

Written Testimony in Support of SB 555

SB 555 - Health – Dementia Services and Brain Health Program and Clinical Toolkit

Submitted by: Dr. Lauren J. Parker, PhD, MPH

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

Thank you for the opportunity to submit testimony in strong support of Senate Bill 555, which establishes the Dementia Services and Brain Health Program and requires the development of a statewide clinical dementia care toolkit.

My name is Dr. Lauren J. Parker. I am an Associate Scientist at the Johns Hopkins Bloomberg School of Public Health and a national leader in dementia caregiving and brain health equity. I serve in multiple roles that advance brain health across research, practice, and community engagement, including leadership within the State Alzheimer's Research Support Center (StARS), the Public Health Center of Excellence on Dementia Caregiving, and national dissemination initiatives focused on improving dementia care delivery. I have also volunteered extensively across Maryland — from the Eastern Shore to Baltimore City — providing brain health education to families, faith communities, and local organizations. Importantly, I also offer this testimony as a family caregiver of a person living with cognitive impairment.

Through my research and community partnerships, I have seen firsthand the growing impact of Alzheimer's disease and related dementias across Maryland. Families are navigating complex care systems without clear guidance. Primary care providers often lack standardized tools to support early detection, care planning, and referral. Community organizations are eager to help but are not consistently integrated into clinical workflows. The result is fragmented care, delayed diagnoses, preventable caregiver strain, and avoidable health system costs.

SB 555 addresses these gaps in a strategic and forward-thinking way.

First, establishing a Dementia Services and Brain Health Program positions Maryland as a leader in coordinated, statewide dementia strategy. Dementia is not only a medical condition — it is a public health issue that affects families, workplaces, and entire communities. A centralized program will strengthen alignment across clinical care, public health initiatives, community-based services, and caregiver supports.

Second, the development of a statewide clinical dementia care toolkit is essential. Many clinicians want to provide high-quality dementia care but lack access to practical, standardized guidance. A clinical toolkit can support evidence-based screening, culturally responsive communication, care planning, caregiver assessment, referral pathways, and linkage to community-based services such as adult day programs and respite care. Standardization reduces variability in care and ensures that families receive consistent, high-quality support regardless of geography.

Third, this bill promotes equity. Dementia disproportionately affects Black communities and other historically underserved populations, yet these communities often face delayed diagnosis and reduced access to supportive services. A statewide program and toolkit create the

opportunity to embed culturally responsive practices and community partnerships into Maryland's dementia care infrastructure from the outset.

From a systems perspective, early identification and coordinated dementia care improve health outcomes and reduce costly emergency department visits, hospitalizations, and premature institutionalization. Supporting caregivers — who provide the majority of dementia care — is not only compassionate policy, it is a fiscally responsible policy.

As a scientist, I see the data: dementia prevalence is rising, and the caregiving workforce is under strain.

As a public health leader, I see the opportunity: Maryland can build infrastructure that integrates clinical care with community-based supports.

As a caregiver, I see the urgency: families need clearer pathways, earlier support, and coordinated systems now — not years from now.

SB 555 represents an important investment in Maryland's aging population, healthcare workforce, and family caregivers. It moves us from fragmented efforts to coordinated strategy. It strengthens both clinical practice and community partnership. And it signals that Maryland is committed to preparing for the future of brain health with intention and leadership.

For these reasons, I respectfully urge a favorable report on Senate Bill 555.

Thank you for your consideration.

Sincerely,
Dr. Lauren J. Parker, PhD, MPH