



One Park Place | Suite 475 | Annapolis, MD 21401-3475
1-866-542-8163 | Fax: 410-837-0269
aarp.org/md | md@aarp.org | @aarpm
facebook.com/aarpm

SB 555 Health – Dementia Services and Brain Health Program and Clinical Toolkit
Senate Finance Committee
February 24, 2026
FAVORABLE

Good afternoon, Chair Beidle and members of the Senate Finance Committee. I would like to thank Vice Chair Hayes for sponsoring SB 555.

My name is Sandy Cohen. I am a resident of Anne Arundel County and a member of AARP's volunteer advocacy team. I cared for my late husband Joe throughout his affliction with Alzheimer's. The tools and impact of this legislation could have shortened my husband's troubled diagnostic journey, and I hope will spare many who, at the onset of dementia, endure the terror of undiagnosed pathology.

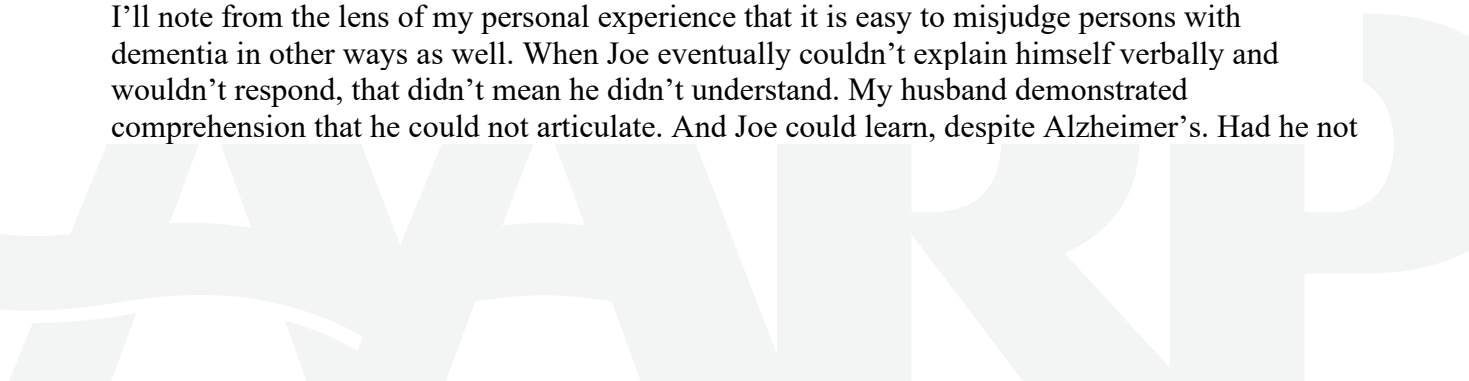
The striking percentage of our population experiencing dementia is not matched by trained diagnosticians, who are far too few. It is notable that not even neurology residents at premier medical schools are routinely trained in dementia diagnosis.

Our primary care physicians need to be emboldened to investigate the possibility of dementia. They need to be supported, educated, and equipped so we can expect them to engage early on with this insidious epidemic. This is important so that patients and families can plan, but also to ease immediate suffering under the onslaught and indignity of frightening, unrecognized deficits, enabling care to bring clear-eyed comfort.

My husband was a gentle, scholarly academic who began exhibiting volatility, erupting at home into hyperventilating rage over nothing that mattered. I knew this meant something was very wrong, but his doctor would only recommend marital counseling. He would not investigate. It took years to get to Johns Hopkins, where my husband was diagnosed on the first visit to a trained researcher.

The word Alzheimer's hit him like a physical blow, but the diagnosis was transformative and significantly curative. For that one word restored Joe instantly to his calm, steady nature, proving there had been no pathological personality change, as is often supposed. His undiagnosed pathology had been terrifying. Once learning the cause, my brave husband calmly faced what lay ahead, allowing our caregiving years to be sweet.

I'll note from the lens of my personal experience that it is easy to misjudge persons with dementia in other ways as well. When Joe eventually couldn't explain himself verbally and wouldn't respond, that didn't mean he didn't understand. My husband demonstrated comprehension that he could not articulate. And Joe could learn, despite Alzheimer's. Had he not



overcome certain deficits that I couldn't handle, we could not have continued living on our own so long.

SB 555 has the potential to help Maryland address this public health crisis by providing the tools, education, and resources that providers need. Our state must have a Department of Health that prioritizes Alzheimer's and other dementias on the same level as other serious diseases. We need to address the trends that leave Maryland, unfortunately, number one in the country in the prevalence of dementia.

For these reasons, I, personally, and AARP Maryland, respectfully urge the Committee to issue SB 555 a favorable report.

If you have any questions, please contact Sara Westrick at swestrick@aarp.org or 410-310-0374.