



**LEGAL SERVICES
FOR MAINE ELDERS**

LD 1677 — An Act to Establish the Alzheimer's Disease and
Related Dementias Prevention and Support Program

Joint Standing Committee on Health and Human Services
May 2, 2025

Executive Summary

Legal Services for Maine Elders (LSE) testifies in support because LD 1677:

- Creates a permanent infrastructure to coordinate Maine’s long-term response to Alzheimer’s and dementia — an approach consistent with national best practices.
- Positions the Maine CDC as a convener and connector — enabling coordinated input from families, providers, advocates, and researchers.
- Supports early detection, care planning, and public education — helping older Mainers and their families better manage disease progression.
- Responds to rising prevalence and workforce shortages — offering tools for planning rather than reactive crisis response.
- Acknowledges the critical role of unpaid caregivers — and promotes strategies to relieve their burden through better coordination and support.

Senator Ingwersen, Representative Meyer, and honorable members of the Health and Human Services Committee:

My name is John Brautigam and I am pleased to offer this testimony on behalf of Legal Services for Maine Elders (LSE) to support LD 1677 — An Act to Establish the Alzheimer's Disease and Related Dementias Prevention and Support Program, sponsored by Representative Shagoury.

At LSE, we serve older Mainers navigating a wide range of legal and life challenges — including cognitive decline. A growing number of our clients are experiencing Alzheimer’s disease or related dementias. We see family caregivers who are under immense stress, clients who have lost the ability to

LEGAL SERVICES FOR MAINE ELDERS, INC.
5 Wabon Street, Augusta, Maine 04333
(207) 621-0087 Fax (207) 621-0742
Offices in Augusta, Bangor, Lewiston, Biddeford and Presque Isle
LSE Helpline 1-800-750-5353 (Voice/TTY)
www.mainelse.org

manage legal and financial decisions, and a long-term care system that is under strain. These challenges are not isolated — they are widespread, and they are growing.

A Long-Needed Framework for Collaboration

LD 1677 gives Maine the opportunity to build a **permanent and structured response** to the increasing prevalence of dementia in our state. Maine was an early leader in developing a statewide Alzheimer’s plan in 2011 — but unlike our neighboring states, we have yet to create **lasting infrastructure** to coordinate implementation, track progress, or adjust as needs evolve.

This bill does not ask the Maine CDC to take on that task alone. Instead, it assigns CDC the important role of **convening and coordinating** — bringing together the experience of families, providers, researchers, and advocates to build a plan grounded in evidence and real-world experience. That kind of leadership — facilitative, inclusive, and collaborative — is exactly what we need at this stage.

Grounded in Reality — Not Bureaucracy

LD 1677 is **practical and modest in scope**. It does not mandate costly new programs. Instead, it builds on existing work already underway at Maine CDC and across the state. By establishing the **Healthy Brain Initiative Council** and requiring a plan by December 2025, the bill offers **structure and accountability** — not new bureaucracy.¹

The bill’s design is strategic: it targets areas where smart planning and coordination can make the most difference, including:

- **Public education** to reduce stigma and promote brain health
- **Early detection and care planning**, which allow families to prepare before a crisis hits
- **Reducing preventable hospitalizations**, easing the strain on families and the system
- **Improving safety and legal protections**, which are core to our work at LSE

The Context: A Growing Challenge

The urgency of this legislation is hard to overstate. Today, nearly **30,000 Mainers over the age of 65** are living with Alzheimer’s disease — and that number is projected to **double over the next 20 years**. At the same time, Maine faces a **severe shortage of direct care workers**, leading to closed beds in skilled nursing facilities and growing unmet needs for adult day services and home-based care.

As legal advocates, we also see the toll this takes on **unpaid family caregivers** — more than 50,000 Mainers who are providing care, often around the clock, with little training or support. These

¹ Under the bill, the current [State Plan on Alzheimer's](#) would fulfill the requirement of having a state plan by 2025, so the work of planning would not need to be repeated again until 2030.

caregivers face not only physical and emotional burnout, but also financial risk. LD 1677 won't fix those challenges overnight, but it does give us a pathway to understand, plan for, and begin addressing them with the urgency and attention they deserve.

Staying Accountable and Adaptable

Another strength of LD 1677 is its built-in **reporting and updating process**. The requirement for an initial plan, followed by annual status reports and five-year updates, ensures this will not be a “check-the-box” effort. Instead, it creates a living framework — responsive to new data, emerging trends, and the real-world experiences of Mainers living with dementia and those who care for them.

Conclusion

LD 1677 represents the kind of public policy Maine needs right now: clear-eyed, collaborative, and built to last. It does not propose a quick fix — it proposes something better: a way to **listen, coordinate, plan, and act together**. It gives us the tools to respond to an escalating public health challenge — not with panic or patchwork fixes, but with **thoughtful planning, broad input, and strategic coordination**.

We thank Representative Shagoury for sponsoring this bill, and we thank the Committee for your commitment to Maine's aging population. We look forward to working together toward a more prepared and compassionate future for Mainers living with Alzheimer's disease and related dementias.

Thank you.