

LeadingAge Maryland - 2026 - SB 555 - dementia too

Uploaded by: Aaron Greenfield

Position: FAV



PO Box 34
Sykesville, MD 21784

TO: Senate Finance Committee
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 555, Health - Dementia Services and Brain Health Program and Clinical Toolkit
DATE: February 24, 2026
POSITION: Favorable

LeadingAge Maryland supports Senate Bill 555, Health - Dementia Services and Brain Health Program and Clinical Toolkit.

LeadingAge Maryland is a community of more than 150 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year.

In Maryland, Alzheimer's disease is the seventh leading cause of death among older residents. Alzheimer's disease and other dementias represent an urgent, high burden, and high-cost public health crisis. An estimated 110,000 Maryland residents over age 65 are living with dementia, a number that is expected to increase 18% to 130,000 by 2025. Care for individuals with dementia accounts for more than \$1.2 billion in annual Medicaid spending, with costs projected to increase 25% by 2025. In addition to direct medical costs, family caregivers in Maryland provide over 360 million hours of unpaid care every year.¹

Senate Bill 555 aims to enhance the state's response to dementia and promote brain health through the establishment of the Dementia Services and Brain Health Program and Clinical Toolkit. As an organization dedicated to advancing the interests of older adults and the organizations that serve them, we believe this legislation is crucial in addressing the growing need for dementia care and support in our state.

¹ 2022-2026 State Plan to Address Alzheimer's Disease and Related Dementias

Why it Matters: Dementia is a pressing public health concern that affects thousands of Marylanders and their families. As our population ages, the prevalence of dementia will only continue to rise, placing increased demands on our healthcare system and social services. By investing in a comprehensive approach to dementia care and prevention, we can improve the lives of individuals living with dementia, support their caregivers, and reduce the economic burden on our state.

Immediate Impact: The Dementia Services and Brain Health Program and Clinical Toolkit will have a direct and immediate impact on healthcare providers, equipping them with the practical tools and resources needed to deliver timely, person-centered care. This will lead to improved early detection and access to treatment, enabling individuals to receive the care they need when it matters most. Furthermore, healthcare providers will be empowered to counsel patients on reducing dementia risk, promoting upstream prevention strategies that can make a meaningful difference in the lives of Marylanders.

Upstream Prevention: By establishing a statewide program focused on brain health and dementia prevention, Maryland will be taking a proactive approach to addressing this critical public health issue. The program will lead the state's long-term prevention strategies, providing a framework for reducing dementia risk and promoting healthy aging. This will not only improve the health and well-being of our citizens but also contribute to a more sustainable and cost-effective approach to healthcare.

Cost Savings: The strategies outlined in Senate Bill 555 have the potential to yield significant cost savings for our state. By promoting risk reduction and early diagnosis, we can enable care planning, reduce hospitalizations, and delay or prevent unnecessary long-term care placements. This, in turn, will reduce future Medicaid and healthcare spending, ensuring that our resources are allocated in a way that maximizes value and supports the well-being of our citizens.

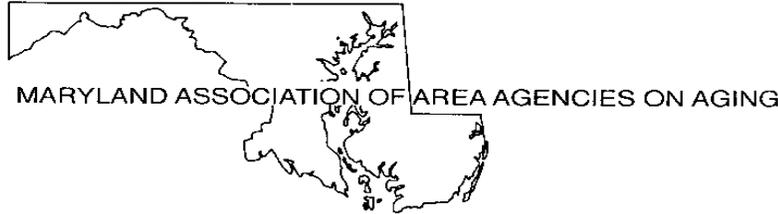
For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 555.

M4A - 2026 SB 555 FAV - Dementia Services and Brai

Uploaded by: Ann Ciekot

Position: FAV

M 4 A



*Karen Winkowski
President
Representing Harford County
Office on Aging*

*Erin Bird, Vice President
Representing Cecil County
Department of Community Services*

*Ofelia Ross Ott, Treasurer
Representing Howard County
Office on Aging and Independence*

*Heang Tan, Secretary
Representing Baltimore County
Department of Aging*

BILL NO: Senate Bill 555
TITLE: Health-Dementia Services and Brain Health Program & Clinical Toolkit
COMMITTEE: Finance
POSITION: **SUPPORT**
DATE: February 24, 2026

Chair, Vice Chair, and Members of the Committee:

On behalf of the Maryland Association of Area Agencies on Aging (M4A), thank you for the opportunity to testify in strong support of Senate Bill 555, legislation that significantly strengthens Maryland's statewide approach to Alzheimer's disease, related dementias, and overall brain health. This bill represents an essential modernization of our public health infrastructure at a time when the prevalence of dementia continues to rise in Maryland and across the nation.

Senate Bill 555 establishes the Dementia Services and Brain Health Program within the Maryland Department of Health, shifting responsibility from a single director to a full program with expanded statutory duties. This transition recognizes the complexity and urgency of dementia-related issues in our State. The Program is designed to lead statewide public health efforts related to brain health and dementia, enhancing coordination, improving data sharing, and promoting evidence-based prevention and early detection strategies.

The bill empowers the Virginia I. Jones Alzheimer's Disease and Related Dementias Council's responsibilities update and advocate for a state plan that is correlated to the needs of those living with dementia and their caregivers while identifying efficiencies to reduce gaps in service across the state. The Council will also be tasked with examination of Maryland's capacity to deliver dementia-capable care and identifying ways the State can better support providers serving individuals at risk for or living with dementia. This added focus on provider readiness is critical as Maryland's aging population continues to grow.

(over)

One of the most impactful components of Senate Bill 555 is the requirement that the Department of Health—working with the Department of Aging, the Council, and expert organizations—develop and maintain a Clinical Toolkit for Dementia Care by January 1, 2027. This toolkit will provide a centralized, up-to-date resource for all health care providers and will include:

- Risk factors and risk-reduction strategies
- Tools for early detection and validated cognitive assessments
- Guidance on person-centered care and clinical best practices
- Care planning resources and referral pathways
- Continuing education opportunities
- Information on racial and ethnic disparities in diagnosis and access to care

These resources are essential to ensuring that providers across all care settings—primary care, hospitals, health systems, nursing services, and others—can deliver high-quality, dementia-capable care.

Senate Bill 555 strengthens Maryland’s statewide plan implementation by requiring the Program to:

- Oversee State Plan activities
- Develop measurable outcomes
- Improve data-sharing and analysis
- Support partnerships across agencies and community organizations
- Promote dementia-specific training and education

These improvements will help Maryland reduce disparities, support caregivers, improve clinical outcomes, and build a more dementia-ready workforce.

Senate Bill 555 is a forward-looking, comprehensive public health measure that addresses one of the most significant aging-related challenges facing Maryland families today. By establishing a dedicated statewide Program, modernizing the Council’s duties, and creating a robust clinical toolkit, this legislation will improve care, enhance coordination, and promote brain health for all Marylanders.

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

Who is M4A?

The nineteen member organizations of Maryland’s Association of Area Agencies on Aging (M4A) serve Maryland’s older and citizens with disabilities, providing a range of cost-effective state, federal, and locally funded programs that help individuals remain secure in the community with dignity, independence, and choice as they age. M4A and its associated Area Agencies on Aging (AAAs) represent the “front line” in Maryland’s challenge to meet the complex and varied needs of well over one million older adults statewide. M4A’s goal is to ensure coordination and communication with all partners on all aspects of senior service planning, thereby enhancing opportunities and availability to all eligible citizens.

SB555_Marylanders for Patient Rights_Fav.pdf

Uploaded by: Anna Palmisano

Position: FAV

Marylanders for Patient Rights

MARYLANDERS FOR PATIENT RIGHTS REQUESTS A FAVORABLE REPORT ON SB555 Dementia Services and Brain Health Program and Clinical Toolkit

Marylanders for Patient Rights is a leading advocacy coalition for patients in our state, and we strongly support SB555. Having spent three years as a caregiver for an elderly family friend who had Alzheimer's, I know from experience about the importance of this bill.

I'd like to share my personal story with you as to why this bill is so important to those caring for Alzheimer's patients. I was a caregiver for my dear friend, Pat, who grew up in England during World War II, surviving the Nazi Blitz under near starvation conditions. After the war, she married an Air Force colonel and immigrated to the USA.

As Alzheimer's started to impact her cognitive functions, Pat's family doctor seemed unaware of all the signs that were painfully apparent to her friends and neighbors. Her doctor would send her for tests in places many miles from her home, not realizing that she posed a serious danger to herself and others while driving. Pat was good at "covering," and her doctor seemed unaware that she could no longer even read or write, never mind drive safely.

I can't emphasize enough just how important it is for providers to have the information described in SB555. Had the clinical "toolkit" described in this bill been available, Pat's doctor would have been able to provide early detection, diagnosis, and access to treatment and services.

It is estimated that Maryland has the highest prevalence of Alzheimer's disease in the country. Please provide a favorable report on SB555 and help Maryland healthcare providers access the latest information needed for diagnosis and treatment of those suffering from Alzheimer's and other types of dementia.

Thank you,

A C Palmisano

Anna C. Palmisano, Ph.D, Director

Marylanders for Patient Rights

palmscience@verizon.net

301-529-0946

Written testimony - SB555 - Dementia services and

Uploaded by: Brooke Rossheim

Position: FAV

Marylanders for Patient Rights

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

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.

Senior Medical Advisor, Marylanders for Patient Rights

www.marylandpatientrights.org

SB 555 - FAV - CFields.pdf

Uploaded by: Cynthia Fields

Position: FAV

Written Testimony in Support of SB 555

Submitted by: Cynthia D. Fields, MD

Constituent, District 42A

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

Thank you for the opportunity to submit testimony in support of *SB 555 - Health - Dementia Services and Brain Health Program and Clinical Toolkit* which establishes the Dementia Services and Brain Health Program and requires the development of a statewide clinical dementia care toolkit.

My name is Dr. Cynthia Fields, and I am an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Johns Hopkins University School of Medicine. I am also a member of the Virginia I. Jones Alzheimer's Disease and related Dementias Council. I offer this testimony in my personal capacity as a physician, and my views do not represent those of Johns Hopkins University or that of the Council.

I strongly urge you to support SB 555. This bill equips health care providers with practical tools to deliver timely, person-centered care, improve early detection and access to treatment, counsel patients on reducing dementia risk, and advance a statewide prevention strategy that supports care planning, reduces hospitalizations, delays unnecessary long-term care placement, and ultimately lowers future Medicaid and health care costs.

This issue is of the utmost importance to me. I am proud to say that I was born and raised in Baltimore City. I am also proud to say that I am a Hopkins-trained, Board Certified, Geriatric Neuropsychiatrist who has specialized in Alzheimer's disease and related dementias for over 15 years. I now serve the residents of Baltimore City and beyond. I have personally witnessed the ravages of dementia: it robs people of their independence and burdens their families with providing the needed care. With national estimates ranking both Maryland and Baltimore City as having the highest prevalence of Alzheimer's in the nation, there is much work to be done.

I would like to highlight two aspects of this bill that are particularly salient to my work as a clinician, educator, and researcher in this field.

We have a shortage of dementia-proficient clinicians in the state of Maryland. My colleagues and I have very long wait lists, and some are not accepting new patients at all. SB 555 will equip various healthcare providers, including those in primary care, with the practical tools they need to diagnose and treat dementia. Use of the Clinical Toolkit for Dementia Care will improve early detection and help these providers to deliver person-centered care, including advance planning. The toolkit will be evidence-based, up-to-date, and widely available.

We need to invest in preventive care for Alzheimer's disease and related dementias to make a true public health impact. While there are promising new treatments available for Alzheimer's disease, those treatments are costly, can be risky, and are not widely available. SB 555 will give health care providers the resources to counsel patients in early- to mid-life on ways to reduce their individual dementia risk. It will also establish statewide public health infrastructure to advance Maryland's long-term statewide prevention strategy, ultimately helping reduce dementia prevalence in Maryland.

For these reasons, I respectfully urge the Committee to support this bill.

**Respectfully,
Cynthia D. Fields, MD
Constituent**

SB0555_FAV_LifeSpan, MNCHA, MD-MADS_Health - Demen

Uploaded by: Danna Kauffman

Position: FAV



Managed By LifeSpan

Senate Finance Committee

February 24, 2026

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

POSITION: SUPPORT

On behalf of the LifeSpan Network, the Maryland-National Capital Homecare Association, and the Maryland Association for Medical Adult Day Services, we **support** Senate Bill 555, which alters the duties of the Virginia I. Jones Alzheimer's Disease and Related Dementias Council to include an examination of the capacity of health care providers to deliver care to certain individuals and to identify methods by which the State can assist health care providers in delivering care to certain individuals. The bill also establishes the Dementia Services and Brain Health Program in the Maryland Department of Health (MDH) to lead the State's public health efforts relating to brain health and dementia and requires MDH, in partnership with the Department of Aging, the Council, and other entities, to develop a clinical toolkit for dementia care for health care providers.

Given the prevalence of dementia and Alzheimer's, we support the need to ensure that providers and community programs have the resources and tools to appropriately care for residents and clients. The above-referenced organizations do caution regarding recreating the wheel in the development of a toolkit and recommend a review of what may currently exist.

For these reasons, we urge a favorable report.

For more information call:

Danna L. Kauffman

Andrew G. Vetter

Christine K. Krone

410-244-7000

TBrownSenateBill555 - Revised.pdf

Uploaded by: Dr. Tonya Brown

Position: FAV

Written Testimony in Support of SB 555

Submitted by: Tonya M Brown, M.Ed., M.S., Ed.D.

Constituent, District 13

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

I am Tonya M. Brown, a constituent in District 13. I urge you to support Senate Bill 555 — Dementia Services and Brain Health Program and Clinical Toolkit. This bill equips health care providers with tools to deliver timely, person-centered care, improve early detection and access to treatment, counsel patients on reducing dementia risk, and advance a statewide prevention strategy that supports care planning, reduces hospitalizations, delay long-term care placement, and lower Medicaid and health care costs.

My most significant connection to Alzheimer's is my mother, who was diagnosed with early-stage Alzheimer's in January 2024 after a year-long battery of tests. After giving us the diagnosis, the neurologist stepped out to take a personal call, leaving us alone to absorb life-changing news. When he returned, I was told I had one year before I would need to move her, that I should not handle this alone, and I was given a resource book for Montgomery County residents, although she lives in Prince George's County. We left devastated and filled with anxiety.

Since then, navigating care has been extremely difficult — from medication complications, 4-6 month long waits for neurology appointments, and to sudden provider turnover. As my mother's primary caregiver and only child, I feel helpless and I have received little support from the medical system or community resources. I now pay nearly \$1,000 per month for part-time caregiving, at the expense of my own financial stability. If my mother had received an early, accurate diagnosis supported by proper counseling and care planning, we would have avoided delays, unnecessary costs, and overwhelming anxiety.

Part of what made our experience so difficult was that many providers simply lacked dementia-specific training — this bill creates the tools and clinical guidance they need. Early access to dementia-specific services would have made a meaningful difference for both my mother and I. Marylanders deserve a system that helps families navigate dementia with clarity, not confusion. SB 555 is the step we need to ensure dignity, support, and early intervention for every community in our state. I respectfully urge a favorable vote.

Thank you for your time and consideration.

Best regards,

Tonya M. Brown, M.Ed., M.S., Ed.D.

SB 555 - FAV - GHennawi.pdf

Uploaded by: George Hennawi

Position: FAV

Written Testimony in Support of SB 555

Submitted by:

George Hennawi, MD

Physician Executive Director of Geriatrics and Senior Services for MedStar Health

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

Thank you for the opportunity to submit testimony in support of *SB 555 - Health - Dementia Services and Brain Health Program and Clinical Toolkit* which establishes the Dementia Services and Brain Health Program and requires the development of a statewide clinical dementia care toolkit.

My name is Dr. George Hennawi, and I serve as the Physician Executive Director of Geriatrics and Senior Services for MedStar Health. **For more than two decades, my career has been dedicated to improving the care of older adults.** In 2012, I founded the Center for Successful Aging at MedStar Good Samaritan Hospital. The Center is a place where patients receive comprehensive care and all age-related issues can be addressed. My goal in caring for patients is to improve their quality of life and empower them to become an integral part of the direction and decision-making regarding their care.

Through this work, **I have seen firsthand the increasing prevalence and complexity of dementia care across Maryland.** I am alarmed by the national estimates ranking both Maryland and Baltimore City as having the highest prevalence of Alzheimer's in the nation. I am caring for patients in some of the most impacted communities in the nation, and far too often, I see them for the first time in mid or late-stage dementia, past a point when earlier diagnosis would have given them and their families more options and support.

My patients often struggle with:

- **Delayed detection or missed diagnoses**, which often results in later-stage presentation. By developing a statewide clinical dementia care toolkit with evidence-based resources, SB 555 will give providers clearer guidance and resources that support earlier detection and timely follow-up, especially in primary care, where most concerns first arise.
- **Fragmented care between primary care, specialists, hospitals, and community supports.** The statewide Dementia Services and Brain Health Program will expand public and provider awareness of dementia and help build out guidance and connections that clinicians need. These efforts will strengthen linkages across the care continuum and increase awareness of available dementia resources, helping to improve coordination for patients and families.

SB 555 offers Maryland a clear path to more consistent clinical practices, earlier diagnoses, and better-supported families. By creating a standardized toolkit and establishing a statewide Program, this bill will give health care providers the guidance and infrastructure needed to deliver timely, coordinated, and person-centered dementia care.

For these reasons, I respectfully urge the Committee to issue a favorable report on SB 555.

Respectfully,

George Hennawi, MD

Physician Executive Director of Geriatrics and Senior Services for MedStar Health

2026 SB0555F.pdf

Uploaded by: JOHN BOWERS

Position: FAV

Testimony in Support of SB0555 “Dementia Services and Brain Health Program and Clinical Toolkit”

Maryland Senate Finance Committee February 24, 2026

FAVORABLE

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

FROM: John H. Bowers

My name is John Bowers, I am a resident of Montgomery County, and a District 14 constituent. I also volunteer as an advocate (since 2019) for the Alzheimer’s Association.

I am submitting this testimony in support of SB0555, the Dementia Services and Brain Health Program and Clinical Toolkit Act, which at its core builds upon the progress since 2022 by the Director of Dementia Services and Brain Health at the Maryland Department of Health (MDH)

In 2013 I lost my mother, Marilyn, to Alzheimer’s disease. Her decline during the preceding 10 years was made even more challenging, as her primary care physician was not adequately-prepared to evaluate, diagnose, and discuss her symptoms with either of my parents, their fear of societal stigma in their small community, and multiple crises during her care in assisted-living and nursing home settings, due to a dearth of dementia-trained direct care workers.

Since then, many advancements and improvements have been achieved in early detection, diagnosis and care for dementia. But more is needed, especially in Maryland, as about 1 in 6 Maryland citizens aged 45 and older have worsening difficulties with thinking or memory. Alzheimer's disease or a related dementia impacts not just the individuals with the disease, but also their caregivers.

The Dementia Services and Brain Health Program and Clinical Toolkit Act of 2026 would (1) establish a clinical toolkit for dementia care to equip healthcare providers in Maryland practical, evidence-based resources for early detection, diagnosis, and care planning, (2) establish a sustainable infrastructure for a Dementia Services and Brain Health Program within MDH (in partnership with DoA) to lead risk reduction efforts and coordinate statewide strategies with similar programs in Maryland for diabetes, and cancer, and (3) strengthen the the Virginia I. Jones Alzheimer’s and Related Dementia Council’s capability to assess healthcare provider readiness, and effectively advise the state on ways to make dementia-capable care possible for the nearly 150,000 older adults in Maryland who have been diagnosed.

There is precedent for this program and its key components; in fact, both Virginia and Pennsylvania currently provide toolkits for healthcare providers. If enacted, the program be implemented with existing budgeted resources. It can have an immediate impact, help patients in reducing dementia risk, and drive cost savings through reduced hospitalizations and unnecessary long-term care placements. It is essential that we begin to build our infrastructure to help Marylanders in need.

The potential for this legislation is significant, in how it can help Marylanders. Let us continue to devote the resources to address the public health challenge of dementia.

I respectfully urge this committee to return a **favorable** report on SB0555.

Thank you,

John H. Bowers
Volunteer Alzheimer’s Advocate
ALZ Impact Movement

NASW Maryland - 2026 SB 555 FAV - Dementia Service

Uploaded by: Karessa Proctor

Position: FAV



**Testimony before the Senate Finance Committee
February 24, 2026**

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

SUPPORT

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD) Committee on Aging, we would like to express our support for Senate Bill 555 Health – Dementia Services and Brain Health Program and Clinical Toolkit.

As social workers serving older adults, we know that dementia rates are very high in Maryland. According to the Alzheimer's and Dementia journal, Maryland has the highest rate (12.9%) of Alzheimer's disease in people sixty-five and older.

As our population ages, we need comprehensive strategies to address this epidemic. Senate Bill 555 would strengthen dementia care and accelerate prevention actions by:

- Establishing crucial infrastructure by creating a Dementia Services and Brain Health program within the Maryland Department of Health. This body would coordinate statewide risk reduction and other prevention activities;
- Providing healthcare professionals with a clinical toolkit for diagnosis and care of dementia patients; and
- Enhancing strategic planning by expanding the role of the Virginia I Jones Alzheimer's and Related Dementia Council to include advising the state on care strategies and assessing the readiness of healthcare professionals to provide evidence-based care.

The impact of this legislation will be great. It will help Marylanders reduce their risk of dementia, enable earlier diagnosis, and promote more effective treatment. All of these public health measures should reduce the frequency of hospitalizations and delay or prevent long-term care placements for many older adults.

For these reasons, we ask that you give a favorable report to Senate Bill 555.

Respectfully,

Karessa Proctor, BSW, MSW
Executive Director, NASW-MD

Written Testimony SB 555 - Parker 2.20.26.pdf

Uploaded by: Lauren J. Parker, PhD, MPH,

Position: FAV

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.

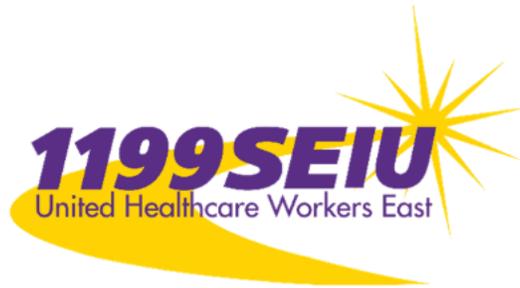
Thank you for your consideration.

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

SB 555 Dementia Serivces_1199SEIU_FAV.pdf

Uploaded by: Loraine Arikat

Position: FAV



Testimony for SB 555

Health - Dementia Services and Brain Health Program and Clinical Toolkit

Position: FAVORABLE

My name is Ricarra Jones and I am the Political Director for 1199SEIU United Healthcare Workers East, Maryland/DC. We are the largest healthcare workers union in the nation, representing 10,000 members in our region. Our union supports SB555 and urges the Committee to issue a **favorable** report.

Passing this legislation is essential to equip healthcare providers with the tools needed for early detection, diagnosis, and care planning for dementia patients. 1199SEIU's direct care workers know that dementia patients are some of Maryland's most vulnerable patients in long term care facilities. Our broken care infrastructure, short-staffed hospitals, and nursing homes are a risk for aging patients, those with memory loss, and the workers who serve them.

Because dementia is one of Maryland's fastest growing public health challenges, implementing a statewide program focused on upstream prevention can help reduce hospitalizations, prevent unnecessary long-term care placements, and reduce future Medicaid and health care spending.

This legislation is supported by the Caring Across Maryland coalition, which consists of direct care workers, family caregivers, and twelve advocacy organizations fighting to improve long term care in Maryland. Because care can't wait, we urge a favorable report on SB 555.

Sincerely,

Ricarra Jones | ricarra.jones@1199.org

Political Director | 1199 SEIU United Healthcare Workers East

SB0555 2:24:25 Toolkit Dementia.pdf

Uploaded by: Lynn Mortoro

Position: FAV



TESTIMONY IN SUPPORT OF SB0555

Health - Dementia Services and Brain Health Program and Clinical Toolkit

FAVORABLE

TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes, and members of the Senate Finance Committee

FROM: Lynn Mortoro, member of the Maryland Episcopal Public Policy Network (MEPPN)

DATE: February 24, 2026

Dear Chair Senator Beidle, Vice Chair Senator Hayes and all members of the Senate Finance Committee.

I am a retired Registered Nurse and the daughter of 2 parents who struggled with dementia in their final years.

It is a devastating illness for many people and their families.

Having a Toolkit that would be a resource for the physicians and others who care for people and families that would give standards for care and referrals would be a huge help.

We have an aging population and this is a growing problem.

I am a member of the Episcopal Church and MEPPN.

“The Church supports comprehensive health care and recognizes the need for universal and equitable access for all.”

This statement includes all care, including mental health.

The Maryland Episcopal Public Policy Network (MEPPN) requests a

FAVORABLE report

The Maryland Episcopal Public Policy Network (MEPPN) is a ministry of The Episcopal Diocese of Maryland, The Episcopal Diocese of Washington, and The Delaware-Maryland Synod ELCA

SB 555 - FAV - FIN - ALZ Association.pdf

Uploaded by: Megan Peters

Position: FAV

ALZHEIMER'S ASSOCIATION®

Bill: SB 555 - Health - Dementia Services and Brain Health Program and Clinical Toolkit

Committee: Senate Finance Committee

Position: Favorable

Date: February 24, 2026

On behalf of the Alzheimer's Association, the leading voluntary health organization in Alzheimer's care, support, and research, we strongly support SB 555 - Dementia Services and Brain Health Program and Clinical Toolkit.

Dementia is a fast-growing public health crisis in Maryland. Newly released state data shows that **148,470 Marylanders aged 65 and older – approximately 15% of our older adults – live with Alzheimer's or another dementia**, aligning with national estimates that rank Maryland highest in Alzheimer's prevalence.^{1,2} In addition, the dementia burden is not shared equally. Older Black Marylanders are twice as likely, and older Hispanic Marylanders 1.5 times as likely, to develop Alzheimer's than White Marylanders.³

Maryland's high dementia prevalence and growing aging population make clear that Maryland needs a more coordinated, strategically led approach to dementia. SB 555 takes a critical step toward that goal by **strengthening two pillars essential to an effective dementia response: our health care providers and our public health system**. Specifically, SB 555 will:

- **Create a statewide Clinical Toolkit for Dementia Care** that centralizes evidence-based guidance on early detection, diagnosis, treatment, risk reduction, assessments, billing, and referrals. As new diagnostic tools and treatments emerge, earlier detection is increasingly critical. And because most dementia care begins in primary care, giving health care providers consistent, practical tools is one of Maryland's most effective strategies for improving dementia care.
- **Establish a Dementia Services and Brain Health Program**. Maryland currently relies on a single Director of Dementia Services and Brain Health to coordinate the response to one of our fastest-growing public health crises. Establishing a dedicated Program within the Maryland Department of Health recognizes the complexity and urgency of dementia needs, and will strengthen Maryland's ability to lead statewide efforts on brain health, risk reduction, early detection, and more. In addition, this Program expands the Department's focus to include supporting the delivery of dementia-capable care across health care settings, an essential connection that is needed to help address early detection and improve health outcomes. Lastly, this Program will ensure continuity through staffing transitions, enable

¹ Alzheimer's Disease and Related Dementias Prevalence Data Report, November 2025, Maryland Department of Health. <https://health.maryland.gov/phpa/ccdpc/healthyaging/Documents/Alzheimer%e2%80%99s%20Disease%20and%20Related%20Dementias%20Prevalence%20Data%20Report%20-%20MDH%20Letterhead.docx.pdf>

² Dhana K, Beck T, Desai P, Wilson RS, Evans DA, Rajan KB. Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics. *Alzheimers Dement*. 2023 Oct;19(10):4388-4395. doi: 10.1002/alz.13081. Epub 2023 Jul 17. PMID: 37458371; PMCID: PMC10593099.

³ <https://www.alz.org/alzheimers-dementia/facts-figures>

opportunities for future funding, and puts the state's response in line with other major chronic diseases, such as cancer and diabetes.

- **Strengthen strategic planning** by expanding the duties of the Virginia I. Jones Alzheimer's and Related Dementia Council's role to assess health care provider readiness and capacity to deliver care to people with or at risk of Alzheimer's disease or another dementia. With the State Plan approaching its regular five-year update, this is an important time to ensure that information on health care provider readiness is incorporated.

Taken together, these provisions will generate meaningful and measurable impact across Maryland's health-care system and for families. **Specifically, if enacted, SB 555 will:**

- **Improve the quality and consistency of dementia care:** Health care providers will gain timely, evidence-based tools to support earlier and more accurate diagnoses, provide person-centered care planning, and improve coordination across care settings.
- **Advance dementia risk reduction and improve health outcomes:** Marylanders will benefit when health care providers are better equipped to offer clear, evidence-based guidance on reducing dementia risk. A Dementia Services and Brain Health Program will complement and amplify these efforts by increasing public awareness and empowering Marylanders to prioritize their brain health.
- **Reduce long-term costs:** Risk reduction and early detection can reduce hospitalizations and avoid unnecessary long-term care placements. These strategies can lower dementia prevalence and save Maryland millions in future Medicaid and healthcare costs. In 2025 alone, it is estimated that Maryland Medicaid spent \$1.7 billion caring for people with Alzheimer's disease.⁴
- **Build statewide infrastructure for dementia:** A coordinated public-health approach will ensure stability across administrations, continuous improvement, and a more equitable response for the thousands of Marylanders living with dementia and their caregivers.

Ultimately, by equipping Maryland's health care providers with practical tools, improving the State's public health response, and strengthening state planning, SB 555 will improve care today and can help reduce dementia risk for future generations. For these reasons, the Alzheimer's Association respectfully urges a favorable report on SB 555.

Please contact Megan Peters, Director of Government Affairs at mrpeters@alz.org with any questions.

⁴ <https://www.alz.org/alzheimers-dementia/facts-figures>

SB 555 - FAV.pdf

Uploaded by: Megan Peters

Position: FAV



Maryland Senior Citizens Action Network

MSCAN

AARP Maryland

*Alzheimer's
Association,
Maryland Chapters*

*Baltimore Jewish
Council*

*Catholic Charities of
Baltimore*

*Central Maryland
Ecumenical Council*

Church of the Brethren

*Episcopal Diocese of
Maryland*

*Housing Opportunities
Commission of
Montgomery County*

*Lutheran Office on
Public Policy in
Maryland*

*Maryland Association of
Area Agencies on Aging*

*Maryland Catholic
Conference*

*Mental Health
Association of Maryland*

Mid-Atlantic LifeSpan

*National Association of
Social Workers,
Maryland Chapter*

Presbytery of Baltimore

*The Coordinating
Center*

*MSCAN Co-Chairs:
Carol Lienhard
Megan Peters
410-921-9005*

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that supports policies that meet the housing, health, and quality of care needs of Maryland's low and moderate-income seniors.

MSCAN supports SB 555. This bill will strengthen Maryland's ability to respond to one of the most significant challenges facing older adults: dementia. Maryland's aging population is growing rapidly, and with it, the number of Marylanders living with Alzheimer's and other dementias. New state data show that **more than 148,000 Marylanders aged 65+ are living with dementia**—the highest estimated prevalence rates in the nation.

SB 555 makes critical improvements to Maryland's capacity to support older adults, caregivers, and the organizations that serve them. The bill strengthens two essential pillars: health care delivery and public health leadership. First the bill will establish a toolkit to equip health care providers with practical, up-to-date guidance on early detection, diagnosis, care planning, and risk reduction. As new treatments and diagnostic tools emerge, consistent guidance is essential to ensure quality dementia care across the state. Secondly, by expanding the role of the Virginia I. Jones Alzheimer's and Related Dementias Council to assess health care provider readiness, Maryland can better identify gaps and inform the State and policymakers on necessary strategies to help further strengthen dementia care.

The bill will also establish a Dementia Services and Brain Health Program within the Maryland Department of Health. Maryland currently relies on a single staff position to coordinate the Maryland's dementia response. Creating a formal Program recognizes the scope and urgency of the issue and provides stability, continuity, and the infrastructure needed to support brain health promotion, public and provider education, and dementia capable care across settings.

The impact of SB 555 will be significant:

- **Higher quality and more consistent care** through better clinical tools and clearer pathways for diagnosis, management, and referral.
- **Improved health outcomes** through stronger, evidence-based guidance on dementia risk reduction and early detection.
- **Reduced long-term costs** by avoiding preventable hospitalizations and delaying or reducing the need for long-term care placements.
- **A stronger statewide infrastructure** capable of meeting the needs of Marylanders living with dementia and the caregivers and providers who support them.

SB 555 represents a practical, forward-looking investment in Maryland's aging population. By improving coordination, strengthening provider readiness, and supporting brain health across the lifespan, this bill will benefit families today and future generations.

For these reasons, MSCAN respectfully urges a favorable report on SB 555.

2026 MOTA SB 555 Senate Side.pdf

Uploaded by: Michael Paddy

Position: FAV



Maryland Occupational Therapy Association

PO Box 36401, Towson, Maryland 21286 ♦ mota-members.com

Committee:	Senate Finance Committee
Bill Number:	Seante Bill 555
Title:	Health - Dementia Services and Brain Health Program and Clinical Toolkit
Hearing Date:	February 24, 2026
Position:	Support

The Maryland Occupational Therapy Association (MOTA) supports Senate Bill 555 - Health - Dementia Services and Brain Health Program and Clinical Toolkit. The bill would create the Dementia Services and Brain Health Program within the Maryland Department of Health to coordinate statewide efforts on Alzheimer’s disease and related dementias. It expands the role of the Virginia I. Jones Alzheimer’s Disease and Related Dementias Council and shifts dementia coordination duties from a single director to this new program. The bill also requires the development of a clinical toolkit for health care providers and strengthens public awareness, prevention, early detection, and data tracking.

Occupational therapists support this bill because it strengthens early detection, care coordination, and dementia-capable health care. The required clinical toolkit and emphasis on provider education align with occupational therapists’ expertise in functional assessment, environmental modification, and evidence-based interventions for people living with dementia. By promoting prevention and brain health, the bill supports OT involvement earlier in the disease process, when interventions can have the greatest impact. It also recognizes the importance of interdisciplinary collaboration, positioning occupational therapists as key contributors alongside other healthcare providers. Overall, the bill helps expand access to services that improve daily function, caregiver support, and quality of life for individuals with dementia and their families.

We ask for a favorable report. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

SB555-Dementia Toolkit- FAV NAMI.pdf

Uploaded by: Morgan Mills

Position: FAV

February 24, 2026

Chair Beidle, Vice Chair Hayes, and distinguished members of the Finance Committee,

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 60,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

SB 555 introduces crucial changes for the field of brain health within the state of Maryland, particularly in the field of Alzheimer's and dementia. The primary purpose of this bill is to make much needed changes to the duties performed by the Virginia I. Jones Alzheimer's Disease and Related Dementias Council and to establish the Dementia Services and Brain Health Program in the MDH. The program would also assess and monitor the progress and efficiency of state agencies that aid those suffering from Alzheimer's and dementia. Under this bill, State agencies would also be able to apply for grants in order to fund Alzheimer's and dementia care and research. In addition to this, SB 555 would also provide a tool kit for healthcare providers who care for patients suffering from both Alzheimer's and dementia. This toolkit would include important standardized resources and information such as assessment tools, early detection strategies, and risk factors.

NAMI Maryland believes that all brain and mental illnesses deserve the highest quality care possible. Alzheimer's and dementia are heartbreaking diseases that are not only devastating for the victims, but also devastating for the families. Patients with Alzheimer's and dementia are often in the care of their family members and having more support and better medical care would ease physical and mental distress on both patients and their families. Caring for a loved one with any sort of mental illness, especially a degenerative brain disease such as Alzheimer's is challenging and can also have serious detrimental effects on the mental health of family members. Having to mourn the loss of someone who is still with you physically but not mentally is one of the worst pains a person can face and the care this bill would provide means for the State to be able to further help ease that pain and make the journey of Alzheimer's and dementia more manageable for families and beneficial for patients. With all of this in mind, we at NAMI Maryland strongly urge for a favorable report on SB 555.

For these reasons, we urge a favorable report.

Stephanie Slowly-Little
Executive Director
National Alliance on Mental Illness, Maryland

Contact: Morgan Mills-DiEnno
Compass Government Relations
Mmills@compassadvocacy.com

SB555.docx.pdf

Uploaded by: priyanka fernandes

Position: FAV



Statement of Maryland Rural Health Association

To the Senate Finance Committee

Chair Pamela Beidle

Feb 20, 2026

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

POSITION: SUPPORT

Chair Beidle, Vice Chair Hayes, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 555: Health - Dementia Services and Brain Health Program and Clinical Toolkit.

The MRHA supports the establishment of this program which seeks to improve dementia care in Maryland by advising on the ways that the State can support patients, caregivers, and providers while also promoting strategies that improve brain health amongst Maryland residents. This bill further aims to develop an evidence-based tool-kit to assist medical providers in delivering high quality dementia care.

More than 5.5 million people in the United States are currently living with dementia, and this number is projected to rise significantly in the coming years (1,2). Dementia accounts for over 100,000 deaths annually nationwide and is estimated to result in over \$781 billion dollars of medical costs in 2025 alone (1,2). The burden of dementia disproportionately affects individuals in rural communities, where socioeconomic factors, environmental exposures, and limited access to healthcare contribute to increased risk of cognitive decline (3). Additionally, the growing prevalence of dementia risk factors— obesity, hypertension, and diabetes— combined with the aging U.S. population has led researchers and public health experts to call for strengthened dementia care infrastructure and prevention strategies (1,2).

Understanding the profound emotional, physical, and financial impact of dementia on patients and caregivers, this bill leverages public health interventions to promote brain health and seeks to optimize dementia care delivery in a personalized, evidence-based fashion. As dementia increases in prevalence, it is critical to establish infrastructure to monitor, prevent, and effectively care for those impacted by this condition. As such, the MRHA urges your support of this bill.

With appreciation,

The Maryland Rural Health Association

P.O. Box 3128 LaVale, MD 21504

1. NIH National Institute of Health Risk and future burden of dementia in the United States Feb 18
2. NIH National Institute of Aging: NIA statement on the U.S. Cost of Dementia Model report April 25, 2025
3. Xie, Z., Hu, J., Stallings-Smith, S., Kulshreshtha, A., & Hong, Y. R. (2025). Rural-urban differences in modifiable dementia risk factors among U.S. populations aged 45 years or older. *Journal of Alzheimer's disease reports*, 9, 25424823251395318.

SB 555 Dementia Services - BHP & Toolkit - Financ

Uploaded by: Robert Doyle

Position: FAV



**Statement of the Maryland Federation of
National Active and Retired Federal Employees
Senate Finance Committee Hearing, February 24, 2026
On SB 555 – Dementia Services and Brain Health Program and Clinical
Toolkit**

(Position – FAV)

To: Chair Pamela Beidle
Vice-Chair Antonio Hayes

From: Robert Doyle, Chair
State Legislative Committee
MD Federation NARFE

I am pleased to submit today this statement on behalf of the State Legislative Committee of the Maryland National Active and Retired Federal Employees Association (NARFE), representing approximately 317,000 federal annuitants and employees in Maryland. For the continuing protection and benefit of our members and all Maryland seniors, we support and ask you for your support and a favorable report on SB 555 - Dementia Services and Brain Health Program and Clinical Toolkit. We thank Senator Hayes for introducing this Bill.

This bill establishes the Dementia Services and Brain Health Program (BHP) in the Maryland Department of Health (MDH) to lead the State's public health efforts relating to brain health and dementia. The BHP will have these tasks: 1) support and promote the delivery of dementia-capable care across health care settings through various methods, including establishing and maintaining a clinical toolkit for dementia care; (2) coordinating with academic institutions, health occupations boards, and continuing education providers to promote participation in dementia-specific education, training, and certification for health care professionals; and (3) collaborating with State-led care transformation initiatives to identify opportunities to incorporate dementia-capable care practices into health care models.

Regarding the Clinical Toolkit, MDH, in partnership with the Maryland Department of Aging (MDOA), the Virginia I. Jones Alzheimer's Disease and Related Dementias Council and other organizations with expertise in Alzheimer's disease or related dementias, must establish and maintain a clinical toolkit for dementia care for health care providers by January 1, 2027. MDH must review and update the information in the toolkit by January 1, 2028 and annually thereafter.

The Clinical Toolkit will provide a standard "instruction manual" for health care providers in caring for patients who are at risk for or who may have dementia. The Toolkit will include much useful information, including but not limited to 1) risk factors for Alzheimer's disease and related dementias, 2) risk reduction strategies, including information on lifestyle interventions to reduce dementia risk; and 3) validated assessment tools for the detection and

diagnosis of cognitive impairment. The Toolkit will be especially helpful to health care providers who may not be up to speed on dementia knowledge if they don't specialize in this area

NARFE has long been working to eradicate Alzheimer's. Since 1983, NARFE membership has contributed over \$16 million to the Alzheimer's Association to help its care, support and research programs, and to sponsor 94 research grants examining wide-ranging, disease-related research. I have included a short appendix to our statement discussing NARFE's interest and work in this area.

Maryland NARFE applauds the current efforts of the Maryland Department of Health and its partner organizations in educating caregivers and individuals about the impacts of Alzheimer's and the news of progress in research to find a cure. We believe SB 555 is another important step in helping Maryland health professionals provide the best dementia care to our seniors and all who may experience cognitive illness.

We respectfully ask that you give a favorable report to SB 555.

Thank you.

Robert M. Doyle, Chair
State Legislative Committee
NARFE MD Federation
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Virginia Bender
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Appendix -- Why SB 555 Is Needed

Alzheimer's Disease is an irreversible, progressive brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out simple tasks. Alzheimer's is the most common disease that causes dementia, an umbrella term that describes a collection of symptoms (cognitive, functional and behavioral) that are caused by specific diseases.

To learn statistics about Alzheimer's disease can be discouraging and frightening. An estimated 6.9 million Americans age 65 and older are living with Alzheimer's dementia today. This number could grow to 13.8 million by 2060, barring the development of medical breakthroughs to prevent or cure AD. In 2020 and 2021, when COVID-19 entered the ranks of the top ten causes of death, Alzheimer's was the seventh-leading cause of death in the United States. Official counts for more recent years are still being compiled. Alzheimer's remains the fifth-leading cause of death among Americans age 65 and older.¹

Since 1983, NARFE membership has contributed over \$16 million to the Alzheimer's Association to help its care, support and research programs, and to sponsor 94 research grants examining wide-ranging, disease-related research. During this time, NARFE has distinguished itself as one of the Alzheimer's Association top research funders. Additionally, Kathy Siggins, the current Alzheimer's Coordinator for NARFE Region II, was instrumental in the development of two USPS stamps to fight this disease, a 2008 commemorative stamp, and the 2017 Alzheimer's stamp in the Forever series, part of the sales of which goes to Alzheimer's research.

Regarding our Alzheimer's research efforts, NARFE National President William Shackelford has noted "We're extremely proud of this accomplishment in our continued efforts to find a cure. We remain steadfast in our fundraising commitment in helping change the trajectory of Alzheimer's disease in this country. Our members bear the weight of caring and grieving for someone afflicted with this devastating disease, We support the Alzheimer's Association to not only aid the progressive medical research, but also to offer our members resources to cope."

Dr. Joanne Pike, president and CEO of Alzheimer's Association, said the NARFE's members' generosity and commitment inspired them to raise an additional \$1 million for their mission by the end of 2026. Dr. Pike declared "by raising more than \$16 million to date for the Alzheimer's Association, NARFE has funded critical research toward treatment, prevention and, ultimately, a cure for Alzheimer's and all other dementia while also providing vital funding for our care and support services through their participation in Walk to End Alzheimer's."²

NARFE recognizes and supports the good work done by the Maryland Department of Health which has active dementia prevention and care programs in the state. The Department

¹ 2025 Alzheimer's Disease Facts and Figures, <https://pubmed.ncbi.nlm.nih.gov/38689398/>

² NARFE Celebrates Exceeding \$16 Million Alzheimer's Fundraising Goal, April 5, 2024, <https://www.narfe.org/blog/2024/04/05/narfe-celebrates-exceeding-16-million-alzheimers-fundraising-goal/>

collaborates with the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council to track and report activities in the Maryland State Plan to Address Alzheimer’s Disease and Related Dementias and build upon its Healthy Brain Aging awareness campaign to increase early detection and diagnosis and promote healthy brain aging. In 2023, Maryland was awarded a five-year, \$2.5 million grant from the U.S. Centers for Disease Control and Prevention to expand Alzheimer’s and related dementias prevention and care programs in Maryland. The grant period is from September 30, 2023 to September 29, 2028. “Alzheimer’s disease and related dementias represent an urgent and costly public health crisis,” said Maryland Department of Health Secretary Laura Herrera Scott. “This grant will help Maryland provide support and resources within communities most impacted by this devastating disease and lessen the burden on caregivers and families.”³

In the 2025 Maryland General Assembly session, NARFE was proud to support HB 1004 which required the MDH to incorporate information into relevant public health outreach programs administered by the Department on new treatments approved by the Food and Drug Administration for Alzheimer’s disease and related dementias. Additionally, the bill required MDH in collaboration with the State-designated health information exchange (HIE), to establish and maintain a publicly accessible website that includes specified information regarding Alzheimer’s disease and related dementias in a downloadable format, which must be updated annually to include any newly available data. This Bill added to the Department’s existing programs important information on the Alzheimer’s treatments which have FDA approval, including the drugs Lecenemab and Donanemab which received traditional FDA approval in 2023 and 2024, respectively.⁴ Both of these are for people living with mild cognitive impairment or mild dementia due to Alzheimer’s disease. These drugs can slow disease progression and the decline of memory and thinking, as well as function, in people living with Alzheimer’s disease.⁵ HB 1004 was passed and enacted into law in Maryland in 2025.

³ Maryland Department of Health receives a \$2.5 million Grant to address Alzheimer’s Disease and related dementias, October 18, 2023, [https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-receives-\\$2.5M-grant-to-address-Alzheimer%E2%80%99s-disease-and-related-dementias.aspx](https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-receives-$2.5M-grant-to-address-Alzheimer%E2%80%99s-disease-and-related-dementias.aspx)

⁴ Traditional approval requires that clinical benefit be shown before approval can be granted. Accelerated approval is given to some new drugs for serious and life-threatening illnesses that lack satisfactory treatments. This allows a new drug application to be approved before measures of effectiveness that would usually be required for approval are available. <https://www.fda.gov/drugs/information-consumers-and-patients-drugs/fdas-drug-review-process-continued>

⁵ <https://www.alz.org/alzheimers-dementia/treatments/navigating-treatment-options>

SB 555 Health - Dementia Services and Brain Health

Uploaded by: sandra cohen

Position: FAV



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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.

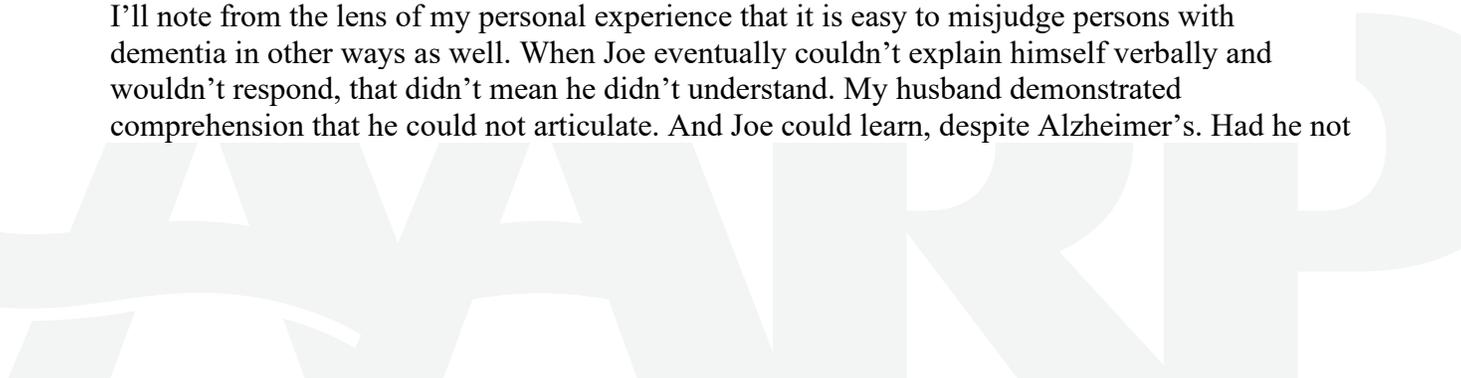
The striking percentage of our population experiencing dementia is not matched by trained diagnosticians, who are far too few. It is notable that not even neurology residents at premier medical schools are routinely trained in dementia diagnosis.

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.

SB 555 Health - Dementia Services and Brain Health

Uploaded by: Sara Westrick

Position: FAV



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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 am Sara Westrick, Advocacy Director of AARP Maryland. I am here today to support SB 555 Health – Dementia Services and Brain Health Program and Clinical Toolkit. I would like to thank Vice Chair Hayes for sponsoring this important legislation.

AARP is the largest nonprofit, nonpartisan organization representing the interests of Americans age 50 and older, with approximately 850,000 members in the state. Our mission includes ensuring health security and supporting a strong safety net for older adults and their families. Alzheimer’s disease and related dementias affect tens of thousands of Marylanders, placing enormous strain on families, caregivers, and our health care system.

Why AARP Maryland Supports SB 555

Alzheimer’s disease and related dementias are a growing public health crisis. In Maryland alone, more than 127,200 people are living with Alzheimer’s, and this number is expected to rise as the population ages. In fact, Maryland has one of the highest rates of Alzheimer’s in the United States, with Baltimore City and Prince George’s County showing particularly high prevalence rates among residents 65 and older.

This bill strengthens Maryland’s response by establishing a Clinical Toolkit for dementia care, expanding the duties of the Virginia I. Jones Alzheimer’s Disease and Related Dementias Council and creating a Dementia Services and Brain Health Program within the Department of Health. These measures will provide a coordinated, statewide approach to dementia care and prevention, ensuring accountability and measurable progress.

Critically, the legislation addresses a major gap: health care providers often lack the training and tools to deliver dementia-capable care. By establishing a Clinical Toolkit and promoting continuing education, this bill equips clinicians to detect cognitive impairment earlier, plan effective care, and reduce disparities in diagnosis and treatment.

The bill also promotes brain health and risk reduction strategies, helping delay or prevent dementia onset and reducing long-term costs. The bill explicitly calls for resources that recognize racial and ethnic disparities in dementia detection and care. By incorporating culturally competent practices and equitable access into the Clinical Toolkit and provider education, Maryland can close gaps that disproportionately affect minority communities. As Maryland ages

and more racially and ethnically diverse generations reach older adulthood, racial and ethnic diversity among people with dementia will increase.

A Personal Story

This bill is about helping real people, and we would like to relate the reflections of one of AARP Maryland's volunteer advocates, Marsha Goldberger, whose mother lived for three years with dementia. Her condition quickly progressed, requiring her to move from senior living to a nursing home with around-the-clock care. While the nurses and other caregivers were kind, Marsha describes that they did not have special training in helping people with Alzheimer's and other dementias. When Marsha's mother did not understand something, she could become angry with the staff, which was very upsetting to all involved.

The creation of a Clinical Toolkit, like the one envisioned in this legislation, and opportunities for continuing education in this evolving field will help not only medical professionals but also their patients and families, like Marsha's.

Detecting cognitive impairment earlier, using risk reduction strategies, and promoting brain health may very well have helped Marsha's mother and others like her by delaying the onset of dementia, decreasing the time she spent in a nursing home, and receiving dementia-capable care during her time in one.

The introduction of SB 555 acknowledges the urgency of getting ahead of the growing rates of Alzheimer's and other dementias for the benefit of all Marylanders.

For these reasons, AARP Maryland respectfully urges the Committee to issue SB 555 a favorable report.

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

SB555_SponsorTestimony

Uploaded by: Senator Hayes

Position: FAV

ANTONIO HAYES
Annapolis, Maryland 21401
Legislative District 40



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Bill: Senate Bill 555

Title: *Health - Dementia Services and Brain Health Program and Clinical Toolkit*

Committee: Finance

Sponsor: Senator Antonio Hayes

Good afternoon, Chair Beidle, and members of the Finance Committee,

For the record, I am Senator Antonio Hayes, and I am here to present **Senate Bill 555**. This legislation is a critical step forward in strengthening Maryland's public health infrastructure to support individuals living with dementia, their families, and the healthcare providers who care for them.

Currently, Maryland statute establishes a "Director" of Dementia Services. SB 555 expands and formalizes this role by establishing the **Dementia Services and Brain Health Program** within the Maryland Department of Health.

- The Program will serve as the lead for the State's public health efforts regarding brain health and dementia.
- It shifts the administrative responsibilities—such as staffing the Virginia I. Jones Alzheimer's Disease and Related Dementias Council and overseeing the State Plan—from a single individual to the Program itself, ensuring better continuity and institutional support.

Empowering Providers: The Clinical Toolkit One of the most significant components of this bill is the requirement to develop a **Clinical Toolkit for Dementia Care** by January 1, 2027.

- **The Need:** Healthcare providers often lack a centralized, up-to-date resource for best practices in dementia care.
- **The Solution:** This toolkit will be developed in partnership with the Department of Aging and the Council to support providers in delivering evidence-based, person-centered care.

- **Content:** The toolkit will include vital information on risk factors, lifestyle interventions for risk reduction, validated assessment tools for early diagnosis, and racial disparities in detection and access to care .
- **Practical Tools:** Crucially, it will also provide practical administrative support, such as information on reimbursement tools (billing codes) and referral pathways to community-based services.

Finally, SB 555 updates the duties of the Virginia I. Jones Council. The bill directs the Council to examine the readiness and capacity of our healthcare workforce to deliver care to those at risk for dementia and to identify methods to assist providers in delivering that care efficiently.

As our population ages, the prevalence of Alzheimer's and related dementias will continue to rise. SB 555 ensures Maryland has a dedicated Program and concrete tools to meet this challenge head-on.

This Act will take effect on October 1, 2026. I respectfully request a favorable report on Senate Bill 555.

Position: Favorable

SB0555 - Support (Sarkar 2026.02.20).pdf

Uploaded by: Shaoli Sarkar

Position: FAV

Bill: SB 555 - Health - Dementia Services and Brain Health Program and Clinical Toolkit

Committee: Senate Finance

Position: Favorable

Date: February 20, 2026

It's just normal aging and brain fog.

It's just depression. Major Depressive Disorder.

Happens all the time to retirees. It'll go away soon.

Take these medications to help with the delusions. It's what we give for schizophrenia. Come back in a few months.

His memory is fine. It's not dementia.

These were the responses my family and I received as we watched my father - a vibrant, 75-year-old retired physician and dedicated yoga therapist – face a terrifying transformation. In the fall of 2024, the man who had spent his life healing others began to lose himself to insomnia, stroke-like symptoms, apathy, syncope episodes, and the sudden onset of anxiety, delusions, and hallucinations.

After several months of increasing symptoms, medical testing, and multiple emergency room visits, we finally began to understand and accept his diagnosis: **Lewy Body Dementia (LBD)** with a co-pathology of **Alzheimer's**.

LBD is the second most common type of progressive dementia after Alzheimer's, yet it is arguably the most misdiagnosed. Because it presents with psychiatric symptoms like paranoia, dream enactment, and hallucinations long before significant memory loss occurs, patients like my father are often improperly diagnosed and sent to providers who medicate with anti-psychotics that can worsen one's condition, with increased confusion, heavy sedation, elevated parkinsonism, and more rapid physical decline.

This is why I am in strong support of SB 555 that would provide comprehensive support and education to both dementia care providers and dementia patients and families through: 1) a centralized Clinical Toolkit for Dementia Care, 2) dementia-specific education, training, and certification for care providers, and 3) by incorporating dementia-capable care practices into healthcare models.

- A Dementia Toolkit and continuing education may have helped providers distinguish my father's dementia and neurological symptoms from other psychiatric conditions earlier in our journey, preventing multiple and prolonged hospital stays, saving our family medical costs and unnecessary testing, and making hospital and emergency resources available to help another Marylander in need.

- Like many LBD patients, my father scored high (28/30) on the Montreal Cognitive Assessment (MoCA) test, demonstrating the need for deeper education by providers of these assessments, how scores can vary widely depending on the type of dementia, and how they should be analyzed in coordination with other symptoms before ruling out or making a dementia diagnosis.
- Centralized access to reimbursement tools to help resolve insurance challenges and a comprehensive list of community and care planning resources would have saved our family so much time and trial-and-error with local service providers.
- Yearly review and updates of the Toolkit beginning in 2028 will ensure that providers and patients will have the latest information in research, testing, diagnosis, and therapies.
- A focus on person-centered care for providers could have helped us to better understand my father's symptoms – that my father's "psychosis" was a neurological fluctuation of dementia. My father spent his career supporting the well-being of his patients through holistic care, often sharing the mindful phrase that "*Illness begins with I and Wellness begins with We.*" By treating the whole person instead of symptoms, dementia patients and caregivers may benefit from access to earlier treatments and complementary therapies.

Please consider the growing number of Marylanders who may be developing dementia without any outward physical symptoms or positive testing to diagnose the disease, without any understanding of what is coming. Education and community support are critical pipelines to proper dementia care.

I am so grateful to have treatment for my father now at the Atypical Parkinsonism Center at Johns Hopkins and more coordinated care between his specialists. But our journey should not have taken this long.

I ask for you to support him and so many others who may be approaching a diagnosis or living with dementia.

I strongly support SB 555 and urge a favorable report.

Shaoli Sarkar, Esq.
Rockville, Maryland
shaolisarkar@gmail.com

Lailas Gift SB 555.pdf

Uploaded by: Shari Bailey

Position: FAV



LAILA'S GIFT
Celebrating One Gift at a Time

Shari Bailey
CEO & Founder, Laila's Gift
1040 Hardees Drive
Suite F
Aberdeen, MD 21001
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443-509-4515

February 24, 2026

Senate Finance Committee

Senate Bill 555 — Dementia Care and Brain Health Initiatives

Position: Support

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee:

On behalf of Laila's Gift, we respectfully submit this testimony in strong support of Senate Bill 555, legislation that advances Maryland's commitment to improving dementia care, strengthening early detection and intervention, and supporting families and caregivers affected by Alzheimer's disease and related dementias.

Laila's Gift works closely with families navigating complex medical and caregiving needs. Many families are part of the sandwich generation and caregiving up and down the lifespan. Some of these families are raising children with special needs, and older adults with intellectual or cognitive disabilities. Early detection, timely diagnosis, and access to informed care planning can significantly improve quality of life, reduce crises, and help families make informed decisions about care and support services. Senate Bill 555 takes important steps to strengthen Maryland's capacity to address these needs.

A key component of the bill is the development of a Clinical Toolkit for Dementia Care, which will provide healthcare providers with practical, evidence-based resources to support early identification, diagnosis, and care planning. Ensuring that providers across disciplines have access to consistent, updated guidance is essential for improving care quality and reducing delays in diagnosis. The bill's requirement that the toolkit be updated annually and promoted across professional boards and associations helps ensure that providers remain equipped with current best practices.



The bill also establishes a Dementia Services and Brain Health Program within the Maryland Department of Health, which represents an important investment in statewide infrastructure. Coordinated leadership at the state level is critical to advancing risk reduction strategies, public awareness, and prevention efforts while improving access to services for individuals already living with dementia. A centralized program can help align initiatives across agencies, reduce fragmentation, and strengthen Maryland's long-term response to cognitive health needs.

In addition, Senate Bill 555 strengthens Maryland's strategic planning capacity by expanding the role of the Virginia I. Jones Alzheimer's and Related Dementia Council to include assessment of health care provider readiness and advising the State on strategies to strengthen dementia-capable care systems. This expanded role will help ensure that Maryland's policies are informed by real-world needs and emerging best practices while supporting workforce development and system preparedness.

From a caregiver perspective, these investments are critically important. Families caring for individuals with dementia often face significant emotional, financial, and logistical challenges. Access to knowledgeable providers, coordinated care systems, and evidence-based guidance can reduce caregiver stress, improve patient outcomes, and help families maintain stability for longer periods. Strengthening dementia care infrastructure ultimately benefits not only individuals living with dementia but also caregivers, healthcare systems, and communities statewide.

Importantly, efforts to promote brain health and risk reduction also represent an investment in future generations. By supporting prevention and early intervention, Maryland can help reduce long-term healthcare costs, delay disease progression, and improve overall population health outcomes.

For these reasons, Laila's Gift respectfully urges the Committee to issue a favorable report on Senate Bill 555.

Thank you for your time and consideration.

Warm regards,



Shari Bailey
Founder, CEO, Caregiver
Laila's Gift

SB 555 - LBCMD 2026 Priority Support Letter.pdf

Uploaded by: Ufuoma Agarin

Position: FAV



LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

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February 24, 2026

Senator Pamela Beidle
Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Senator Beidle and Members of the Committee,

The Legislative Black Caucus of Maryland offers its strong and favorable support for Senate Bill 555 - Health - Dementia Services and Brain Health Program and Clinical Toolkit. This vital legislation strengthens Maryland's public health infrastructure by establishing a permanent Dementia Services and Brain Health Program within the Maryland Department of Health and enhancing the state's ongoing efforts to address Alzheimer's disease, related dementias, and other brain health needs. **This bill is on the 2026 Legislative Black Caucus of Maryland priority agenda.**

Senate Bill 555 builds on the important work of the Virginia I. Jones Alzheimer's Disease and Related Dementias Council by clarifying its duties and empowering a dedicated state program with the leadership and resources needed to coordinate statewide dementia initiatives. The bill transitions certain responsibilities from the Director to the Program itself, establishing clearer accountability and expanded capacity for long-term strategic planning.

Importantly, SB 555 requires the new Program to oversee the implementation of Maryland's State Plan on Alzheimer's Disease and Related Dementias, support and promote the delivery of dementia-capable care, and work collaboratively with both public and private partners to improve outcomes for individuals with cognitive impairment and their caregivers.

The bill also mandates the development of a clinical toolkit for dementia care, an up-to-date resource that will help healthcare providers across the state deliver care rooted in best practices, promote brain health, and reduce cognitive decline. This toolkit will support educational efforts, offer guidance for managing risk factors, and promote continuing education for healthcare professionals.

Alzheimer's disease and related dementias disproportionately impact Black Marylanders and other communities of color due to disparities in access to care, late diagnosis, and limited culturally competent health resources. By making dementia services more coordinated, visible, and evidence-based, SB 555 helps

reduce these disparities and supports families who are navigating complex care needs.

Ultimately, **Senate Bill 555** enhances Maryland's capacity to respond to one of the most pressing public health challenges of our time by investing in brain health, supporting caregivers, and equipping providers with the tools they need to improve quality of life for affected individuals and their families. For these reasons, the Legislative Black Caucus of Maryland urges favorable consideration of Senate Bill 555.

For these reasons, the Legislative Black Caucus of Maryland urges favorable consideration of Senate Bill 555.

Legislative Black Caucus of Maryland

SB 0555 - Support - MDAC.pdf

Uploaded by: Amanda Mummert

Position: FWA



SB 0555: Health – Dementia Services and Brain Health Program and Clinical Toolkit
February 20, 2026
Position: Favorable with Amendment

The Maryland Down Syndrome Advocacy Coalition (MDAC) is a coalition of the five Down syndrome organizations in Maryland, as well as individuals with Down syndrome and their family members. We have come together to advocate for improved quality of life for all individuals with Down syndrome throughout Maryland.

MDAC strongly supports SB 0555, and appreciates the additional mention of individuals with Down syndrome in the bill language. We also request amendments to ensure that any cognitive screening, diagnostic assessment, or dementia-related evaluation required under this legislation includes tools that are validated or appropriately adapted for individuals with intellectual and developmental disabilities (I/DD), including Down syndrome.

The lifetime risk of individuals with Down syndrome developing Alzheimer’s disease is 90%.¹ However, traditional dementia screening tools used in the general population are not appropriate for individuals with lifelong intellectual disabilities. Without the use of validated tools for individuals with I/DD, this bill risks unintentionally reinforcing diagnostic overshadowing, where changes are attributed to disability rather than cognitive decline, and may delay appropriate intervention, planning, and support – in an already vulnerable community.

We recommend that the bill be amended to specify that screening and diagnostic processes must incorporate assessment tools validated or adapted for individuals with intellectual disabilities, including but not limited to:

- **The NTG–Early Detection Screen for Dementia (NTG-EDSD)**, developed by the National Task Group on Intellectual Disabilities and Dementia Practices (NTG) and supported by the GLOBAL Down Syndrome Foundation. This tool is widely used by service systems and caregivers to establish baselines and detect early changes.
- **The Dementia Questionnaire for People with Learning Disabilities (DLD)**, endorsed by the National Down Syndrome Society (NDSS), which has historically been one of the most commonly used informant-based tools in Down syndrome populations.
- **The Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID)**, a caregiver-completed screening tool that is well researched and effective in identifying possible dementia in adults with Down syndrome.
- **The Wolfenbütteler Dementia Test for Individuals with Intellectual Disabilities (WDTIM)**, also referred to as the **Dementia Test for Individuals with Intellectual**

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9387748/>

Disabilities (DTIM), strong when used alongside caregiver-report tools such as the DSQIID.

- **The CAMDEX-DS-II**, a structured diagnostic instrument specifically developed and validated for adults with Down syndrome.

We recognize that some of these assessment tools require purchase. However, the cost of improper assessment which can lead to delayed diagnosis, crisis placement, emergency department utilization, psychiatric misdiagnosis, and preventable institutionalization, far exceeds the cost of appropriate tools.

Amending SB 0555 with one sentence to require the use of validated, adapted assessment instruments for individuals with intellectual disabilities would:

- Improve early detection and care planning
- Reduce misdiagnosis and inappropriate psychiatric treatment
- Support families in making informed decisions
- Align Maryland with national best practices in I/DD dementia care
- Advance health equity for individuals with lifelong disabilities

MDAC's guiding principles affirm that adults with Down syndrome and other intellectual disabilities deserve access to equitable, evidence-based healthcare across the lifespan. As Maryland continues to strengthen its aging and disability systems, it is critical that dementia-related policies explicitly account for the unique clinical profile of individuals with Down syndrome and other I/DD.

By incorporating disability-specific assessment standards into SB 0555, Maryland can ensure that the bill achieves its intended impact for *all* residents, including those with lifelong intellectual and developmental disabilities. For these reasons, we urge a favorable report on SB 0555 with the recommended amendments.

Respectfully submitted,

Amanda Mummert

Executive Director, Down Syndrome Association of Maryland (DSAMd)

On behalf of the Maryland Down Syndrome Advocacy Coalition

director@dsamd.org 410.321.5434

SB 555 - FIN- MDH- LOSWA.docx.pdf

Uploaded by: Meghan Lynch

Position: FWA



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', with a stylized flourish at the end.

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.

MDOA LOI SB555 - Dementia Services Brain Health Pr

Uploaded by: Carmel Roques

Position: INFO



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: February 20, 2026

Bill Number: **SB 555**

Bill Title: Health - Dementia Services and Brain Health Program and Clinical Toolkit

Committee: Senate Finance Committee

MDOA Position: INFORMATION

The Maryland Department of Aging (MDOA) respectfully submits this letter of information on Senate Bill (SB) -555 Health - Dementia Services and Brain Health Program and Clinical Toolkit.

The Maryland Department of Aging (MDOA) serves as Maryland's State Unit of Aging, administering federal funding for core programs, overseeing the Area Agency on Aging (AAA) network at the local level that provides services, and planning for Maryland's older adult population. MDOA leads the still-new Long-Term Care and Dementia Navigation Program statewide and is an active participant of the Virginia I. Jones Alzheimer's Disease and Related Dementias Council. MDOA is always glad to provide support to its partners in this work at MDH and others on the Virginia I. Jones Alzheimer's and Related Dementias' Council. MDOA is appreciative of the continued collaboration between the bill sponsors, the Maryland Department of Health, and the Alzheimer's Association towards potential amendments to this bill.

If you have any questions, please contact Andrea Nunez, Legislative Director, at andrea.nunez@maryland.gov or (443) 414-8183.