

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters HB 614 - Department of Aging - Dementia Care Navigation Program Position: Favorable

Chair Pena-Melnyk,

Thank you for the opportunity to appear before you in support of House Bill 614, which creates an outreach program at each of Maryland's local area agencies on aging.

This legislation is necessary because dementia caregivers need the help. Dementia gets progressively worse, and it takes a toll on our caregivers. 68.8 % of our caregivers have chronic health conditions themselves, 27.7% of them have depression, and 13.6% of them are in poor physical health. Yet, statewide, we have \$0 in dementia-specific funds to help them, unlike 11 other states. We are leaving Maryland residents behind.

This bill has also been developed, over the interim, after listening to the state and our counties.

• Need is clear, personal, and urgent. There are caregiving statistics. And you will have testimony, today, from the people behind those numbers. People like Pamela Talley, a Prince George's County caregiver. Andi LePore – who cares for her dad, who is living with Alzheimer's. You will hear from Brenda Fried, a Carroll County caregiver, who spent over a million dollars on her dad's care. The State Commission on Caregiving will speak to the need for coordination of local dementia caregiving initiatives. And the State Alzheimer's Council will speak about how this program ties with the new State Plan.

The need—for people who are living this right now, for people who are struggling, for people who want this to be a statewide reality—is clear, it is necessary, and it is urgent.

• Money. The appropriation provided in this legislation is necessary, appropriate and reasonable.

- o In 2023, if you deduct what the agency said they needed to administer the program, it leaves on average of over \$100,000 to be distributed to each Area Agency on Aging (AAA).
 - Anne Arundel County has an outreach program right now, which they administer through their limited federal funds. Their budget is roughly \$100,000.
- O Additionally, the funds are to be divided by the Maryland Department of Aging, based on need. And just like other programs MDOA administers, some will get more and some will get less.
 - Needs are different. Yet the legislation urges the state to think about how we help all counties; because current MDOA programs—where Carroll County gets \$66,985 and Montgomery County gets \$466,874 for the same initiative—leave Marylanders behind.ⁱ

Appropriations—like what happened with 9-8-8 this year—can be increased over time, as this initiative gets scaled up. Yet this legislation provides an appropriate and mandated appropriation which will help caregivers and individuals with dementia who do not have the resources now.

• This Dementia Care Navigation Program exists nationally, and helps <u>navigate complex care</u>

Wisconsin, which started its dementia care navigation program over a decade ago, engages residents statewide – they recently conducted 1903 in-person outreach events, which reached 46,156 Wisconsin residents with information about dementia and caregiving. Georgia is starting up the same initiative. Maryland needs defined resources and coordination to do the same.

Thank you for the opportunity to testify today. This legislation reflects conversations with numerous local aging departments and the state. It reflects a national model in Wisconsin. It will help our 242,000 dementia caregivers who need a dementia-specific commitment from this state to navigate an awful disease. I urge a favorable report.

https://aging.maryland.gov/SiteAssets/Pages/StatePlanonAging/MD%20State%20Plan%202022-2025.pdf



MARYLAND ALZHEIMER'S STATISTICS*

Maryland has **242,000** unpaid caregivers.

These caregivers provided 371,000,000 hours of unpaid care to someone with dementia.

68.8% of caregivers have chronic health conditions.

27.7% of caregivers have depression.

13.6% of caregivers are in poor physical health.

One-third of caregivers provide over 20 hours per week in care.

More than half have been providing care for at least two years.

ALZHEIMER'S ASSOCIATION

GREATER MARYLAND CHAPTER NATIONAL CAPITAL AREA CHAPTER

*For more information, view the 2022 Alzheimer's Disease Facts and Figures report at alz.org/facts.

DEMENTIA CARE NAVIGATION PROGRAM

HB 614/SB 228 creates an outreach program to aid dementia caregivers statewide via each of Maryland's Area Agencies on Aging (AAA), and provides significant funding to the Maryland Department of Aging to administer this program and distribute to local jurisdictions.

- This initiative will provide aid to caregivers and their loved ones with symptoms of dementia, including: assistance with care planning, including referrals to primary care providers and specialists; connections to support groups and education; and help to offer cognitive screenings, to identify individuals with dementia.
- Nobody is left behind. Each AAA is to work with families
 whose loved ones have symptoms of dementia, which
 interfere with activities of daily living. As such, even if they do
 not have a formal diagnosis of dementia or may have a cooccurring behavioral health condition, they can still be helped.
- Smaller jurisdictions matter. The Maryland Department of Aging would be required to distribute funding to each AAA, based on their assessment of the needs of each jurisdiction. While a baseline amount for each jurisdiction is not codified into law, this legislation encourages an inclusive approach toward funding.
- Maryland currently has no state-specific funding for dementia caregivers. Other states with funding include: Georgia; Idaho; Maine, Massachusetts, Mississippi, Missouri, Ohio, New York; Tennessee, Vermont and Wisconsin.

Lead Sponsors: Delegate Bonnie Cullison (Montgomery County) and Senator Pamela Beidle (Anne Arundel County)