



**Position** of the Alzheimer's Association, Greater Maryland and National Capital Area chapters on

**HB 456 – House Bill 456: Maryland Department of Health –  
Public Health Outreach Programs – Cognitive Impairment,  
Alzheimer's Disease, and Other Types of Dementia**

**Position:** SUPPORT

*“Alzheimer’s is the most under-recognized threat to public health in the 21st century.” Dr. David Satcher, former U.S. Surgeon General and former CDC Director*

February 12, 2020

Dear Chairwoman Pendergrass and Vice-Chair Pena-Melnyk,

My name is Cass Naugle, and I am the Executive Director of the Greater Maryland Chapter of the Alzheimer's Association. Thank you for the opportunity to testify in support of House Bill 456.

For many years after its discovery in 1906, Alzheimer's disease was primarily viewed as an issue concerning medical care and aging. Yet, Alzheimer's disease affects more than just the individuals and their medical teams. Today the impact of Alzheimer's disease is felt at national, state, and local levels – as well as on a family and personal level – through financial burdens, resource needs, and professional requirements. It is a growing epidemic that has profound social and economic implications, especially given the current trends of an aging population.

Three criteria determine whether a health problem is a public health issue:

- The burden is large - More than 5.8 million people are living with Alzheimer's, and the number of people with the disease is projected to triple to as many as 14 million in 2050
- The impact is major - Alzheimer's disease is the most expensive disease to treat and provide care for in the U.S., costing more than heart disease and cancer. Medicare and Medicaid bear two-thirds of the health and long-term care costs of those with Alzheimer's.
- There are ways to intervene - Fortunately, there are ways to intervene using public health tools and techniques. The public health approach can be used to improve the quality of life



for those living with the disease, their caregivers, and to reduce the costs associated with the disease.

These interventions include:

- Surveillance and monitoring - This allows public health to compile data and use it to develop strategies and interventions.
- Primary prevention (risk reduction) - A growing body of research points to modifiable risk factors in Alzheimer's and other dementia. A recent Lancet Commission study noted that "around 35% of dementia is attributable to a combination of the following nine risk factors: education to a maximum age of 11-12 years, midlife hypertension, midlife obesity, hearing loss, late-life depression, diabetes, physical inactivity, smoking, and social isolation. *(VOLUME 390, ISSUE 10113, P2673-2734, DECEMBER 16, 2017)*
- Promoting early detection and diagnosis – As many as half of people with Alzheimer's are not diagnosed, and less than half of the diagnosed are unaware of the diagnosis. Training to health care providers on the warning signs of dementia and the benefits of early detection and timely diagnosis can help improve outcomes for individuals, families, and caregivers.

It is time that we think strategically to reduce the burden, impact, and costs of care of this cruel disease. This legislation, if passed into law, sets a course for effectively addressing Alzheimer's/dementia for the public health crisis it is. The combined resources and expertise of the State Department of Health, the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Alzheimer's Association offer a tremendous opportunity to educate providers about early detection and diagnosis and inform the public, particularly diverse communities disproportionately impacted by this disease, about risk reduction.

I urge a favorable report on HB 456, and I am happy to answer any questions that you may have.