

**Department of Legislative Services**  
Maryland General Assembly  
2019 Session

**FISCAL AND POLICY NOTE**  
**Enrolled**

Senate Bill 522

(Senator Kelley, *et al.*)

Finance

Health and Government Operations

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**Virginia I. Jones Alzheimer's Disease and Related Disorders Council - Revisions**

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This bill alters the membership and duties of the Virginia I. Jones Alzheimer's Disease and Related Disorders Council and requires the council to submit a report to the Governor and the General Assembly on the activities and recommendations of the council by September 1 each year. The requirement that the Secretary of Health and the Secretary of Aging (or their designees) co-chair the council is repealed; instead, the members of the co-council must select the chair. The bill extends the council's termination date from September 30, 2019, to September 30, 2024. **The bill takes effect July 1, 2019.**

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**Fiscal Summary**

**State Effect:** Minimal expenditures associated with staffing the commission are maintained for an additional five years – into FY 2025 – for the Maryland Department of Health (MDH) and the Maryland Department of Aging (MDOA). Revenues are not affected.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Bill Summary/Current Law:** The bill repeals the requirement (1) that the Secretary of Disabilities, or the Secretary's designee and (2) a representative of the Maryland Medical Assistance Program, appointed by the Secretary of Health, serve as members of the council. Members of the council appointed by the Governor under current law and under the bill are shown in **Exhibit 1**.

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**Exhibit 1**  
**Membership of the Virginia I. Jones Alzheimer's Disease and  
Related Disorders Council Appointed by the Governor**

<b><u>Current Law</u></b>	<b><u>Under the Bill</u></b>
• One physician <sup>1</sup>	• Seven health care professionals with relevant professional experience
• One social worker <sup>1</sup>	
• One psychologist <sup>1</sup>	
• One psychiatrist <sup>1</sup>	
• One physician <sup>2</sup>	
• One registered nurse <sup>1</sup>	
• One licensed nurse practitioner <sup>2</sup>	
• One health professional with expertise in addressing racial and ethnic health disparities	
• One attorney who works directly with disabled or elderly individuals	• One elder law attorney with relevant professional experience
• One representative of the assisted living industry	• Three human service professionals with relevant professional experience
• One representative of the medical adult day care industry	
• One representative of the home care industry	
• One representative from academia with relevant professional experience	• Two research professionals with relevant professional experience
• One public health professional with relevant experience	
• Two family caregivers, one of whom is a family member of an individual with Alzheimer's disease or a related disorder	• Two family caregivers of individuals with Alzheimer's disease or a related disorder
• One representative of the U.S. Department of Veterans Affairs <sup>1</sup>	• Any other member necessary to fulfill the duties of the council
• One representative of the nursing home industry	
• One individual with early-onset Alzheimer's disease or a related disorder	

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<sup>1</sup>These members must have relevant experience with or expertise in Alzheimer's disease and related disorders.

<sup>2</sup>These members must have experience in end-of-life care and pain management.

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Source: Department of Legislative Services

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The duties of the council under current law and under the bill are as shown in **Exhibit 2**.

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### **Exhibit 2**

#### **Duties of the Virginia I. Jones Alzheimer's Disease and Related Disorders Council**

<b><u>Current Law</u></b>	<b><u>Under the Bill</u></b>
<ul style="list-style-type: none"><li>• Continue the work initiated by the Maryland Alzheimer's Disease and Related Disorders Commission, including development and monitoring of the 2012 Maryland State Plan on Alzheimer's Disease and Related Disorders</li><li>• Include in the State plan strategies and actions that support prevention and early detection, address chronic disease factors contributing to health disparities, and enhance quality of care</li><li>• Improve access to and coordination of services and knowledge of available resources and information</li><li>• Review State statutes, policies, and programs to improve and enhance quality of life and support and services</li><li>• Develop a public education campaign</li><li>• Improve data collection capacity on Alzheimer's disease and related disorders in the State to better target support, services, and needs</li></ul>	<ul style="list-style-type: none"><li>• Update and advocate for the State plan</li><li>• Examine the needs of individuals with Alzheimer's disease and related disorders and their caregivers, and identify methods through which the State can most effectively and efficiently assist in meeting those needs</li><li>• Advise the Governor and the General Assembly on policy, funding, regulatory, and other issues related to individuals with Alzheimer's disease and related disorders and their caregivers</li><li>• Develop and promote strategies to encourage brain health and reduce cognitive decline</li></ul>

Source: Department of Legislative Services

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Under current law, MDH is required, with the assistance of MDOA, to staff the council and may request staffing assistance from interested public health entities. A member of the council is entitled to reimbursement for expenses under the standard State travel regulations, as provided in the State budget.

**Background:** Maryland's Alzheimer's Disease and Related Disorders *Commission* was established by executive order in 2011 and tasked with making recommendations for a State plan to address the needs of individuals with Alzheimer's disease and related disorders (as well as their families and caregivers). In its December 2012 report, the commission identified five goals: support prevention and early identification; enhance quality of care; enhance supports for individuals and families; enhance public awareness; and improve data capacity to track progress. The report also indicated that the commission would pursue the establishment of a *permanent* council through the legislative process.

Chapters 305 and 306 of 2013 established the Virginia I. Jones Alzheimer's Disease and Related Disorders *Council* in 2013 for a three-year period. The council released an annual report in 2014, updating the status of the 2012 State plan and reiterating the council's commitment to the goals expressed in the commission's previous report. Chapters 74 and 75 of 2016 subsequently altered the councils' membership and extended the council's termination date to September 30, 2019.

According to the council, approximately 130,000 Marylanders are expected to have Alzheimer's disease or related dementia by 2025, and a disproportionate number of these individuals will represent racial and ethnic minorities.

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## Additional Information

**Prior Introductions:** None.

**Cross File:** HB 571 (Delegate Sample-Hughes, *et al.*) - Health and Government Operations.

**Information Source(s):** Maryland Department of Aging; Maryland Department of Disabilities; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - February 25, 2019  
mag/jc  
Third Reader - March 18, 2019  
Revised - Amendment(s) - March 18, 2019  
Enrolled - April 25, 2019

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