From: Irina Koyfman, DNP, NP-C, RN CEO of Affinity Expert www.Affinityexpert.com 321 Chamborley Drive Reisterstown, MD 21136

Testimony for Bill HB 141/SB 275 BUILD A DEMENTIA CAPABLE WORKFORCE Position: FAVORABLE

Chair Pendergrass and Vice Chair Pena-Melnyk,

My name is Irina Koyfman, and I am a Doctor of Nursing Practice and a Nurse Practitioner in private consulting practice in Baltimore County, and I was an owner of a Maryland residential service agency (RSA) for many years. In that capacity, I was also on the Board of Directors for the Maryland National Capital Home Care Association (MNCHA)

In December of 2019, I lost my father-in-law to cardiac disease. The real cause of his death, however, was his unrecognized dementia. My work—and my passion--is about dementia identification and education. My father-in-law was not in a system of care, and no one realized that until it was too late. After his passing, I became passionate about helping people to be screened and diagnosed with any cognitive and functional decline.

This legislation is important because it can save lives and decrease healthcare spending. Maryland has 110,000 people who are 65 and over living with the Alzheimer's disease now (the most common type of dementia), and it is estimated that it will grow by 20 percent in the next 5 years¹. Unfortunately, 60 percent of older Americans have dementia which is either undiagnosed or unaware of their diagnosis.²

Undiagnosed dementia accounts for many unnecessary trips to the emergency departments, hospitalizations, prolonged stay in rehabs and long-term care facilities. Older adults with symptoms of dementia without formal diagnoses were nearly twice as likely to take on activities that could put them in danger when compared to seniors who had received a formal diagnosis³.

I know from experience owning a residential service agency and as a dementia educator; a well-developed training for the RSA employees who deal with people with cognitive decline will make a huge difference. It will help more patients be referred for neurocognitive evaluation by a provider, and for them to receive vital treatment and resources following their screening.

We need a workforce capable of appropriately identifying, treating, and working with patients with dementia

Thank you for your time, and I urge a favorable report on this legislation.

Reference:

- 1. https://www.alz.org/professionals/public-health/state-overview/maryland
- 2. https://www.webmd.com/alzheimers/news/20180723/study-many-with-dementia-dont-know-they-have-it
- 3. https://www.alzheimers.net/7-25-16-undiagnosed-dementia-safety-risk