

SB 405 2.pdf

Uploaded by: Beth Wiseman

Position: FAV

TESTIMONY IN SUPPORT OF SENATE BILL 405
Retirement Tax Elimination Act of 2022

As an advocate for seniors and people with disabilities, I was delighted to see this Bill requested by the Speaker and cosponsored by twenty-seven Delegates.

It is coming at a perfect time since the inflation rate is so high.

Because of our retirement, we are not able to get a second job, change jobs, work more hours, or do whatever is needed to bring in extra money.

The aging process is very expensive. Fortunately, we receive assistance from Medicare. Unfortunately, the insurance costs and the deductibles of the insurance are rising. Those who have additional medical and/or long-term insurance are facing additional increases.

There are additional expenses such as travel to appointments, and items not covered by insurance.

Please understand our needs and give this Bill a favorable vote.

Thank you.

Beth Wiseman

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Pikesville, Maryland 21208

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Alzheimer's Advocacy - FINAL.pdf

Uploaded by: Brenda Fried

Position: FAV

Chair Kelley and Vice-Chair Feldman, my name is Brenda Fried, and I am here to ask for support of Bill 505. Shortly after my dad passed away, I remember my mom saying to me, your dad remembered what I forgot. It was then that I realized that her forgetfulness was a little more serious than I realized, and I wasn't going back to Louisiana. It was time to come home to Baltimore and take care of my mom. It was as if she turned off the lights after he passed away, and her dementia escalated quickly.

For me, I had to turn my back on my corporate career of over 30 years where I had risen to the level of Vice President of Marketing during my highest earning years. I was taking my mom to her many doctors' appointments. I was ordering, monitoring, and dispensing her meds, paying her bills, doing her grocery shopping and, when I would take her with me, it would take hours. I would take her out to eat, whatever she wanted to do. My objective was that she would not have to worry about anything. I just wanted her to be happy.

I couldn't take on a traditional job as I would have had to take too much time off just about every week to care for my mom. I needed the flexibility to work around my mom's schedule. I did some consulting, Chair Kelley, but I couldn't spend enough of the right hours building my business. I studied to become a real estate investor, but working with contractors was beyond challenging and ultimately, they destroyed my business and cost me many thousands of dollars. I never took any money from my mom, and I had to continually take distributions from my IRA, thereby putting any thinking of my own retirement far, far in the future.

Yes, I also think about my own future. My grandmother had Alzheimer's. My mom had Alzheimer's. What's going to happen to me? Both my grandmother and mother had children who loved and cared for them. I don't have children. I will need to be prepared, if G-d forbid I fall prey to this horrible disease, to arrange for my own care. But I will tell you that the 7 years I was my mom's primary caregiver cost me dearly financially. But would I do it all over again? Absolutely....because she is my mom.

Brenda Fried
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SB505_FAV_AlzheimersAssociationMD.pdf

Uploaded by: Eric Colchamiro

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
SB 505 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs
Position: Favorable

Chair Kelley and Vice Chair Feldman,

My name is Eric Colchamiro, and I am Director of Government Affairs for the Alzheimer's Association in Maryland. Thank you for the opportunity to appear before you today on this legislation, which: establishes the position of Dementia Care Coordinator in the Department of Aging to oversee dementia care navigation programs; requires each area agency to maintain a dementia care navigation program; authorizes dementia care navigators to provide support services for caregivers; increases community awareness, offers of technical assistance, and establishes relationships with health care providers; and requires the Governor to include \$1,600,000 in the annual budget bill to employ the Dementia Care Coordinator and dementia care navigators

I first want to thank our advocates who shared their stories today. I want to thank the bill sponsor, Senator King. This issue is deeply personal for her—as it is for so many of you on this committee—who understand why support for dementia caregivers matters. Alzheimer's and other forms of dementia is cruel, it is costly, and there is no cure. Nearly 69 percent of dementia caregivers have chronic health conditions, roughly 28 percent of them have depression; and more than one-third of these dementia caregivers provide over 20 hours per week in care.

The legislative initiative before you today is proven. You have testimony, in your packet, from a Dane County Wisconsin dementia caregiving specialist named Joy Schmidt, who shares how her state's legislatively mandated initiative has been invaluable; that program started with just over \$1 million in 2015, and now has over \$7 million in funding. It has provided people with the information they need to access resources, cope with losses caused by dementia and remain engaged in their community. Wisconsin's last report on this program showed:

- over 8,000 contacts with Wisconsin residents, including a service provider referral in 54 percent of cases;
- 682 memory screenings were conducted; staff also trained others at the local level, who conducted over 3200 memory screenings;
- 1903 in-person outreach events were conducted, which reached 46,156 Wisconsin residents with information about dementia and caregiving.

This funding is available. At her February 17th budget hearing, the Maryland Department of Aging (MDoA)—which, and not the health department, is the agency that oversees our state's caregiving work—testified that their agency has \$6 million in unallocated American Rescue Plan Act funding, which MDoA has chosen not to use until 2024. That money can be appropriated to this initiative.

I will close with this. We recently closed our annual Alzheimer's advocacy week, where we heard from many of our caregivers about the importance of this legislation. People like Vanessa Hooker joined, a Prince George's County advocate and dementia caregiver, who would have been here today except her mom was hospitalized and Vanessa needs to be present. Thank you to Senator Hershey, who joined us as we heard from a Cecil County advocate who has Alzheimer's, and whose wife shared her complicated journey as a dementia caregiver. And we talked with your colleague Senator Eckardt, who has worked with our dementia support groups, and shared that “we have been trying to figure out how to help caregivers for decades.”

Decades. We have no state funding to provide ongoing support for dementia caregivers. The little aid we do have is strained, as Patricia Grimes testified to, to help families whose loved ones may show signs of confusion and over time are unable to eat, dress, or bathe without help. This bill presents an implementable and proven solution, regarding this disease which disproportionately impacts Black and Latino Marylanders.

Thanks again for the opportunity to speak today. I urge the Committee to pass a favorable report on this legislation—and, like Wisconsin, like Florida, and New York and North Dakota and other states—devote state specific funding to aid dementia caregivers.

SB0505_John Bowers_fav.pdf

Uploaded by: JOHN BOWERS

Position: FAV

Department of Aging - Dementia Care Coordinator and Dementia Care Navigators (SB 505)

Testimony in Support of SB 505 - Department of Aging - Dementia Care Coordinator and
Dementia Care Navigators
Maryland Senate Finance Committee
February 24, 2022

FAVORABLE

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

FROM: John H Bowers

My name is John Bowers, a resident of Montgomery County, and a constituent of District 14. I am very fortunate to be represented in the Maryland State Senate by Sen. Craig Zucker (D).

I am submitting this testimony in support of SB 505 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigators.

Alzheimer's is a devastating disease that eventually kills. I know this first hand because I lost my mother to Alzheimer's disease. My siblings and I wanted to provide the best care over the course of her 10-year journey, but found that experience to be very difficult and frustrating.

I support this legislation, which requires an ongoing appropriation to support dementia caregiving at each of Maryland's Area Agencies on Aging (AAA), who would be mandated to create a dementia care navigation (DCN) program.

This program would be responsible for providing: support for family caregivers, including assistance with care planning and connections to support groups and education; aid in the development of dementia- friendly communities, including outreach events and professional consultations; and work to offer cognitive screenings, to help identify individuals with dementia.

This legislation is important because it presents a proven solution to aid caregivers. The 2021 Alzheimer's Disease Facts and Figures report indicates that an estimated 238,000 Marylanders – our family members and friends - are providing unpaid dementia care.

- Overall, Maryland has the third-highest percentage of adult dementia caregivers;
- Nearly 69 percent of those caregivers have chronic health conditions;
- Roughly 28 percent of them have depression; and
- More than one-third of these dementia caregivers provide over 20 hours per week in care; more than half have been providing care for at least two years.

Dementia is a cruel, complicated disease. There is no ongoing, state-specific support to help these dementia caregivers. This is a solution. I am a volunteer Alzheimer's advocate, and I urge the Committee to support SB 505, and require this initiative which will help our state's dementia caregivers.

Thank you.

John H Bowers
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Testimony 2.15.22.1-short.pdf

Uploaded by: Joy Schmidt

Position: FAV

Testimony 2/17/2022

I'm Joy Schmidt, a Dementia Care Specialist (DCS) in Dane County, Wisconsin.

The DCS supports people living with Alzheimer's disease and other forms of dementia and their caregivers. We provide information and education, and we connect people to resources. We also support dementia-friendly initiatives, like memory cafes, and promote early detection of dementia through memory screenings.

The pilot DCS program began 9 years ago. It was shown to improve the overall well-being of people living with dementia and to delay the need for nursing home care, which saved taxpayer dollars.

As the pilot program was ending, citizens mobilized to support it. They shared positive experiences from working with their local DCS. Family members and caregivers from across our state came forward to fight for these positions and to support the need for knowledgeable advocates. For some who participated in memory screenings, it meant finding a treatable condition or early detection. For others, it meant getting reassurance about their memory and information about normal changes.

From Joe: "...The last couple of years have been spent thinking and reflecting... I just want to take the time to say thank you, for all your time and council that you gave to Sara and me. At the time little did I realize how far over my head things had gotten. It really became apparent how bad Sara had gotten after she went into the nursing home. It was the most difficult and trying time of my life. I miss her every day. I have often wondered what I would have done without your guidance...."

Joe and Sara had attended a memory café at our Governor's Residence hosted by Wisconsin's First Lady, Mrs. Kathy Evers. Working with the DCS, Mrs. Evers made the Governor's Residence dementia friendly and she is now carrying this mission to other first spouses across the country.

The DCS program has been invaluable to our state. It has provided people with the information they need to access resources, cope with losses caused by dementia and remain engaged in their community. I urge a favorable report on Senate Bill 505, legislation modeled after our Wisconsin program; Maryland will benefit from this.

Larry Thomas_SB505 Caregiving Testimonial.pdf

Uploaded by: Larry Thomas

Position: FAV

Larry Thomas

Maryland General Assembly Testimony – Bill SB505

My name is Larry Thomas and I have been a resident of Maryland for over 35 years. For over 23 of those years, I have been a long-distance caregiver, providing care and support for family members who reside in North Carolina, including my Aunt for 9 ½ years with no family support and my 100 year old mother. My Aunt passed away at 95 in August 2014. Since March 2019 during the COVID-19 pandemic, I have spent the majority of my time in North Carolina caring for her, working remotely and finally retiring in September 2021. The plight of caregiving in America is a national epidemic. The emotional, psychological and financial toil that the stress of caregiving has had on me is unmeasurable. It is only by God's grace that I have not suffered the financial wipeout that is so typical with so many families. In November 2015, I was inspired to cofound a Caregivers Support Ministry in the church in Maryland. The stories that are shared by members of this group are horrific. Many have suffered great financial loss, including exhausting their savings and retirement accounts, losing their homes and going hungry to care for their loved ones. I beg your support of SB-505.

SB505_LuciaParis_FAV

Uploaded by: Lucia Paris

Position: FAV

Department of Aging – Dementia Care Coordinator and Dementia Care Navigators (SB 505)

Testimony in Support of SB 505 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigators

Maryland Senate Finance Committee

February 24, 2022

FAVORABLE

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

FROM: Lucia F Paris

My name is Lucia Paris and I am a resident of Mount Airy, MD. I am submitting this testimony in support of SB 505 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigators.

My father who was diagnosed with vascular dementia lived in an assisted living community in Frederick. Due to the lack of trained and sufficient staff I became his fulltime primary caregiver. There were so many times I felt overwhelmed and lost due to the lack of support and resources. My stress level was so high, I often worried about my own health and not being able to care for my dad, which became a regular concern. For fifteen years I worked in dementia care and witnessed firsthand the stress and concerns of family caregivers who also experienced similar concerns.

I support this legislation, which requires an ongoing appropriation to support dementia caregiving at each of Maryland's Area Agencies on Aging (AAA), who would be mandated to create a dementia care navigation (DCN) program.

This program would be responsible for providing: support for family caregivers, including assistance with care planning and connections to support groups and education; aid in the development of dementia friendly communities, including outreach events and professional consultations; and work to offer cognitive screenings, to help identify individuals with dementia.

This legislation is important because it presents a proven solution to aid caregivers. The 2021 Alzheimer's Disease Facts and Figures report indicates that an estimated 238,000 Marylanders – our family members and friends - provided more than 364 million hours of unpaid dementia care.

- Overall, Maryland has the third-highest percentage of adult dementia caregivers;
- Nearly 69 percent of those caregivers have chronic health conditions;
- Roughly 28 percent of them have depression; and
- More than one-third of these dementia caregivers provide over 20 hours per week in care; more than half have been providing care for at least two years.

Dementia is a cruel, complicated disease. There is no ongoing, state-specific support to help these dementia caregivers. This is a solution. I urge the Committee to support SB 505, and require this initiative which will help our state's dementia caregivers.

Thank you, Lucia F Paris

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Lucia2par@gmail.com

my story Michael Razzi.pdf

Uploaded by: Michael Razzi

Position: FAV

Hello My name is Michael Razzi I want to thank the panel for inviting me to this discussion Alzheimers care I currently reside in St

Marys county, MD. My experience with this disease is personal for me. In 2015 my father was diagnosed with both Alzheimers and dementia. I remember the nurse at the hospital said that to my mother that your husband can no longer live at home he will need to be placed in an assisted care facility. We had no one to turn too we did not know what to do as we were thrusted in this dilemma. Not to mention The enormous cost and the emotional toll it took on our family.

In 2017 my father passed away at age 86 to a better place. But remaining were my family and I left picking up the pieces on the financial and emotional toll that it took on our family.

In 2019 at the age of 58 I was employed with Lockheed Martin as an Avionic electrician on the CH 53k Helicopters program. I was both in the prime of my life and my and my earnings potential. It was shortly after a recent heart attack that I was experiencing issues with my memory despite my front row seat with my fathers illness, i just didn't see it.

At my doctors care I was evaluated with a battery of cognitive testing and a CAT, MRI and an EEG my neurologist showed me the CAT scan and asked if anybody explained this to me. I said only my doctor over the phone. She explained the films showed the Alzheimers attacking my Brian as I became extremely frightened and felt extremely alone with this news. She wanted to run more testing to confirm what she suspected. And this time using a using PET scan. My doctor sat me down and explained to me that i had early onset of Alzheimers. I'm thinking to myself that I'm living with a disease that comes to kill steal and destroy based on my father own experience.

Eventually I learned through my own self seeking through neurologist and counselors and especially the Alzheimers organization provided me with a support group of people with my own age group called called "YES" Young Early Onset of Alzheimers Support in Baltimore county. It was a Godsend and it helped pull me out of a depression as I did not feel so alone and there I could share my story with others like myself. People who don't have this diagnosis can't really relate but a person who does has walked the same journey as I have. I'am no longer employed as this this was an extremely big blow to me and my self worth. I had to learn to reinvent my self and find my self worth in who I was as a person not what I did. This was another life lesson I had to learn.

My life has been filled with new challenges as I'm reminded not to walk this journey alone. I'm concerned as this disease develops as I live alone how I'm going to navigate life challenges. As long as I have support and I can make difference to others with this deviating disease I believe I can bring hope and support to others that are just beginning my journey. I learned its not what happens to you but rather how am I going to respond to bring light oil the world.

SB0505-FIN-FAV.pdf

Uploaded by: Natasha Mehu

Position: FAV



BRANDON M. SCOTT
MAYOR

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

SB 505

February 24, 2022

TO: Members of the Senate Finance Committee

FROM: Natasha Mehu, Director, Office of Government Relations

RE: Senate Bill 505 – Department of Aging - Dementia Care Coordinator and Dementia Care Navigators

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) 505.

SB 505 builds the capacity of the Maryland Department of Aging and local Area Agencies on Aging to respond to the growing number of Marylanders with Alzheimer’s Disease and related disorders (ADRD). The bill creates a dementia care navigation program within the Department and the Area Agencies. The navigators will assist and guide caregivers of persons with dementia, build community awareness of dementia, improve the ability of service providers, including emergency response agencies to serve persons with dementia, and provide technical assistance to Area Agency on Aging staff as they provide services to the growing number of Marylanders with ADRD and their family caregivers.

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 are experiencing Subjective Cognitive Decline (SCD), defined as self-reported memory problems that have been getting worse over the past year.

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

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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 505 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.

For these reasons, we respectfully request a **favorable** report on SB 505.

2.2022Testimony HB0731_SB505 .pdf

Uploaded by: Patricia Grimes

Position: FAV

My name is Patricia Grimes

Thank you for inviting me to speak today on dementia caregiving and your consideration of Delegate Young and Senator King's HB 731/SB 505. Most, if not all of us, have witnessed the profound effects Alzheimer's and other dementias have on our families and communities.

As an adult home health nurse with the Johns Hopkins Home Care division, serving populations rural, urban and suburban communities in Harford & Baltimore Counties and Baltimore City I witness the struggle, hardship and inequities endured by persons caring for those diagnosed with Alzheimer's and other dementias.

Lack of knowledge of available resources, lack of resource accessibility, including internet services and/or capacity to utilize IT, long telephone wait times and long wait times for appointments increase caregiver fatigue and contribute to worse health outcomes in patients and their caregivers.

Caregiver fatigue leads to selfcare deficits, loss of resiliency and contribute to stress related morbidity within the caregiver population. Ultimately, these deficits contribute to an increased fiscal burden of health care across continuums of care in Maryland.

I serve many of your constituents who have significant cognitive deficits that are under or undiagnosed. Obtaining accurate diagnosis requires primary care providers recognize signs of dementia and initiate referrals for appropriate diagnostic evaluation. Early recognition, referral and treatment are critical for mitigating health decline in patients and their caregivers.

Caregivers of undiagnosed and underdiagnosed populations are unrecognized and underserved. They are not eligible for benefits provided through Maryland's Area Agencies on Aging and are at risk for costly preventable illness, injury and hospitalization.

HB 731/SB 505, a robust legislation, paves the way to begin meeting the needs of dementia caregivers in our state.

I appreciate this opportunity to share my experience with the members of this committee and ask your support of these bills.

Respectfully,

Patricia Grimes MSN, RN
Population Based Care Coordination

SB505_Wronsky_Favorable.pdf

Uploaded by: Suzanne Wronsky

Position: FAV

FAVORABLE

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

FROM: Suzanne Wronsky

My name is Sue Wronsky and I am a resident of Potomac. I am submitting this testimony **in support** of SB 505 - Department of Aging - Dementia Care Coordinator and Dementia Care Navigators

Dementia is a cruel, complicated disease. There is no ongoing, state-specific support to help these dementia caregivers. SB 505 is a solution, and I urge the Committee to support this bill and require this initiative which will help our state's dementia caregivers.

My father cared for my mother who had Alzheimer's disease at home for 11 years until her death. His path would've been much more manageable had the state where they lived had a program like this, which offers support for family caregivers, including assistance with care planning and connections to support groups and education; will aid in the development of dementia- friendly communities, including outreach events and professional consultations; and will work to offer cognitive screenings, to help identify individuals with dementia.

I support this legislation, which requires an ongoing appropriation to support dementia caregiving at each of Maryland's Area Agencies on Aging (AAA), who would be mandated to create a dementia care navigation (DCN) program.

On behalf of the more than 238,000 caregivers in the state of Maryland, I urge you to support this bill.

Thank you.

Sue Wronsky
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swronsky@gmail.com

SB 505_KateGordon_fwa.pdf

Uploaded by: Kate Gordon

Position: FWA

Testimony in Support of SB 505: “Department of Aging – Dementia Care Coordinator and Dementia Care Navigation Programs.”

Maryland Senate Finance Committee

February 22, 2022

FAVORABLE with Amendments

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

FROM: Kate Gordon, MSW

I am delighted to testify in support of Senate Bill 505, **Dementia Care Coordinator and Dementia Care Navigation Programs**. The bill establishes and funds a position of Dementia Care Coordinator in the Maryland Department of Aging (DOA) to oversee dementia care navigation programs and requiring each area agency on aging (AAA) to employ a dementia care navigator.

I am a health policy analyst, specializing in dementia policy. For the past 12 years, I have provided dementia policy consultation services to the federal Administration for Community Living/ Administration on Aging (ACL/AoA) through a contract with RTI International, where I have provided technical assistance to the Dementia Care Specialist (DCS) program in the State of Wisconsin, upon which this legislation is modeled. In this capacity, I have also provided technical assistance to MAC, Inc., the Area Agency on Aging in Salisbury, MD as they have implemented their federally-funded Alzheimer’s cooperative agreement with ACL/AoA. I have advised Alzheimer’s disease and related dementia (ADRD) planning efforts in various capacities locally, nationally, and internationally through my work with a Maryland-based consultation business. I teach dementia policy at UMBC and provide consultation to health researchers who are developing evidence-based dementia interventions for persons with dementia and their caregivers, such as the MEMORI Corps program at Johns Hopkins. Of most relevance, I am currently a caregiver for my 95-year-old grandmother with advanced dementia, providing care in my multi-generational home in Silver Spring, MD.

The **Dementia Care Coordinator and Dementia Care Navigation Programs** will replicate a successful state model with over a decade of program evaluation evidence and statewide reach through a network of area agencies on aging. The Wisconsin State Legislature recently funded the model for state-wide implementation, including Tribal Entities. While other states have implemented caregiver support services with some aspects of care navigation (e.g. ND, NY, WA), the proposed bill language mirrors the WI model. The planning for coordinated, state-wide programs and local support for ADRD and brain health comes at an auspicious time, as national initiatives and funding opportunities for ADRD state and local capacity building is available now at unprecedented levels.

In this context, I offer the following amendments for your consideration:

1. Subtitle 13 10-1302 (B)(1) Page 3, Lines 5-6: Add **Brain Health and Dementia Risk Reduction programs** for caregivers and persons at high risk of dementia to read:
(1) PROVIDING COGNITIVE SCREENING, **PROGRAMS THAT ADDRESS BRAIN HEALTH AND DEMENTIA RISK REDUCTION FOR PERSONS AT HIGH RISK OF DEMENTIA AND CAREGIVERS, AND PROGRAMS THAT ENGAGE INDIVIDUALS WITH DEMENTIA IN REGULAR EXERCISE AND SOCIAL ACTIVITIES;**

This is consistent with the activities being implemented by DCSs in Wisconsin. When people opt-in to dementia screening, they typically do so because they are worried. Providing brief cognitive screening without follow up actions for persons who do not screen as having a potential cognitive

impairment leaves people who are concerned, but not currently showing detectable symptoms, without steps to take towards improving or maintaining their cognitive health. Providing brain health and dementia risk reduction programs through the AAAs supports the work of the new Director of Dementia Services Coordination and Brain Health in the Maryland Department of Health, as referenced in the Maryland Dementia Services Act of 2022 (SB27). It reflects the priorities in the new MD State Alzheimer Plan and the newly added sixth priority of the US National Plan to address ADRD. It is also consistent with recommendations and related funding from the CDC, who views the course of dementias as a continuum across the life course that begins with healthy cognitive functioning. The CDC recently published data that subjective cognitive decline (SCD), the self-reported experience of worsening or more frequent confusion or memory loss over the past year, could affect caregivers' risk for adverse health outcomes and affect the quality of care they provide. CDC's analysis noted that, among adults aged ≥ 45 years, SCD was reported by 12.6% of caregivers. The CDC recommends activities to address brain health with the aging population and the cognitive health and needs of caregivers to better support them and their care recipients. ACL also supports educating older adults and adults with disabilities about brain health.

2. Subtitle 13 10-1302 (B)(2) Page 3, Lines 7-9: Add **evidence-based or evidence-informed interventions** programs for caregivers and persons with dementia to read:
(2) PROVIDING SUPPORT FOR **PERSONS WITH DEMENTIA AND** CAREGIVERS OF INDIVIDUALS WITH DEMENTIA, INCLUDING PROVIDING **ACCESS TO EVIDENCE-BASED OR EVIDENCE-INFORMED INTERVENTIONS**, ASSISTANCE WITH CARE PLANNING AND REFERRAL TO SUPPORT GROUPS;

Persons in the early stage of dementia, or who have mild cognitive impairment, can participate in their own care planning. Wisconsin's DCS program provides support to persons with dementia and their caregivers at all stages of dementia. They do not require the presence of a caregiver to provide care planning services. This also recognizes that there are people with dementia who live alone, who do not have a caregiver, but need these essential supports. Adding the voice of persons with dementia to the services defined here is consistent with person-centered service provision. Support groups and "memory cafés" for persons with dementia also exist in many Maryland communities, fostered by dementia-friendly community initiatives developing statewide. In addition, adding specific language around the use of evidence-based and evidence-informed interventions is consistent with the MD State Aging Plan, MD Area Aging Plan requirements and priorities of the CDC, ACL and the Older Americans Act and the US National Plan. WI's AAA-based DCS grant program requires the implementation of at least two evidence-based or evidence-informed programs from a state-approved list of interventions.

I respectfully urge the committee to favorably consider this bill with amendments as a commitment to the long term cognitive and behavioral health and wellbeing of Maryland's citizens, including families like my own. It is a wise investment in Maryland's brain health and dementia infrastructure to ensure that appropriate care, services, and resources are available to all Marylanders in their local communities.

Thank you,
Kate Gordon, MSW
Silver Spring, MD

SB505 Dementia Care Navigation Programs_MHAMD FWA.

Uploaded by: Margo Quinlan

Position: FWA

**Senate Bill 505 Department of Aging - Dementia Care Coordinator and
Dementia Care Navigation Programs**
Senate Finance Committee
February 24, 2022
Position: Favorable with Amendments

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. MHAMD, and the Policy Committee of the Maryland Coalition on Mental Health and Aging, appreciate this opportunity to present favorable testimony with amendment language addressing the need for behavioral health support in regard to Senate Bill 505.

SB 505 would establish a Dementia Care Coordinator in the Department of Aging and require each Area Agency on Aging to oversee dementia care navigation programs, including hiring a dementia care navigator. Given the incredibly high comorbidity of dementia and behavioral health disorders¹, the long-recognized need to address behavioral health concerns for people with Alzheimer’s Disease and related dementias², and the link between certain behavioral health disorders and the risk for late-life dementia³, we would strongly urge this committee to include language that would expand these positions to the title and responsibilities of “Behavioral Health and Dementia Care.”

The Area Agencies on Aging (AAAs) are local agencies that assist and support older adults, family caregivers, and adults with disabilities – they are the heart and hands serving older adults and caregivers in our communities. These agencies are increasingly called upon to assist in addressing the behavioral health needs of their clients. Unfortunately, most AAAs lack the resources necessary to help individuals navigate a complex behavioral health system to access an appropriate level of care.

The State has already recognized the importance of addressing the high co-occurrence of behavioral health and cognitive health concerns. The 2021 Interagency Report on Cognitive and Behavioral Health needs of Maryland’s aging population, written by the Maryland Departments of Health and of Aging, stresses that the “prevalence of cognitive and behavioral health

¹ Brown MT, Wolf DA. Estimating the Prevalence of Serious Mental Illness and Dementia Diagnoses Among Medicare Beneficiaries in the Health and Retirement Study. *Res Aging*. 2018;40(7):668-686. doi:10.1177/0164027517728554

² Alzheimer’s Association (2022). “Treatments for Behavior.” <https://www.alz.org/alzheimers-dementia/treatments/treatments-for-behavior>

³ Onyike, C., Johns Hopkins University. *Psychiatric Aspects of Dementia*. *Continuum (Minneapolis, Minn)*. 2016;22(2 Dementia):600-614. doi:10.1212/CON.0000000000000302

disorders among older adults is high resulting in concerning trends around older adult suicide, overdose, hospital lengths of stay, caregiver burnout, and overall costs to the healthcare system.” Neglecting to meet the diverse needs of Maryland’s rapidly growing older adult population can have significant public health and economic implications for our communities.

The state’s Area Agencies on Aging have alerted us to the need for dedicated behavioral health staff in each agency. These individuals should be trained to work directly with community mental health and substance use treatment providers, serve as technical support to AAA staff in their work with clients, and assist in coordinating needed community supports. Older adults who present with co-occurring dementia and behavioral health concerns deserve staff and coordination that is trained to identify and adept at appropriately supporting these individuals. MHAMD offers these friendly amendments as a means to establish these critical and adaptable positions in each of the 19 AAAs across the state, and urge a favorable report contingent upon these amendments. We are happy to talk more and provide specific amendment language upon request.

For more information contact:

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SB505_FWA_MSCAN.pdf

Uploaded by: Sarah Miicke

Position: FWA



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 on Bill SB 505

Position: Favorable with Amendment

Department of Aging - Dementia Care Coordinator and Dementia Care Navigation Programs

February 24, 2022

Finance Committee

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 this legislation, which requires an ongoing appropriation to support dementia caregiving at each of Maryland's Area Agencies on Aging (AAA), who would be mandated to create a dementia care navigation (DCN) program.

This program would be responsible for providing:

- support for family caregivers, including assistance with care planning and connections to support groups and education;
- aid in the development of dementia-friendly communities, including outreach events and professional consultations;
- and work to offer cognitive screenings, to help identify individuals with dementia.

The Maryland Department of Aging (MDOA) will be required to distribute funding (via grants) to each AAA, based on a formula which considers the number of people with dementia in each county.

MSCAN does ask for one amendment. In considering the formula, we believe it would be best if the Assembly—in its wisdom—considers codifying a baseline amount for each county. While the amount distributed among counties can and should definitely vary, as each region has different numbers of people with dementia, it is vital that no one county be shortchanged in its efforts. And that even the smallest counties have the opportunity and means to implement this mandate.

Thanks again for the opportunity to submit testimony. We urge a favorable report, with this amendment included.

Amendments SB0505-873728-01.pdf

Uploaded by: Senator Nancy King

Position: FWA



SB0505/873728/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

11 FEB 22
11:08:10

BY: Senator King
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 505
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 3, strike “**Navigators**” and substitute “**Navigation Programs**”; in line 5, strike “manage the work of” and substitute “oversee”; in the same line, strike “navigators” and substitute “navigation programs”; in line 6, strike “employ” and substitute “establish”; in the same line, strike “navigator” and substitute “navigation program”; and in line 17, strike “Navigators” and substitute “Navigation Program”.

AMENDMENT NO. 2

On page 2, in line 5, strike “**NAVIGATORS**” and substitute “**NAVIGATION PROGRAMS**”; in lines 9 and 10, strike “**MANAGE THE WORK OF THE**” and substitute “**OVERSEE AND DISSEMINATE BEST PRACTICES TO GUIDE**”; in line 10, strike “**EMPLOYED**”; and in line 12, strike “**YEAR**” and substitute “**OCTOBER 1**”.

On page 2 in lines 10 and 20 and on page 3 in line 29, in each instance, strike “**NAVIGATORS**” and substitute “**NAVIGATION PROGRAMS**”.

On page 2, in line 22, strike “**STRATEGIC**”; strike beginning with “**PLAN**” in line 22 down through “**TITLE**” in line 24 and substitute “**PLAN ON AGING**”; in line 30, strike “**EMPLOY**” and substitute “**ESTABLISH**”; and in line 31, strike “**DESIGNATE**” and substitute “**STAFF**”.

On pages 2 and 3, strike beginning with “**DEMENTIA**” in line 31 on page 2 down through “**NAVIGATOR**” in line 1 on page 3 and substitute “**PROGRAM**”.

(Over)

On page 2 in line 30 and on page 3 in line 4, in each instance, strike “NAVIGATOR” and substitute “NAVIGATION PROGRAM”.

On page 3, in line 1, strike “STAFF” and substitute “RESOURCES”; in the same line, strike “TO BE” and substitute “FOR”; in lines 1 and 2, strike “DEMENTIA CARE NAVIGATOR” and substitute “PROGRAM”; in line 3, strike “A” and substitute “THE DUTIES OF THE”; in line 4, strike “SHALL” and substitute “INCLUDE”; in lines 5, 7, 10, 13, and 21, in each instance, strike “PROVIDE” and substitute “PROVIDING”; in line 13, strike “CONSULT” and substitute “CONSULTING”; in line 17, strike “ESTABLISH” and substitute “ESTABLISHING”; in line 18, strike “FACILITATE” and substitute “FACILITATING”; and in line 28, after “AND” insert “TO FUND THE”.

SB505 King Sponsor Testimony.pdf

Uploaded by: Senator Nancy King

Position: FWA

NANCY J. KING
Legislative District 39
Montgomery County

MAJORITY LEADER

Budget and Taxation Committee

Chair
Education, Business and
Administration Subcommittee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

SPONSOR STATEMENT

**Senate Bill 505 – Department of Aging –
Dementia Care Coordinator and Dementia Care Navigation Programs**

February 24, 2022

Madame Chair and Members of the Finance Committee:

More than 130,000 Marylanders are currently living with Dementia or Alzheimer's Disease. In 2021, these individuals were supported by 238,000 caregivers – family, friends, and loved ones – who provided more than 364,000 hours of unpaid care. These caregivers provide an incredibly valuable source of support to those suffering with dementia without the benefit of support, pay or respite and many have no plans for their loved one's care beyond the next day.

Senate Bill 505 would establish a Dementia Care Navigator program, including the creation of Dementia Care Coordinator in the State Department of Aging, and Dementia Care Navigators within each of the state's 20 Area Agencies on Aging. The Dementia Care Navigator program would be responsible for supporting family caregivers in their jurisdictions, helping develop plans for their loved ones' care, connecting them with support groups and other resources, and assisting in efforts to make their communities more inclusive to people with dementia. The navigators would also help connect family members who have concerns about their loved ones' cognitive abilities, with providers who can conduct cognitive screenings and diagnose the disease earlier. This early detection and diagnosis can provide additional options for treatment and disease management.

This legislation also sets aside funds for a position within the state Department of Aging to coordinate and oversee the work of the caregiving specialists. Providing a state wide coordinator is essential to ensuring that our local navigators are able to work collaboratively with their colleagues state-wide, connecting those suffering with the disease with locally available resources as well as those that might exist outside of their local area but are available within the state and region.

I am offering an amendment with this bill that corrects some drafting changes and conforms the bill to the House cross-file.

Being able to stay in their home is so important for dementia patients, as a move to an unfamiliar setting can cause further disorientation, but caregivers need resources and support for them to be able accomplish this goal. Senate Bill 505 with amendments will provide that support to caregivers, and so I respectfully request a favorable report.

SB 505 Letter of Information.pdf

Uploaded by: Alexandra Baldi

Position: INFO



Larry Hogan | Governor Boyd K. Rutherford | Lt. Governor Rona E. Kramer | Secretary

DATE: February 24, 2022

BILL NUMBER: SB 505

COMMITTEE: Finance

BILL TITLE: Department of Aging - Dementia Care Coordinator and Dementia Care Navigators

POSITION: Letter of Information

Thank you for the opportunity to provide information regarding SB 505 – Department of Aging - Dementia Care Coordinator and Dementia Care Navigators.

The position of Dementia Care Coordinator would require a candidate with substantial and very specific experience and knowledge. Due to these requirements, the salary for the Dementia Care Coordinator would need to be a Grade 18, Step 14 with a salary starting at \$76,299. This position would require supervision from senior management at a salary portion of \$8,054. The total amount for both salaries and fringe is \$135,340.

In order to meet the provisions SB 505, a certain number of Dementia Care Navigators need to be hired in each jurisdiction. The department determined that the average salary for this position would be \$90,000 (including fringe). For smaller jurisdictions at least two Dementia Care Navigators would need to be hired and at least four in larger jurisdictions for a total of 46 Dementia Care Navigators for the entire state. The total expenditures for 46 Dementia Care Navigators at a salary of \$90,000 (including fringe) would be \$4,140,000.

For these reasons, the Department of Aging offers this Letter of Information for SB505 and strongly urges a reconsideration of the legislation in its current form.

SB 505 Dementia Care Coordinator and Navigators (K

Uploaded by: Barbara Wilkins

Position: INFO



Maryland

DEPARTMENT OF BUDGET
AND MANAGEMENT

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

SENATE BILL 505 Department of Aging – Dementia Care Coordinator and Dementia Care Navigators (King)

STATEMENT OF INFORMATION

DATE: February 24, 2022

COMMITTEE: Senate Finance

SUMMARY OF BILL: SB 505 mandates an appropriation in the amount of \$1.6 million to fund a Dementia Care Coordinator and Dementia Care Navigators in the Department of Aging. Dementia Care Navigators are located at local area agencies and provide cognitive screening, caregiver support, and facilitate interactions between health care providers and caregivers/patients.

EXPLANATION: The Department of Budget and Management's focus is not on the underlying policy proposal being advanced by the legislation, but rather on the \$1 million mandated appropriation provision that impacts the FY 2024 budget and subsequent budgets.

DBM has the responsibility of submitting a balanced budget to the General Assembly annually, which will require spending allocations for FY 2024 to be within the official revenues estimates approved by the Board of Revenue Estimates in December 2022.

Changes to the Maryland Constitution in 2020 provide the General Assembly with additional budgetary authority, beginning in the 2023 Session, to realign total spending by increasing and adding items to appropriations in the budget submitted by the Governor. The legislature's new budgetary power diminishes, if not negates, the need for mandated appropriation bills.

Fully funding the implementation of the Blueprint for Maryland's Future (Kirwan) will require fiscal discipline in the years ahead, if the State is to maintain the current projected structural budget surpluses. Mandated spending increases need to be reevaluated within the context of this education funding priority and the Governor's tax relief proposals.

Economic conditions remain precarious as a result of COVID-19. High rates of inflation and workforce shortages may be short lived or persist, thereby impacting the Maryland economy. While current budget forecasts project structural surpluses, the impact of the ongoing COVID-19 pandemic continues to present a significant budgetary vulnerability. The Department continues to urge the General Assembly to focus on maintaining the structural budget surplus.

**For additional information, contact Barbara Wilkins at (410) 260-6371
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