

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Public Health
For HB 5

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Hearing Date: March 10, 2025 8:00 AM

Cristian Lasagna Reeves, Dr.
Baylor College of Medicine
Houston, TX

My name is Dr. Cristian Lasagna Reeves, and I write to express my support of the creation of the Dementia Prevention and Research Institutes of Texas. By way of introduction, I recently joined the Department of Neurology at Baylor College of Medicine as an Associate Professor. For almost 20 years, I have conducted neurodegeneration research, with a special emphasis on the role of the tau protein. My scientific journey in dementia research began when I joined the Ph.D. program at the University of Texas Medical Branch. I then pursued my postdoctoral studies in the laboratory of Dr. Huda Zoghbi at Baylor College of Medicine. The stellar training offered by these two outstanding Texas academic institutions enabled me to establish my own research laboratory at Indiana University.

During my tenure at Indiana University, my research was continuously funded by the NIH, Department of Defense, and the Alzheimers Association. Despite receiving offers from other academic institutions across the country, I accepted the opportunity to return to Baylor College of Medicine without hesitation. My decision was driven not only by the chance to conduct world-class dementia research at Baylor and within the collaborative environment of the Texas Medical Center, but also by a deep desire to give back to the state that shaped me as a scientist - a state where dementia prevalence is high and urgent action is needed. I share my background to illustrate how DPRIT will have a major impact in promoting collaboration and recruiting top-tier talent to our state.

I can personally attest to the challenges in attracting the best minds to Texas in order to grow our research workforce. Having trained at UTMB and Baylor, I knew Texas was the ideal environment for conducting the best possible dementia research. However, many talented young scientists remain hesitant to move here, often considering other options. I have witnessed, since its inception, how CPRIT has played a decisive role in attracting top candidates in the field of cancer research. The best young cancer scientists recognize that Texas institutions offer highly competitive recruitment packages, ensuring successful career launches for their research programs. DPRIT will provide a similar competitive advantage for dementia research.

In conclusion, after interviewing at multiple academic institutions across the country in 2024, I can confidently state that if DPRIT is approved, recruitment to Texas will be highly competitive, positioning Texas as a top designation for attracting top talent.

Rebecca Rodgers
Self
Arlington, TX

I am writing in opposition to HB 5 Dementia Research. I am asking that you vote NO on HB5 as it is not the role of the government to provide medical research. As a state, we need to be better at where taxpayers' money is being used. The spending is out of control and needs to be better budgeted.

Nelson Jarrin

Meadows Mental Health Policy Institute

Austin, TX

The Meadows Mental Health Policy Institute supports the creation of the Dementia Prevention and Research Institute of Texas through HB 5 and HJR 3.

Huda Zoghbi, MD

Texas Children's Hospital and Baylor College of Medicine

Houston, TX

I am writing to express my strongest support for the creation of the Dementia Prevention and Research Institute and share my perspective as to why it is so critical for the citizens of the great State of Texas. We would all benefit from concentrated research efforts focused on dementia. Conditions like Alzheimer's, and other brain disorders with dementia, represent a huge challenge. Interdisciplinary and collaborative research with Texas institutions banding together to develop treatments to change the course of disease, prevent dementia, and enhance the quality of life for patients and their families would have a profound benefit for all Texans. The Cancer Prevention and Research Institute of Texas provides a shining example of an effective model for this strategy. The time is now right for DPRIT.

I am a physician-scientist, professor at Baylor College of Medicine, and founding director of the Jan and Dan Duncan Neurological Research Institute at Texas Children's Hospital. I trained as a child neurologist, but after watching the plight of children affected by neurological disorders, I decided to pursue research to identify the causes of these diseases. I was fortunate to identify the gene for a severe form of autism, Rett syndrome; the first gene for a neurodegenerative balance disorder; a gene for bipolar; and half a dozen other genes that cause developmental or degenerative disorders. These discoveries allowed us to explore therapeutic paths and I am pleased to report that we are now performing clinical trials based on some of my discoveries. Over the last ten years, I have embarked on studies dedicated to preventing dementia well before symptoms manifest. We know that the protein tau causes over 26 different dementias. In Alzheimer's disease, it is a major driver of dementia, mediating amyloid toxicity, so I concentrated on finding pathways to decrease tau with the goal of developing a drug that could be taken orally well before dementia starts - preventing it altogether. We discovered such pathways and are now focused on drug development. My dream is to do for the brain what has been done for the heart. Patients with high cholesterol can now take statins before they develop heart disease. Once we have drugs to lower tau, healthy people will be able to take a tau-lowering drug to prevent dementia. We are committed to accomplishing this goal.

I share this background to highlight that I have been studying brain disorders since 1985 and to underscore the power of research and collaboration for advancing therapies. It is because of my background and dedication that I humbly write to underscore the importance of DPRIT. Dementias constitute a huge burden on society in Texas, the country, and the world. Today, dementias are more disabling than heart disease or cancer. We need a multidisciplinary effort across Texas with physicians, researchers, engineers, computer scientists, and chemists all working together to find solutions.

Lauren DeWitt
Self - business owner
Pflugerville, TX

Dear members of the House Public Health Committee,

I am submitting my comments against the above bill as it has multiple issues that need to be addressed and I will cover a few of them herein.

I have a B.S. in Pharmacy from the University of Houston, 1981. I am a 6th-generation Texan. I practiced pharmacy in Texas for over 25 years and over half that in hospital settings. I had the responsibility of evaluating new drugs for inclusion in the hospital setting and coordinated the early treatment of patients presenting with AIDS back at the beginning of the outbreak. We implemented a treatment protocol that was pharmacy-driven, including the therapeutic use of the initial drug – Zidovudine (Retrovir) and ran a compassionate drug study out of our hospital in Houston on behalf of the manufacturer – every AIDS patient received the drug free of charge.

I have long been interested in the care of our elderly population and worked with the Senate sponsor's office and advocacy groups for the successful passage of S.B. No 355 “Informed Consent for Elderly Patients in Nursing Homes” (77R). It was found, before the passage of the bill into law, that elderly nursing home patients were easy prey for unscrupulous providers and were prescribed harmful psychoactive drugs without their or their loved ones being given the opportunity to provide informed consent. This very often resulted in mental and physical harm and deterioration of the elderly person's quality of life and possible length of life, not to mention the massive fraud to the Medicaid and Medicare drug benefits programs.

I feel that the Texas Dementia Prevention and Research Institute legislation is deeply flawed and will once again place our elderly, particularly our helpless, vulnerable loved ones with symptoms of dementia, in a seriously grave situation. It would be morally and ethically impossible to meet the legal criteria for informed consent, which is a medical and legal doctrine. The concept of informed consent is a key cornerstone of medical care and research and involves the patient or test subject being evaluated as to being able to understand the information being presented, being fully informed of the treatment or test being proposed, the patient's condition, and why this certain treatment or test is being recommended, what other possible treatments are available, what the hoped-for result will be, what are the risks to the patient. Do we really believe that a patient suffering from dementia has the mental capacity to receive and give true informed consent? If a guardian does the consenting, is the test subject or patient really consenting? This is a moral, ethical and legal quagmire and we should never place another person in the position of being essentially a lab rat with no voice.

This bill would be better if it placed a strong emphasis and priority on research into the causes of dementia, right in line with the President's EO of Feb. 13, 2025 -"MAHA Commission".

Thank you.

Karla Minyard

None

Waxahachie, TX

Karla K. Minyard

135 Tracy Dr.

Waxahachie, TX 75165

972-979-0639

March 9, 2025

To The House Committee on Public Health

Re: Opinion Against HB5, Regarding creating a Dementia Prevention and Research Institute in Texas

Dear Committee Members,

As a Texas resident and longtime tax payor, I feel I am qualified to submit my opinion on bills proposing to create a Dementia Prevention and Research Institute. I rely on my personal and family experience with psychotropic drugs and family with dementia. I don't think Texas should go into business with pharmaceutical companies. Their medicines and treatments for mental conditions do not have a good track record and they have been involved in many scientific scandals. This will be a waste of taxpayer money.

In her later years, my mother developed dementia. She was put on medications. The medications affected her badly and made her life and our lives much worse. Then we decided to just bring her home and take care of her ourselves. Once she was off the medications, she was OK. We took care of her within our family until she passed.

I would hate to think what would have happened if she had been subjected to electroshock therapy or one of the newer experimental brain treatments with electrodes or ultrasound. Such things should not be done to our loved seniors.

What do we even know about the causes of dementia, or any mental disorder for that matter?

Last year, my son gave in to suicide after 40 years of following the psychiatric route of medications and hospitalization. My son was not helped in all those years. He never got good health care, just more and more drugs. Let's not do the same with our seniors.

Sincerely,

Karla K. Minyard