SB 555

Department of Legislative Services

Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Enrolled

Senate Bill 555 (Senator Hayes)
Finance Health

Health - Dementia Services and Brain Health Program and Provider Resource Toolkit

This bill establishes the Dementia Services and Brain Health Program in the Maryland Department of Health (MDH) to lead the State's public health efforts relating to brain health and dementia. By October 1, 2027, MDH, in partnership with the Maryland Department of Aging (MDOA), the Virginia I. Jones Alzheimer's Disease and Related Dementias Council (council), and other organizations with expertise in Alzheimer's disease or related dementias, must establish and maintain a provider resource toolkit for dementia care for health care providers. By January 1, 2028, and annually thereafter, MDH must review and update the information in the toolkit.

Fiscal Summary

State Effect: MDOA can partner with MDH using existing budgeted resources. MDH general fund expenditures increase by $77,700 in FY 2027 for staff, as discussed below. Future years reflect annualization and ongoing costs. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	$0	$0	$0	$0	$0
GF Expenditure	77,700	90,600	94,900	99,200	103,500
Net Effect	($77,700)	($90,600)	($94,900)	($99,200)	($103,500)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary:

Dementia Services and Brain Health Program

The bill specifies that the Dementia Services and Brain Health *Program* must assume the responsibilities of the *Director of* Dementia Services and Brain Health. In addition to current responsibilities, the program must also:

- update the council each quarter on the program's activities; and
- support and promote the delivery of dementia-capable care across health care settings through various methods, including: (1) establishing and maintaining a provider resource toolkit for dementia care; (2) coordinating with academic institutions, health occupations boards, and continuing education providers to promote participation in dementia-specific education, training, and certification for health care professionals; and (3) collaborating with State-led care transformation initiatives to identify opportunities to incorporate dementia-capable care practices into health care models.

Virginia I. Jones Alzheimer's Disease and Related Dementias Council

The council must (1) 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 (2) 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.

Provider Resource Toolkit for Dementia Care for Health Care Providers

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. The toolkit must be composed of materials that can be developed using existing resources and expertise within MDH or obtained through partnerships with public or private entities as determined necessary by MDH.

The toolkit must include information on:

- risk factors for Alzheimer's disease and related dementias, including chronic diseases and the co-occurrence of Down Syndrome (Trisomy-21);

- risk reduction strategies, including information on lifestyle interventions to reduce dementia risk;
- the importance of early detection and diagnosis of Alzheimer's disease and related dementias;
- validated assessment tools for the detection and diagnosis of cognitive impairment;
- the racial and ethnic disparities in detecting, diagnosing, and accessing treatment and services;
- person-centered care delivery and relevant sources of clinical practice guidelines and tools;
- effective care planning tools, as specified; and
- continuing education opportunities related to dementia care best practices.

MDH must promote the use of the toolkit across health care sectors, including managed care programs, academic research institutions, hospitals and health systems, federally qualified health centers, hospital and health system associations, physician and medical student organizations, and other specified organizations.

Current Law:

Director of Dementia Services and Brain Health

The purpose of the Director of Dementia Services and Brain Health is to coordinate and facilitate communication relating to dementia services in the State. The director must be a full-time, permanent position and report to the Secretary of Health. The director must:

- coordinate MDH's approach to addressing Alzheimer's disease and other forms of dementia and brain health, including through public awareness, prevention, and early detection and diagnosis;
- staff the council and oversee implementation of the State Plan on Alzheimer's Disease and Related Dementias;
- assess, analyze, and conduct outreach to share cognitive health and dementia-related data;
- develop and monitor implementation milestones and measurable outcomes to assess progress in achieving the goals laid out in the State plan;
- identify efficiencies across State agencies that aid individuals with dementia and their caregivers, and coordinate public and private stakeholder partnerships;
- apply for grants to enable implementation of the State plan goals to reduce the risk of dementia, and to improve the quality of care for individuals with dementia and their caregivers; and

- carry out other duties relevant to the support of individuals with dementia as may be assigned by MDH.

Virginia I. Jones Alzheimer's Disease and Related Dementias Council

The council must (1) update the State Plan on Alzheimer's Disease and Related Disorders and advocate for the State plan; (2) examine the needs for 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; (3) 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; and (4) develop and promote strategies to encourage brain health and reduce cognitive decline.

The Director of Dementia Services and Brain Health, with assistance from MDOA, must provide staff support for the council. The director may request staffing assistance from public health entities with an interest in the council.

Dementia Public Awareness

MDH, in partnership with MDOA, the council, and the Greater Maryland Chapter of the Alzheimer's Association, must incorporate information into relevant public health outreach programs administered by MDH to:

- educate health care providers regarding (1) the importance of early detection and timely diagnosis of cognitive impairment; (2) validated assessment tools for the detection and diagnosis of cognitive impairment; (3) the value of a Medicare annual wellness visit or other annual physical for an individual at least 65 years old for cognitive health; (4) the Medicare care planning billing code for individuals with cognitive impairment; and (5) treatments approved by the U.S. Food and Drug Administration (FDA) for Alzheimer's disease and related dementias, including relevant information on treatment use and outcomes; and
- increase public understanding and awareness of (1) the early warning signs of Alzheimer's disease and related dementias; (2) the value of early detection, diagnosis, and treatment of Alzheimer's disease and related dementias; (3) how to reduce the risk of cognitive decline, particularly among individuals in Black and Latino communities who are at greater risk of developing Alzheimer's disease and related dementias; and (4) FDA-approved treatments and relevant information on treatment use and outcomes.

Chapters 681 and 682 of 2025 require MDH, in collaboration with the State-designated health information exchange, to establish and maintain a publicly accessible website that includes specified information regarding Alzheimer's disease and related dementias in a

downloadable format, which must be updated annually. The website must include (1) the prevalence of Alzheimer's disease and related dementias in the State; (2) the hospitalization rate related to Alzheimer's disease and related dementias; and (3) to the extent possible, the prevalence and hospitalization rate of Alzheimer's disease and related dementias disaggregated based on age (including age of diagnosis), sex, race, ethnicity, number of cases by county, co-occurrence of Down Syndrome (trisomy-21), and type of dementia.

State Expenditures: The bill requires MDH, in partnership with MDOA and the council, to establish and maintain a provider resource toolkit for dementia care for related health care providers. By January 1, 2028, and annually thereafter, MDH must review and update the toolkit. MDH must also coordinate with specified stakeholders and institutions and collaborate with State-led care transformation initiatives to incorporate dementia-capable practices into health care models.

Thus, MDH general fund expenditures increase by $77,674 in fiscal 2027, which accounts for the bill's October 1, 2026 effective date. This estimate reflects the cost of hiring one program administrator to manage stakeholder coordination, support and promote the integration of dementia-capable care practices into health care models, and establish and maintain the toolkit. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Position	1.0
Salary and Fringe Benefits	$68,533
Other Operating Expenses	9,141
Total FY 2027 State Expenditures	**$77,674**

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 446 (Delegate Martinez, *et al.*) - Health.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Aging; Maryland Association of Counties; Maryland Department of Health; Department of Legislative Services

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