

# *Marylanders for Patient Rights*

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## **Maryland Senate Finance Committee**

**Bill:** Senate Bill 555 – Dementia Services and Brain Health Program and Clinical Toolkit

**Position:** Favorable

**Organization:** Marylanders for Patient Rights, Rockville, Maryland

**Hearing Date:** February 24, 2026

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## **Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee:**

I'm a Maryland-licensed physician with training and practice experience in Public Health and Preventive Medicine, Internal Medicine, and Geriatric Medicine. This testimony is submitted in strong support of SB555.

According to 2020 data (see <https://pmc.ncbi.nlm.nih.gov/articles/PMC10593099/>), Maryland was estimated to have the highest prevalence of Alzheimer's Dementia (AD) in the U.S. at 12.9% among residents aged 65 years and older. As of 2025, an estimated 127,200 Marylanders had AD. This figure has grown and will continue to do so.

SB555 proposes two valuable components that involve clinicians who practice in communities across the state and the Maryland Department of Health (MDH):

- A Clinical Toolkit for Dementia Care—an annually updated document to educate clinicians about AD.
- It establishes a Dementia Services and Brain Health Program in the Maryland Department of Health (MDH) and expands the role of the Virginia I. Jones Alzheimer's and Related Dementia Council's to make Maryland more ready for the anticipated large increase in AD patients, and other AD-related support systems, that are estimated to be needed.

From my perspective as a former District Public Health Director for more than 12 years, the public health system is much greater than just public health entities. Clinicians who see patients in community outpatient and inpatient settings are on the front lines of public health. In addition, a core function of public health is education of healthcare professionals and the public about diseases of public health importance, such as AD. AD-related science (e.g., new diagnostic tests, new drugs for treatment, and research into preventing the illness) is moving at a fast pace; therefore, a clinical toolkit is needed for Maryland's clinicians.

The expected surge of AD patients will necessitate state and local policy decisions in healthcare, budgeting, transportation, housing, and more. The work of the proposed Dementia Services and Brain Health Program and expanded role of the Virginia Jones Alzheimer's and Related Dementia Council will be very important.

As a geriatrician who has treated patients with AD and other dementias, it is a challenge. AD is a slowly progressive illness and can be difficult to detect in its earliest stages. The future of AD will likely focus on earlier detection, earlier treatment, and prevention strategies. This is another reason for the toolkit.

For all the reasons above, I respectfully encourage the Senate Finance Committee to vote favorably on SB555. Thank you for your consideration of this bill.

Sincerely,

Brooke Rossheim, M.D., M.P.H.

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