

Testimony in Support of SB 27 “Alzheimer's Disease and Dementia - Council and Coordination of Services (Dementia Services Act of 2022).”

Maryland Senate Finance Committee
February 3, 2022

FAVORABLE

TO: Chair Kelley, Vice Chair Feldman, and members of the Finance Committee
FROM: Quincy M. Samus, PhD, MS

I am pleased to testify in support of Senate Bill 27, **Dementia Services Act 2022**. The crux of the bill establishes and funds a full-time Director of Dementia Services Coordination position in the Maryland Department of Health (MDH).

I am a health services researcher at the Johns Hopkins school of medicine with nearly two decades of experience conducting Alzheimer’s disease and related dementia (ADRD) research. I have advised ADRD planning efforts in various capacities locally, nationally, and internationally—and have had the honor to serve as Chair for Maryland’s Virginia I Jones ADRD Council since 2019. Having been raised by my grandparents on the Eastern Shore, and perhaps like many of you, having witnessed firsthand the impact of dementia on our loved ones and families—the need to do better, to reduce risk, and to improve care capacity in ADRD is personal.

ADRDs represents an urgent, high burden, and high-cost public health crisis in Maryland. Our research shows that unmet dementia-related needs among Marylanders are very common, but often go unevaluated and unmet. This includes modifiable needs such as for home safety, behavior symptom management, legal and advance care planning assistance, and for caregiver support and education, skills training and respite. The high prevalence, long illness duration, and range of care needs (including medical, cognitive, behavioral, and social needs) make dementia one of the most complex and most expensive chronic conditions. The number of Marylanders with ADRD is expected to rise from 110,000 2020 to 130,000 by 2025, and over the same period, Maryland Medicaid program spending on persons with ADRD is projected to increase 25% from \$1.2 billion in 2020, to 1.5 billion. While effective evidence-based ADRD interventions are available, most are not yet widely implemented or accessible to those in need.

The Dementia Services Act of 2022 will establish and fund a director-level position in the Maryland Department of Health, which in my view, is a critical step for building on and coordinating on-going efforts in Maryland to better serve persons living with and at-risk for ADRDs. The need for state-level leadership and attention to ADRD and brain health comes at a critical time, as national initiatives and funding opportunities for ADRD capacity building and research innovation are happening now at unprecedented levels. Further, this position, which is recommendation 1A of the forthcoming Virginia I. Jones Council report, will provide crucial oversight for the implementation of Maryland’s State Plan and bring together state and private resources to aid individuals with dementia and their caregivers.

I respectfully urge the committee to favorably consider this bill as a commitment to the long term cognitive and behavioral health and wellbeing of Maryland’s citizens. It is an essential investment in Maryland’s infrastructure to ensure that the appropriate care, services, and resources are available to all Marylanders and families in need.

Thank you,

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