Aging & Older Adult Services Committee
Public Hearing on HB 2435
Agenda

Monday, April 27, 2026
10:00Am
515 Irvis Office Building

10:00 a.m. Opening Remarks

- Chair Madden

10:05 a.m. Panel Presentation 1

- Michael Galvan, Director of Government Relations
  Alzheimer's Association - Pennsylvania

- Jenny Catchings, State Advocacy Manager
  The Association for Frontotemporal Degeneration

- Amy Brulia, Citizen Advocate
  Alzheimer's Association

10:35 a.m. Panel Presentation 2

- Don DeReamus, Legislative Committee Chairman
  Ambulance Association of Pennsylvania

10:55 a.m. Closing Remarks and Adjournment

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The official registration and financial information of Alzheimer's Disease and Related Disorder Association may be obtained from the Commonwealth of Pennsylvania's Department of State by calling toll-free within Pennsylvania, 800-732-0999. Registration does not imply endorsement.

Testimony Prepared for HB 2435

House Committee on Aging and Older Adult Services

Good morning and thank you to Chairwoman Madden, Chairman Mentzer, and members of the Aging and Older Adult Services Committee. My name is Michael Galvan and I serve as the Director of Government Relations for the Alzheimer's Association here in the Commonwealth of Pennsylvania. I am testifying today in support of HB 2435, which will ensure our EMS personnel have the proper training and support they need to respond to emergency situations involving Pennsylvanians who are living with Alzheimer's disease or other dementias.

In our Commonwealth, the most recent data shows more than 282,000 Pennsylvanians, aged 65 or older, are living with Alzheimer's disease. The number of those impacted rises greatly, when accounting those under the age of 65 who are diagnosed, those with Mild Cognitive Impairment, and those who have not received a formal diagnosis. Further, individuals living with dementia visit emergency departments at a rate of 1,470 visits per 1,000 individuals, meaning our EMS personnel are already encountering individuals with dementia regularly, often during moments of acute confusion, wandering, or behavioral crisis.

Without specialized training, those encounters can quickly go awry. A person with dementia who is disoriented or unable to communicate may not respond to standard verbal commands, and behaviors rooted in cognitive decline can often be misread as non-compliance or aggression, which may prompt responses that escalate rather than stabilize a situation. This is not a hypothetical situation - in fact, in a few minutes, you will hear testimony from a caregiver who experienced this breakdown in communication first hand.

The consequences extend beyond the immediate encounter. Dementia patients in Pennsylvania face a 22% hospital readmission rate, and the Commonwealth's Medicaid costs for caring for people with Alzheimer's total $4.4 billion annually. Better-trained EMS personnel who can accurately assess a situation involving someone with cognitive decline, communicate effectively with the individual and their caregivers, and connect families to appropriate resources can help reduce unnecessary hospitalizations and ease pressure on an already strained healthcare system.

Additionally, the current structure of training for EMS personnel allows for shifts in prioritization of training requirements every 2-years. While the existing priorities of the Emergency Health Service Council in Pennsylvania currently include basic topics in Alzheimer's and dementia training, this regular re-evaluation of priorities does not guarantee that Alzheimer's training will remain in EMS training into the future. With projections on the prevalence of this disease expected to increase in the coming years, we cannot afford to risk a poor encounter with our first responder system here in the Commonwealth.

HB 2435, we will codify into law that our EMS system receives training in critical topics for those living with this disease, including: behavioral symptoms of dementia, communication strategies to effectively communicate with an individual living with dementia, addressing behavioral symptoms during emergency medical treatment, identifying and reporting incidents of abuse, neglect, and exploitation, and protocols for contacting caregivers if a person with dementia is found wandering.

This bill is about giving the best care and treatment to our loved ones, their caregivers, and our first responders. It is a critical step forward in ensuring a dementia-capable Commonwealth, where all Pennsylvania residents will have the skills to support those living with Alzheimer's or another dementia. I ask for your support today for HB 2435 to ensure our first responders are a part of this dementia-capable system of care.

Good morning, Chairwoman Madden, Chairman Mentzer, and members of the Aging and Older Adult Services Committee,

My name is Amy Brulia and I am from Cambria County. My husband, Phil, was diagnosed with Alzheimer's disease at the age of 59, he lived with the disease for 11 years before he passed away in February 2025 at age 70.

And I want to take you back to one of the most awful days of our dementia journey.

As is not uncommon for individuals living with dementia, Phil had begun to show signs of aggression. Following the advice of medical professionals, during one situation, I called 911 for help. The police were the first to respond. When they entered our apartment, Phil became immediately terrified by their presence. He ran out the door, up the stairs, and into the lobby of our apartment building.

EMS arrived next. They did not communicate with Phil as they attempted to care for him, nor did they explain to him, or to me, what they were doing. I was told to stay away and remain out of sight, despite the fact that I knew Phil best and was his primary caregiver.

The two EMS personnel took hold of Phil by both arms and began escorting him toward the ambulance. Again, there was no communication with either of us about what was happening. Phil became even more frightened and agitated, and he broke free of their hold and ran out into the street—directly in front of an oncoming car that narrowly avoided hitting him by slamming on its brakes.

EMS and the Police were able to retrieve him, and eventually transported him to the emergency room. Once there, he was restrained and the medical team began removing his clothing. Phil was deeply terrified and, understandably, responded defensively. Emergency room staff yelled at him and a security officer told him, *"If you kick a member of my staff, you will be in for a world of hurt."* Once again, they attempted to remove me from the room—taking away the only familiar and calming presence for my husband.

This experience represents a systemic failure in how we care for individuals living with dementia. It began with law enforcement, it escalated with EMS, and it worsened in the emergency room.

We must do better.

HB 2435, the Dementia Training for EMS Personnel Act, is a critical step forward. This bill will equip EMS personnel with the training needed to properly communicate with and care for individuals living with dementia and their caregivers.

With this training, the traumatic experience my husband and I endured could very well have been prevented.

And while this happened to my husband—and I'm sure to countless others in the past—it should not happen to anyone else.

I urge your support for the passage of HB 2435.

Thank you, Chairwoman Madden, Chairman Mentzer, and members of the committee, for hearing my story and for your consideration of this important bill.

House Aging and Older Adult Services

Committee

Proposed EMS Dementia Care Training Act

(HB 2435)

April 27, 2026

Chairwoman Madden, Chairman Mentzer and members of the House Aging and Older Adult Services Committee, my name is Donald DeReamus and I am a Board Member and Legislative Chair of the Ambulance Association of Pennsylvania (AAP).

The Ambulance Association of Pennsylvania appreciates the House Aging & Older Services Committee asking for our thoughts on House Bill 2435 that proposes establishing baseline dementia-care training requirements for EMS personnel.

Mandating additional dementia-specific training for EMS providers risks creating an unsustainable precedent without delivering meaningful improvements beyond what current education already provides. While the importance of high-quality care for patients with Alzheimer's disease and related dementias is not in question, existing EMS training frameworks already incorporate the essential competencies needed to manage these patients effectively.

The **National Highway Traffic Safety Administration National EMS Education Standards (2021)** establish a comprehensive, competency-based foundation that integrates dementia-related care throughout the curriculum rather than isolating it into a single topic area. Cognitive impairment—including dementia—is addressed under geriatrics, behavioral emergencies, and patients with special challenges. This integrated approach ensures that providers are trained to assess altered mental status, adapt care for geriatric populations, and manage complex presentations across a wide range of clinical scenarios.

At every certification level—EMR, EMT, AEMT, and Paramedic—providers are trained to recognize and respond to cognitively impaired patients. These competencies include identifying baseline versus altered mental status, modifying assessments based on age and condition, and incorporating psychosocial considerations into treatment and transport decisions. Importantly, dementia is not treated as an isolated condition in the field; it is encountered as part of broader medical, trauma, and behavioral presentations, all of which are already covered within national standards.

Advocates for dementia-specific frameworks often emphasize person-centered care, communication strategies, and minimizing unnecessary interventions. However, these principles

are not absent from EMS education. Communication, de-escalation, patient safety, and caregiver interaction are core components of EMS training and continuing education. Moreover, EMS providers routinely apply these skills in real-world settings, gaining practical experience that reinforces and expands upon their initial training.

Requiring standalone dementia training also introduces a broader policy concern. If one condition warrants mandated specialty education, it opens the door to similar requirements for numerous other comorbidities—such as autism spectrum disorders, mental health crises, or chronic neurological diseases—quickly leading to an impractical expansion of required training hours. This "Pandora's box" effect risks diluting focus from critical life-saving competencies and overburdening already constrained training systems.

Rather than mandating additional disease-specific training, a more effective and sustainable approach is to continue strengthening the integration of dementia-related considerations within existing EMS education and continuing education frameworks. This preserves flexibility, reinforces real-world applicability, and ensures that providers remain broadly competent across the diverse and unpredictable situations they encounter.

In summary, EMS education as it currently stands already provides sufficient preparation to care for patients with dementia who are engaged through the 911 system. Additional mandated training would likely result in redundancy rather than meaningful improvement, while introducing unnecessary complexity into an already comprehensive system.

Specialized EMS training can be mandated in the Commonwealth without new legislation by leveraging existing regulations that allow the Department of Health (DOH) to approve specialized courses, requiring agency medical director approval for specific skills, and utilizing Pennsylvania Bulletin notices to define scope.

We would suggest the Alzheimer's Association and advocates for patients with Alzheimer's disease and related dementias engage with the Department of Health, Bureau of EMS and the State Advisory Board (Pennsylvania Emergency Health Services Council) to develop training to address this community's concerns.

The Ambulance Association of Pennsylvania (AAP) is a member organization that advocates the highest quality patient care through ethical and sound business practices, advancing the interests of our members in important legislative, educational, regulatory and reimbursement issues. Through the development of positive relationships with interested stakeholders, the AAP works for the advancement of emergency and non-emergency medical services delivery and transportation and the development and realization of mobile integrated healthcare in this evolving healthcare delivery environment.

Our membership includes all delivery models of EMS including not-for-profit, for-profit, municipal based, fire based, hospital-based, volunteer and air medical. Our members perform a large majority of the 2 million annual EMS patient contacts reported to the Department of Health.