



COMMISSION ON AGING

FAVORABLE Testimony on Senate Bill 809 – Supporting Our Caregiver Infrastructure Program - Feasibility Study Finance Committee - March 11, 2026

TO: Chair Bagnall, Vice Chair Cullison, and members of the Health Committee
FROM: Kate Stein, Public Policy Committee Chair, Montgomery County Commission on Aging

Thank you for the opportunity to submit testimony in strong support of **SB 809 – Supporting Our Caregiver Infrastructure Program - Feasibility Study**. The CoA was established by Montgomery County in 1974 pursuant to a requirement of the Federal Older Americans Act of 1965, that there be an Advisory Council to the Area Agency on Aging. In that role, the CoA serves as an advocate for the health, safety, and well-being of the County's older residents at the local, State, and National levels.

SB809 directs the University of Maryland to conduct a feasibility study examining the economic and fiscal implications of providing direct monthly payments to caregivers of older adults and individuals with disabilities. **We urge a favorable report.**

Family and friend caregivers are the backbone of Maryland's long-term services and support. According to AARP, at any given time, about one in four Maryland adults is providing care to a family member or close friend. The same study conservatively estimates that they contribute 710 million hours of unpaid care annually. This translates into 12.5 billion in estimated economic value, just in the state of Maryland, excluding the unpaid care provided to children. In other words, even though family caregivers may work in full time paid employment, their unpaid caregiving has real economic value. It is part of the state's essential infrastructure.

Many of us become family caregivers in times of crisis or profound change—such as follow a traumatic injury, a parent's fall and sudden incapacity, or the onset of dementia, mental illness, or disability in a sibling, spouse, child, or other loved one. As non-professionals, new to caregiving, we are likely unaware of available support. Nonetheless, many of us want to be there for our loved ones who need care.

But there are costs to all the family care. Care for loved ones who are older, disabled, or infirm takes a toll on the physical, mental, social, and financial wellbeing of caregivers. And there is

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not enough money to shield any but the wealthiest among us from hardship and potential financial ruin. Public support is piecemeal and often doesn't kick in until after all other resources have been exhausted.

There are also costs and benefits to the state. We know that, for months or years at a time, family caregivers take more sick days, cut back on hours, earn less, save less, spend less, and pay less in taxes, sometimes upend careers, and may leave the workforce under the burden of care. Caregivers and those they care for may rely more on social safety net programs, which are partially funded by the state.

The costs and benefits of family care for disabled or older loved ones are often hidden. But when family care fails or a caregiver suffers a health crisis, the costs of care grow and often shift to the state:

- Increased Medicaid long-term services and supports (LTSS) spending
- Higher rates of nursing facility placement
- Greater demand for Developmental Disabilities Administration (DDA) residential services
- Increased emergency department and hospital utilization

Institutional care frequently exceeds \$100,000 annually per individual; family caregiving acts as a cost-avoidance mechanism for the state.

Through research, analysis, and cost modeling, SB 809 will quantify the aggregate costs and benefits to the state—and model the economic impacts of a universal caregiver stipend that recognizes and compensates family caregivers for the unpaid, essential labor of their care. This feasibility study is an important first step in recognizing the essential role that all of us, as caregivers, play.

For these reasons, we respectfully urge a FAVORABLE report on SB 809.