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SPEAKER PRO TEM
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Health and Government
Operations Committee



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**TESTIMONY FOR HEALTH AND GOVERNMENT OPERATIONS
COMMITTEE**

CHAIR SHANE PENDERGRASS
VICE CHAIR JOSELINE PENA-MELNYK

**HOUSE BILL 456: MARYLAND DEPARTMENT OF HEALTH – PUBLIC HEALTH
OUTREACH PROGRAMS – COGNITIVE IMPAIRMENT, ALZHEIMER’S DISEASE,
AND OTHER TYPES OF DEMENTIA**

FEBRUARY 12, 2020

POSITION: SUPPORT

Thank you Madam Chair and Members of the Committee. Today, I am pleased to introduce HB 456, Maryland Department of Public Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease, and other types of dementia.

Today, I ask for your support of this bill, which would mandate that the Department of Health—in partnership with the Department of Aging, the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council, and the Alzheimer’s Association—incorporate messaging about Alzheimer’s and related dementia into its relevant public health outreach programs, which work with providers and Marylanders statewide.

I am pleased that the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council, which I serve on with members of the Department of Health and Department of Aging, has submitted a letter of support. This legislation has many important provisions, including improved outreach to providers, but I want to focus my comments today on its potential to improve health disparities.

This committee, and its Minority Health Disparity subcommittee, has long done significant work. Despite our efforts however, in our January 28th briefing from the Department of Legislative Services (DLS), we saw that health care disparities have grown worse in Maryland. In fact, according to the annual Commonwealth Fund survey, our state is ranked 35th nationally in health disparities, and worst among the six mid-Atlantic states.

Alzheimer’s and related dementia is a disease that African Americans are twice as likely to have as Caucasians, and Latinos are one-and-a-half times as likely to have than Caucasians. This

legislation makes it clear that a priority of the General Assembly is the reduction of Alzheimer's and related dementia, specifically among communities that are more at risk of these diseases and are generally neglected. We know we have a Health Department which is a trusted source of information, and there are relevant public outreach campaigns it can utilize to reduce the incidence of this disease and improve cognitive health, and as a result health disparity. This bill makes sure the Department is using those campaigns to their full capacity.

HB 456 was cosponsored by a majority of the Public Health subcommittee, and as you can see on the fiscal note, will have a minimal fiscal impact. Additionally, similar legislation was passed in Virginia in 2018 and included a fiscal impact statement which said that existing state resources could be used to implement the bill (and no additional funds were necessary).

I have taken on this bill because as a caregiver for my mother who experiences the cruel effects of dementia on a daily basis, as an African-American whose community is at increased risk of this disease, and as a Marylander saddened that over 100,000 of us have this disease, I know all too well how a lack of information can harm victims and their families. Again, I would like to thank the Committee for hearing the bill, and I urge a favorable report on HB 456.