Adult Caregiver Supports Proposal: Addressing Maryland's Family Caregiver Crisis

Caitlin Hassan: chassan@terpmail.umd.edu | 973-775-2326

University of Maryland College Park, School of Public Policy
Report to the Maryland Commission for Women[1]

[1] Funding for this project came from the Stern Civic Engagement Lab, SPARC, and the Maryland Commission for Women

EXECUTIVE SUMMARY

1 in 4	1.04B	$24B	75%
MD Adults Who Are Unpaid Caregivers	Annual Care Hours Contributed	Economic Value of Unpaid Care	Caregivers Who Are Women

1. PURPOSE AND SCOPE

- This proposal examines the systemic inadequacy of support structures for Maryland's unpaid family caregivers — particularly women — and outlines legislative solutions to prevent compounding fiscal and workforce harm. It draws on state and national data to identify gaps in existing programs and proposes structurally funded, long-term policy interventions modeled on leading state frameworks.

2. METHODS

- Research was conducted through analysis of state and federal data sources, including:
  - Maryland Department of Aging, FAMLI program documentation, and Maryland Access Point (MAP) program data
  - National and state caregiver burden studies; AARP and Alzheimer's Association cost and prevalence data
  - Comparative review of enacted and proposed state models: Washington WA Cares program and Hawaii Kupuna Caregivers Act
  - Maryland SB 809 feasibility study timeline and legislative record

3. KEY FINDINGS

- **Four critical problems define Maryland's caregiver support gap:**
  - **Enormous Uncompensated Burden** — 1.15 million Marylanders provide unpaid care worth $24 billion annually, with women shouldering 75% of this labor — directly widening the gender wage and retirement savings gaps.
  - **Workforce & Economic Risk** — Caregiving forces 5%–15% of caregivers out of the workforce entirely. By 2030, with 1 in 4 Marylanders over 60, unchecked caregiver attrition will shrink the tax base and increase public expenditures.
  - **Insufficient Existing Programs** — The Maryland Family Caregiver Support Program and MAP suffer from low public awareness. The upcoming FAMLI program (2028) caps leave at 12 weeks — which is structurally inadequate given that 57% of caregivers provide care for over a year and 15% do so for a decade or more.
  - **Alzheimer's & Memory Care Crisis** — Maryland has the highest Alzheimer's rate in the nation: 127,000 residents affected, costing state Medicaid $1.6 billion. Without targeted infrastructure investment, Medicaid and DDA costs will continue to balloon as family caregivers exhaust personal resources.

4. POLICY OPPORTUNITIES

- **Long-Term Care Insurance Fund (WA Cares Model)** — Implement a modest payroll deduction to create a dedicated funding stream for home modifications, professional

respite, and direct compensation of family caregivers. Unlike Washington's model, Maryland should index benefits to inflation from inception to preserve long-term purchasing power.

- **Universal Caregiver Stipends (Hawaii Model, Improved) —** Following the SB 809 feasibility study (July 2028), establish monthly stipends for working caregivers of adult dependents — protected by a legally dedicated revenue stream rather than vulnerable annual appropriations, correcting Hawaii's structural collapse.
- **State Investment in Memory Care Infrastructure —** Pioneer direct public investment in memory care facility capacity to create jobs, reduce institutional care costs, lower Medicaid expenditures, and improve workforce retention for family members at risk of leaving employment.
- **Expand Awareness of Existing Programs —** Fund targeted outreach campaigns to increase utilization of the Maryland Family Caregiver Support Program and MAP, ensuring caregivers know about available coordination and respite resources before reaching crisis point.

FULL REPORT

I. Introduction

By 2030, it is estimated that one in four Marylanders will be over the age of 60 (*Economic Impacts of Aging*, 2026). Additionally, Maryland is aging slightly faster than the rest of the U.S., with the number of Marylanders age 65 and older increasing by over three percent from 2023 to 2024 (Gauntt, 2025). As the aging population grows, the number of Marylanders who care for, and struggle to afford caring for an older family member is also increasing drastically. This has economic and social impacts on families, and particularly women who make up the vast majority of caregivers both in Maryland and nationally.

Maryland currently faces the highest Alzheimer's rate in the nation(Longevity Ready Maryland, 2026). As the state's aging population continues to grow, so will the demand for caregivers, housing assistance, and other community services (Longevity Ready Maryland, 2026). If no action is taken to address caregiver support, in the coming decades Maryland will see an increasingly older population that requires more family caregivers to reduce work hours and potentially spend themselves into poverty to support their loved ones. Should caregivers not have the resources to support themselves and their loved ones, it would result in increased burden to the state in the form of Medicaid and Developmental Disabilities Administration (DDA) expenses. Older adults who can no longer live on their own and do not have a loved one able to provide care for them are likely to enter assisted living facilities. Medicaid expenditures will increase to pay for these assisted living facilities for care recipients that have minimal financial assets or who are forced to spend themselves into poverty to pay for their own care.

In this report, I will detail the current state of caregiving in Maryland, identify areas for improvement, highlight policy alternatives from other states, and provide recommendations for the state of Maryland.

The Economy of Family Caregiving

Approximately one in four adults in Maryland are family caregivers, are largely unpaid and provide unsupported care (AARP, 2025). These 1.15 million caregivers provide over one billion hours of unpaid care annually (Carr & AARP Maryland, 2026). Furthermore, the value of family caregiving nationwide eclipses the combined amount spent on Medicaid at the state, local, and federal level, and is nearly double the value of all out-of-pocket health care expenditures nationally (Carr & AARP Maryland, 2026). Caregivers experience measurable financial burden directly stemming from their caregiving responsibilities, with 80 percent paying out of pocket to help support their loved ones (AARP, 2025).

More than half of all caregivers in Maryland work full time, although many report needing to adjust their work schedule, while up to 15 percent of caregivers have to stop working entirely to support their loved one (Maryland Caregivers Support Coordinating Council & Maryland Department of Human Resources, 2015). Temporary leave from work is typically insufficient to meet caregivers needs, with approximately 57 percent of caregivers providing care for more than

one full year and 15 percent providing care for ten or more years (AARP & National Alliance For Caregiving, 2025a). For many caregivers this results in serious financial ramifications. Thirty-nine percent of family caregivers in Maryland report experiencing financial setbacks such as taking on debt, struggling to afford essential items, and draining their savings (AARP, 2025).

Demographics of Caregivers:
In Maryland, approximately 75% of family caregivers are female and 53% are middle aged (35-64 years old) (AARP & National Alliance For Caregiving, 2025b). About 23% of caregivers are classified as "sandwich generation" caregivers, who are responsible for caring for both an adult and a child under the age of 18 (AARP & National Alliance For Caregiving, 2025b). They are also more likely to be non-white, struggle with debt, and have lower financial assets than non-caregivers (Copeland & Greenwald, 2023). Two-thirds of family caregivers assist their loved one with at least one ADL, and all assist with at least one IADL; however, only 5% of caregivers receive any type of training to help manage these (AARP & National Alliance For Caregiving, 2025b).[2] Approximately one in three caregivers to an individual with Alzheimer's or related memory problems provide care for more than four years (CDC). Overall, 29% of caregivers spend at least 40 hours a week providing care or provide constant care (AARP & National Alliance For Caregiving, 2025b).

Demographics of Care Recipients:
About half of all care recipients are over the age of 75. Care recipients are likely to have memory issues such as dementia or Alzheimer's, followed by developmental or intellectual disabilities (Maryland Caregivers Support Coordinating Council & Maryland Department of Human Resources, 2015).

Maryland Focus
By 2030, it is estimated that 1 in 4 Marylanders will be over the age of 60 (*Economic Impacts of Aging*, 2026). Additionally, Maryland is aging slightly faster than the rest of the U.S., with the number of Marylanders age 65 and older increasing by 3.35% from 2023 to 2024 (Gauntt, 2025). Nationally, the population of older adults increased by about 3.1% in the same time period (Gauntt, 2025). As the population of older adults continues to grow and the number of births decline, a smaller workforce will comprise the majority of the tax base in Maryland.

Research Question
What financial barriers do caregivers in Maryland face, and how does this specifically affect women?

[2] Activities of Daily Living (ADLs): Essential tasks to stay alive and healthy. Common activities include getting dressed, walking, bathing, personal hygiene, eating, and using the bathroom (Cleveland Clinic, 2025).
Instrumental Activities of Daily Living (IADLs): More complex tasks than ADLs. They include household chores, money management, shopping, preparing meals, transportation, and communicating with others (Cleveland Clinic, 2025).

I. Problem Definition

Caregivers currently struggle to achieve financial stability and do not receive adequate support which often impedes their ability to work, save for retirement, and puts them at higher risk for health problems.

Caregiving's Impact on Caregivers

Caregiving can be a chronic stress experience and result in caregivers neglecting their own health, suffering from increased mental and physical health issues, and eating a poorer diet (Schulz & Sherwood, 2008). One in six Maryland caregivers report struggling to take care of their own health due to their caregiving responsibilities, and 38% feel high emotional stress when caregiving (AARP & National Alliance For Caregiving, 2025b). Financial impacts may cause caregivers to forgo or delay healthcare, furthering negative health outcomes and increasing future health expenditures (Breathett, 2021). In Maryland, 38% of caregivers have experienced at least one substantial financial setback because of their caregiving duties, such as draining savings accounts to pay for their care recipients' needs, stopping saving altogether, or being unable to pay their bills (AARP & National Alliance For Caregiving, 2025b).

Women are significantly more likely than men to take on caregiving responsibilities, which can have detrimental impacts on their wages and prevent caregivers from having higher-paid jobs, thus furthering the overall gender wage gap (Mehta et al., 2025). Since female caregivers are significantly less likely to contribute as much in tax dollars as female non-caregivers, and men, their Social Security benefits will be reduced and they will likely need more assistance from the state as they age themselves.[3]

Consequences

Current caregiving policy as it stands does not treat the problems of family caregivers holistically and does not meet the full scope of caregiver's needs (Beach et al., 2022). Should no action be taken, caregivers will continue to suffer financial setbacks, be forced to reduce working hours, struggle to save for retirement and potentially face consequences to their own physical and mental well-being (Beach et al., 2022). As the population continues to age, inadequate policies to support caregivers will likely result in individuals leaving the workforce and thus decreasing tax revenue to the government, reduced consumer spending power, and increased likelihood that caregivers become reliant on public assistance programs in the future (Beach et al., 2022). Caregivers who have to forgo medical care often face higher costs down the line, leading to worse health outcomes and further increasing Medicaid expenditures. Furthermore, inaction will allow the existing gender and racial wealth gap to widen as women and racial minorities are more likely to become caregivers than men and individuals not belonging to racial or ethnic minority groups. Maryland will also see a growing burden on the sandwich generation, currently comprising around a quarter of U.S. adults, who oftentimes juggle their caregiving responsibilities and paid employment as the older adults live longer and people have children at older ages (Horowitz, 2022).

---

[3] To be eligible for retirement benefits, individuals must work for at least 10 years (Social Security Administration, 2026). Benefits are tied to lifetime earnings, so caregivers who have overall lower lifetime earnings or have to take time away from work will see lower retirement benefits (Social Security Administration, 2026).

II. Current State of Maryland Law and Policy

Statutes, Regulations, and Programs

Maryland Family Caregiver Support Program

The Maryland Family Caregiver Support Program is administered through the county-level (and Baltimore City) networks of the Area Agencies on Aging and is funded through the federal Administration for Community Living (Maryland Department of Aging, 2026a). The program coordinates support for eligible caregivers across various community and State organizations to provide a variety of services focused on providing information, counseling, training, support, temporary respite care, and supplemental services on a limited basis (Maryland Department of Aging, 2026a). Qualifying caregivers must be adults providing care to an individual 60 years or older, caring for an individual with Alzheimer's or related memory disease, or non-parent relatives 55 and older caring for individuals under 18 or adults 18-59 with disabilities (Maryland Department of Aging, 2026a).

Maryland Access Point (MAP)

Maryland Access Point (MAP) is Maryland's No Wrong Door Aging and Disability Resource Center that aims to connect older adults and individuals with disabilities with relevant resources (Maryland Department of Aging, 2026b). The program's goal is to assist caregivers, care recipients, and professionals with creating a plan and reducing confusion in connecting with private and public resources for long-term care and independent living needs (Maryland Department of Aging, 2026b). MDOA provides primary oversight for MAP services, which are coordinated by Area Agencies on Aging in conjunction with Centers for Independent Living (Maryland Department of Aging, 2026b). Individuals can access MAP online or by phone to receive information on various long-term care supports such as financial assistance, transportation, and health needs with the goal of making caregiving resources more accessible (Maryland Department of Aging, 2026b). MAP additionally offers Option Counseling to care recipients and caregivers where MAP specialists create a personalized action plan that identifies relevant resources to meet individual needs and can make referrals to relevant agencies (Maryland Department of Aging, 2026b).

Maryland Commission on Caregiving

The Maryland Commission on Caregiving was originally established in 2001 to identify the needs and struggles family caregivers face and reflect those findings in policy recommendations for the state legislature (*Maryland Commission on Caregiving*, 2026). The commission also provides testimony in support of priority bills during the legislative session.

Relevant State Agencies

- Maryland Department of Aging
- Maryland Department of Labor
- Maryland Department of Disabilities
- Maryland Department of Health
- Maryland Department of Human Services

Funding

The Maryland Family Caregiver Support Program is federally funded by the Administration for Community Living (ACL), a department within the U.S. Department of Health and Human

Services (Maryland Department of Aging, 2026a). MAP is primarily funded through MDOA with some funding from federal grants. In 2024, MDOA was awarded $490,000 through the ACL Caregiver Implementation Grant, which will be used to advance the goals outlined in the National Strategy to Support Family Caregivers (Maryland Department of Aging, 2026a). The strategy was developed by advisory councils created from the federal RAISE Family Caregiving Act and the Supporting Grandparents Raising Grandchildren Act (Administration for Community Living, 2025).

Recent Policy Changes

Longevity Ready Maryland Act

On January 3rd, 2024, Governor Moore signed an Executive Order establishing the Longevity-Ready Maryland Initiative to evaluate existing services and care options for older adults and create a blueprint to address the needs of an aging population (Exec. Order No. 01.01.2024.01, 2024). After a period of stakeholder collaboration, Governor Moore signed the Longevity Ready Maryland Act into law on April 14, 2026, requiring the Secretary of Aging to implement the Longevity Ready Maryland plan, which is a multisector plan aiming to adjust policies, programs, and systems to meet the needs of Maryland's aging population (Maryland General Assembly, 2026). The main goals of the legislation are to connect public and private sectors to work collaboratively with stakeholders to improve older Marylander's quality of life, increase age-inclusivity in the workforce and multigenerational consumer participation, increase access to affordable housing, healthcare, and retirement planning, and improve health, wellness, and mobility outcomes (Longevity Ready Maryland, 2026).

Paid Family and Medical Leave

Starting in January 2028 eligible employees will be able to take up to 12 weeks of job-protected leave while being paid up to $1,000 a week. This includes caring for a loved one (Maryland Department of Labor, 2026).

Unfortunately, caregivers are responsible for providing care for extended periods of time, meaning the FAMLI program is not sufficient to support caregivers needs. As previously mentioned, approximately 57% of caregivers provide care for more than one year, and 1 in 3 caregivers to an individual with Alzheimer's or related memory problems provide care for more than four years (CDC, 2024). Of those that care for individuals with disabilities, approximately 20% spend between 41 and 80 hours providing care every week, and 41% provide care for more than 80 hours a week (Lahti Anderson & Pettingell, 2023).

Supporting Our Caregiver Infrastructure Program - Feasibility Study

During the 2026 legislative session the Maryland General Assembly passed SB 809, which will require the University of Maryland in conjunction with the Department of Human Services to conduct a study regarding the feasibility of establishing a Caregiver Infrastructure Program. The proposed program will provide monthly universal payments to caregivers for each dependent they are responsible for and will examine the economic impact on state and local economies. Eligible caregivers will need to provide care for a qualified care recipient, which includes those over the age of 60, individuals with Alzheimer's and related memory diseases, or children and adults with developmental or functional disabilities. It will focus on the potential for increased labor force participation, higher tax revenues, and the development of a stipend system that

would maximize economic benefits to caregivers while simultaneously minimizing fiscal impact. Should the bill be signed into law, the report will be due to the legislature on July 1, 2028.

III. Strengths of Maryland's Current Approach

Services Provided

The Maryland Family Caregiver Support Program provides a range of services that help ease the burden of caregiving for family caregivers, and MAP helps connect individuals to relevant services more efficiently. However, awareness and use of these programs is relatively low (Maryland Caregivers Support Coordinating Council & Maryland Department of Human Resources, 2015).

The Longevity Ready Maryland Initiative is expected to help increase support options and wellbeing outcomes for Maryland's aging population, which in turn should reduce the burdens placed on caregivers. This includes helping older adults plan for retirement, improving access to affordable housing, and supporting health and wellness for all age groups (Longevity Ready Maryland, 2026).

IV. Areas for Improvement in Maryland's Law and Policy

Underserved Populations

The gender pay gap in Maryland means that women already earn less on average than their male counterparts, which is only exacerbated by the fact that women are more likely to take on family caregiving roles than men. Female caretakers are also more likely to suffer from mental health issues and experience more distress while caregiving (Schulz & Sherwood, 2008). Increasing caregiver support in the form of direct financial assistance or long-term care services that could boost caregiver workforce retention would help ease the financial burden on female caregivers. Enhancing the accessibility and availability of respite care services would also help reduce strain placed on those in the sandwich generation, who are also more likely to be women as women are more often the primary caregivers to young children.

Low-income individuals suffer the most from policy gaps to support caregivers. Individuals with lower socioeconomic status also report more physical and mental health consequences than those that have better economic standing or are younger. Many caregivers are forced to forgo or delay healthcare because of time and financial constraints, which is associated with increased future healthcare expenditures of greater than $8,000 annually with increased risk for individuals older than 65 (Breathett, 2021). Individuals in lower socioeconomic groups are more likely to take on caregiving responsibilities while simultaneously already facing higher risks associated with poor health (Schulz & Sherwood, 2008). Providing financial support to caregivers and increasing workforce retention would help reduce the associated health impacts that are exacerbated for low-income caregivers. This would also help support these individuals' ability to save for retirement, as many caregivers are forced to pay out-of-pocket for their loved ones care which impedes their ability to save for their own retirement. Caregivers who have to reduce working hours also risk losing out on Social Security benefits and potentially paying into retirement plans or receiving matching benefits through their employer.

V. Lessons From Other States

Washington State

Policy Overview

Washington state allocates $14 million annually to the Family Caregiver Support Program, which offers support to unpaid caregivers providing care to individuals 18 years and older. This program helps caregivers connect with resources, receive training, and get respite care.

The Tailored Supports for Older Adults (TSOA) program provides services to support unpaid caregivers and a small monetary benefit to individuals who do not have an unpaid family caregiver (Washington State Health Care Authority, 2019). It is funded under the Medicaid Transformation Project Demonstration and designates a new eligibility group and benefit package for individuals who may need long-term services and support in the future but do not meet the Medicaid financial eligibility criteria. The program is targeted towards individuals not currently eligible for Medicaid or are only eligible for limited scope programs and are at risk of spending down assets to impoverishment with or without unpaid caregivers.

Long-Term Care Trust Act

In 2019 Washington passed the Long-Term Care Trust Act, becoming the first state to develop a long-term care insurance program (WA Cares) to address the financial burden for care recipients and growing Medicaid costs to the state (Jinkins, 2019). Beginning in 2022, eligible workers pay $0.58 for every $100 earned through a payroll deduction towards the program. For individuals to be eligible for benefits they must have paid into the program for either 3 of the last 6 years or for a total of 10 years (5 without interruption), and self-employed workers may choose to opt into the program.

Workers are able to receive a lifetime benefit of up to $36,500 in 2019 dollars, which can be put towards home modifications, adaptive equipment, home-delivered meals, in-home personal care, and training, respite care, and compensation for unpaid family caregivers. While over the course of a lifetime that may not seem like a significant chunk of money, Washington calculated that the benefits could equate to up to 5 years of respite care, pay for a part-time in-home care provider for 1 year, provide 8 to 12 months of assisted living care, or to live full time in a skilled nursing facility for 4 to 6 months (Jinkins, 2019). For low and moderate income individuals, these benefits help reduce poverty rates for older adults and alleviate the financial burden on their unpaid family caregivers, often those that fall into the sandwich generation.

The program is projected to save $19 million in Medicaid spending in its first year and up to $440 million by 2050. As Medicaid spending continues to balloon, Washington's approach helps keep residents from spending themselves into poverty and becoming reliant on Medicaid benefits, reducing costs to the state and alleviating the financial burden of care on individuals.

Outcome Effectiveness

WA Cares will begin payouts this year, therefore it is difficult to estimate the effectiveness of the program at this time (Stark, 2026).

Transferability to Maryland

Under the Longevity Ready Maryland plan, the Secretary of Aging must already evaluate the needs of older adults and establish priorities to meet those needs. Maryland has shown that they have a vested interest in enhancing programs and infrastructure to accommodate the state's aging population, which would make establishing a long-term care insurance program feasible and aligned with existing goals.

Hawaii

Policy Overview

In 2017 Hawaii passed the Kupuna Caregivers Act, becoming the first state in the nation to establish a program to ease the burden of elder care on family caregivers of this kind (Constante, 2017). The program grants qualified working family caregivers with a voucher of up to $210 a week to use towards services to care for elderly family members, such as transportation, respite care, and adult day care (Fujii-Oride, 2020). The program differs from other caregiver support programs because aid is given to the caregivers, not care recipients, and caregivers can still be eligible for support even if the care recipient is ineligible for Medicaid. To qualify, caregivers must work for 30 hours per week outside the home, and care recipients must be over the age of 60 and need assistance with a minimum of two ADLs or IADLs (Fujii-Oride, 2020). The program was funded through annual appropriations in the state legislature, with $600,000 allocated for the 2017-18 fiscal year.

Outcome Effectiveness

The Kupuna Program suffered from funding instability because it did not have a dedicated revenue stream. $600,000 was allocated towards the program for the 2017-18 fiscal year, the year it was instituted, and the program was funded entirely through annual appropriations. At its peak, the program provided support for 110 caregivers caring for 112 care recipients (Fujii-Oride, 2020). Due to financial strain during the COVID-19, pandemic funding for the program was cut and has not been reinstated. As of the time of this writing, the Kupuna Caregiver Program does not exist.

Transferability to Maryland

Had Hawaii's program received a dedicated funding stream, advocates believe that it could have significantly lessened the financial burden on caregivers. A similar version in Maryland would require a dedicated stream of funding and a higher benefit to provide meaningful support relative to the cost of living. Any program would likely also need to coordinate with FAMLI, which covers a portion of a caregiver's lost wages, while a Kupuna-styled program would cover the cost of substitute care while a family caregiver is working.

VI. Solutions

Major Recommendations

Long Term Care Insurance Program

Maryland should develop a long-term care insurance program similar to that established in the Long Term Care Act in Washington state. Such a program would help alleviate the financial

burden of caregiving on family caregivers and reduce the risk of both caregivers and care recipients having to spend themselves into poverty to afford basic necessities and medical expenses. Furthermore, a long term care insurance program would save the state millions of dollars in Medicaid expenditures, because individuals are entitled to benefits from the long term care insurance program even if they do not meet Medicaid eligibility requirements. This would reduce the number of Marylanders that will eventually become reliant on Medicaid and has the potential to prevent adverse health impacts because many caregivers and recipients that struggle financially forgo optional medical treatments and have worse health results.

Washington's programs did not tie benefits to inflation, which will result in the value of benefits to both the recipient and the state deteriorating over time. The program is just starting to pay out benefits in 2026; however, the cap is currently based on the value of the dollar in 2019, when the legislation was passed. Maryland would be advised to tie benefits to inflation to avoid this problem. The program should still be funded by a payroll tax as it is in Washington to ensure a dedicated funding stream, however, the government could consider allocating money towards the program for additional funding.

Invest in Building Memory Care Facilities

A prudent response to meet the care needs of a rapidly aging population would be for the State to invest heavily in building memory care facilities. Maryland has the highest prevalence of Alzheimer's dementia in the nation, with approximately 127,000 Marylanders suffering from the disease (Dhana et al., 2023). This costs the state Medicaid program approximately $1.6 billion and it is estimated that 258,000 family caregivers provide care to an individual with a memory disease (Alzheimer's Association, 2026). Investing in building more memory care facilities would meet the growing needs of this population and create new jobs for the construction of these facilities and long-term positions for professional caregivers. This would also have the potential to increase workforce retention for family caregivers who would otherwise have to leave the workforce or reduce their hours.

Caregiver Infrastructure Program

Based on the results from the Caregiver Infrastructure Program Feasibility Study, which will be finalized July 1, 2028, Maryland should consider establishing such a program. It is estimated that a program as outlined in the study would increase labor force participation, generate higher tax revenues, and maximize economic benefits to caregivers while simultaneously minimizing fiscal impact to the state. The Caregiver Infrastructure Program, as proposed, would provide many of the benefits as Hawaii's Kupuna Program, however, it is essential that Maryland ensure the program has a dedicated funding stream to avoid the budgetary constraints that ultimately caused Hawaii's program to fail.

VII. Conclusion

Should the state not take action to address the growing needs of caregivers in Maryland, the problem will worsen as the state's population is rapidly aging and more individuals will have to take on caregiving responsibilities. This will result in increased state expenditures and a growing financial, mental, and physical burden on caregivers, particularly for women who are more likely to take on these roles. Therefore, the state should invest heavily in building and improving

memory care facilities, establish a long-term care insurance program, and a caregiver infrastructure program to minimize the cost to the state and support family caregivers. While no singular policy solution can address the scope of the issue, phasing in each one of these recommendations over time will reduce overall strain placed on both caregivers and the state, mitigate disparities facing female caregivers, and prepare Maryland to care for an aging population.

References

AARP. (2025, October 28). *New data show 24% of adults in Maryland provide care, spotlighting urgent need for action to support family caregivers*. https://www.aarp.org/states/maryland/cus-md-2025/

AARP & National Alliance For Caregiving. (2025a). Caregiving in the US 2025. Retrieved May 17, 2026, from https://www.aarp.org/content/dam/aarp/ppi/topics/ltss/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppi.00373.001.pdf

AARP & National Alliance For Caregiving. (2025b). Caregiving in the US: Maryland. Retrieved May 17, 2026, from https://doi.org/10.26419/ppi.00383.015

Administration for Community Living. (2025, July 25). National Strategy to Support Family Caregivers. https://acl.gov/CaregiverStrategy

Alzheimer's Association. (2026). Alzheimer's and public health action in Maryland | Alz.org. https://www.alz.org/professionals/public-health/state-overview/maryland

Beach, B., Bélanger-Hardy, L., Harding, S., Perracini, M. R., Garcia, L., Tripathi, I., Gillis, M., & Dow, B. (2022). Caring for the caregiver: Why policy must shift from addressing needs to enabling caregivers to flourish. Frontiers in Public Health, 10, 997981. https://doi.org/10.3389/fpubh.2022.997981

Breathett, K. (2021). Health Care Equity Cannot Afford Further Delays. *JACC: Heart Failure*, *9*(10), 720–721. https://doi.org/10.1016/j.jchf.2021.06.013

Carr, N. & AARP Maryland. (2026, March 26). Economic value of family caregiving in Maryland reaches $24 billion annually, new AARP report shows. AARP. https://www.aarp.org/states/maryland/economic-value-of-family-caregiving-in-maryland-reaches-24-billion-annually-new-aarp-report-shows/

CDC. (2024, September 3). Caregivers of a Person with Alzheimer's Disease or a Related Dementia. Caregiving. https://www.cdc.gov/caregiving/about/index.html#:~:text=Here%20are%20some%20facts%20about%20caregivers%20of,four%20years%20or%20more%20*%20**Caregiver%20health**

Cleveland Clinic. (2025, October 31). What are activities of daily living? https://my.clevelandclinic.org/health/articles/activities-of-daily-living-adls

Constante, A. (2017, July 11). Hawaii Passes Law to Ease Responsibility of Elder Care. NBC News. https://www.nbcnews.com/news/asian-america/hawaii-passes-law-ease-responsibility-elder-care-n781941

Copeland, C., & Greenwald, L. (2023, July 13). *Caregivers and Retirement: Findings From the 2023 Retirement Confidence Survey*. EBRI. https://www.ebri.org/content/caregivers-and-retirement-findings-from-the-2023-retirement-confidence-survey

Dhana, K., Beck, T., Desai, P., Wilson, R. S., Evans, D. A., & Rajan, K. B. (2023). Prevalence of Alzheimer's disease dementia in the 50 US states and 3142 counties: A population estimate using the 2020 bridged-race postcensal from the National Center for Health Statistics. Alzheimers & Dementia, 19(10), 4388–4395. https://doi.org/10.1002/alz.13081

Economic Impacts of Aging. (2026, March). LifeSpan Network. Retrieved May 17, 2026, from https://www.lifespan-network.org/about/economic-impacts/

Exec. Order No. 01.01.2024.01 (2024). The Longevity-Ready Maryland Initiative: A Multisector Plan for Longevity

Fujii-Oride, N. (2020, February 4). Our Kūpuna, our Kuleana: Senior care crisis in Hawai‘i - Hawaii Business Magazine. Hawaii Business Magazine. https://www.hawaiibusiness.com/senior-care-crisis-hawaii/

Gauntt, S. (2025, July 5). Maryland aging slightly faster than U.S. as a whole, new Census numbers show. Maryland Matters. Retrieved May 17, 2026, from https://marylandmatters.org/2025/07/05/maryland-aging-slightly-faster-than-u-s-as-a-whole-new-census-numbers-show/

Horowitz, J. M. (2022, April 8). 54% of Americans in their 40s have both an aging parent and own child. Pew Research Center. Retrieved May 17, 2026, from https://www.pewresearch.org/short-reads/2022/04/08/more-than-half-of-americans-in-their-40s-are-sandwiched-between-an-aging-parent-and-their-own-children/

Jinkins, L. (2019). First in the nation: Washington State's Long-Term Care Trust Act. Milbank Quarterly, 98(1). https://doi.org/10.1111/1468-0009.12439

Lahti Anderson, L., & Pettingell, S. (2023). Family and Individual Needs for Disability Supports Community Report 2023. University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

Longevity Ready Maryland. (2026, February 5). Longevity Ready Maryland Background. https://lrm.maryland.gov/background/#:~:text=Financial%20Security%20and%20Older%20Adults&text=The%20poverty%2Dlevel%20income%20threshold,adult%20over%2065%20is%20%2441%2C508.

Maryland Caregivers Support Coordinating Council & Maryland Department of Human Resources. (2015). Understanding Caregiver Needs in Maryland. ARCH National Respite Network & Resource Center. Retrieved May 11, 2026, from https://archrespite.org/library/understanding-caregiver-needs-in-maryland/

Maryland Commission on Caregiving. (2026). Maryland Department of Human Services. https://dhs.maryland.gov/maryland-commission-caregiving/

Maryland Department of Aging. (2026a). Caregiver Support. Department of Aging. Retrieved April 5, 2026, from https://aging.maryland.gov/programs-and-services/caregivers

Maryland Department of Aging. (2026b). Maryland Access Point. Department of Aging. https://aging.maryland.gov/programs-and-services/maryland-access-point

Maryland Department of Labor. (2026). Paid family and medical leave is coming to Maryland. Maryland FAMLI. https://paidleave.maryland.gov/

Maryland General Assembly. SB 113. (2026). https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0113?ys=2026RS

Mehta, S., Siers, M., & Pierce, A. (2025). *Equal Pay Day Report*. Equal Pay Day Report - Employment Standards Service (ESS) - Division of Labor and Industry. https://labor.maryland.gov/labor/wages/equalpay.shtml#:~:text=According%20to%20data%20averaged%20over,dollar%20their%20male%20counterparts%20make.

Schulz, R., & Sherwood, P. R. (2008). Physical and mental health effects of family caregiving. *American Journal of Nursing*, *108*(9). https://doi.org/10.1097/01.naj.0000336406.45248.4c

Social Security Administration. (2026). Retirement Benefits. Retrieved May 17, 2026, from https://www.ssa.gov/pubs/EN-05-10035.pdf

Stark, K. (2026, February 17). The Long-Term Care Experiment Everyone is Watching. Penn LDI. https://ldi.upenn.edu/our-work/research-updates/the-long-term-care-experiment-everyone-is-watching/

U.S. Government Accountability Office. (2019, May 1). *Retirement security: Some parental and spousal caregivers face financial risks*. GAO. https://www.gao.gov/products/gao-19-382

Washington State Health Care Authority. (2019, July 16). Tailored supports for older adults (TSOA). https://www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/tailored-supports-older-adults-tsoa