



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2149		DATE: 2/12/2026	
COMMITTEE: Health and Mental Health			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/12/2026 11:59 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Favor of this Bill and the Creation of the Position of "Dementia Services Coordinator within the Department of Public Health and Senior Services. This Coordination, Resource and tracking data is sorely needed in our State. This is a good start in the right direction.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOANNE SCHRADER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/11/2026 10:51 PM
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Dementia is a huge problem for older Missourians and their caregivers. To have a full time Dementia Coordinator within the Department of Mental Health just makes sense given the size and scope of this condition and its impact.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAUL BAUER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/10/2026 1:36 PM	
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Over 122,000 citizens of Missouri are currently living with Alzheimer's Disease, at a cost to Medicaid of 1.2 billion dollars annually. The number is growing each year, so it can be expected that the cost will also increase. With this many people and so much money involved, it is necessary for state agencies to respond in a consistent, coordinated way.

I speak from personal experience. At first, my mother would forget things, would leave food in the refrigerator until it started to rot, and didn't always recognize or remember the names of friends or family members. With time, this only got worse. We didn't know what was happening or the cause and we didn't know what to do - we took her to her primary physician, whose diagnosis was "she's getting old", and who gave us no help. Finally, after searching for answers, we took her to Washington University, where they gave a diagnosis of Alzheimer's disease. From that point, we were our own - we didn't know where to get help, and didn't even know what to ask for. We didn't know about the Alzheimer's Association or any other place to get help, or even information. My wife and I became her primary caregivers, adding responsibility for her care to our full-time jobs and adding the cost of caring for her to our household budget. Her memory and ability to care for herself worsened - she thought I was her brother and didn't know who my wife was. She didn't know what time of year it was, where she was, or how she got there. Ultimately, my mother died from complications related to Alzheimer's Disease in 2019.

As we navigated our way through this disease, there was no one to whom we could turn. Everything we learned about the disease came from books, articles, and websites that we located and read. There was nobody to help us identify what help she needed, where to find it, or how to coordinate everything. We have since learned that the Alzheimer's Association does those things, but nobody ever told us that. If there had been a Dementia Services Coordinator, we would have had support available to us to learn all of those things.

No family or caregiver should have to do the work we had to do to learn about and get support for my mother. The purpose of the Dementia Services Coordinator would be to coordinate and communicate among various State agencies to provide individuals with Alzheimer's and their Caregivers the support they need to more easily and less stressfully navigate available systems. People in Missouri who are touched by Alzheimer's Disease need it.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: RACHEL LESINSKI		PHONE NUMBER:
REPRESENTING: ALZHEIMERS ASSOCIATION		TITLE:
ADDRESS: 1433 OLDE CABIN RD.		
CITY: CREVE COUER		STATE: MO
		ZIP: 63411
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/12/2026 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SANDY MARSHALL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/12/2026 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SARAH LOVEGREEN		PHONE NUMBER: 314-801-0449	
BUSINESS/ORGANIZATION NAME: ALZHEIMER'S ASSOCIATION		TITLE: VICE PRESIDENT OF PROGRAMS	
ADDRESS: 11433 OLDE CABIN RD, 100			
CITY: ST. LOUIS		STATE: MO	ZIP: 63141
EMAIL: silovegreen@alz.org	ATTENDANCE: Written	SUBMIT DATE: 2/11/2026 10:30 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Chairwoman Stinnett and and Members of the Missouri Health and Mental Health Committee,

Thank you for the opportunity to provide testimony on the importance of establishing a Dementia Services Coordinator position, a full time role within the Department of Health and Senior Services. On behalf of the Missouri Alzheimer's Association, I urge you to support HB 2149 in order to strengthen Missouri's efforts to become more dementia capable and to better support Missourians living with dementia and their family caregivers.

Alzheimer's is a public health crisis in Missouri, affecting nearly 130,000 individuals aged 65 and older, which is more than 11% percent of this population. Additionally, more than 226,000 Missourians provide unpaid care for loved ones living with the disease. In 2025, the Medicaid costs of caring for Missourians living with Alzheimer's, the most common form of dementia, hit \$1.2 billion, a figure that is projected to rise significantly in the coming decades, as our population continues to age.

Advances in research and care have created opportunities for improved diagnosis, access to disease modifying treatments and more effective care navigation. These advances allow individuals living with dementia and their caregivers to maintain a higher quality of life. However, as the disease progresses, families require increasing levels of support to provide quality care and to help keep their loved ones at home for as long as possible. In Missouri, available services remain fragmented, inconsistent across counties, and difficult to access. The Dementia Services Coordinator would play a crucial role in improving the quality, consistency and accessibility of services across sectors. Specifically, the Dementia Services Coordinator would evaluate dementia services within Missouri and recommend strategies to improve coordination of services and resources provided by public and private entities, streamline state government services to increase efficiency, and improve the quality of care in residential, home-based, and community-based settings. This role will also identify any duplicated services, and identify and apply for grant opportunities to expand the scope of services for persons living with dementia and their caregivers.

I had the privilege of serving on the 2022 Alzheimer's State Plan Task Force, as well as on the recent Missouri Master Plan on Aging, both as an advisory council member and as co-chair of the Family Caregiving Subcommittee. The Dementia Services Coordinator position is specifically recommended in the Alzheimer's State Plan and would contribute significantly to the implementation of many recommendations within the Missouri Master Plan on Aging. Both documents have been signed by

Governor Kehoe and demonstrate a clear commitment to supporting older Missourians, particularly those living with dementia.

I want to note that Missouri is a recipient of a grant from the Centers for Disease Control and Prevention (CDC) through the BOLD Act. While the 5-year grant does fund a BOLD Coordinator with grant funds, this program focuses solely on strengthening public health infrastructure, leaving out the many other sectors that touch people impacted by dementia. The role established in HB 2149 would have a broader scope of responsibility for coordination of the state's response to this pervasive, expansive, and complex disease, which would include workforce development, Medicaid services and social services available through community based organizations, crisis response, and engagement on issues impacting long-term care. Nearly all of the 32 states and the District of Columbia that have established a Dementia Service Coordinator also receive a BOLD grant, and thus also have a BOLD Coordinator. Having separate positions allows the Dementia Service Coordinator to maintain a wide scope of work while collaborating effectively with the BOLD coordinator.

We respectfully ask for your support of this legislation to help address a growing public health crisis at the state level. Thank you for your consideration of this important initiative to create a Dementia Service Coordinator position.

**Respectfully submitted,
Sarah Lovegreen, MPH, MCHES
Vice President of Programs
Alzheimer's Association**



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SARAH BERRY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/10/2026 9:29 AM

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I offer this testimony regarding House Bill 2149 to express constitutional and civil-rights concerns that must be addressed before enactment.

HB 2149 establishes a Dementia Services Coordinator with broad authority to coordinate services, streamline programs, and collect data concerning Missourians living with dementia. While the intent of the bill is commendable, its current language lacks essential safeguards to protect due process, privacy, and disability rights.

The bill authorizes the collection and monitoring of dementia-related data without defining the scope of information collected, the use or retention of such data, or the consent mechanisms afforded to individuals and caregivers. Government collection of health-related data—particularly concerning cognitively vulnerable populations—implicates significant privacy and due-process interests under both the United States and Missouri Constitutions.[1]

Additionally, the bill grants expansive discretion to a single coordinator to influence services across multiple agencies, including law enforcement, without statutory standards or oversight mechanisms. Without clear limits, coordination risks becoming coercion, and efficiency risks supplanting individual autonomy—outcomes that disability-rights law explicitly guards against.[2]

HB 2149 would be materially strengthened by:
 explicit privacy and consent protections;
 limitations on identifiable data collection;
 inclusion of individuals with dementia and caregivers in policy development;
 and legislative reporting and oversight requirements.

Absent these safeguards, the bill risks unintended harm to the very population it seeks to support.

I respectfully urge the committee to amend House Bill 2149 to incorporate constitutional protections and disability-rights principles before advancing the legislation.

FOOTNOTES

[1] Whalen v. Roe, 429 U.S. 589 (1977); Mo. Const. art. I, §§10, 15

[2] Olmstead v. L.C., 527 U.S. 581 (1999); Americans with Disabilities Act, 42 U.S.C. §12101 et seq.