

# VIRGINIA I. JONES ALZHEIMER'S DISEASE AND RELATED DISORDERS COUNCIL

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February 12, 2020

Delegate Shane Pendergrass  
Chair, Health and Government Operations  
Room 241, House Office Building  
Annapolis, MD 21401

## **RE: HB 456-- Maryland Department of Health--Public Outreach Programs-- Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia**

Dear Chair Pendergrass,

The Virginia I. Jones Alzheimer's Disease and Related Disorders Council (the Council) is submitting this letter of support for House Bill 456 (HB 456) titled "Maryland Department of Health -- Public Outreach Programs -- Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia." HB 456 requires the Maryland Department of Health (MDH) to work in partnership with the Department of Aging and the Alzheimer's Association to incorporate information regarding Alzheimer's disease and related disorders into existing MDH public health outreach programs and initiatives.

The Council extends its support for HB 456, as it promotes cognitive health screening and awareness while offering recommendations of how MDH can employ its existing public health platforms to improve cognitive health for people statewide. Currently, one in 12 Maryland residents older than 45 report instances of cognitive decline, described as self-reported memory problems that have worsened throughout the year prior.<sup>i</sup> Data suggest that, as of 2020, approximately 110,000 Marylanders older than 65 are living with Alzheimer's disease.<sup>ii</sup> In addition to patients, caregivers and family members also bear considerable burdens, providing 334 million hours of unpaid care valued at \$4.2 billion.<sup>iii</sup> In 2018 alone, Maryland's Medicaid program expenditures for Alzheimer's disease and related disorders were estimated at \$1.1 billion.<sup>iv</sup> Improving awareness and rates of cognitive health screening has the potential to help patients and families make important diagnostic, treatment, and life planning decisions and to access critical information, resources, and supports in a timely fashion to avoid excess burden and high health care costs.

The Council agrees with the following statements as they relate to the passage of HB 456:

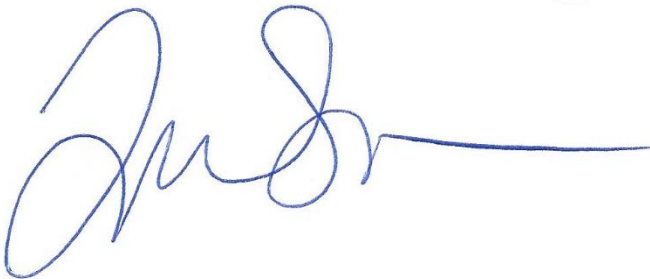
- Health care providers should be educated about the importance of early detection and timely diagnosis of cognitive impairment, and should have validated tools at their disposal to assess cognitive function.<sup>v</sup>
- The Medicare Annual Wellness visit includes coverage of cognitive screening in people 65 years and older every 12 months. Providers should use

this opportunity, as well as other annual physical exams, to assess cognitive function alongside information from patients and their families.

- Education about implementing the Annual Wellness Visit, including appropriate use of billing codes for reimbursement, would help support health care providers' screening practices.<sup>vi</sup>
- Programming should be supported to increase health care providers' understanding and awareness of early warning signs of Alzheimer's disease and other types of dementia, as well as the value of early detection and diagnosis.
- Education about how to reduce the risk of cognitive decline, especially among people in diverse communities who are at greater risk for Alzheimer's disease and other types of dementia, is a critical part of health care provider education and should be emphasized in public health programming.

The Council respectfully urges this Committee to approve HB 456 as an important public health measure. In doing so, this bill will aid in advancing education and support for practitioners while improving cognitive health and care for Maryland residents with Alzheimer's disease.

Sincerely,



Quincy Samus, PhD, MS, Chair, Virginia I. Jones Alzheimer's Disease and Related Disorders Council

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<sup>i</sup> Centers for Disease Control and Prevention. Maryland Subjective Cognitive Decline 2017 Behavioral Risk Factor Surveillance System (BRFSS): People Aged 45 Years and Older. Retrieved 1/30/2020 at:

<https://www.cdc.gov/aging/data/infographic/2017/maryland-cognitive-decline.html>

<sup>ii</sup> Alzheimer's Association. Alzheimer's Statistics Maryland. Retrieved 1/30/2020 at:

<https://www.alz.org/media/Documents/maryland-alzheimers-facts-figures-2018.pdf>

<sup>iii</sup> Centers for Disease Control and Prevention. Maryland Caregiving 2015 Behavioral Risk Factor Surveillance System (BRFSS) Data.

Retrieved 1/30/2020 at: [https://alz.org/media/Documents/Infographic-Caregiving-in-Maryland-\(2015\).pdf?\\_ga=2.92633821.119803112.1580404599-1739343415.1580404599](https://alz.org/media/Documents/Infographic-Caregiving-in-Maryland-(2015).pdf?_ga=2.92633821.119803112.1580404599-1739343415.1580404599)

<sup>iv</sup> Alzheimer's Association. Alzheimer's Statistics Maryland. Retrieved 1/30/2020 at:

<https://www.alz.org/media/Documents/maryland-alzheimers-facts-figures-2018.pdf>

<sup>v</sup> Alzheimer's Association and Centers for Disease Control and Prevention. Healthy Brain Initiative, State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map. Chicago, IL: Alzheimer's Association; 2018

<sup>vi</sup> Bluestein D, Diduk-Smith R, Jordan L, Persaud K, Hughes T. Medicare Annual Wellness Visits: How to get patients and physicians on board. Mar-Apr 2017;24(2):12-16. Retrieved 1/30/2020 at <https://www.aafp.org/fpm/2017/0300/p12.html>