

**10c -SB 313 - Maryland Department of Health – Pub**

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Position: FAV



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists**  
4201 Patterson Avenue  
Baltimore, MD 21215  
Phone: 410-764-4723

**2021 SESSION  
POSITION PAPER**

**BILL NO: SB 313**

**COMMITTEE: Education, Health and Environmental Affairs**

**POSITION: Support**

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**TITLE:** Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia

**BILL ANALYSIS:** This bill serves to require the Maryland Department of Health, in partnership with the Department of Aging and others, to incorporate education regarding cognitive impairment, Alzheimer’s disease and other types of Dementia into relevant consumer outreach programs they administer.

**POSITION AND RATIONALE:**

The Maryland Board of Examiners for Audiologists, Speech-Language Pathologists, and Hearing Aid Dispensers (the “Board”) submits this support position for Senate Bill 313 - Maryland Department of Health - Public Outreach Programs - Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia.

Alzheimer’s and other forms of dementia can be devastating for the affected individuals and for their families and loved ones. Audiologists and related professionals recognize a correlation between untreated hearing loss and cognitive impairment.<sup>1</sup> A recent study has shown that hearing loss is among the most significant, potentially modifiable risk factors for dementia.<sup>2</sup> As the regulatory body for audiological professions, the Board believes that this bill proposes important measures toward educating health care professionals and the public about early warning signs of cognitive decline. The Board is tasked with protecting the health, safety and

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<sup>1</sup> Lin, Frank, et. al. “Hearing Loss and Incident Dementia.” *Archives of Neurology*, (February 2011).

<sup>2</sup> Livingston, Gill, et. al. “Dementia Prevention, Intervention, and Care: 2020 Report of the Lancet Commission.” *The Lancet Commissions*, Vol. 396, Issue 10248, p. 413-446. (August 8, 2020).

SB 313

AHS

Board of Audiology, Hearing Aid Dispensers & Speech-Language Pathologists

welfare of the public by regulating the audiological and related professions to the highest possible standard. With this mission in mind, the Board respectfully requests a favorable report of SB 313.

Thank you for your consideration of the Board's position. If you have any additional questions, please contact the Board's Executive Director, Dr. Candace G. Robinson, Au.D., at [Candace.Robinson@maryland.gov](mailto:Candace.Robinson@maryland.gov) or 443-915-7981.

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration*

**SB313\_FAV\_AlzheimersAssociationMD.pdf**

Uploaded by: Colchamiro, Eric

Position: FAV

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters  
**SB 313 - Maryland Department of Health - Public Health Outreach Programs – Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia**

Chair Pinsky and Vice Chair Kagan,

My name is Eric Colchamiro, and I am the Director of Government Affairs for the Alzheimer's Association in Maryland. Thank you for the opportunity to provide testimony about SB 313, legislation which requires the Maryland Department of Health, in partnership with the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Greater Maryland Chapter of the Alzheimer's Association, to incorporate information regarding certain types of cognitive impairment into outreach programs administered by the Maryland Department of Health to educate health care providers and increase understanding and awareness of certain types of cognitive impairment.

There is no known cure for Alzheimer's disease. 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** - allowing public health entities to compile data and use it to develop strategies and interventions; **prevention** (risk reduction) - a growing body of research points to modifiable risk factors in Alzheimer's and other dementia; in short, if you take steps to reduce your risks of comorbidities such as hypertension and diabetes, you are taking steps to reduce your risk of Alzheimer's; and **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.

This legislation sets a strategic course for effectively addressing Alzheimer's. The **combined** partnership 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 clinicians and the public, including—but not only—Black and Latino communities, who are disproportionately impacted by this disease.

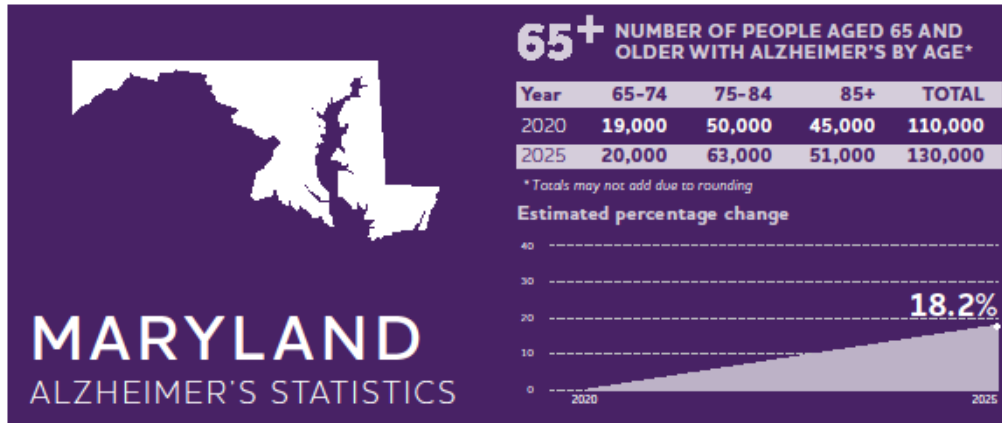
There are tangible steps which can be taken by this MDH led partnership, should this legislation be enacted:

- Combined community engagement, so that there is a focused strategy to reach Marylanders;
- Linking existing external resources on Alzheimer's and other dementia, to streamline public information about this cruel disease;
- Effective internal engagement, so that we can inform and consistently share information with local health departments and area agencies on aging;
- A common, data informed focus, to understand the prevalence and geography of dementia in Maryland and inform our next steps;

This partnership, all told, will allow us to better understand the prevalence, incidence, and reduce the spread of dementia across Maryland, and target outreach to communities most at risk. A coordinated strategy is essential, urgent, and—as we work on a disease which impacts nearly 3.5 times as many Marylanders as HIV/AIDS—a core way we will make progress on this epidemic.

I urge a favorable report on SB 313.

# FACTS AND FIGURES ABOUT ALZHEIMER'S AND DEMENTIA IN MARYLAND



# OF DEATHS FROM ALZHEIMER'S DISEASE (2018)

**1,122**

**GERIATRICIANS**

# of geriatricians in 2019 **150**

**92%** Increase needed to meet Alzheimer's population needs in 2050

**CAREGIVING**  
(2019)

**294,000**  
Number of Caregivers

**335,000,000**  
Total Hours of Unpaid Care

**\$4,389,000,000**  
Total Value of Unpaid Care

**HOSPITALS**  
(2017)

**1,526**  
# of emergency department visits per 1,000 people with dementia

**11.8%**  
Increase in emergency department visits since 2007

**24.6%**  
dementia patient hospital readmission rate

**HOSPICE**  
(2017)

**4,072**  
# of people in hospice with a primary diagnosis of dementia

**17%**  
of people in hospice have a primary diagnosis of dementia

**MEDICARE**

**\$30,331**  
per capita Medicare spending on people with dementia (in 2019 dollars)

**MEDICAID**

**\$1.231 BILLION**  
Medicaid costs of caring for people with Alzheimer's (2020)

**24.7%**  
change in costs from 2020 to 2025

**AIM**  
ALZHEIMER'S IMPACT MOVEMENT™  
alzheimer's association

More than **5 million Americans** are living with Alzheimer's. The cost of caring for those with Alzheimer's and other dementias is estimated to total **\$305 billion** in 2020, increasing to more than **\$1.1 trillion** (in today's dollars) by mid-century. Nearly **one in every three seniors** who dies each year has Alzheimer's or another dementia.

For more information, view the **2020 Alzheimer's Disease Facts and Figures** report at [alz.org/facts](http://alz.org/facts).

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# HFAM Testimony SB 313 Final.pdf

Uploaded by: DeMattos, Joseph

Position: FAV



**TESTIMONY BEFORE THE  
SENATE EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE**

January 26, 2021

Senate Bill 313: Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment,  
Alzheimer’s Disease, and Other Types of Dementia  
*Written Testimony Only*

**POSITION: SUPPORT**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 313. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction in the state.

HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

Senate Bill 313 would require the Maryland Department of Health, in partnership with the Department of Aging, the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council, and the Greater Maryland Chapter of the Alzheimer’s Association, to incorporate certain information regarding cognitive impairment, Alzheimer’s disease, and other types of dementia into relevant public health outreach programs administered by the Maryland Department of Health.

Dementia-related care is an integral part of the services that many of our members provide. We agree that education regarding early detection and assessment tools, along with public awareness and understanding of early signs of Alzheimer’s disease and other dementias are critical to reducing risk and cognitive decline in older adults, particularly among individuals in diverse communities who are at greater risk.

**For these reasons we request a favorable report from the Committee on Senate Bill 313.**

*Submitted by:*

Joseph DeMattos, Jr.  
President and CEO  
(410) 290-5132



**Baltimore Sun article- Marlyn Taylor.pdf**

Uploaded by: griffin, christine

Position: FAV

- [Baltimore](#)

# Baltimore woman helps educate African Americans about the increased threat of Alzheimer's disease they face

By JOHN-JOHN WILLIAMS IV

BALTIMORE SUN |

JAN 11, 2021 AT 6:00 AM

Alzheimer's disease can start with something as simple as misplacing items or having difficulty completing daily tasks.

Marlyn Taylor, family care coordinator with the Alzheimer's Association Greater Maryland Chapter, knows the signs of the disease. In fact, this month she will host a virtual session to educate the public — especially Black people — about how to spot the 10 signs of Alzheimer's.

[African Americans are twice as likely to](#) develop the disease as white people, according to the organization's data.

Taylor, whose focus is outreach to the African American community, hasn't always worked to educate the public about the disease. Until 2015, she had not even heard of the association. An internship with the Baltimore County Department of Aging led her to work with the association.

"I wanted to be in a position where I could help, reach out," Taylor said. "No one in my family has dementia. But just seeing what was needed concerning Alzheimer's disease, which is a horrible disease, inspired me. I could see the mission and the vision of the association."

[\[Most read\] Maryland expands vaccine rollout, with people 75 and older, teachers eligible next week »](#)

More than 5 million Americans are living with Alzheimer's. And one in three seniors die from Alzheimer's, according to the association.

Taylor said one reason she was attracted to working with the organization is because of the disease's prognosis. Currently there is not a known cure.

“All of these diseases have this cure and that cure, and they can prolong life. With Alzheimer's all it does is progress,” she said. “This is where I can do some good. This is where I can help.”



As Family Care coordinator with the Alzheimer's Association Greater Maryland Chapter, Marlyn Taylor is helping to educate African Americans about the disease which affects them at twice the amount as white people. (Courtesy of Renee A Johnson)

Taylor organizes regular virtual chats, directing caregivers to resources such as 24-hour hotlines, and works with Black churches and other groups. Her work with the African Methodist Episcopal Church is part of a three-year partnership to educate more than 2 million U.S.-based AME church members.

Taylor explained that African Americans are more susceptible to the disease and other forms of dementia because of their higher rates of diabetes and cardiovascular disease, which have been linked to Alzheimer's.

[\[Most read\] D.C. judges order Maryland man's federal execution to go forward on Friday; Supreme Court rejects first of his two appeals »](#)

“When [Black people] are diagnosed, it is typically in a later stage of the disease,” she said. “They need more medical care. That should not be. That is one of those social injustices and the systemic racism that affects the African American community — not knowing what resources are in their community for them.”

Taylor's role is an important one in helping to mend years of distrust between marginalized groups and the medical industry, according to Ilene Rosenthal, the association's program director.

“Historically they have been underserved,” Rosenthal explained. “We are trying very hard to be seen as a trusted resource for these communities.”

Rosenthal points to the annual [Pythias A. and Virginia I. Jones African American Community Forum on Memory Loss](#) that Taylor leads, which attracts 400 participants each year. In November and December, Taylor led four virtual sessions of the forum, attracting an average of 125 people each session.

In addition to the outreach efforts, Taylor also oversees follow-up with all incoming calls with the association's 24-hour helpline for caregivers and family members.

[\[Most read\] Ravens QB Lamar Jackson has a championship 'obsession.' It started with a Super Bowl win. »](#)

The association provides “that personal touch for families,” Rosenthal said. “It is a very challenging disease and a hard diagnosis to give. She helps them move forward. She shows them how to plan ahead.”

Georgia Dickens said her life has become much easier since meeting Taylor in July. Dickens, a Baltimore City resident, has been caring for her 87-year-old

mother since 2015. She said that within two weeks of meeting with Taylor, she received grant assistance to purchase items to better care for her mother.

“She has become more frail,” Dickens said. “Those medical equipment items are helping to make sure that Mom is more mobile. Getting her out [of the house] is important.”

She said Taylor and the association have been helpful every step of the way.

“I’m walking with my mom to her sunset. Miss Taylor is there with me. With her knowledge and resources, it certainly takes a village to care for someone with Alzheimer’s and dementia. I appreciate that very much,” she said.

[\[Most read\] Capitol riot, impeachment sharpen divide between Trump critics and supporters in Maryland’s Republican Party »](#)

Taylor, who worked as the head of technical services in Bard Library for Baltimore City Community College, switched careers a decade ago following the death of her husband, Darnell Taylor. She decided to pursue her master’s degree in social work at Salisbury University.

She said she always had an affinity for helping older people. It started with her late mother, she said.

“I have always had a connection with the older community and population — even as a young girl,” she said. “My mother always had this helping hand with the community. It affected me. I wanted to be of help. I wanted to make a difference, even if it was giving a smile or holding a hand. It’s always been in me.”

*This article is part of our Newsmaker series that profiles notable people in the Baltimore region who are having an impact in our diverse communities.*

*If you’d like to suggest someone who should be profiled, please send their name and a short description of what they are doing to make a difference to:*

*Diversity, Equity, and Inclusion Editor, Sundra Hominik*

at [shominik@baltsun.com](mailto:shominik@baltsun.com).

# **Senator Mary Washington Testimony SB313 EHE Hearin**

Uploaded by: griffin, christine

Position: FAV

MARY L. WASHINGTON, PH.D  
Legislative District 43  
Baltimore City

Education, Health, and  
Environmental Affairs Committee

*Chair*  
Joint Committee on Ending  
Homelessness

*Chair*  
Joint Committee on Children,  
Youth, and Families



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## TESTIMONY IN SUPPORT OF SB313

### **Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia**

Education, Health and the Environment Committee  
January 26, 2021

Chair Pinsky, Vice-Chair Kagan and Members of the Committee,

I will speak to you today in strong support of SB 313, legislation which passed the House in 2020, and this committee hears again today.

Alzheimer’s and dementia is personal to me. It is also personal to this entire chamber; our beloved former colleague, Rushern Baker has long been a caregiver for his wife Cis, who received a diagnosis of early-onset dementia over a decade ago. A 2012 Washington Post article (*please see Washington Post piece accompanying this testimony*) describes how, in 2008 when the condition first set in, Rushern and his children did not know what was happening. They thought Cis was depressed. The mother who was ‘always on top of every little thing’ got lost driving back home to Cheverly, after a regular trip to her parents in Richmond. She became confused about the route to the local library. She forgot to pay bills. They did not know, until nearly two years later, that Cis had Alzheimer’s disease. Today, her condition is sadly much worse.

Cis’s story is all too common; families often do not know their loved ones have dementia. Too many of the over 110,000 Marylanders take far too long to recognize the early warning signs of this cruel disease, to get screened, and to get into a care treatment plan.

This legislation mandates that multiple organizations working on this disease—the Department of Health, the Department of Aging, the State Alzheimer’s Council, and the Alzheimer’s Association—prioritize a Health Department led partnership to aid families across Maryland. It focuses on provider education on Alzheimer’s and other dementia, and I am grateful that MedChi is in support of this legislation. It also requires focused outreach to Black and Latino communities—who are twice as likely, and 1.5 times more likely, to be diagnosed with dementia than Caucasians—to reduce their risk of cognitive decline. As Speaker Jones said via tweet earlier this month (*please see Baltimore Sun*

*piece accompanying this testimony*), we must prioritize raising awareness about health risks in communities with the greatest health disparities. This bill does that.

I wish this bill was not necessary. Yet it is. The number of Marylanders with dementia is expected to grow by over 18 percent in the next five years, and—because of the number of competing priorities we all have—we need legislation to help government prioritize this partnership of four different organizations working to help families across our state. This is more than a statement bill about Alzheimer’s; it is an acknowledgement that the General Assembly can—like we do for so many different issues—compel a coordinated, focused approach for better care.

I urge this committee, after hearing this bill last year, to please take that next step in 2021; please—for the sake of the over 110,000 Marylanders with Alzheimer’s or other forms of dementia, and their families—put this legislation on the voting list and issue a favorable report.

In partnership,

A handwritten signature in blue ink, appearing to read "Mary Washington". The signature is fluid and cursive, with a large loop at the end.

Senator Mary Washington, District 43, Baltimore City



**Washington Post article Rashern Baker.pdf**

Uploaded by: griffin, christine

Position: FAV

**Maryland Politics**

# As Rushern Baker leads Pr. George's, his wife's memory fades

[+ Add to list](#)

By Miranda S. Spivack

July 31, 2012

An invitation to a dinner for Howard University, his beloved alma mater, normally would have been the perfect evening for Prince George's County Executive Rushern L. Baker III and his wife, Christa Beverly, also an alum.

But looking forward to the event in March, Baker was anxious. What if Beverly became confused and disoriented? What if she forgot where she was?

Baker would accept the invitation, he told the university, but only if he could also bring along someone familiar to his wife, who could guide her through the evening and chat with her — even if the conversation did not make sense.

Few knew then the private struggle Baker and his family had been living with for two years, ever since Beverly, a 52-year-old civil rights lawyer and well-known presence in Prince George's, received a diagnosis of early onset dementia.

On that night, all went smoothly. "I spoke, I sat down," said Baker (D). "It worked well."

But as Beverly's condition has deteriorated over the past few months, Baker has had to balance the high-profile demands of running a county of nearly 900,000 people with being the husband of a woman who is becoming harder to recognize.

Baker, 53, said that as the severity of his wife's illness has become obvious to people outside their close circle of friends, he felt compelled to speak openly about it.

"I had to make a public statement," he said at a restaurant near his Cheverly home for his first published interview about his wife's illness. "I don't want people thinking that she doesn't like them anymore. I don't want anything to be misinterpreted."

By day, he manages a \$2.7 billion budget in a county trying to emerge from the taint of corruption left by his predecessor, Jack B. Johnson (D). He runs a county that had nearly 100 homicides last year. Many of his

constituents lack health insurance. The county schools superintendent is decamping for Philadelphia. And Baker is in the middle of a political fight to bring a proposed casino to National Harbor.

In the evenings, Baker tries to leave all that behind. He's learning to make dinner. Salmon and crab cakes just the way she likes them. The Baker children do the grocery shopping. Dad makes up the list, something he rarely did before. He balances the checkbook, too.

But home can be a strange place.

"When I go home, I don't know what I am getting into," he said.

Will his wife be happy? Angry? Morose?

"It is hit or miss."

He tries to remain his normal, optimistic self and still goes through the routine of describing his day to her.

"Aww, that's nice," says the woman known as Sis. "I like you. You are the best."

Recently, Beverly has been having trouble sleeping. To deal with that, the couple will get in their car and tour the county, looking at public-works projects, assessing neighborhoods, just driving. Eventually, Beverly is tired enough to sleep.

"I have looked at ways to deal with it, short of medicine," Baker said. "Exercise, driving around, playing calming music. Most nights she is able to sleep. It is only rarely that I can't figure out a way to deal with it."

### **Biggest supporter**

The news came in a phone call a few minutes before Baker took the stage at Prince George's Community College in a 2010 debate in the county executive's race.

His wife's mysterious condition finally had been diagnosed. The outlook was not good.

As the debate got underway, Baker was verbally pummeled by his four opponents and did little to defend himself. Top aides huddled afterward to discuss whether he should quit. Baker also wondered if he should give up his eight-year quest.

Beverly, who was then still fully cognizant of the world around her, insisted that he stay in the race.

"You are going to win," she told him. "I am going to see you put your hand on the Bible as county executive." A few months later, Baker was sworn in.

For the first year and a half of Baker's term, daughter Quinci, then in high school, was the first home in the evening, allowing her father to stay late at work as he built his new administration.

About six months ago, Beverly's condition began to worsen, and her public absences became more noticeable. Constituents who asked for her when they couldn't get Baker for an event were puzzled, sometimes even offended, when the request was turned down. When she does go out in public, she sometimes will wear clothes that aren't quite right: jeans at church, a raincoat on a hot summer day.

Baker, too, has become somewhat less visible. His staff has pitched in to speak in his place when he decides that he must be home at night. He has cut back on weekend speaking engagements. He recently took a week off to look for a new caregiver. Sometimes he goes home for lunch.

So far, he, his friends and colleagues say he is able to juggle his public duties and the private care of his wife of 26 years. Baker, a former member of the Maryland House of Delegates who ran twice for county executive before finally winning, said he is planning to run again for executive in 2014.

"Running again is based on the job itself," he said. "Come 2014, I will be working and I will be taking care of my wife. It would be great to be able to do that in this job that I love."

Later, he said: "My intention is to run again. She would want that. It is what we worked toward as a family. And I am 100 percent sure this is what she wants me to do."

But nothing is as certain as it once was.

### **Confusion sets in**

The disease crept up slowly. When Beverly's behavior began to change in 2008, Baker and the children thought she was depressed. The normally blunt-talking wife and mother was oddly subdued. For nearly two years, she passed every neurological test she was given.

"I just figured she had not had a job for a while and she wanted to get back into the work force," said [Rushern Baker IV](#), 24, an artist, now home to help care for his mother.

Aja Baker, 20, a rising senior at St. Mary's College in Southern Maryland, tried to get her mother to do more puzzles to boost her memory.

"My mom was always on top of every little thing," Aja said. "She knew what everyone was doing all the time. You couldn't get anything past her."

But Beverly did not return to normal. She got lost driving back home to Cheverly after a regular visit to her parents in Richmond. She became confused about the route to the library. She forgot to pay bills.

Baker and daughter [Quinci](#), now 17, took on most of Beverly's care. "I started feeling maternal over her," Quinci said. "We got very close, and it stopped being a mother-daughter relationship. We switched roles, and I became my mother's mother."

Baker, meanwhile, is losing his beloved best friend and closest political adviser. But he is figuring out how to cope. Six months ago, he hired the daytime caregiver, and he has lined up a second person to help in the evenings if he can't get home.

“I try to remind the kids and try to remind myself we are extremely blessed,” he said. “We have great support from family and friends. It is kind of hard to feel sorry for ourselves.”

But Baker knows that life is not going to get any easier. Recently, he gathered his children to explain what was coming.

“Here's where Mommy is,” he said. “It is going to be different. Things are going to change, and they are going to change a lot more rapidly than we expected.”

 **84 Comments**

# **SB313 MdDeptHlth-Public OutreachPrograms.pdf**

Uploaded by: Kalla, Karen

Position: FAV



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**SB 313 Maryland Department of Health – Public Health Outreach Programs  
– Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia  
SUPPORT  
Education, Health, and Environmental Matters Committee  
January 26, 2021**

Good Afternoon Chairman Pinsky and Members of the Education, Health, and Environmental Affairs Committee. I am Karen Kalla, Executive Council Member and lead advocacy volunteer for AARP MD. AARP Maryland is one of the largest membership-based organizations in the state, encompassing almost 850,000 members. **AARP MD overwhelmingly supports SB313 Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia.**

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities, and protection from financial abuse.

SB313 requires the Maryland Department of Health along with a variety of departments and entities to incorporate information regarding certain types of cognitive impairment into relevant outreach programs administered by the Department to educate health care providers and increase understanding of certain types of cognitive impairment. It focuses on the risk of cognitive decline, particularly among individuals in Black and Latino communities who are at greater risk.

About 25% of older adults have cognitive, mental, or substance use disorders including dementia, serious and persistent mental illnesses, severe anxiety, depression, and other disorders resulting in isolation, dysfunction, behavioral obstacles to living in the community, and high rates of suicide. Older veterans are at higher risk for dementia, depression, post-traumatic stress disorder, substance abuse disorder, and suicide; significant racial and ethnic disparities exist.

Most of older adults with behavioral health conditions do not receive treatment due to service shortages; unaffordable cost; limited access including hard-to-reach locations,

Real Possibilities

limited services in home and community settings, inability to use tele-health services, and lack of linguistic and cultural competence; and stigma, ageism, and racism.

SB 313 will educate health providers and improve understanding of early warning signs of and how to reduce the risk of cognitive decline, Alzheimer's disease and other types of dementia. To address the lack of access for so many, it will advance and support Medicare annual wellness visits and other annual physical visits to assess cognitive health for individuals 65 years and older.

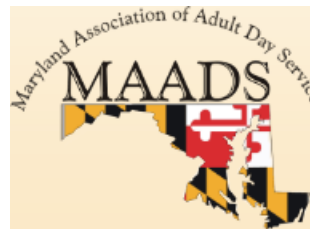
For these reasons, AARP supports SB313. For questions, please contact Tammy Bresnahan [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or by calling 410-302-8451.



**SB0313\_FAV\_LifeSpan,MAADS,MNCHA\_Public Health Outr**

Uploaded by: Kauffman, Danna

Position: FAV



TO: The Honorable Paul G. Pinsky, Chair  
Members, Senate Education, Health and Environmental Affairs Committee  
The Honorable Mary Washington

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer

DATE: January 26, 2021

RE: **SUPPORT** – Senate Bill 313 – *Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia*

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On behalf of the LifeSpan Network, the Maryland-National Capital Homecare Association, and the Maryland Association of Adult Day Services, we **support** Senate Bill 313.

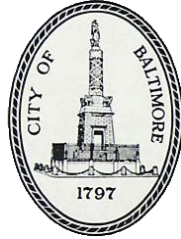
Senate Bill 313 requires the Maryland Department of Health (MDH), in partnership with the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Alzheimer's Association, to incorporate information regarding cognitive impairment, Alzheimer's disease, and other types of dementia into relevant public health outreach programs administered by MDH for the purpose of educating providers on early detection and diagnosis and increasing public awareness on early warning and detection of Alzheimer’s disease and other types of dementia.

Enhancing public awareness was the fourth goal in the report released in December of 2012 by the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council (Maryland State Plan on Alzheimer’s Disease and Related Disorders). However, Maryland has not yet undertaken this type of campaign despite that by 2030 Maryland’s 60+ population is anticipated to increase from 1.2 million to 1.7 million, a 40% increase. Therefore, the above-referenced associations urge a favorable vote.

**For more information call:**

Danna L. Kauffman  
Pamela Metz Kasemeyer  
410-244-7000

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Position: FAV



BRANDON M. SCOTT  
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*Office of Government Relations  
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**SB 313**

January 26, 2021

**TO:** Members of the House and Government Operations Committee  
**FROM:** Natasha Mehu, Director of Government Relations  
**RE:** House Bill 313

**POSITION: SUPPORT**

Chair Pinsky, Vice Chair Kagan, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill 313.

SB 313 requires the Maryland 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, to incorporate certain information regarding cognitive impairment, Alzheimer's disease, and other types of dementia into relevant public health outreach programs administered by the Maryland Department of Health.

The Alzheimer's Association estimates that 110,000 Marylanders 65 and over had Alzheimer's Disease in 2018, and that this number will grow to 130,000 by 2025 (Alzheimer's Association: *2020 Alzheimer's Disease Facts and Figures*). Alzheimer's Disease and Related Disorders (ADRD) disproportionately affects minority populations. The Association estimates that "Older African Americans are about two times more likely than older whites to have Alzheimer's or other dementias, and that "Older Hispanics are about one and one-half times more likely than older whites to have Alzheimer's or other dementias." (Centers for Disease Control & Alzheimer's Association, *Healthy Brain Initiative, State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map*). A growing body of research indicates that ADRD is linked to other chronic diseases, particularly heart disease and diabetes. The Baltimore City Health Department believes that an important part of our state's strategy for addressing the impact of ADRD is to modify public health education programs and materials to reflect the connection between overall health and brain health.

We respectfully request a favorable report on SENATE BILL 313.

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# **SB0313 Cognitive Impairment, Alzheimer's Disease,**

Uploaded by: Quinlan, Margo

Position: FAV

**Testimony in Support of SB 313 - Public Health Outreach Programs-  
Cognitive Impairment, Alzheimer's Disease  
and Other Types of Dementia**

Senate Education, Health and Environmental Affairs Committee

January 26, 2021

**Position: Support**

The Mental Health Association of Maryland (MHAMD) is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to again submit testimony in support of Senate Bill 313.

MHAMD's Coalition on Mental Health and Aging is comprised of representatives from aging, mental health, consumer, family and professional associations, and government agencies working together to improve the quality and accessibility of behavioral health assessment, treatment, recovery and illness prevention services for older Marylanders. We have always considered dementia within our purview because of the high rates of behavioral and psychiatric symptoms experienced by individuals afflicted by Alzheimer's disease and other forms of dementia. In addition, we count the Alzheimer's Association Maryland Chapter among our valued members. We appreciate the opportunity to offer support of SB 313.

It is essential that Maryland acknowledges the fact that dementia is a growing public health crisis requiring full attention and appropriate resourcing from the Maryland Department of Health. Whether the cause of dementia is Alzheimer's disease, Stroke, Parkinson's disease, Multiple Sclerosis, the effects of delirium or another cause, Maryland citizens and their care partners suffer immeasurably. Both the public and health care providers must be informed of symptoms, early detection, diagnostic options and resources for support.

Maryland currently has little to no coordinated response or specific outreach campaign to Alzheimer's disease and related dementia, a virus that is afflicting 110,000 Marylanders, has claimed 1,200 lives in 2019, and costs Medicaid 1.16 billion dollars annually. That this health crisis is projected to grow by 18% in the next five years demands top prioritization for public education and resource information across the state.

SB 313 simply requires 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 information into health outreach programs administered by MDH to:

- **Increase community awareness and understanding** of Alzheimer's disease and other types of dementia, the value of early detection and diagnosis, and ways to reduce the risk of

*For more information contact:*

*Margo Quinlan, Director of Youth & Older Adult Policy: 410-236-5488 / mquinlan@mhamd.org*

cognitive decline especially among individuals in Black and Latino communities who are at greatest risk for developing dementia.

- **Educate health care providers** regarding the importance of early detection and timely diagnosis of cognitive impairment as well as information on validated assessment tools and reimbursement methods.

MHAMD supports SB 313 as it provides guidance for MDH as they address the epidemic rates of dementia. We would also support future efforts to require education and training of health and human service workers, and for MDH to implement the recommendations of the Alzheimer's disease and Related Disorders Commission. In the meantime, passing SB 313 during this Legislative Session will harness the momentum of the Alzheimer's Association, the expertise of the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the information networks of the Department of Health and the Department of Aging.

The Mental Health Association of Maryland strongly urges a favorable report on SB 313.

# **SB313\_FAV\_RodriguezWeller.pdf**

Uploaded by: Rodriguez-Weller, Nancy

Position: FAV



Chair Pinsky and Vice Chair Kagan,

My name is Nancy Rodriguez-Weller, and I am here today to speak in support of Senate Bill 313.

I am a long-time resident of the Eastern Shore of Maryland, living in Salisbury. I am an assistant professor at the University of Maryland Eastern Shore in Princess Anne. I am also a Senior Care Consultant Pharmacist and a member of Maryland's Virginia I. Jones Alzheimer's Disease and Related Disorders Council.

On a very personal note, both my grandmother and father were diagnosed with dementia. My first exposure to dementia occurred when I was 12 years old when I met my grandmother for the first time. Many years later, my father passed away at the age of 92 years old with the same disease.

We do not have a cure for dementia but we, now know, that early detection is key to managing this disease. Some of the signs and symptoms of dementia rely on the patient or family member reporting or initiating a conversation about the changes in mood and difficulty coping with activities of daily life.

This bill in question recommends pulling all our resources together to work together. Living in the Eastern Shore, there are many disparities; people in rural areas, African American and Hispanic cultures that would benefit from this outreach. There are few resources provided to our older adults and their family members in our area.

As an educator, I volunteer my services at our local gyms, and older adult centers so I can educate our community on the effects of this disease. A coordinated outreach plan on dementia would especially benefit those who do not recognize the early symptoms of this disease. This is key to individuals and family members who are impacted physically and financially.

Thank you for the opportunity to speak in support of this legislation.

Nancy Rodriguez-Weller, RPh., FASCP  
26383 Manchester Court  
Salisbury, Maryland 21801

**SB313\_FAV\_MarlynTaylor.pdf**

Uploaded by: Taylor, Marlyn

Position: FAV

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## **Testimony of Marlyn Taylor on SB 313 - Maryland Department of Health - Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia**

### **POSITION: Favorable**

Chair Pinsky and Vice-Chair Kagan,

My name is Marlyn Taylor, and I am the Family Care Coordinator for the Alzheimer’s Association in Maryland. Thank you for the opportunity to testify in support of SB 313.

I joined the Alzheimer’s Association because I wanted to be in a position to help families navigate to programs and services that meet their individual needs. No one in my family has dementia, but as I work with families and conduct care consultations, I hear their burdens and see the stress and challenges they face as a result of Alzheimer’s and other dementias.

This legislation includes a specific focus on outreach to the Black and Latino communities, who are disproportionately impacted by Alzheimer’s and other forms of dementia. That is a big part of what I do; this includes directly engaging African American churches about the Association’s resources including our 24-7 helpline for families. It includes our African American Community Forum on Memory Loss, which attracts 400 participants each year. And it includes the first virtual Latino Summit, which provided valuable information regarding how Alzheimer’s affects the Latino community, and highlighted the many Spanish language programs and resources.

Although we are still learning why the Black and Latino communities have higher rates of Alzheimer’s disease, we know that they have higher rates of heart disease, stroke, high blood pressure and high cholesterol which have been linked to Alzheimer’s.

But I am pleased to be part of the solution, and I am also pleased that this bill requires coordinated outreach to clinicians, as well as effective outreach to the public—not limited to Blacks and Latinos—which is really important too.

I urge a favorable report on SB 313.

**10b - SB 313 - Maryland Department of Health – Pub**

Uploaded by: /Office of Governmental Affairs, Maryland Department of Health

Position: FWA



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

**Board of Professional Counselors and Therapists**  
4201 Patterson Avenue  
Baltimore, MD 21215  
Phone: 410-764-4732

**2021 SESSION  
POSITION PAPER**

**BILL NO:** SB 313  
**COMMITTEE:** Education, Health, and Environmental Affairs  
**POSITION:** Support with Amendment

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**TITLE:** Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease and Other Types of Dementia

**BILL ANALYSIS:** This bill allows certain information regarding cognitive impairment, Alzheimer’s disease, and other types of dementia into relevant public health outreach programs administered by the Maryland Department of Health.

**POSITION AND RATIONALE:** The Maryland Board of Professional Counselors and Therapists (the “Board”) supports SB 313 Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease and Other Types of Dementia with an amendment. On page 2, line 2 under Section 18-110(1) it reads, “Education Health Care Providers Regarding:” The Board requests the bill be amended to state, 18-110(1) “Education Health Care Providers **and Family Care Givers.**” Typically, family care givers are not included with health care providers because they are not medical personnel. For this reason, the Maryland Board of Professional Counselors and Therapists respectfully requests a favorable report with amendment of SB 313.

Thank you for your consideration. If you have questions about this matter you may contact Danielle Vallone, Acting Executive Director, at 410-764-4734 or [Danielle.Vallone@maryland.gov](mailto:Danielle.Vallone@maryland.gov).

*The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration*

**10a - SB 313 - Maryland Department of Health - Pub**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary*

January 26, 2021

The Honorable Paul G. Pinsky, Chair  
Education, Health, and Environmental Affairs Committee  
2 West, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: Senate Bill 313 - Maryland Department of Health - Public Health Outreach Programs- Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia - Letter of Information**

Dear Chair Pinsky and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill 313 - Maryland Department of Health- Public Health Outreach Programs- Cognitive Impairment, Alzheimer's Disease, and Other Types of Dementia- Letter of Information.

SB 313 would require the MDH, in conjunction with the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Greater Maryland Chapter of the Alzheimer's Association to incorporate information related to cognitive impairment, Alzheimer's Disease, and other types of dementia into any public health outreach programs that the MDH administers.

Due to ongoing COVID-19 response efforts, the MDH unfortunately does not have the fiscal or personnel resources to implement this bill if it is passed. Many of the MDH's current personnel have already increased their workload and absorbed additional tasks that are critical to the COVID-19 response.

We recognize and value the importance of this bill and its impact on Marylanders. As such, we respectfully request this bill be held and reintroduced in the 2022 Session. We look forward to working with the bill sponsor(s) and appropriate stakeholders in the interim.

I hope this information is useful. If you have questions or need more information about this subject, please do not hesitate to contact me at (410) 260-3190 or [webster.ye@maryland.gov](mailto:webster.ye@maryland.gov).

Sincerely,

Webster Ye  
Assistant Secretary, Health Policy