

Bill: HB 162 - Department of Aging - Maryland Access Point - Dementia-Friendly Communities
Committee: House Health
Position: Favorable
Date: February 3, 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 arguable 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 HB 162 that would reduce the stigma of the disease through multiple paths.

- “Dementia-Friendly Communities” for a better understanding of brain health and to distinguish dementia and neurological symptoms from other psychiatric conditions. Please consider the growing number of Marylanders who may be developing dementia without any outward physical symptoms or positive testing to diagnose the disease. They live in silence now, perhaps without any understanding of what is coming. Public awareness and community support are critical pipelines to proper dementia care.
- Specialized training for first responders and providers would have helped us earlier in our journey to understand that my father's “psychosis” was a neurological fluctuation.

- More coordinated resources, training, and grants to the Maryland Access Point Network are vital before families in crisis reach a breaking point. As Maryland and in particular, Montgomery County, have some of the nation's highest numbers of adults living with dementia in the United States (and still rising), it's essential to invest in these resources today.

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.

My father spent his career supporting the well-being of his patients through holistic care and treating the whole person, not just symptoms. I ask now for you to support him and so many others who may be approaching a diagnosis or living with dementia.

I strongly support HB 162 and urge a favorable report.

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