

# HOUSE BILL 446

J1

6lr1479  
CF 6lr2791

---

By: **Delegates Martinez and Acevero**

Introduced and read first time: January 23, 2026

Assigned to: Health

---

## A BILL ENTITLED

1 AN ACT concerning

2 **Health – Dementia Services and Brain Health Program and Clinical Toolkit**

3 FOR the purpose of altering the duties of the Virginia I. Jones Alzheimer’s Disease and  
4 Related Dementias Council; establishing the Dementia Services and Brain Health  
5 Program in the Maryland Department of Health to lead the State’s public health  
6 efforts relating to brain health and dementia; requiring the Director of Dementia  
7 Services and Brain Health to administer the Program; requiring the Program, rather  
8 than the Director, to perform certain duties and staff the Council; requiring the  
9 Program to oversee implementation of a certain State Plan and support and promote  
10 the delivery of dementia-capable care; requiring the Maryland Department of  
11 Health, in partnership with the Department of Aging, the Council, and other entities,  
12 to develop a clinical toolkit for dementia care for health care providers; and generally  
13 relating to Alzheimer’s disease and related dementias and dementia services.

14 BY repealing and reenacting, without amendments,  
15 Article – Health – General  
16 Section 13–3201, 13–3202, 13–3207, 13–32A–03, and 13–32A–06  
17 Annotated Code of Maryland  
18 (2023 Replacement Volume and 2025 Supplement)

19 BY repealing and reenacting, with amendments,  
20 Article – Health – General  
21 Section 13–3205, 13–3206, 13–32A–01, 13–32A–02, 13–32A–04, and 13–32A–05  
22 Annotated Code of Maryland  
23 (2023 Replacement Volume and 2025 Supplement)

24 BY adding to  
25 Article – Health – General  
26 Section 13–32A–07  
27 Annotated Code of Maryland  
28 (2023 Replacement Volume and 2025 Supplement)

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
That the Laws of Maryland read as follows:

**Article – Health – General**

13–3201.

(a) In this subtitle the following words have the meanings indicated.

(b) “Council” means the Virginia I. Jones Alzheimer’s Disease and Related Dementias Council.

(c) “Director” means the Director of Dementia Services and Brain Health established under Subtitle 32A of this title.

13–3202.

There is a Virginia I. Jones Alzheimer’s Disease and Related Dementias Council.

13–3205.

(a) The [Director] **DEMENTIA SERVICES AND BRAIN HEALTH PROGRAM**, with assistance from the Department of Aging, shall provide staff support for the Council.

(b) The Director may request staffing assistance from public health entities with an interest in the duties of the Council.

13–3206.

The Council shall:

(1) Update the State Plan on Alzheimer’s Disease and Related Dementias and advocate for the State Plan;

(2) (i) Examine the needs of individuals with Alzheimer’s disease and related dementias and their caregivers; and

(ii) Identify methods through which the State can most effectively and efficiently assist in meeting those needs;

**(3) (I) EXAMINE THE READINESS AND CAPACITY OF HEALTH CARE PROVIDERS TO DELIVER CARE TO INDIVIDUALS WITH OR AT RISK FOR ALZHEIMER’S DISEASE AND RELATED DEMENTIAS; AND**

(II) IDENTIFY METHODS THROUGH WHICH THE STATE CAN ASSIST HEALTH CARE PROVIDERS IN DELIVERING CARE TO INDIVIDUALS WITH OR AT RISK FOR ALZHEIMER'S DISEASE AND RELATED DEMENTIAS IN THE MOST EFFECTIVE AND EFFICIENT MANNER;

[(3)] (4) Advise the Governor and the General Assembly on policy, funding, regulatory, and other issues related to individuals with Alzheimer's disease and related dementias and their caregivers; and

[(4)] (5) Develop and promote strategies to encourage brain health and reduce cognitive decline.

13-3207.

On or before September 1, 2022, and on or before September 1 every 5 years thereafter, the Council shall issue and publish an update to the State Plan on Alzheimer's Disease and Related Dementias.

13-32A-01.

(a) In this subtitle the following words have the meanings indicated.

(b) "Council" means the Virginia I. Jones Alzheimer's Disease and Related Dementias Council.

(c) "Director" means the Director of Dementia Services and Brain Health.

(D) "PROGRAM" MEANS THE DEMENTIA SERVICES AND BRAIN HEALTH PROGRAM.

13-32A-02.

[(a)] There is a Director of Dementia Services and Brain Health in the Department.

[(b)] The Director shall report to the Secretary.]

13-32A-03.

The position of Director shall be a full-time and permanent position.

13-32A-04.

[(a)] The purpose of the position of Director is to coordinate and facilitate communication relating to dementia services in the State.]

1           **(A) THERE IS A DEMENTIA SERVICES AND BRAIN HEALTH PROGRAM IN**  
2 **THE DEPARTMENT.**

3           **(B) THE DIRECTOR SHALL ADMINISTER THE PROGRAM.**

4           **(C) THE PURPOSE OF THE PROGRAM IS TO LEAD THE STATE'S PUBLIC**  
5 **HEALTH EFFORTS RELATING TO BRAIN HEALTH AND DEMENTIA.**

6           **[(b)] (D) The [Director] PROGRAM shall:**

7                   (1) Coordinate the Department's approach to addressing Alzheimer's  
8 disease and other forms of dementia and brain health, including through public awareness,  
9 prevention, and early detection and diagnosis;

10                   (2) Staff the Council and [oversee implementation of the State Plan on  
11 Alzheimer's Disease and Related Dementias] **UPDATE THE COUNCIL EACH QUARTER ON**  
12 **THE PROGRAM'S ACTIVITIES;**

13                   **(3) OVERSEE IMPLEMENTATION OF THE STATE PLAN ON**  
14 **ALZHEIMER'S DISEASE AND RELATED DEMENTIAS;**

15                   **[(3)] (4)** Assess, analyze, and conduct outreach to share cognitive health  
16 and dementia-related data;

17                   **[(4)] (5)** Develop and monitor implementation milestones and  
18 measurable outcomes to assess progress in achieving the goals laid out in the State Plan  
19 on Alzheimer's Disease and Related Dementias;

20                   **[(5)] (6)** Identify efficiencies across State agencies that aid individuals  
21 with dementia and their caregivers, and coordinate public and private stakeholder  
22 partnerships;

23                   **(7) SUPPORT AND PROMOTE THE DELIVERY OF DEMENTIA-CAPABLE**  
24 **CARE ACROSS HEALTH CARE SETTINGS THROUGH VARIOUS METHODS, INCLUDING:**

25                           **(I) ESTABLISHING AND MAINTAINING A CLINICAL TOOLKIT**  
26 **FOR DEMENTIA CARE, AS DEFINED IN § 13-32A-07 OF THIS SUBTITLE, TO SUPPORT**  
27 **HEALTH CARE PROVIDERS IN DELIVERING EVIDENCE-BASED, PERSON-CENTERED**  
28 **CARE;**

29                           **(II) COORDINATING WITH ACADEMIC INSTITUTIONS, HEALTH**  
30 **OCCUPATIONS BOARDS, AND CONTINUING EDUCATION PROVIDERS TO PROMOTE**  
31 **PARTICIPATION IN DEMENTIA-SPECIFIC EDUCATION, TRAINING, AND**  
32 **CERTIFICATION FOR HEALTH CARE PROFESSIONALS; AND**

**(III) COLLABORATING WITH STATE-LED CARE  
TRANSFORMATION INITIATIVES TO IDENTIFY OPPORTUNITIES TO INCORPORATE  
DEMENTIA-CAPABLE CARE PRACTICES INTO HEALTH CARE MODELS;**

**[(6)] (8)** Apply for grants to enable the implementation of the State Plan on Alzheimer's Disease and Related Dementias goals to reduce the risk of dementia, and to improve the quality of care for individuals with dementia and their caregivers; and

**[(7)] (9)** Carry out other duties relevant to the support of individuals with dementia as may be assigned by the Department.

13-32A-05.

On or before September 1, 2023, and on or before September 1 every 5 years thereafter, the Director shall report to the Governor and, in accordance with § 2-1257 of the State Government Article, the Senate Finance Committee and the House Health and Government Operations Committee on the activities and recommendations of the [Director] **PROGRAM.**

13-32A-06.

The Governor shall include in the annual budget bill an appropriation to fund the position of Director and the Council, as follows:

(1) For fiscal year 2023, at least \$71,400;

(2) For fiscal year 2024, at least \$83,000;

(3) For fiscal year 2025, at least \$85,300;

(4) For fiscal year 2026, at least \$87,600; and

(5) For fiscal year 2027 and each fiscal year thereafter, at least \$89,900.

**13-32A-07.**

**(A) IN THIS SECTION, "TOOLKIT" MEANS THE CLINICAL TOOLKIT FOR DEMENTIA CARE FOR HEALTH CARE PROVIDERS DEVELOPED UNDER SUBSECTION (B) OF THIS SECTION.**

**(B) ON OR BEFORE JANUARY 1, 2027, THE DEPARTMENT, IN PARTNERSHIP WITH THE DEPARTMENT OF AGING, THE COUNCIL, AND OTHER PUBLIC OR PRIVATE ORGANIZATIONS WITH EXPERTISE IN ALZHEIMER'S DISEASE OR RELATED DEMENTIAS SHALL ESTABLISH AND MAINTAIN A CLINICAL TOOLKIT FOR DEMENTIA CARE FOR HEALTH CARE PROVIDERS.**

(C) THE PURPOSE OF THE TOOLKIT IS TO PROVIDE A CENTRALIZED, UP-TO-DATE RESOURCE TO SUPPORT HEALTH CARE PROVIDERS IN CARING FOR PATIENTS WHO ARE AT RISK FOR OR WHO MAY HAVE DEMENTIA.

(D) THE TOOLKIT DEVELOPED UNDER SUBSECTION (B) OF THIS SECTION SHALL INCLUDE INFORMATION ON:

(1) RISK FACTORS FOR ALZHEIMER'S DISEASE AND RELATED DEMENTIAS, INCLUDING CHRONIC DISEASES AND THE CO-OCCURRENCE OF DOWN SYNDROME (TRISOMY-21);

(2) RISK REDUCTION STRATEGIES, INCLUDING INFORMATION ON LIFESTYLE INTERVENTIONS TO REDUCE DEMENTIA RISK;

(3) THE IMPORTANCE OF EARLY DETECTION AND DIAGNOSIS OF ALZHEIMER'S DISEASE AND RELATED DEMENTIAS;

(4) VALIDATED ASSESSMENT TOOLS FOR THE DETECTION AND DIAGNOSIS OF COGNITIVE IMPAIRMENT;

(5) THE RACIAL AND ETHNIC DISPARITIES IN DETECTING, DIAGNOSING, AND ACCESSING TREATMENT AND SERVICES;

(6) PERSON-CENTERED CARE DELIVERY AND RELEVANT SOURCES OF CLINICAL PRACTICE GUIDELINES AND TOOLS;

(7) EFFECTIVE CARE PLANNING TOOLS, INCLUDING:

(I) AVAILABLE REIMBURSEMENT TOOLS, INCLUDING RELEVANT BILLING CODES, FOR INDIVIDUALS WITH COGNITIVE IMPAIRMENT;

(II) REFERRAL PATHWAYS TO COMMUNITY-BASED SERVICES AND CARE PLANNING RESOURCES; AND

(III) INFORMATION ON TREATMENT OPTIONS AND RELEVANT SOURCES FOR GUIDELINES; AND

(8) CONTINUING EDUCATION OPPORTUNITIES RELATED TO DEMENTIA CARE BEST PRACTICES.

(E) THE DEPARTMENT SHALL PROMOTE THE USE OF THE TOOLKIT ACROSS HEALTH CARE SECTORS, INCLUDING:

1           **(1)   MANAGED CARE PROGRAMS;**

2           **(2)   ACADEMIC RESEARCH INSTITUTIONS;**

3           **(3)   HOSPITALS AND HEALTH SYSTEMS;**

4           **(4)   FEDERALLY QUALIFIED HEALTH CENTERS;**

5           **(5)   HOSPITAL AND HEALTH SYSTEM ASSOCIATIONS;**

6           **(6)   PHYSICIAN AND MEDICAL STUDENT ORGANIZATIONS;**

7           **(7)   ORGANIZATIONS REPRESENTING THE ADVANCEMENT OF NURSES,**  
8 **HEALTH CARE PROFESSIONALS, AND HEALTH CARE ORGANIZATIONS; AND**

9           **(8)   ANY OTHER PUBLIC OR PRIVATE ORGANIZATION, ENTITY, OR**  
10 **PART OF AN ORGANIZATION OR ENTITY THE DEPARTMENT DEEMS NECESSARY.**

11           **(F)   ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2028, THE**  
12 **DEPARTMENT SHALL REVIEW AND UPDATE THE INFORMATION IN THE TOOLKIT TO**  
13 **REFLECT THE MOST RECENT AND ACCURATE AVAILABLE INFORMATION.**

14           SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
15 October 1, 2026.