

HB 456: House Bill 456: Maryland Department of Health – Public Health Outreach Programs – Cognitive Impairment, Alzheimer’s Disease, and Other Types of Dementia

February 12, 2020

Dear Chairwoman Pendergrass and Vice-Chair Pena-Melnyk,
My name is Nancy Rodriguez-Weller. I am a resident of Salisbury, an assistant professor at the University of Maryland Eastern Shore, and a Senior Care Consultant Pharmacist. My role as an educator includes: teaching our students how to communicate with diverse populations; the appropriate medication management of Alzheimer’s disease and dementia related disorders; and connecting students with geriatric providers.

Our role as pharmacists in the older adult population is to educate about different disease states and the medical management of these diseases. As pharmacists, we see older adults, especially those who have multiple disease states, cognitively decline over time. They may pick up their prescriptions, or inquire about over-the counter medications and have difficulty remembering their dates of birth or addresses, or start to have difficulty understanding the instructions given for their medications.

As a provider, and as a health educator, I cannot emphasize how important it is to be able to detect the signs and symptoms of dementia or Alzheimer’s early on, to have the patient take control of their health, and to prepare the patient and family for their future if they are diagnosed with such a devastating illness. According to the CDC statistics, “1 in 3 seniors dies with Alzheimer’s disease or another dementia.” That means that if you look to your right and your left, one of you will have Alzheimer’s disease, or one of you will be a caregiver.”

My first exposure to Alzheimer’s disease or dementia occurred when I was 12 years old, when I met my grandmother for the first time. She was so happy to see my father, but after a few minutes of conversation, she did not know who he was. My father recently passed away at the age of 92 years old with the same disease. I now know how difficult it is to be a caregiver, knowing that there was not much we could do for my father until he passed away.

House Bill 456 recommends requiring clinical staff members to perform brief assessment tools as part of the annual physical exam for individuals over the age of 65 years old. This bill also addresses the Medicare billing codes, so there can be reimbursement to incentivize early detection. All of these tools to manage brain health are key to preventing the progression of the disease, and to prepare the individual and family members impacted physically and financially. This bill addresses expanding education to all health care providers.

It would allow the Maryland Dept. of Health to provide outreach programs for resources to both clinicians and the general public. Providing education and resources to health care providers regarding brain health would allow many older adults to lead much healthier and productive lives, by encouraging changes in lifestyle choices; **linking better lifestyle choices to better cognitive health is not difficult, not costly, and would save lives.** In summary, approving this bill would benefit not just our older adult population in the state of Maryland, but would reduce the cost of healthcare in this state as well. I urge a favorable report.

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Dear Chairwoman Pendergrass and Vice-Chair Pena-Melnyk,
Good afternoon I am Dee Fowlkes, representing the Alzheimer's Association, and I'm here to address the proposal of House Bill 456, because we need better information about Alzheimer's.

On December 28, 2016, my uncle--while untreated with dementia--was riding his bicycle on West Street at 5:30 p.m.; he was hit by a car and suffered a traumatic brain injury. Within seven months, my uncle died due to the lack of proper care and denial of his disease.

Several months later, I started taking classes given by the Alzheimer's Association to be educated about the disease in September 2017. My father asked if I would leave my employment to care for him, and then was diagnosed with dementia. I took more classes from the Department of Aging and Disabilities from Anne Arundel County, Baltimore County, as well as Baltimore City. As I continued to be educated, my Dad asked that same questions, and I ignored them time after time.

On July 29, 2018, my dad fell during one of his 4 mile walks and it changed my life forever. The ER doctor said, well, I think it's time for you to consider putting your father in a nursing home. During the three weeks of close monitoring my Dad, I decided to resign from federal employment. Since then, I decided to make my Dad's last years his best; I am his full-time caregiver and advocate.

This legislation talks about getting better information to the public, and I will tell you, we need it. Howard County and the Alzheimer's Association had a program called PRISMS, to help people with all types of dementia. It ended on December 18, 2019. This devastated my Dad as well as his friends and their families. I don't know about any other program in the State of Maryland specifically designed for people with dementia; not from the Health Department, not from the Department of Aging, not anybody else. People in my community aren't getting information.

Through Johns Hopkins Bayview Medical Center and with the Blessings from my Pastor, I enrolled into the Lay Health Educators Program. I created the Health & Wellness 2020 Program of health seminars within my community. It involves 2 churches - Fowler's and John Wesley United Methodist Churches. Every month both churches has a seminar on healthier living, prevention, brain health, and early awareness. There are so many opportunities for the government to work with organizations like us to get better information out there. They don't do it enough.

If we had a public service announcement that would address this disease with the top 10 signs the way the Diabetes Council addressed their campaign, African Americans and Latinos won't have trouble learning and discussing it. African Americans and Latinos get this disease 2 and 1 1/2 times more then Caucasians.

Last month I learned my aunt has this disease. My family is in denial and having a hard time acknowledging it.

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We need early detection and education. We need more information, sooner. As I said I am here for you to pass the House Bill 456, Public Health Outreach Programs Cognitive Impairment also Alzheimer's disease and other types of dementia. Please vote yes for it. Thank you so much to the committee for the opportunity to speak.



Position of the Alzheimer's Association, Greater Maryland and National Capital Area chapters on

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Position: SUPPORT

“Alzheimer’s is the most under-recognized threat to public health in the 21st century.” Dr. David Satcher, former U.S. Surgeon General and former CDC Director

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Dear Chairwoman Pendergrass and Vice-Chair Pena-Melnyk,

My name is Cass Naugle, and I am the Executive Director of the Greater Maryland Chapter of the Alzheimer's Association. Thank you for the opportunity to testify in support of House Bill 456.

For many years after its discovery in 1906, Alzheimer's disease was primarily viewed as an issue concerning medical care and aging. Yet, Alzheimer's disease affects more than just the individuals and their medical teams. Today the impact of Alzheimer's disease is felt at national, state, and local levels – as well as on a family and personal level – through financial burdens, resource needs, and professional requirements. It is a growing epidemic that has profound social and economic implications, especially given the current trends of an aging population.

Three criteria determine whether a health problem is a public health issue:

- The burden is large - More than 5.8 million people are living with Alzheimer's, and the number of people with the disease is projected to triple to as many as 14 million in 2050
- The impact is major - Alzheimer's disease is the most expensive disease to treat and provide care for in the U.S., costing more than heart disease and cancer. Medicare and Medicaid bear two-thirds of the health and long-term care costs of those with Alzheimer's.
- There are ways to intervene - Fortunately, there are ways to intervene using public health tools and techniques. The public health approach can be used to improve the quality of life



for those living with the disease, their caregivers, and to reduce the costs associated with the disease.

These interventions include:

- Surveillance and monitoring - This allows public health to compile data and use it to develop strategies and interventions.
- Primary prevention (risk reduction) - A growing body of research points to modifiable risk factors in Alzheimer's and other dementia. A recent Lancet Commission study noted that "around 35% of dementia is attributable to a combination of the following nine risk factors: education to a maximum age of 11-12 years, midlife hypertension, midlife obesity, hearing loss, late-life depression, diabetes, physical inactivity, smoking, and social isolation. *(VOLUME 390, ISSUE 10113, P2673-2734, DECEMBER 16, 2017)*
- Promoting early detection and diagnosis – As many as half of people with Alzheimer's are not diagnosed, and less than half of the diagnosed are unaware of the diagnosis. Training to health care providers on the warning signs of dementia and the benefits of early detection and timely diagnosis can help improve outcomes for individuals, families, and caregivers.

It is time that we think strategically to reduce the burden, impact, and costs of care of this cruel disease. This legislation, if passed into law, sets a course for effectively addressing Alzheimer's/dementia for the public health crisis it is. The combined resources and expertise of the State Department of Health, the Department of Aging, the Virginia I. Jones Alzheimer's Disease and Related Disorders Council, and the Alzheimer's Association offer a tremendous opportunity to educate providers about early detection and diagnosis and inform the public, particularly diverse communities disproportionately impacted by this disease, about risk reduction.

I urge a favorable report on HB 456, and I am happy to answer any questions that you may have.