

Department of Legislative Services
 Maryland General Assembly
 2026 Session

FISCAL AND POLICY NOTE
 First Reader

House Bill 162 (Delegate Queen)
 Health

Department of Aging - Maryland Access Point - Dementia-Friendly Communities

This bill requires the Maryland Department of Aging (MDOA) to provide resources, training, grants, and other support to the Maryland Access Point (MAP) network to create “dementia-friendly communities” through community-based efforts. MAP must provide public awareness and educational materials to communities regarding dementia.

Fiscal Summary

State Effect: MDOA general fund expenditures increase by at least \$144,700 in FY 2027 for staff and printing and distribution of public awareness and educational materials, as discussed below. Future years reflect annualization and ongoing costs. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	144,700	161,900	167,100	172,300	177,700
Net Effect	(\$144,700)	(\$161,900)	(\$167,100)	(\$172,300)	(\$177,700)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: Local MAP offices may support dementia friendly community operations under the bill. To the extent that MDOA provides grant funding to local offices, revenues and expenditures increase accordingly beginning as early as fiscal 2027.

Small Business Effect: Minimal.

Analysis

Bill Summary: “Dementia-friendly community” means a village, town, city, or county that (1) is informed, safe, and respectful of individuals living with dementia, families of individuals living with dementia, and care partners and (2) provides supportive options that foster quality of life for individuals with dementia.

MAP must, using its available resources, provide public awareness and educational materials to communities regarding dementia, including community-based ways to (1) reduce the stigma of dementia; (2) promote understanding, empathy, and tolerance; (3) make physical environments safe, accessible, and easy to navigate through clear signage and accessible infrastructure; (4) foster socially inclusive environments in which individuals with dementia can maintain social connections and networks, participate in community life, and feel a sense of belonging; and (5) facilitate specialized training for first responders, local businesses, public agencies, and community groups that encourage staff to be more aware and supportive of individuals with dementia.

Current Law: MDOA coordinates, evaluates, and plans the delivery of services for, and advocates on behalf of, older adults at all levels of government. The department also administers programs and activities under the provisions of the federal Older Americans Act. Most of the direct services funded by MDOA are delivered through area agencies on aging (AAAs). In Maryland, each of the 23 counties and Baltimore City designate an AAA. The agency may be a unit of local government or a private, nonprofit corporation. AAAs provide a variety of adult services, incorporating assisted living, protective services, and temporary disability programs.

Maryland Access Point

Federal law defines an “Aging and Disability Resource Center” as an entity, network, or consortium established by a state as a part of the state system of long-term care, to provide a coordinated and integrated system for older individuals and individuals with disabilities (and their caregivers) that provides, in collaboration with AAAs, centers for independent living and other aging or disability entities. Maryland’s Aging and Disability Resource Center is Maryland Access Point. The purpose of the program is to provide a coordinated system of information and access for individuals seeking long-term services and supports, including in-home, community-based, and institutional services. MAP must, using its available resources, provide:

- options counseling;
- assistance concerning aging and disability issues and long-term services and supports planning;
- written materials regarding the availability of program services;
- a public database that can be accessed and searched on the Internet, of resources and services that could be useful to individuals who may need long-term services and supports and their caregivers, as well as those involved in long-term services and supports; and
- other related services necessary for the program’s success.

MDOA must administer, supervise, and coordinate MAP with the cooperation of the Department of Disabilities, the Department of Human Services, the Governor's Office of the Deaf and Hard of Hearing, and the Maryland Department of Health (MDH). Local MAP offices must be designated throughout the State to ensure easy access to the program.

Virginia I. Jones Alzheimer's Disease and Related Dementias Council

The Virginia I. Jones Alzheimer's Disease and Related Dementias Council must (1) update the State Plan on Alzheimer's Disease and Related Disorders and advocate for the State plan; (2) examine the needs for individuals with Alzheimer's disease and related disorders and their caregivers and identify methods through which the State can most effectively and efficiently assist in meeting those needs; (3) advise the Governor and the General Assembly on policy, funding, regulatory, and other issues related to individuals with Alzheimer's disease and related disorders and their caregivers; and (4) develop and promote strategies to encourage brain health and reduce cognitive decline.

Dementia Public Awareness

MDH, in partnership with MDOA, the Virginia I. Jones Alzheimer's Disease and Related Dementias Council, and the Greater Maryland Chapter of the Alzheimer's Association, must incorporate information into relevant public health outreach programs administered by MDH to:

- educate health care providers regarding (1) the importance of early detection and timely diagnosis of cognitive impairment; (2) validated assessment tools for the detection and diagnosis of cognitive impairment; (3) the value of a Medicare annual wellness visit or other annual physical for an individual at least 65 years old for cognitive health; (4) the Medicare care planning billing code for individuals with cognitive impairment; and (5) treatments approved by the U.S. Food and Drug Administration (FDA) for Alzheimer's disease and related dementias, including relevant information on treatment use and outcomes; and
- increase public understanding and awareness of (1) the early warning signs of Alzheimer's disease and related dementias; (2) the value of early detection, diagnosis, and treatment of Alzheimer's disease and related dementias; (3) how to reduce the risk of cognitive decline, particularly among individuals in Black and Latino communities who are at greater risk of developing Alzheimer's disease and related dementias; and (4) FDA-approved treatments and relevant information on treatment use and outcomes.

Chapters 681 and 682 of 2025 require MDH, in collaboration with the State-designated health information exchange, 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. The website must include (1) the prevalence of Alzheimer's disease and related dementias in the State; (2) the hospitalization rate related to Alzheimer's disease and related dementias; and (3) to the extent possible, the prevalence and hospitalization rate of Alzheimer's disease and related dementias disaggregated based on age (including age of diagnosis), sex, race, ethnicity, number of cases by county, co-occurrence of Down Syndrome (trisomy-21), and type of dementia.

Long-Term Care and Dementia Care Navigation Program

Chapters 667 and 668 of 2023 established the Long-Term Care and Dementia Care Navigation Program, requiring local AAAs to establish or build upon existing dementia care navigation programs for their jurisdictions. Dementia care navigation programs are intended to provide support to persons living with dementia and their care partners to mitigate the impact of dementia and ensure their access to quality dementia care navigation services. The duties of the navigation program include:

- providing information and referrals to long-term care and chronic disease services;
- providing cognitive screening for individuals concerned with their cognition;
- providing programs that engage individuals who demonstrate symptoms of dementia that interfere with activities of daily living (ADLs), regular exercise, and social activities;
- providing support for caregivers of individuals who demonstrate symptoms of dementia that interfere with ADLs;
- consulting with and providing technical assistance to AAA staff who interact with individuals with dementia diagnoses or cognitive changes that may be associated with dementia; and
- establishing relationships with health care providers to facilitate contact between health care providers and individuals who demonstrate symptoms of dementia that interfere with ADLs as well as the caregivers of such individuals.

The services provided by the navigation programs must be provided along with single point-of-entry programs and services for frail or health-impaired seniors. The work of the navigation programs must be guided by the recommendations of the State Plan on Aging and the Virginia I. Jones Alzheimer's Disease and Related Dementias Council.

Dementia-friendly Programs in Maryland

In Maryland, there are dementia-friendly programs in Baltimore, Frederick, Prince George's, and Washington counties.

State Expenditures: The bill requires MDOA to provide MAP with resources, training, grants, and other support to create dementia-friendly communities through community-based efforts. MAP must provide public awareness and educational materials to communities regarding dementia.

At a minimum, MDOA general fund expenditures increase by an estimated \$144,709 in fiscal 2027, which accounts for the bill’s October 1, 2026 effective date. This estimate reflects the cost of hiring one dementia-friendly coordinator to provide resources, training, and educational materials to local MAP offices and assist community-based efforts to create dementia-friendly communities. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses (including \$50,000 in annual costs for the printing and distribution of public awareness and educational materials).

Position	1.0
Salary and Fringe Benefits	\$85,568
Public Awareness and Educational Materials	50,000
Other Operating Expenses	<u>9,141</u>
Total FY 2027 State Expenditures	\$144,709

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

This estimate does not reflect any potential grant funding that may support dementia-friendly communities. To the extent grant funding is provided, general fund expenditures increase by an additional indeterminate amount beginning as early as fiscal 2027. *For illustrative purposes only*, if 10 counties were to seek to establish a dementia-friendly community and each received \$10,000 in grant funding, MDOA general fund expenditures would increase by an additional \$100,000.

Additional Comments: According to MDH, more than [148,000 Marylanders](#) are living with Alzheimer’s disease and related dementias. [Dementia Friendly America](#) offers technical assistance, sector-specific guidance, training materials, provides tools, and a community toolkit to guide communities to adopt dementia-friendly practices.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Department of Aging; Department of Legislative Services

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jg/jc

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