



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 24, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 555 – Health - Dementia Services and Brain Health Program and Clinical Toolkit – Letter of Support with Amendments

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 555 – Health - Dementia Services and Brain Health Program and Clinical Toolkit. SB 555 modifies the State’s approach to dementia and brain health by transferring certain responsibilities currently assigned to the Virginia I. Jones Alzheimer’s Disease and Related Dementias (ADRD) Council and the Director of Dementia Services and Brain Health to a new Dementia Services and Brain Health Program (the Program) within the Department. The bill requires the Program to oversee implementation of the State Plan on ADRD, provide staffing and operational support to the ADRD Council, and lead statewide public health initiatives related to brain health and dementia. In addition, the bill would direct the Department, in partnership with the Maryland Department of Aging and other stakeholders, to develop and maintain a provider-focused clinical toolkit by January 1, 2027, intended to promote evidence-based, person-centered dementia care, and to coordinate outreach and assess provider capacity.

The Department supports the intent of ensuring that provider resource information related to dementia and brain health is publicly available and accessible. The objective of SB 555 is consistent with the Healthy Brain Initiative Road Map, the national framework guiding the federally funded Building Our Largest Dementia (BOLD) infrastructure grant.

The Department has already established a Brain Health Program within the Center for Chronic Disease Prevention and Control that leads the State’s public health efforts related to cognitive wellness and dementia. This Brain Health Program administers the BOLD project, leads implementation and monitoring of the 2022–2026 ADRD State Plan, supports the operations of the ADRD Council, and promotes cognitive health through community-based prevention strategies and cross-sector partnerships. With respect to reporting and oversight, the Department supports providing quarterly updates to the ADRD Council on the Program’s progress as SB 555 requires. ADRD Council meetings are held quarterly, with subcommittee meetings convened as

necessary and the Director of Dementia and Brain Services, along with Center staff, currently support and routinely present work plans and implementation updates to the ADRD Council.

The Department agrees with the goal of supporting and promoting the delivery of dementia-capable care across health care settings. To maximize the Program's effectiveness and ensure it can adapt to emerging best practices, the Department proposes to amend SB 555 to work in partnership with stakeholders and establish a provider resource webpage to address topics identified in collaboration.

The Department is well positioned to collaborate with partners to identify, organize, and disseminate existing resources, including through enhancements to its public-facing Brain Health webpage. Many of the provider-focused materials contemplated by the bill already exist in several settings and developing new materials risks duplicating existing efforts in the current resource-constrained environment. This amendment will allow the Department to continue collaborating with external partners and maintain resources that are current, evidence-based, and responsive to the evolving needs of Maryland's healthcare community.

The Department proposes the attached amendments to strengthen this bill by modifying the role of the Department, thereby removing the significant fiscal and administrative burden while efficiently advancing the overall goal of the legislation. The bill in its original form has a fiscal impact on the Department of \$128,251 for Fiscal Year 2027, and the proposed amendments would eliminate this fiscal impact.

The Department appreciates the opportunity to provide this information, and looks forward to continued collaboration with the General Assembly and stakeholders to advance dementia services and brain health initiatives in Maryland. If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', is written over a light blue horizontal line.

Meena Seshamani, M.D., Ph.D.
Secretary of Health

AMENDMENT TO SENATE BILL 555

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “and Clinical Toolkit”.

On page 1, strike beginning with “requiring” in line 10 down through the semicolon in line 12.

On page 1, strike in their entirety lines 24 through 28, inclusive.

Rationale: Amends the title, purpose paragraph, and function paragraph to align with amendments to the body of the bill.

AMENDMENT NO. 2

On pages 4 through 5, strike beginning with “THROUGH” in line 24 on page 4 through “MODELS” in line 3 on page 5, and substitute “:

(i) THROUGH VARIOUS METHODS, INCLUDING ESTABLISHING AND MAINTAINING A PROVIDER RESOURCE WEBPAGE TO PROVIDE LINKS TO RESOURCES TO SUPPORT HEALTH CARE PROVIDERS IN DELIVERING EVIDENCE-BASED, PERSON-CENTERED CARE; AND

(ii) BY WORKING IN PARTNERSHIP WITH THE DEPARTMENT OF AGING, THE COUNCIL, AND OTHER PUBLIC OR PRIVATE ORGANIZATIONS WITH EXPERTISE IN ALZHEIMER’S DISEASE OR RELATED DEMENTIAS”.

On pages 5 through 7, strike in their entirety the lines beginning with line 23 on page 5 through line 13 on page 7, inclusive.

Rationale: The Department suggests working in collaboration to support and promote the delivery of dementia-capable care across health care settings. This amendment ensures the Program works in collaboration with external partners to achieve the overall goal, maintains responsiveness to evolving understanding, and responsibly stewards state resources. This removes the requirement for the Department to develop a clinical toolkit with pre-determined, required information, and, instead, establishes a provider resource webpage to provide links to materials already in existence that are identified with partners.