

Bill: HB 446 - Health - Dementia Services and Brain Health Program and Clinical Toolkit

Committee: House Health

Position: Favorable

Date: February 10, 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 HB 446 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, perhaps 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 HB 446 and urge a favorable report.

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