

SB27_Alzheimer's Association Testimony - Ana Nelso

Uploaded by: Ana Nelson

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 27 Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022)
Position: Favorable

Chair Kelley and Vice Chair Feldman:

My name is Ana Nelson, and I am Vice President for Programs at the Alzheimer's Association National Capital Area (NCA) chapter. Thank you for the opportunity to testify today in support of SB 27, legislation to create and provide funding for a Director of Dementia Services Coordination at the Maryland Department of Health.

I want to start my testimony by thanking the bill sponsor, Senator Augustine, for his leadership on this issue and for his service on the Virginia I. Jones Alzheimer's Disease and Related Disorders Council. He represents Dementia Friendly Prince George's County. Dementia friendly is about raising awareness, transforming attitudes, and supporting caregivers, and families. The Prince George's County Department of Family Services—under the leadership of former County Executive Baker and current County Executive Alsobrooks—has been awarded a federal Dementia Capable Grant from the Administration for Community Living to provide support for caregivers of people living with Alzheimer's disease and related dementias. The County will train 200 caregivers using the evidenced-based "Powerful Tools for Caregivers" and establish a 24/7 protocol for its hotline. The grant also funds education, outreach and referrals. The grant establishes a resiliency fund for emergency gap services. The Alzheimer's Association National Capital Area Chapter is pleased to collaborate with the County Department of Family Services in support of this grant.

Existing Maryland counties with coordinated efforts include Montgomery County and Baltimore County. However, there is not any state position to manage and facilitate communication relating to dementia services. Today 110,000 people are living with Alzheimer's in Maryland. The state spent \$1.2 billion Medicaid dollars on this chronic disease in 2020. A State Director of Dementia Services Coordination is needed to address Alzheimer's disease and other forms of dementia.

This State Director could also apply for grants. One of these grant opportunities is the CDC's "Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act" grant. The bill creates an Alzheimer's public health infrastructure for the country to implement effective Alzheimer's interventions focusing on public health issues.

We must coordinate all agencies & sectors to address Alzheimer's and other dementia statewide. It is time for Maryland to join those states that have a Director of Dementia Services Coordination in state government. This Director would disseminate information on services and programs. This position would support and identify the development of dementia specific training. This position would coordinate service and activates of state and local agencies, service providers, first responders, law enforcement, and other state entities that engage those with dementia and caregivers such as the Alzheimer's Association, the Area Agency on Aging, and Adult Protective Services. This person would optimize the use of limited resources.

The NCA Chapter is pleased to work with George Worthington, Virginia's Dementia Services Coordinator, who is here today to share his work. We also engage with Tihitina Chamiso, the District's Dementia Services Coordinator at the DC Health Department. In just one and a half years, the District launched a public awareness campaign and a website where dementia services are listed. Maryland can too, and the Alzheimer's Association is here to help. But, first we must build out the infrastructure.

I urge a favorable report on this legislation.

Testimony ^N1.pdf

Uploaded by: Claudia Thorne

Position: FAV

Testimony in Support of SB 27 "Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022)."

Maryland Senate Finance Committee

February 3, 2022

FAVORABLE

TO: Chair Kelley, Vice-Chair Feldman, and members of the Finance Committee

FROM: Claudia Thorne, Ph.D., LCSW, LISW

Currently, I serve as a member of the State of Maryland's Virginia I. Jones Alzheimer's Disease and Related Disorders Council. I take my position in support of this bill because I have been a caregiver for a parent with Alzheimer's Disease. Even with my professional knowledge and experience, navigating the service delivery landscape is very complicated, and a coordinated response is necessary.

Alzheimer's Disease is a public health crisis. There are 110,000 people aged 65 and older living with Alzheimer's in Maryland, 10.1% of people aged 45 and older have subjective cognitive decline. There are 238,000 family caregivers bearing the burden of the disease in Maryland. The dollar costs are astronomical, with a \$6.6 billion value of unpaid care and \$1.2 billion in costs to the state Medicaid program. These statistics are expected to increase with population aging. Given this, a public health response is necessary to improve the quality of life for persons living with Alzheimer's and their families and prepare the service delivery system to provide services with excellence.

Alzheimer's not only impacts the person diagnosed with the disease, but it also has a significant impact on their families. The journey through Alzheimer's begins with the diagnosis, continues through intensive formal and informal service delivery, and ends with death and bereavement. This journey is long and complicated. A range of services are necessary to manage the disease, including medical care, social services, formal and informal supports, and resources to cope with the emotional adjustments. Persons living with the disease and their families need to know how to access and navigate the range of services and resources available. Persons working in dementia care require education and information to enhance dementia capability and deliver evidence-based interventions.

I fully support SB 27 that builds on the current 2012 plan and contains a variety of new recommendations for policy and actions suggested to achieve five major goals:

Goal 1: Expand efforts to support public awareness, prevention, and early detection of ADRD;

Goal 2: Enhance quality, access, and coordination of ADRD care;

Goal 3: Enhance and expand supports for family caregivers;

Goal 4: Advance ADRD research and encourage evidence-based practices; and

Goal 5: Enhance data capabilities related to dementia and dementia impact and effects of interventions.

This plan serves as a roadmap for addressing Alzheimer's Disease and Related Disorders (ADRD) in Maryland—one that takes a hopeful, data-guided, public health approach to enhance areas critical to building a solid public health approach to ADRD that encompasses better infrastructure, public awareness and empowerment, better and more coordinated care, a more dementia-capable workforce, comprehensive caregiver support, and care innovations through research.

Thank you for the opportunity to express my support of this bill. I respectfully urge this committee to return a favorable report on SB 27.

Claudia Thorne, Ph.D., LISW, LCSW
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SB0027_FAV_MNCHA_Dementia Services Act of 2022.pdf

Uploaded by: Danna Kauffman

Position: FAV



Maryland-National Capital Homecare Association

Senate Bill 27: *Alzheimer's Disease and Dementia – Council and Coordination of Services (Dementia Services Act of 2022)*

Senate Finance Committee

February 3, 2022

Position: Support

On behalf of the Maryland-National Capital Homecare Association (MNCHA), whose members include Medicare-certified home health agencies, private duty companies and durable medical equipment suppliers across the State, we **support** Senate Bill 27. Among other provisions, Senate Bill 27 would establish a full-time Director of Dementia Services Coordination within the Maryland Department of Health. The position will be responsible for coordinating and facilitating communication relating to dementia services in the State.

Individuals aged sixty and older remains the fastest growing segment of the population. The percentage of Marylanders over the age of sixty will rise from 18% in 2015 to 25% in 2030. Individuals between the ages of 80-84 are the fastest growing segment of the population. This cohort will grow by 136% from 2015 to 2040.¹ As such, the number of individuals with dementia and Alzheimer's disease is also expected to increase. It is our understanding that fourteen states plus the District of Columbia designate similar dementia-specific positions. Maryland must do better in planning for the needs of this growing segment of the population and the designation of a Director of Dementia Services Coordination is a beneficial first step. MNCHA urges a favorable vote.

For More Information:

Caitlin Houck
Executive Director
Maryland-National Capital Homecare Association
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Danna Kauffman
Schwartz, Metz and Wise, P.A.
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¹ Maryland Department of Aging 2017-2020 State Plan on Aging (page 10)

SB027_Halpern_Fav.pdf

Uploaded by: Deborah Halpern

Position: FAV

Testimony in Support of SB 27 "Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022)."
Maryland Senate Finance Committee

February 3, 2022

FAVORABLE

TO: Chair Kelley, Vice-Chair Feldman, and members of the Finance Committee
FROM: Deborah L. Halpern

My name is Deborah Halpern, and I am a resident of 5711 Mayfair Manor Drive, North Bethesda, MD. I am submitting this testimony in support of SB 27, the Dementia Services Act of 2022, which at its core creates a Director of Dementia Services Coordination at the Maryland Department of Health.

My grandmother, Ida Janis, suffered from Alzheimer's Disease for 13 years before her death in 1993. My mother, Dr. Stefanie Halpern, suffered from dementia before her untimely death from cancer in 2010.

At a very early age, I learned just how painful Alzheimer's and dementia could be for caretakers. My mother visited my grandmother in a skilled nursing facility weekly for 13 years before grandma passed away. When grandma first moved to "the home," she frequently asked why my father, Arthur, and uncle, Howard, did not visit her. My mother, a recent widow, spent her weekly visits repeating the words, "Arthur and Howard are dead." Before she could even say "cancer," my grandmother would ask the question again.

As the disease progressed, my grandmother stopped focusing on my father and uncle. One afternoon during a weekly visit, my grandmother said to my mother, "who are you?" "I'm your daughter," my mother replied. "Well, you couldn't have been a very good daughter if I can't even remember," my grandmother said.

In 2007, I took my mother to Paris for a family Bar Mitzvah. After a day of shopping, as we were eating dinner, she looked at me and said, "when did you first come to live with me?" After I picked my jaw up off of the floor, I said, "You're my mother; I lived with you my entire childhood," and then I remembered my grandmother's comment.

My mother deteriorated very quickly after the trip to Paris, and I didn't recognize her. Nor did I want to. The highly educated, incredibly successful woman who had raised me was nowhere in sight. In her place was a woman who held dinner parties for her diseased parents and served hundreds of dollars of gourmet food per week, to her dogs, on her best china with a knife and fork. She took her 75-pound collie to the mall to buy her a dress at Nordstrom and ended up at the local police station one Christmas morning because she thought someone was trying to steal her car. It was me; I was in the process of getting her driver's license revoked.

Today, an estimated 50 million people worldwide live with Alzheimer's or other dementias, including more than 5 million Americans. In the United States alone, 16 million friends and family members provide their care.

The Dementia Services Act of 2022 would, at its core, establish and mandate funding for a full-time Director of Dementia Services Coordination at the Maryland Department of Health. The position will be responsible for coordinating services affecting Marylanders with dementia and their caregivers and families, including implementing the Maryland Alzheimer's state plan managing the Virginia I. Jones Alzheimer's Disease and Related Disorders Council; identifying and supporting the development of dementia-specific training and applying for grants to expand and improve services for Marylanders with Alzheimer's and their caregivers.

There is precedent for this position; if enacted, Maryland's point person on dementia would join similar roles in 16 other states, including Virginia and the District of Columbia. This role would work across government to aid the 110,000 Marylanders with dementia and their loved ones.

Our state spends over \$1.2 billion in Medicaid funding on this chronic disease. It is essential that we begin to build our infrastructure to help Marylanders in need. The potential for this legislation is significant in how it can help Marylanders. We can look just to the District of Columbia, where DC Health dementia coordinator Tihitina Chamiso is doing significant work, including convening a multi-stakeholder committee to build awareness about their work; re-drafting the District's State Plan on Alzheimer's and Related Dementia; starting a healthy brain website, and launching a public awareness campaign about their work. Maryland can do all of this if we devote the resources and build the infrastructure to address dementia.

I respectfully urge this committee to return a favorable report on SB 27. We spend over a billion dollars on this disease, and it is time for Maryland to have a point person specifically working to end Alzheimer's and other dementia.

Thank you,
Deborah L. Halpern
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SB27_VirginiaDARS_FAV.pdf

Uploaded by: George Worthington

Position: FAV

Feb 3, 2022

George Worthington

Virginia Department for Aging and Rehabilitative Services

Senate Bill SB 27 FAVORABLE

Senate Finance Committee

Thank you for the opportunity to provide testimony. In Virginia's first Dementia State Plan, released in 2011, the first recommendation was "to create a position and obtain specific funding to hire a full-time Dementia Services Coordinator or a DSC to coordinate the services provided to persons with dementia working in conjunction with the Virginia Alzheimer's Disease and Related Disorders Commission." The Plan envisioned the role of the DSC to include:

- Disseminating information on services to individuals living with dementia and caregivers;
- Establishing a strategy to link and coordinate the services of state agencies, service providers, advocacy groups, and the aging network in Virginia;
- Coordinating and supporting the Alzheimer's Commission;
- Promoting services for all stages and types of dementia; and
- Ensuring that the aging network was dementia capable.

Virginia's General Assembly included \$100,000 in funding for this position starting July 1, 2013. The initial and ongoing investment of state funding for the DSC has translated into millions of dollars in federal grants and better targeted state investments in coordinated and evidence-based programs.

The DSC has been instrumental in driving two four-yearly updates to the Dementia State Plan to reflect emerging priorities. The DSC has secured and administered federal grant funds totaling over \$1.25 million from the Administration for Community Living. Partnerships with the private sector established under these projects received a further \$2 million in ACL grants. The DSC has been instrumental in helping secure a current BOLD Act grant from the CDC of close to \$1 million. This funding has helped lay the groundwork for Virginia's dementia capability by implementing training for health care professionals, first responders, and direct support staff; integrating dementia awareness into the case management system used by the aging network; and implementing an evidence-based care coordination program for people with dementia as well as other caregiver supports. The DSC has also represented the voice and needs of people with dementia and caregivers across state agencies and systems and has forged a strong partnership with the Alzheimer's Association.

The DSC has more recently worked with the Alzheimer's Disease and Related Disorders Commission to create a new Dementia Capable Virginia initiative that will include materials and resources for the general public, for family and professional caregivers, for healthcare workers and for researchers. The DSC continues to drive Virginia's ongoing efforts to create a fully dementia-capable state, as well as to support efforts in new areas such as brain health and dementia risk reduction.

SB 27_Halima Amjad_fav.pdf

Uploaded by: Halima Amjad

Position: FAV

Testimony in Support of SB 27 “Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022).”

Maryland Senate Finance Committee

February 3, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Halima Amjad, MD, MPH

My name is Halima Amjad, and I am a resident of Laurel in Howard County, Maryland. I am submitting this testimony in support of SB 27, the Dementia Services Act of 2022, which at its core creates a Director of Dementia Services Coordination at the Maryland Department of Health.

I am a physician member of the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council. More importantly, I am the daughter of a father living with early onset dementia. My father was forced to stop working early while my mom was thrust into a full-time, unpaid job as his caregiver. As a family, we have navigated how to support my father and mother as he went from a dentist to a person needing help with simple activities, like getting dressed and eating. He slowly went from being the life of the party to being unable to speak or even laugh. Coordinating his care and what services and supports are affordable and available as he has declined is also full time job.

I also have the privilege of caring for Marylanders with dementia and their families as a geriatrician and Assistant Professor of Medicine at Johns Hopkins. I work alongside dedicated colleagues at the Memory and Alzheimer’s Treatment Center. In this role, I watch as families struggle to understand the changes their loved one is experiencing and to patch together the support they need. Many families are not as fortunate as mine in having a family caregiver who is available full-time or in being able to afford the care that living well with dementia requires. We try our best to support our patients and families but run into challenges navigating a fragmented, expensive health care and support system. Families are often shocked that Medicare does not cover the supervision or assistance that people living with dementia need. At the same time, many families do not qualify for Medicaid. If they do qualify for Medicaid or other sources of support, accessing quality care remains difficult and often the services received still are not enough. I have listened as daughters and grandsons cry on the phone, struggling to ensure that dad gets cleaned up daily or to manage the severe anxiety and confusion their grandmother is expressing. Families are often left to figure out this devastating illness on their own. People living with dementia, their families, and clinicians in Maryland, your constituents, need your support.

Maryland is in a unique position to become an example of what coordinated, high quality dementia care and support should be. We have world-class universities and colleges at the forefront of medicine, nursing, public health, allied health professions, and social services. We have strong private and non-profit organizations active in advocating for and engaging with people and families living with dementia. We have counties implementing dementia-friendly communities. We have caregivers active on many fronts, serving on the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council, running support groups, and even starting organizations such as YES! Young Onset Dementia Support and Education. Within the healthcare system, we have unique and innovative opportunities to advance dementia detection and support through the Maryland Total Cost of Care payment model. Within this model, the

Maryland Primary Care Program is actively providing advanced, holistic primary care for older Marylanders, including care management and behavioral health support.

With so many organizations, active programs, and opportunities, it is essential that we have a full-time Director of Dementia Services Coordination at the Maryland Department of Health. The Director will be instrumental in ensuring the work and efforts taking place across our State, including across State agencies, are coordinated and fully addressing the needs of struggling Maryland families. This individual will ensure we take advantage of the opportunities and innovation around us. As a Virginia I. Jones Alzheimer's Disease and Related Disorders Council member, I believe that establishing a Director of Dementia Services Coordination is the key to ensuring our updated Alzheimer's Disease and Related Dementias State Plan is translated to action and not just words on a page. This position is key to ensuring all Maryland families facing dementia, regardless of who they are and where they live, can readily access the care, education, and support they need.

The Dementia Services Act of 2022 would, at its core, establish and mandate funding for a full-time Director of Dementia Services Coordination at the Maryland Department of Health. The position will be responsible for the coordination of services affecting Marylanders with dementia and their caregivers and families, including: implementing the Maryland Alzheimer's state plan managing the Virginia I. Jones Alzheimer's Disease and Related Disorders Council; identifying and supporting the development of dementia-specific training; and applying for grants to expand and improve services for Marylanders with Alzheimer's and their caregivers.

There is precedent for this position; if enacted, Maryland's point person on dementia would join similar roles in 16 other states, including Virginia and the District of Columbia. This role would work, across government, to aid the 110,000 Marylanders with dementia and their loved ones. Our state spends over \$1.2 billion in Medicaid funding on this chronic disease; it is essential that we begin to build our infrastructure to help Marylanders in need.

The potential for this legislation is significant, in how it can help Marylanders. We can look just to the District of Columbia, where—not long into her role—the person in this role is doing significant work including: redrafting their State Plan, convening a multi-stakeholder committee to build awareness, launching a healthy brain website, and launching a public awareness campaign about their work. Maryland can do all of this too, if we devote the resources and build the infrastructure to address dementia.

I respectfully urge this committee to return a favorable report on SB 27.

Thank you,

Halima Amjad, MD, MPH
Assistant Professor of Medicine
Johns Hopkins University School of Medicine
8716 Polished Pebble Way, Laurel, Maryland
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7 - SB 27 - FIN - Alzheimer's Council - LOS.docx.

Uploaded by: Heather Shek

Position: FAV

VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DISORDERS COUNCIL

MEMBERS

Quincy M. Samus, PhD, Chair
Halima Amjad, MD, MPH
Senator Malcolm Augustine
Arnold Bakker, MA, PhD
Jacqueline Bateman, DNP, RN, CHPN
Cynthia Fields, MD
Shannon Grogg
Mary Jones
Ernestine Jones-Jolivet
Andre McDonald
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Andres Salazar, MD
Del. Sheree Sample-Hughes
Dawn Seek
Claudia Thorne, PhD, LISW, LCSW
Evie Vander Meer
Liz Woodward, MA, CRS-A/D

February 3, 2022

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 27-- Alzheimer's Disease and Dementia – Council and Coordination of Services (Dementia Services Act 2022)

Dear Chair Kelley and Committee Members,

The Virginia I. Jones Alzheimer's Disease and Related Disorders Council (the Council) extends its support for **Senate Bill 27 (SB 27), titled "Alzheimer's Disease and Dementia – Council and Coordination of Services (Dementia Services Act)."** SB 27 establishes the position of Director of Dementia Services Coordination within the Maryland Department of Health (MDH), in addition to establishing terms of the appointed members of the Council, altering the staffing and reporting requirements of the Council, and repealing the termination date for the Council, among other provisions.

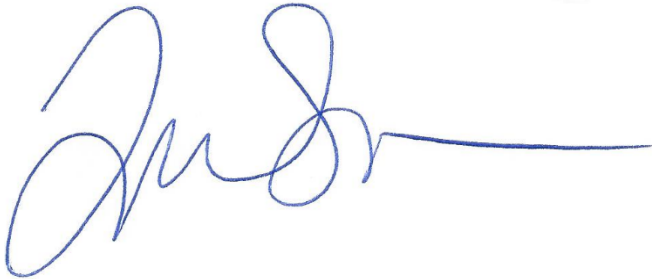
The Council extends its support for SB 27, as the position it seeks to establish within MDH would aid in supporting the work of the Council and improving the lives of Marylanders with Alzheimer's Disease and related dementias (ADRD). Pursuant to Health-General Article, §13-3207, Annotated Code of Maryland, and Chapters 410 and 411 of the Acts of 2019, the Council is directed to update and promote the State Plan on ADRD (the Plan), which puts forth recommendations for policy and actions to achieve five major goals:

- Goal 1:** Expand efforts to support public awareness, prevention, and early detection of ADRD;
- Goal 2:** Enhance quality, access, and coordination of ADRD care;
- Goal 3:** Enhance and expand supports for family caregivers;
- Goal 4:** Advance ADRD research and encourage evidence-based practices; and
- Goal 5:** Enhance data capabilities related to dementia and dementia impact and effects of interventions.

Because of the comprehensive nature of the Plan, implementation will involve strategic engagement with a number of partners across the State, including MDH and the Maryland Department of Aging (MDoA). Accordingly, the creation and appointment of the director-level position provided for in SB 27 will be critical to coordinating and executing the Plan's proposed goals.

The Council respectfully urges this Committee to approve SB 27 as an important first step for the successful implementation, coordination, and monitoring of the State Plan on ADRD. In doing so, SB 27 will aid in advancing brain health, and promoting ADRD risk reduction, detection, treatment and care for Maryland residents.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Quincy M. Samus', with a long horizontal line extending to the right.

Quincy M. Samus, PhD, MS,
Chair, Virginia I. Jones Alzheimer's Disease and Related Disorders Council

The opinion of the Council expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

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MD Senate Finance dementia legislation (1).pdf

Uploaded by: Ilyse Veron

Position: FAV

Testimony in Support of SB 27 “Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022).”

Maryland Senate Finance Committee
For February 3, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Ilyse Veron

My name is Ilyse Veron, and I am a resident of Bethesda MD.

I am submitting this testimony in support of SB 27, the Dementia Services Act of 2022, which at its core creates a Director of Dementia Services Coordination at the Maryland Department of Health.

Late in life one of my grandparents had dementia and for decades since he died my mother has been helping people living with dementia (PWDs) and their families, often conveying to me how challenging their journeys are. With a goal of reducing this complexity, and having seen firsthand in Maryland and captured stories of many elders with cognitive impairment of various stages, I currently work at a medtech company that has an FDA designated breakthrough, BrainSee, for early detection and monitoring of Alzheimer's disease.

I try to stay current on advanced tech and policy innovation. In its report, Scaling Comprehensive Dementia Care Models, the Alliance to Improve Dementia Care highlights six evidence-based, comprehensive dementia care models that include eight core elements of care. Care navigation is one of the most important of these eight elements -- to guide the person living with dementia and their caregiver to the services provided within the healthcare system and outside of clinical settings. Community-based organizations (CBOs) provide essential supportive services such as meal delivery, medication management, transportation, caregiver training, respite care, etc. For most persons living with dementia and their caregivers, navigating this fragmented care system adds to the significant stress of the care journey.

The Dementia Services Act of 2022 would, at its core, establish and mandate funding for a full-time Director of Dementia Services Coordination at the Maryland Department of Health. The position will be responsible for the coordination of services affecting Marylanders with dementia and their caregivers and families, including: implementing the Maryland Alzheimer's state plan managing the Virginia I. Jones Alzheimer's Disease and Related Disorders Council; identifying and supporting the development of dementia-specific training; and applying for grants to expand and improve services for Marylanders with Alzheimer's and their caregivers.

There is precedent for this position; if enacted, Maryland's point person on dementia would join similar roles in 16 other states, including Virginia and the District of Columbia. This role would work, across

government, to aid the 110,000 Marylanders with dementia and their loved ones. Our state spends over \$1.2 billion in Medicaid funding on this chronic disease; it is essential that we begin to build our infrastructure to help Marylanders in need.

The potential for this legislation is significant, in how it can help Marylanders. We can look just to the District of Columbia, where DC Health dementia coordinator Tihitina Chamiso is doing significant work including: convening a multi-stakeholder committee to build awareness about their work; re-drafting the District's State Plan on Alzheimer's and Related Dementia; starting a healthy brain website; and launching a public awareness campaign about their work. Maryland can do all of this too, if we devote the resources and build the infrastructure to address dementia.

I respectfully urge this committee to return a favorable report on SB 27. We spend over a billion dollars on this disease, and it is time for Maryland to have a point person specifically working to end Alzheimer's and other dementia.

Thank you,

Ilyse Veron
Darmiyan Chief of Communications
Volunteer with various Alzheimer's and aging nonprofits
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SB 27_MoCo_Frey_FAV.pdf

Uploaded by: Leslie Frey

Position: FAV



OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

February 3, 2022

TO: The Honorable Delores G. Kelley
Chair, Finance Committee

FROM: Marc Elrich
County Executive

RE: SB 27, Alzheimer's Disease and Dementia – Council and Coordination of
Services (Dementia Services Act of 2022), Support

Montgomery County seeks to ensure a high quality of life for all residents throughout their lifetimes. The County has committed to being designated as both an Age Friendly and Dementia Friendly community. We recognize that some residents and their families will be affected by dementia and that they may need extra support to live well in the community.

I encourage the State to create the infrastructure necessary to support people with dementia and their caregivers. One way to do that is by designating a State Director of Dementia Services Coordination in charge of implementing the State Plan on Alzheimer's Disease, as would be required by enactment of Senate Bill 27. The bill also details the composition and work of the Virginia I. Jones Alzheimer's Disease and Related Disorders Council. As we know, the best laid plans go astray or can be neglected when personnel are not specifically assigned to implementation, and Senate Bill 27 would ensure that the State's plan is fully realized and able to benefit as many Marylanders as possible.

I respectfully urge the committee to issue a favorable report.

SB0027 Alzheimer's Disease and Dementia_Council an

Uploaded by: Margo Quinlan

Position: FAV



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SB 27 Alzheimer's Disease and Dementia – Council and Coordination of Services (Dementia Services Act of 2022)

Senate Finance Committee

February 3, 2022

Position: SUPPORT

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates, and concerned citizens for unified action in all aspects of mental health, mental illness, and substance use. We appreciate this opportunity to present testimony in support of Senate Bill 27.

The Dementia Services Act of 2022 would establish and mandate funding for a full-time Director of Dementia Services Coordination at the Maryland Department of Health. The position would be responsible for the coordination of services affecting Marylanders with dementia and their caregivers and families, including implementing the Maryland Alzheimer's state plan managing the Virginia I. Jones Alzheimer's Disease and Related Disorders Council; identifying and supporting the development of dementia-specific training; and applying for grants to expand and improve services for Marylanders with Alzheimer's and their caregivers.

There is precedent for this position – if enacted, Maryland's point person on dementia would join similar roles in 16 other states, including Virginia and the District of Columbia. This role would work across government to aid the 110,000 Marylanders with dementia and their loved ones. Our state spends over \$1.2 billion in Medicaid funding on this chronic disease; it is essential that we begin to build our infrastructure to help Marylanders in need.

MHAMd respectfully urges this committee to return a favorable report on SB 27. We spend over a billion dollars on this disease, and we see strong benefit in Maryland having a point person specifically working to address Alzheimer's Disease and other dementias.

For more information contact:

Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org

SB.pdf

Uploaded by: Marjorie Cotterman

Position: FAV

Dementia Services Act of 2022 (SB 27/HB 166)

Testimony in Support of SB 27 “Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022).”

Maryland Senate Finance Committee
February 3, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Marjorie Cotterman, BSN, DCP

My name is Marjorie Cotterman and I am a resident of Carroll County, MD. I am submitting this testimony in support of SB 27, the Dementia Services Act of 2022, which at its core creates a Director of Dementia Services Coordination at the Maryland Department of Health.

I am a nurse and I've worked with people living with dementia for 15 years. I understand the importance and necessity of training.

The Dementia Services Act of 2022 would, at its core, establish and mandate funding for a full-time Director of Dementia Services Coordination at the Maryland Department of Health. The position will be responsible for the coordination of services affecting Marylanders with dementia and their caregivers and families, including: implementing the Maryland Alzheimer's state plan managing the Virginia I. Jones Alzheimer's Disease and Related Disorders Council; identifying and supporting the development of dementia-specific training; and applying for grants to expand and improve services for Marylanders with Alzheimer's and their caregivers.

There is precedent for this position; if enacted, Maryland's point person on dementia would join similar roles in 16 other states, including Virginia and the District of Columbia. This role would work, across government, to aid the 110,000 Marylanders with dementia and their loved ones. Our state spends over \$1.2 billion in Medicaid funding on this chronic disease; it is essential that we begin to build our infrastructure to help Marylanders in need.

The potential for this legislation is significant, in how it can help Marylanders. We can look just to the District of Columbia, where DC Health dementia coordinator Tihitina Chamiso is doing significant work including: convening a multi-stakeholder committee to build awareness about their work; re-drafting the District's State Plan on Alzheimer's and Related Dementia; starting a healthy brain website; and launching a public awareness campaign about their work. Maryland can do all of this too, if we devote the resources and build the infrastructure to address dementia.

I respectfully urge this committee to return a favorable report on SB 27. We spend over a billion dollars on this disease, and it is time for Maryland to have a point person specifically working to end Alzheimer's and other dementia.

Thank you,

Marjorie Cotterman
2550 Bird View Road, Apt 2, Westminster MD 21157
mcotterman@inspired-joy.com

SB00027-FIN-SUPP.pdf

Uploaded by: Natasha Mehu

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 27

February 2, 2022

TO: Members of the Senate Finance Committee

FROM: Natasha Mehu, Director of Government Relations

RE: Senate Bill 27 – Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022)

POSITION: Support

Chair Kelley, Vice Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 27.

SB 27 takes an important step in addressing the growing burden of Alzheimer's and other dementias on Maryland's older adults by strengthening the Virginia I Jones Alzheimer's Disease and Related Disorders Council, clarifying its responsibilities for updating the State Plan on Alzheimer's Disease and Related Disorders, and creating a Director of Dementia Services Coordination within the Maryland Department of Aging to support the Council's work and implementation of the State Plan.

The Alzheimer's Association estimates that 110,000 Marylanders 65 and over had Alzheimer's Disease in 2020, and that this number will grow to 130,000 by 2025. Data indicates 1 in 12 Maryland residents 45 years and older is experiencing Subjective Cognitive Decline (SCD), which is defined as self-reported memory problems that have been getting worse over the past year. Updating the State Plan and developing research-based strategies supporting individuals with Alzheimer's disease improve the quality of support services available for these individuals and their caregivers.

The City of Baltimore is particularly concerned with the disproportionate burden of dementia in minority communities. The Alzheimer's Association estimates that "older African Americans are about two times more likely than older whites to have Alzheimer's or other dementias," and that "older Hispanics are about one and one-half times more likely than older whites to have Alzheimer's or other dementias." Because two-thirds of Baltimore's older adults are African-

American, we recognize that dementia disproportionately affects the people our City Health Department serves.

SB 27 aligns with the work Baltimore City is currently doing to ensure that individuals with dementia receive high quality care, as the City Health Department works to train staff on how to recognize signs of dementia and support patients and caregivers.

We respectfully request a **favorable** report on Senate Bill 27.

Written_Testimony_SB27_Samus_Favor_013122_final.pdf

Uploaded by: Quincy Samus

Position: FAV

Testimony in Support of SB 27 “Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022).”

Maryland Senate Finance Committee
February 3, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee

FROM: Quincy M. Samus, PhD, MS

I am pleased to testify in support of Senate Bill 27, **Dementia Services Act 2022**. The crux of the bill establishes and funds a full-time Director of Dementia Services Coordination position in the Maryland Department of Health (MDH).

I am a health services researcher at the Johns Hopkins school of medicine with nearly two decades of experience conducting Alzheimer’s disease and related dementia (ADRD) research. I have advised ADRD planning efforts in various capacities locally, nationally, and internationally—and have had the honor to serve as Chair for Maryland’s Virginia I Jones ADRD Council since 2019. Having been raised by my grandparents on the Eastern Shore, and perhaps like many of you, having witnessed firsthand the impact of dementia on our loved ones and families—the need to do better, to reduce risk, and to improve care capacity in ADRD is personal.

ADRDs represents an urgent, high burden, and high-cost public health crisis in Maryland. Our research shows that unmet dementia-related needs among Marylanders are very common, but often go unevaluated and unmet. This includes modifiable needs such as for home safety, behavior symptom management, legal and advance care planning assistance, and for caregiver support and education, skills training and respite. The high prevalence, long illness duration, and range of care needs (including medical, cognitive, behavioral, and social needs) make dementia one of the most complex and most expensive chronic conditions. The number of Marylanders with ADRD is expected to rise from 110,000 2020 to 130,000 by 2025, and over the same period, Maryland Medicaid program spending on persons with ADRD is projected to increase 25% from \$1.2 billion in 2020, to 1.5 billion. While effective evidence-based ADRD interventions are available, most are not yet widely implemented or accessible to those in need.

The Dementia Services Act of 2022 will establish and fund a director-level position in the Maryland Department of Health, which in my view, is a critical step for building on and coordinating on-going efforts in Maryland to better serve persons living with and at-risk for ADRDs. The need for state-level leadership and attention to ADRD and brain health comes at a critical time, as national initiatives and funding opportunities for ADRD capacity building and research innovation are happening now at unprecedented levels. Further, this position, which is recommendation 1A of the forthcoming Virginia I. Jones Council report, will provide crucial oversight for the implementation of Maryland’s State Plan and bring together state and private resources to aid individuals with dementia and their caregivers.

I respectfully urge the committee to favorably consider this bill as a commitment to the long term cognitive and behavioral health and wellbeing of Maryland’s citizens. It is an essential investment in Maryland’s infrastructure to ensure that the appropriate care, services, and resources are available to all Marylanders and families in need.

Thank you,

Quincy M. Samus, PhD, MS
Associate Professor in Psychiatry and Behavioral Sciences
Johns Hopkins University school of Medicine
gmiles@jhmi.edu

SB27 Alzheimer's Disease and Dementia – Council an

Uploaded by: Sarah Miicke

Position: FAV



Maryland Senior Citizens Action Network

MSCAN

AARP Maryland

*Alzheimer's Association,
Maryland Chapters*

Baltimore Jewish Council

Catholic Charities

Central Maryland Ecumenical Council

Church of the Brethren

Episcopal Diocese of Maryland

Housing Opportunities Commission of Montgomery County

Jewish Community Relations Council of Greater Washington

Lutheran Office on Public Policy in Maryland

Maryland Association of Area Agencies on Aging

Maryland Catholic Conference

Mental Health Association of Maryland

Mid-Atlantic LifeSpan

National Association of Social Workers, Maryland Chapter

Presbytery of Baltimore

The Coordinating Center

*MSCAN Co-Chairs:
Carol Lienhard
Sarah Mücke
410-542-4850*

Testimony in Support of SB27

Alzheimer's Disease and Dementia – Council and Coordination of Services (Dementia Services Act of 2022)

**Senate Finance Committee
February 3, 2022**

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing, health and quality of care needs of Maryland's low and moderate-income seniors.

MSCAN supports SB27: The Dementia Services Act of 2022 would establish and mandate funding for a full-time Director of Dementia Services Coordination at the Maryland Department of Health. The position would be responsible for the coordination of services affecting Marylanders with dementia and their caregivers and families, including: implementing the Maryland Alzheimer's state plan managing the Virginia I. Jones Alzheimer's Disease and Related Disorders Council; identifying and supporting the development of dementia-specific training; and applying for grants to expand and improve services for Marylanders with Alzheimer's and their caregivers.

There is precedent for this position; if enacted, Maryland's point person on dementia would join similar roles in 16 other states, including Virginia and the District of Columbia. This role would work, across government, to aid the 110,000 Marylanders with dementia and their loved ones. Our state spends over \$1.2 billion in Medicaid funding on this chronic disease; it is essential that we begin to build our infrastructure to help Marylanders in need.

The potential for this legislation is significant in how it can help Marylanders. We can look just to the District of Columbia, where DC Health's dementia coordinator is doing significant work including: convening a multi-stakeholder committee to build awareness about their work; re-drafting the District's State Plan on Alzheimer's and Related Dementia; starting a healthy brain website; and launching a public awareness campaign about their work. Maryland can do all of this too, if we devote the resources and build the infrastructure to address dementia.

For the reasons stated above, MSCAN urges a favorable report on SB 27. Thank you for your consideration.

HFAM Testimony SB 27.pdf

Uploaded by: Joseph DeMattos

Position: FWA



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

February 3, 2022

Senate Bill 27: Alzheimer's Disease and Dementia - Council and Coordination of Services
(Dementia Services Act of 2022)

Written Testimony Only

POSITION: FAVORABLE WITH AMENDMENT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendment for Senate Bill 27. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

Senate Bill 27 makes changes to the Virginia I. Jones Alzheimer's Disease and Related Disorders Council by establishing 3-year terms for appointed members, altering the staffing, requiring the Council to issue and publish an update to the State Plan on Alzheimer's Disease and Related Disorders every five years beginning September 1, 2022, establishing the position of Director of Dementia Services Coordination to facilitate communication relating to dementia services in the State, and repealing the termination date for the Council.

There are approximately 110,000 people aged 65 or older living with Alzheimer's in Maryland. Tens of thousands of these Marylanders are cared for in skilled nursing and rehabilitation centers or assisted living communities. **Therefore, we respectfully request that the Health Facilities Association of Maryland (HFAM) be added to the Virginia I. Jones Alzheimer's Disease and Related Disorders Council.**

We believe that the expertise of a leader from HFAM will add great value and insight to the Council, which is incredibly important to improving and enhancing the quality of life for those living with Alzheimer's Disease and related disorders, and their families. The Council promotes and expands the availability and accessibility of home-and community-based support and service programs. In addition, the Council examines the needs of individuals with Alzheimer's Disease and related disorders as well as their caregivers to identify how the State can assist most effectively.

Given the COVID-19 pandemic, aging demographics, and the ongoing healthcare workforce shortage, it is more important than ever that all stakeholders come together to advance public policy that enhances the quality of life for Marylanders living with Alzheimer's and provide support to their families and caregivers.

For these reasons and with the amendment to add HFAM to the Council, we request a favorable report from the Committee on Senate Bill 27.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132