3
Connecticut	777	16.1	New York	2,065	9.2
Delaware	180	20.0	North Carolina	2,417	29.5
District of Columbia	112	19.1	North Dakota	287	29.8
Florida	4,608	18.4	Ohio	3,478	26.0
Georgia	1,745	27.0	Oklahoma	1,012	28.1
Hawaii	192	11.4	Oregon	1,239	28.9
Idaho	407	29.4	Pennsylvania	3,429	18.9
Illinois	2,827	20.8	Rhode Island	298	18.8
Indiana	1,651	24.7	South Carolina	1,316	32.4
Iowa	1,082	25.4	South Dakota	290	27.3
Kansas	912	27.2	Tennessee	2,033	36.2
Kentucky	1,147	28.9	Texas	4,629	27.2
Louisiana	1,405	34.2	Utah	368	21.5
Maine	476	29.1	Vermont	184	25.7
Maryland	958	17.5	Virginia	1,550	22.5
Massachusetts	1,638	19.8	Washington	2,309	35.9
Michigan	2,359	21.2	West Virginia	504	23.2
Minnesota	1,320	22.5	Wisconsin	1,512	22.4
Mississippi	721	26.7	Wyoming	110	22.7
Missouri	1,635	25.4	United States	71,599	22.9

* Age-adjusted to year 2000 standard population
 Created from data from Kung et al.¹⁴

2009 CONGRESSIONAL CALENDAR

HOUSE

April 6 - April 17	Spring District Work Period
May 25 - May 29	Memorial Day District Work Period
July 4	Independence Day
August 3 - September 4	Summer District Work Period
October 30	Target Adjournment

SENATE

Apr 6-17	State Work Period
May 25-29	State Work Period
Jun 29-Jul 3	State Work Period
Aug 10-Sep 7	State Work Period
TBD	Target Adjournment

