

**Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters
HB 119 - Maryland Department of Health - Public Health Outreach Programs – Cognitive
Impairment, Alzheimer's Disease, and Other Types of Dementia**

Chair Pendergrass and Vice-Chair Pena-Melnyk,

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 submit testimony about HB 119, 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.

Alzheimer's disease has long as been viewed as an issue concerning medical care and aging. Yet, it 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 has profound social and economic implications, especially given the current trends of an aging population.

- 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 percent 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); 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** 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 clinicians and the public, and specifically—but not only—Black and Latino communities, who are disproportionately impacted by this disease, about risk reduction.

I urge a favorable report on HB 119.

FACTS AND FIGURES ABOUT ALZHEIMER’S AND DEMENTIA IN MARYLAND

