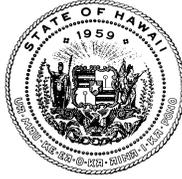


JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



KENNETH S. FINK, M.D., M.G.A, M.P.H
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

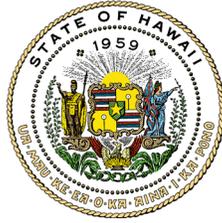
Testimony in SUPPORT of HB700 HD1
RELATING TO COGNITIVE ASSESSMENTS.

SENATOR JOY SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date/Time: March 10, 2025; 1:00 PM

Room Number: 225

- 1 **Fiscal Implications:** Appropriates general funds to the Executive Office on Aging (EOA), an
- 2 attached agency to the Department of Health (DOH).
- 3 **Department Testimony:** DOH supports HB700 HD1 that establishes a pilot program within EOA
- 4 to collaborate with a health care system and participating providers to offer and conduct
- 5 cognitive assessments to Medicare Part B beneficiaries and collect patient data.
- 6 Thank you for the opportunity to testify on this measure.
- 7



JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

CAROLINE CADIRAO
DIRECTOR
Executive Office on Aging

Telephone
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STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831

Testimony COMMENTING on HB700 HD1
RELATING TO COGNITIVE ASSESSMENTS

COMMITTEE ON HEALTH AND HUMAN SERVICES
SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATOR HENRY J.C. AQUINO, VICE CHAIR

Testimony of Caroline Cadirao
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing: Monday, March 10, 2025 at 1:00 P.M. in Conference Room 225

- 1 **EOA Position:** The Executive Office on Aging (EOA), an attached agency to the Department of
- 2 Health (DOH) supports the intent of HB700 HD1 and provides comments with amendments.
- 3 **Fiscal Implications:** Appropriates general funds to the EOA for fiscal year 2025-2026 and the
- 4 same sum for fiscal year 2026-2027 for costs that maybe associated with managing the data.
- 5 **Purpose and Justification:** To improve the detection and treatment of Alzheimer's disease and
- 6 related dementias in Hawai'i, this measure establishes a pilot project within EOA that offers
- 7 cognitive assessments during annual wellness visits. EOA recognizes the importance of
- 8 cognitive screenings and the need for data to inform programs for the public. After further
- 9 discussion with partners on this bill, we are respectfully requesting the attached amendments
- 10 which will improve the early detection of dementia in our state while allowing the flexibility to

1 design this data pilot project efficiently and effectively. EOA plans to collaborate with a
2 healthcare system, public and private partners to ensure this pilot serves the public interest and
3 minimizes administrative burden of reporting for healthcare providers.

4 **Recommendations:** EOA provides the following amendments for your consideration:

5 1) Support a validated tool for the timely screening and identification for early dementia
6 diagnosis,

7 2) Delete any reference to age, knowing that adults under age 65 with disabilities may be at
8 risk of early age onset of dementia, and

9 3) Incorporate the attached edits to HB700, HD1 for clarity and flexibility.

10 EOA supports this measure as amended, as long as it does not reduce or replace priorities with
11 the administrative budget request.

12 Thank you for the opportunity to testify.

EOA Edits 3/7/25

A BILL FOR AN ACT

RELATING TO COGNITIVE ASSESSMENTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that families caring for
2 individuals with Alzheimer's disease and related dementias face
3 many challenges when attempting to balance their professional
4 lives with the provision of care to their loved ones.
5 Caregivers often must choose between continuing their careers or
6 becoming full-time caregivers. According to the Alzheimer's
7 Association, Hawaii has approximately sixty thousand family
8 caregivers providing ninety-one million hours of unpaid care
9 valued at \$1,900,000,000.

10 The legislature further finds that 6.7 per cent of
11 individuals aged forty-five or older experience subjective
12 cognitive decline. After age sixty-five, the risk of
13 Alzheimer's doubles every five years, with individuals on
14 medicare considered at higher risk of having or developing
15 dementia. According to the Centers for Disease Control and
16 Prevention, by 2060, nearly fourteen million adults in the
17 United States are projected to have Alzheimer's disease.

1 Nationwide, the costs to care for individuals living with
 2 Alzheimer's and related dementias is significant, with the total
 3 cost of care for Alzheimer's projected to increase to more than
 4 \$1,100,000,000,000 by 2050. However, a 2018 report from the
 5 Alzheimer's Association indicated that early diagnosis and
 6 treatment of dementia could save the nation as much as
 7 \$7,900,000,000,000 in medical and care costs over thirty years.

8 The treatment and prevention of Alzheimer's disease and
 9 related dementias is of pressing concern to the State. Per the
 10 department of business, economic development, and tourism,
 11 nearly one in five residents in Hawaii is sixty-five years of
 12 age or older, with this age group rapidly expanding in size.
 13 Annually, Alzheimer's and related dementias cost the State's
 14 medicaid program \$285,000,000. In the *Hawaii 2025: State Plan*
 15 *on Alzheimer's Disease and Related Dementias: 2020 Update*, the
 16 executive office on aging found that medicare costs for the
 17 Alzheimer's disease and related dementias population are nearly
 18 \$10,000 higher in comparison to the non-Alzheimer's disease and
 19 related dementias population. The legislature also finds that
 20 early detection of Alzheimer's disease and related dementias can
 21 reduce costs, manage comorbid conditions, delay disease



1 progression, and allow better care planning. However, data from
2 the Centers for Disease Control and Prevention's Behavioral Risk
3 Factor Surveillance System found that over two-thirds of people
4 with memory problems in Hawaii have not talked to their health
5 care provider. Cost may be one factor behind why individuals
6 have not discussed their cognitive health with their health care
7 providers. According to the *Individuals' Interest in Cognitive*
8 *Screening, Dementia Diagnosis, and Treatment: New Estimates from*
9 *a Population-Representative Sample* report published by the RAND
10 Corporation on December 3, 2024, eighty per cent of study
11 respondents said they would undergo a cognitive assessment if
12 doing so were free. The legislature notes that medicare
13 beneficiaries who have opted to take medicare part B coverage
14 already receive an annual cognitive assessment as part of their
15 supplemental coverage. This assessment can be performed by any
16 practitioner eligible to report evaluation and management
17 services under medicare, including physicians, physician
18 assistants, nurse practitioners, and clinical nurse specialists.
19 However, this assessment protocol is severely underutilized.
20 The legislature also finds that broadening the use of cognitive
21 assessments is an important strategy to identify patients who

1 may benefit from current and future treatments for Alzheimer's
2 and related dementias, as assessments provide individuals with
3 information that may facilitate actions to prepare for the
4 future.

5 The legislature additionally finds that offering cognitive
6 assessments for medicare beneficiaries aged sixty-five or older
7 is a necessary component of the State's strategic plan to
8 address Alzheimer's disease and related dementias. The
9 legislature believes that simultaneously increasing access to
10 cognitive assessments that are already part of many
11 beneficiaries' supplemental medicare coverage in conjunction
12 with the public health awareness campaign on Alzheimer's disease
13 and related dementias conducted by the executive office on aging
14 as part of the State's strategic plan will significantly improve
15 the health outcomes for Hawaii's older residents.

16 Accordingly, the purpose of this Act is to improve the
17 detection and treatment of Alzheimer's disease and related
18 dementias in Hawaii by establishing a pilot program within the
19 executive office on aging to offer cognitive assessments for
20 medicare beneficiaries ~~aged sixty-five or older~~ during annual
21 wellness visits covered by medicare part B and C.



1 SECTION 2. (a) There is established a cognitive
 2 assessments ~~for medicare beneficiaries~~ pilot program within the
 3 executive office on aging ~~to provide medicare part B and C~~
~~patients~~
 4 ~~aged sixty five or older~~ with a cognitive assessment for the
 5 early detection of dementia.

6 (b) The executive office on aging shall collaborate with a
 7 health care system ~~and to identify~~ health care providers to
 8 participate in the pilot ~~program project and coordinate on the~~
~~specific data elements to be collected.~~

9 ~~(c) All health care providers participating in the pilot~~
 10 ~~program shall may offer and conduct a cognitive assessment using a~~
~~validated tool when~~
 11 ~~providing an annual wellness visit to a qualified patient.~~

12 ~~(d) The cognitive assessment shall be conducted using~~
 13 ~~standardized, validated assessment tools or diagnostic tests~~
 14 ~~approved by the Food and Drug Administration and covered by~~
 15 ~~medicare.~~

16 ~~(e) A qualified patient may decline the cognitive~~
 17 ~~assessment after being informed of its purpose, benefits, and~~
 18 ~~any risks. The health care provider shall document the~~
 19 ~~qualified patient's decision to decline the cognitive assessment~~
 20 ~~and include it as a part of the qualified patient's medical~~
 21 ~~record.~~

1 ~~(f) The health care provider shall provide a report to the~~
2 ~~executive office on aging no later than ~~October 1~~ August 30 of each~~
3 ~~year.~~

3 ~~The report may include but not be limited to:~~

4 ~~(1) Whether the qualified patient declined the cognitive~~
5 ~~assessment;~~

6 ~~(2) Whether the qualified patient is exempt from the~~
7 ~~cognitive assessment and the reason for the exemption;~~

8 ~~(3) The date of the cognitive assessment;~~

9 ~~(4) The address where the cognitive assessment was~~
10 ~~conducted and whether the cognitive assessment was~~
11 ~~conducted in person or via telehealth;~~

12 ~~(5) The qualified patient's age, zip code, race, and~~
13 ~~gender;~~

14 ~~(6) The type of cognitive assessment administered;~~

15 ~~(7) The result of the cognitive assessment; and~~

16 ~~(8) Any follow-up actions taken, including subsequent~~
17 ~~referrals and further diagnosis and treatment.~~

18 (g) The executive office on aging shall secure the
19 transmission and storage of the information reported pursuant to
20 subsection ~~(f)~~ (b) for the purposes of the pilot program.

1 (h) The executive office on aging shall provide a report
 2 summarizing the information collected pursuant to subsection (f)
 3 to the legislature no later than twenty days prior to the
 4 convening of the regular sessions of 2027 and The report
 5 shall be available to the public on the department of health's
 6 website.

7 (i) Any reports submitted to the legislature and subject
 8 to publication under this Act shall be limited to aggregated
 9 data and shall not directly contain or indirectly result in the
 10 disclosure of personally identifiable information.

11 (j) The identity, or any group of facts or any system of
 12 records that may lead to the identity, of any qualified patient
 13 who has received a cognitive assessment pursuant to this Act
 14 shall be confidential and shall not be revealed in any report,
 15 release, or publication.

16 ~~(k) The pilot program shall not include:~~

17 ~~(1) Health care providers who do not accept medicare~~
 18 ~~insurance;~~

19 ~~(2) Qualified patients who have already received a~~
 20 ~~diagnosis of dementia or mild cognitive impairment;~~

21 ~~and~~

1 ~~(3) Qualified patients who are unable to undergo a~~
2 ~~cognitive assessment due to a physical or mental~~
3 ~~impairment or disability.~~

4 (1) As used in this Act:

5 ~~"Annual wellness visit" means a preventive service visit~~
6 ~~covered by medicare part B between a medicare beneficiary and a~~
7 ~~primary care provider that occurs once every twelve months and~~
8 ~~includes developing or updating a personalized prevention plan~~
9 ~~and performing a health risk assessment, but does not include a~~
10 ~~physical exam."~~

11 ~~"Health care provider" means a physician or surgeon~~
12 ~~licensed under chapter 453, Hawaii Revised Statutes, or an~~
13 ~~advanced practice registered nurse licensed under chapter 457,~~
14 ~~Hawaii Revised Statutes.~~

15 ~~"Medicare" means Title XVIII of the Social Security Act, as~~
16 ~~amended (42 U.S.C. 1801 et seq.).~~

17 ~~"Medicare part B" means the voluntary supplementary medical~~
18 ~~insurance benefits program provided under Title XVIII of the~~
19 ~~Social Security Act (42 U.S.C. 1831-1848).~~

Report Title:

Cognitive Assessments; Medicare Beneficiaries; Annual Wellness Visits; Alzheimer's Disease and Related Dementias; Pilot Program; Reporting Requirements; Executive Office on Aging; Appropriation

Description:

Establishes a Cognitive Assessments for Medicare Beneficiaries Pilot Program within the Executive Office on Aging. Requires the Executive Office on Aging to collaborate with a health care system for the pilot program, health care providers participating in the pilot program to submit certain information to the Executive Office on Aging, and the Executive Office on Aging to report de-identified aggregated data to the Legislature. Appropriates funds. Effective 1/1/3000. (HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
'A'UNIKE MOKU'ĀPUNI NO KA NĀ KĀWAI KULA
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

March 10, 2025

The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Third Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Senator Buenaventura, and Committee Members:

SUBJECT: HB700 HD1 Relating to Cognitive Assessments

The Hawaii State Council on Developmental Disabilities **SUPPORTS HB700 HD1**, establishes a Cognitive Assessments for Medicare Beneficiaries Pilot Program within the Executive Office on Aging. Requires the Executive Office on Aging to collaborate with a health care system for the pilot program, health care providers participating in the pilot program to submit certain information to the Executive Office on Aging, and the Executive Office on Aging to report de-identified aggregated data to the Legislature. Appropriates funds. Effective 1/1/3000

While HB700 HD1 takes a critical step toward improving early detection and treatment of Alzheimer's disease and related dementias by mandating cognitive assessments for Medicare beneficiaries aged 65 and older, we urge the Legislature to expand these assessments to include younger individuals, highlighting those within the developmental disabilities community as well. Individuals with developmental disabilities face a heightened risk of early-onset cognitive decline. For instance, adults with Down syndrome are significantly more likely to develop Alzheimer's disease, often presenting symptoms in their 40s or 50s. Limiting mandated cognitive assessments to those aged 65 and older overlooks a vulnerable population that could greatly benefit from early detection and intervention.

Early cognitive assessments can facilitate timely diagnoses, enabling individuals and families to plan for necessary support services, manage coexisting conditions, and enhance overall quality of life. For individuals with developmental disabilities, early detection is not just about medical treatment—it ensures continuity of care, access to appropriate educational and vocational support, and comprehensive life planning. Additionally, expanding access to early cognitive assessments can help reduce long-term healthcare costs by delaying disease

progression, minimizing hospitalizations, and optimizing care planning. Proactive screening also aligns with national initiatives on early Alzheimer's detection and supports state goals for improving healthcare equity and preventive care.

Therefore, we respectfully request the following amendment to HB700 HD1:

- **Amend Section 321-B** to mandate cognitive assessments during annual wellness visits for Medicare beneficiaries and individuals at heightened risk for cognitive impairments, regardless of age. This includes individuals with developmental disabilities who are predisposed to early cognitive decline.

Expanding cognitive assessments to a broader age range aligns with best practices for inclusive healthcare and supports the State's commitment to the well-being of all its residents, especially those in vulnerable populations.

Thank you for the opportunity to submit testimony in **support of HB700 HD1**.

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus
Executive Administrator



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

JOHN C. (JACK) LEWIN, M.D.
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 www.shpda.org

March 7, 2025

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair
And Honorable Members

FROM: John C (Jack) Lewin MD, Administrator, SHPDA;
and Senior Advisor to Governor Green On Healthcare Innovation

RE: HB700, HD1 – RELATING TO COGNITIVE ASSESSMENTS

HEARING: March 10, 2025 @ 1:00 pm

POSITION: SUPPORT

TESTIMONY:

SHPDA supports the intent of this bill and urges its passage. We appreciate there will be an initial modest cost to this proposal, but administering widely tested and easily applied cognitive testing can be inexpensively conducted by non-physician clinical staff members and can help predict the onset and progression of dementia caused most commonly by Alzheimer's Disease, but also by Parkinson's disease and other neurologic disorders.

The costs of treating and managing these causes of dementia is staggering, and these conditions place economic and stressful burdens on ohana of affected individuals, and on society. Med-QUEST estimates that for their Hawai'i population, the cost of dementia is now more than \$285 million dollars annually and is growing rapidly.

Assured reimbursement of this kind of annual (optional) assessment, with certain exceptions, could more pay for itself for those patients who may benefit from newer therapeutic options available for Alzheimer's disease, which can delay the onset of debilitating dementia in affected individuals, which require cognitive testing to detect and apply. While there are no effective cures for Alzheimer's or other forms of dementia now, delaying the progression of it is increasing possible with therapeutic options undergoing research and development. However, state-funded institutional long-term care costs could be considerably reduced if affected persons can remain in home and community settings.

We defer to the executive office on aging and DHS/Med-Quest for amendment details they may have to remain consistent with their federal regulations/requirements. SHPDA also believes information technology progress may reduce costs and complexities related to data collection needs for statewide monitoring of dementia and de-identified cognitive testing results.



March 10, 2025 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Paige Heckathorn Choy
AVP, Government Affairs
Healthcare Association of Hawaii

Re: **Submitting Comments**
HB 700 HD 1, Relating to Cognitive Assessments

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, and assisted living facilities. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing more than 30,000 people statewide.

Thank you for the opportunity to provide **comments** regarding this measure, which would establish a pilot project within the Executive Office on Aging to establish a partnership with a health system to perform cognitive assessments and report data to the agency. We agree that a pilot program is a better course to support cognitive assessments, rather than a mandate imposed on providers that would be burdensome in terms of administrative and clinical time.

We would also suggest that funding in the program could be provided directly to the participating providers, who would have to hire additional staff in order to carry out the functions that the legislation seeks to establish. Further, we would suggest that funding an education campaign would prove helpful and encourage more providers to engage in cognitive assessment screenings.

Thank you for the opportunity to share these comments. We stand ready to collaborate on solutions that improve cognitive health outcomes without imposing undue burdens on healthcare providers.

HB-700-HD-1

Submitted on: 3/7/2025 6:18:34 AM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Glen Higa	Testifying for Hawai'i Parkinson Association	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Vice Chair Aquino and members of the committee,

My name is Glen Higa, and I am the president of the Hawaii Parkinson Association. An estimated 75% of people diagnosed with Parkinson's Disease will also be diagnosed with some form of dementia. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association which would require a validated cognitive assessment tool be used for the cognitive assessment component of Annual Wellness Visits.

Thank you for the opportunity to submit this testimony.

Glen Higa

President, Hawaii Parkinson Association

HB-700-HD-1

Submitted on: 3/6/2025 6:56:38 PM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

We believe this is very important. We supported the original bill and also believe the pilot project will help.



**Testimony to the Senate Committee on Health and Human Services
Monday, March 10, 2025; 1:00 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: HOUSE BILL NO. 0700, HOUSE DRAFT 1, RELATING TO COGNITIVE ASSESSMENTS.

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0700, House Draft 1, RELATING TO COGNITIVE ASSESSMENTS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would improve the detection and treatment of Alzheimer's disease and related dementias in Hawaii by:

- (1) Establishing a Cognitive Assessments for Medicare Beneficiaries Pilot Program within the Executive Office on Aging (Office);
- (2) Requiring the Office to collaborate with a health care system for purposes of the pilot program, including identifying health care providers to participate in the program and offer and conduct cognitive assessments to Medicare Part B beneficiaries;
- (3) Permitting participating health care providers to report certain data to the Office; and
- (4) Requiring the Office to secure the transmission and storage of information reported as part of the pilot program.

This measure would take effect on January 1, 3000.

Testimony on House Bill No. 0700, House Draft 1
Monday, March 10, 2025; 1:00 p.m.
Page 2

According to the Center for Disease Control:

- Alzheimer's disease is one of the top 10 leading causes of death in the United States;
- The 6th leading of death among US adults; and
- The 5th leading cause of death among adults aged 65 years or older.

In 2023, an estimated 6.7 million Americans aged 65 year or older had Alzheimer's disease. **This number is projected to nearly triple to 14 million people by 2060.**

Further, death rates for Alzheimer's disease are increasing, unlike heart disease and cancer death rates that are on the decline. Dementia, including Alzheimer's disease, has shown to be under-reported in death certificates and therefore the proportion of older people who die from Alzheimer's may be considerably higher.

In Hawaii, Alzheimer's disease is a growing public health crisis:

- 29,000 people aged 65 and older are living with Alzheimer's in Hawaii;
- 6.7% of people aged 45 and older have subjective cognitive decline;
- 60,000 family caregivers bear the burden of the disease in Hawaii;
- 91 million hours of unpaid care are provided by Alzheimer's caregivers;
- \$1.9 billion is the value of the unpaid care; and
- \$240 million is the cost of Alzheimer's to the State Medicaid Program.

For these reasons, HPCA has worked closely with the Hawaii Chapter of the Alzheimer's Association to improve the health, welfare, and safety of persons and families afflicted with this disease. Accordingly, we are honored to be a partner with the Alzheimer's Association and urge your favorable consideration.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



March 8, 2025

To: COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Re: SUPPORT OF HB700 HD1 RELATING TO COGNITIVE ASSESSMENTS

Hrg: Monday, March 10, 2025 at 1:00pm

The Hawai'i Public Health Association (HPHA) is a group of over 450 community members, public health professionals, and organizations statewide dedicated to improving public health. Our mission is to promote public health in Hawai'i through leadership, collaboration, education and advocacy.

The Hawaii Public Health Association supports HB8700 HD1. This measure is important because Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. Annually, Alzheimer's and related dementias cost Hawaii's Medicaid program \$285 million.

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of validated cognitive assessment tools is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to provide testimony on this important issue.

Respectfully submitted,

A handwritten signature in black ink that reads "Holly Kessler". The signature is written in a cursive, flowing style.

Holly Kessler
Executive Director



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

March 10, 2025 1:00 P.M. - VIA VIDEO CONFERENCE – ROOM 225

SUPPORT FOR HB700, RELATING TO COGNITIVE ASSESSMENTS

The Hawaii Psychological Association (HPA) is in strong support of HB700 HD1, which seeks to establish a pilot program providing cognitive assessments for Medicare beneficiaries aged sixty-five or older during their annual wellness visits.

Early detection of Alzheimer's disease and related dementias is crucial for effective intervention and care planning. Early diagnosis can significantly reduce healthcare costs and improve patient outcomes. However, many individuals with memory concerns do not discuss these issues with their healthcare providers, often due to cost concerns or lack of awareness. By integrating cognitive assessments into routine annual wellness visits, this bill addresses these barriers, facilitating timely identification and management of cognitive impairments.

Implementing this pilot program aligns with the State's effort to combat the growing impact of dementia on our aging population. By promoting early detection, this program enhances quality of life for our kupuna and their families.

Thank you for the opportunity to provide input on this important bill.

Sincerely,

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee

HAWAII ALLIANCE FOR RETIRED AMERICANS
An Affiliate of Alliance for Retired Americans
c/o Hawaii Education Association
1953 Beretania Street, #5C
Honolulu, HI 96826

STATEMENT IN SUPPORT OF H.B. 700, HD1
Relating to Cognitive Assessments

Hearing: Monday, March 10, 2025; 1:00 p.m.
Hawaii State Capitol, Room 225
and video conference

Senate Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Chair San Buenaventura, Vice Chair Aquino, and Members of the Senate Committee on Health and Human Services:

The Hawaii Alliance for Retired Americans (HARA) **supports** H.B. 700, HD1, which establishes a Cognitive Assessments for Medicare Beneficiaries Pilot Program within the Executive Office on Aging and requires the EOA to collaborate with a health care system for the Pilot program, requires health care providers participating in the pilot program to submit certain information to the EOA, and requires the EOA to report de-identified aggregated data to the Legislature.

HARA is an organization of senior organizations that represent some 21,000 retirees in Hawaii. HARA's affiliates include retired members of HGEA, HSTA, ILWU, UPW, AFT, IAM, Kokua Council, and the Hawaii Caregivers Coalition.

Alzheimer's Disease and related dementias are a major cost driver in the U.S. and Hawaii. Age is a major risk factor for dementia. As our population continues to live longer, the number of individuals requiring care related to dementia is expected to exponentially increase and severely tax the Medicaid program, which pays for most of the institutional care provided to those with Alzheimer's and dementia. Even if no government resources are utilized, there will be the inevitable cost borne by family caregivers, who more than likely will suffer financial challenges in their own senior years.

There is no cure for Alzheimer's or dementia, but treatments are now available to slow the progression for those diagnosed early. Research is also advancing to develop new and better treatment protocols by organizations like the Alzheimer's Association. Early detection is possible if health care professionals include cognitive assessment when treating their patients.

The original version of H.B. 700 mandated all providers who accept Medicare patients to conduct annual wellness visits, which would include a basic cognitive assessment for early detection and allow available medication to be prescribed to slow the progression of the condition. However, H.B. 700 was amended to establish a pilot program instead—a sampling of

Medicare Part B recipients to presumably test the effectiveness of cognitive assessments and early detection. The rationale for the amendment is that physicians will balk at this additional responsibility, and establishing the kind of data system needed to aggregate data to help with planning and to provide the Legislature with an annual report would be cost-prohibitive.

We believe a pilot program is not enough and, in effect, will only result in “kicking the can down the road.” If Alzheimer’s and dementia are indeed major cost drivers in the U.S., particularly with Americans (especially in Hawaii) living longer, something needs to be done now. We need to invest in the infrastructure to make early detection possible for ALL Medicare Part B beneficiaries so they can access the medications to help slow the progression of dementia.

The Hawaii Alliance for Retired Americans **supports H.B. 700 but urges restoration of the original language of the measure to mandate cognitive assessments and provide appropriations needed to implement the program.** Thank you for considering our testimony.

2025 Hawaii Leadership Board

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Alzheimer's Association

Testimony to the Senate Committee on Health and Human Services Monday, March 10, 1:00 PM Room 225 and Videoconference

RE: SB700 HD1 – RELATING TO COGNITIVE ASSESSMENTS

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committees:

Thank you for the opportunity to testify on the critical issue of standardizing cognitive assessment testing. My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association. I write in **strong support of HB700 with suggested amendments putting the requirement of validated tools being used for cognitive assessments at Annual Wellness Visits into statute.**

Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. This makes our kupuna the most vulnerable. In Hawaii, 1 in 5 residents are over 65, and the Department of Business, Economic Development & Tourism (DBEDT) expects the elderly population to continue increasing at a much faster rate than the overall population until 2030, when all baby boomers will be 65 or older. This places our state at particular risk as our population continues to age, straining our care-providing infrastructure. Alzheimer's disease requires costly long-term care, costs Hawaii's Medicaid program \$285 million annually, and often requires family members to leave the workforce. All of these figures will continue to rise without intervention. Early detection and care planning can significantly mitigate these costs. Alarming, over two-thirds of people with memory problems in Hawaii have not discussed their symptoms with a healthcare provider. Despite cognitive assessments currently being a part of annual wellness visits, mere observation is too frequently used in assessing patients' cognition.

Recent medical advancements have allowed us to address one of the primary causes of Alzheimer's disease—amyloid plaque buildup in the brain. The latest FDA-approved disease modifying treatment removes amyloid plaque and has been shown to slow disease progression by 30-40%, offering patients a better quality of life for a longer period, benefitting them and their families, however, these treatments are effective only in the early stages of the disease, making early detection through cognitive assessment tests critical. Without early detection, patients cannot benefit from these groundbreaking therapies. While the treatment can slow the disease, it cannot reverse it.

In alignment with the Hawaii State Strategic Plan on Alzheimer's Disease and Related Dementias (ADRD), the key features of the proposed legislation will:

1. Standardize Cognitive Assessment Testing: Requires the inclusion of a cognitive assessment test as part of annual wellness visits for patients 65 and older.

2. Create Minimum Assessment Standards: While we are not specifying which cognitive assessment tool is used, we expect the Mini-Cog will be the standard tool for these assessments, as The Queen's Health System has integrated this into their practice. It is non-invasive, takes just 3–5 minutes, and can be administered by primary care providers, nurse practitioners, physician assistants, social workers, or medical assistants. According to the Cochrane Dementia and Cognitive Improvement Group, it has a sensitivity rate of 76-100%, effectively identifying mild cognitive impairment and dementia while being simple and inexpensive to implement.

3. Improve ADRD Related Data Collection and Analysis: Providers will report data to the Executive Office on Aging for analysis, which will identify gaps in care and inform future policy.

Early detection of cognitive decline that leads to disease modifying treatment that, even slightly, slows the progression of the disease can yield significant benefits in both quality of life and overall costs. Medical advances that would slow the progression by just five years would result in a 41 percent lower prevalence of the disease and reduce overall societal costs by 40 percent by 2050. Families face an average of almost \$400,000 in lifetime costs for Alzheimer's care and over \$70,000 total per year. Early diagnosis allows for interventions that can significantly reduce this burden.

We humbly offer the following amendments for your consideration along with suggested language (see attached):

- Place language requiring validated cognitive assessment tools for cognitive assessments be used at Annual Wellness Visits along with definitions and exemptions into a new section of the bill under HRS Chapter 321.
- Include patients covered under medicare part C under the definition of "Qualified patient"
- We defer to EOA on the specific details of the cognitive assessment data pilot program

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Mahalo for the opportunity to testify. If you have any questions, please contact Coby Chock at 808-451-3410 or ckchock@alz.org.



Coby Chock
Director, Public Policy and Advocacy
Alzheimer's Association - Hawaii

RELATING TO COGNITIVE ASSESSMENTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that families caring for individuals with Alzheimer's disease and related dementias face many challenges when attempting to balance their professional lives with the provision of care to their loved ones. Caregivers often must choose between continuing their careers or becoming full-time caregivers. According to the Alzheimer's Association, Hawaii has approximately sixty thousand family caregivers providing ninety-one million hours of unpaid care valued at \$1,900,000,000.

The legislature further finds that 6.7 per cent of individuals aged forty-five or older experience subjective cognitive decline. After age sixty-five, the risk of Alzheimer's doubles every five years, with individuals on medicare considered at higher risk of having or developing dementia. According to the Centers for Disease Control and Prevention, by 2060, nearly fourteen million adults in the United States are projected to have Alzheimer's disease. Nationwide, the costs to care for individuals living with Alzheimer's and related dementias is significant, with the total cost of care for Alzheimer's projected to increase to more than \$1,100,000,000,000 by 2050. However, a 2018 report from the Alzheimer's Association indicated that early diagnosis and treatment of dementia could save the nation as much as \$7,900,000,000,000 in medical and care costs over thirty years.

The treatment and prevention of Alzheimer's disease and related dementias is of pressing concern to the State. Per the department of business, economic development, and tourism, nearly one in five residents in Hawaii is sixty-five years of age or older, with this age group rapidly expanding in size. Annually, Alzheimer's and related dementias cost the State's medicaid program \$285,000,000. In the *Hawaii 2025: State Plan on Alzheimer's Disease and Related Dementias: 2020 Update*, the executive office on aging found that medicare costs for the Alzheimer's disease and related dementias population are nearly \$10,000 higher in comparison to the non-Alzheimer's disease and related dementias population. The legislature also finds that early detection of Alzheimer's disease and related dementias can reduce costs, manage comorbid conditions, delay disease progression, and allow better care planning. However, data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System found that over two-thirds of people with memory problems in Hawaii have not talked to their health care provider. Cost may be one factor behind why individuals have not discussed their cognitive health with their health care providers. According to the *Individuals' Interest in Cognitive*

Screening, Dementia Diagnosis, and Treatment: New Estimates from a Population-Representative Sample report published by the RAND Corporation on December 3, 2024, eighty per cent of study respondents said they would undergo a cognitive assessment if doing so were free. The legislature notes that medicare beneficiaries who have opted to take medicare part B and **part C** coverage already receive an annual cognitive assessment as part of their supplemental coverage. This assessment can be performed by any practitioner eligible to report evaluation and management services under medicare, including physicians, physician assistants, nurse practitioners, and clinical nurse specialists. However, this assessment protocol is severely underutilized. The legislature also finds that broadening the use of cognitive assessments is an important strategy to identify patients who may benefit from current and future treatments for Alzheimer's and related dementias, as assessments provide individuals with information that may facilitate actions to prepare for the future.

The legislature additionally finds that offering cognitive assessments for medicare beneficiaries aged sixty-five or older is a necessary component of the State's strategic plan to address Alzheimer's disease and related dementias. The legislature believes that simultaneously increasing access to cognitive assessments that are already part of many beneficiaries' supplemental medicare coverage in conjunction with the public health awareness campaign on Alzheimer's disease and related dementias conducted by the executive office on aging as part of the State's strategic plan will significantly improve the health outcomes for Hawaii's older residents.

Accordingly, the purpose of this Act is to improve the detection and treatment of Alzheimer's disease and related dementias in Hawaii by **mandating** ~~establishing a pilot program within the executive office on aging to offer~~ **the use of a standardized, validated cognitive assessments tools** or diagnostic tests for medicare beneficiaries ~~aged sixty-five or older~~ during annual wellness visits covered by medicare part B **and part C** **and** **establishing a pilot program within the executive office on aging to collect early detection related data.**

SECTION 2. Chapter 321, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

"Part . Cognitive assessments for medicare beneficiaries

§321-A Definitions. As used in this part:

"Annual wellness visit" means a preventive service visit covered by medicare part B and part C between a medicare beneficiary and a primary care provider that occurs once every

twelve months and includes developing or updating a personalized prevention plan and performing a health risk assessment, but does not include a physical exam."

"Health care provider" means a physician or surgeon or physician assistant licensed under chapter 453 or an advanced practice registered nurse or registered nurse licensed under chapter 457.

"Medicare" means Title XVIII of the Social Security Act, as amended (42 U.S.C. 1801 et seq.).

"Medicare part B" means the voluntary supplementary medical insurance benefits program provided under Title XVIII of the Social Security Act (42 U.S.C. 1831–1848).

"Medicare Part C" means the Medicare Advantage program provided under Title XVIII of the Social Security Act (42 U.S.C. 1395w-21 to 1395w-28).

"Qualified patient" means an individual medicare beneficiary with coverage under medicare part B or part C.

§321-B Cognitive assessments for qualified patients

(a) The cognitive assessment provided to qualified patients at an annual wellness visit shall be conducted using standardized, validated assessment tools or diagnostic tests approved by the Food and Drug Administration and covered by medicare.

(b) A qualified patient may decline the use of a standardized validated cognitive assessment tool or diagnostic test after being informed of its purpose, benefits, and any risks.

§321-C Exemptions. This part shall not apply to:

(1) Health care providers who do not accept medicare insurance;

(2) Qualified patients who have already received a diagnosis of dementia or mild cognitive impairment; and

(3) Qualified patients who are unable to undergo a cognitive assessment due to a physical or mental impairment or disability."

SECTION 2 3. (a) There is established a cognitive assessments for medicare beneficiaries pilot program within the executive office on aging to analyze the current status of the early detection of dementia in the state and identify gaps in public awareness

~~and disparities in dementia detection and treatment provide medicare part B patients aged sixty-five or older with a cognitive assessment for the early detection of dementia.~~

(b) The executive office on aging shall collaborate with a healthcare system to identify health care providers to participate in the pilot program.

~~—(c) All health care providers participating in the pilot program shall offer and conduct a cognitive assessment when providing an annual wellness visit to a qualified patient.~~

~~—(d) The cognitive assessment shall be conducted using standardized, validated assessment tools or diagnostic tests approved by the Food and Drug Administration and covered by medicare.~~

~~—(e) A qualified patient may decline the cognitive assessment after being informed of its purpose, benefits, and any risks. The health care provider shall document the qualified patient's decision to decline the cognitive assessment and include it as a part of the qualified patient's medical record.~~

~~—(f) The health care provider shall provide a report to the executive office on aging no later than October 1 of each year. The report may include but not be limited to:~~

~~—(1) Whether the qualified patient declined the cognitive assessment;~~

~~—(2) Whether the qualified patient is exempt from the cognitive assessment and the reason for the exemption;~~

~~—(3) The date of the cognitive assessment;~~

~~—(4) The address where the cognitive assessment was conducted and whether the cognitive assessment was conducted in person or via telehealth;~~

~~—(5) The qualified patient's age, zip code, race, and gender;~~

~~—(6) The type of cognitive assessment administered;~~

~~—(7) The result of the cognitive assessment; and~~

~~—(8) Any follow-up actions taken, including subsequent referrals and further diagnosis and treatment.~~

(g) The executive office on aging shall secure the transmission and storage of the information reported pursuant to subsection (f) (b) for the purposes of the pilot program.

(h) The executive office on aging shall provide a report summarizing the information collected pursuant to subsection (f) to the legislature no later than twenty days prior to the

convening of the regular sessions of 2027 and . The report shall be available to the public on the department of health's website.

(i) Any reports submitted to the legislature and subject to publication under this Act shall be limited to aggregated data and shall not directly contain or indirectly result in the disclosure of personally identifiable information.

(j) The identity, or any group of facts or any system of records that may lead to the identity, of any qualified patient who has received a cognitive assessment pursuant to this Act shall be confidential and shall not be revealed in any report, release, or publication.

~~—(k) The pilot program shall not include:~~

~~—(1) Health care providers who do not accept medicare insurance;~~

~~—(2) Qualified patients who have already received a diagnosis of dementia or mild cognitive impairment; and~~

~~—(3) Qualified patients who are unable to undergo a cognitive assessment due to a physical or mental impairment or disability.~~

~~(l) As used in this Act:~~

~~—"Annual wellness visit" means a preventive service visit covered by medicare part B or part C between a medicare beneficiary and a primary care provider that occurs once every twelve months and includes developing or updating a personalized prevention plan and performing a health risk assessment, but does not include a physical exam."~~

~~—"Health care provider" means a physician or surgeon licensed under chapter 453, Hawaii Revised Statutes, or an advanced practice registered nurse licensed under chapter 457, Hawaii Revised Statutes.~~

~~—"Medicare" means Title XVIII of the Social Security Act, as amended (42 U.S.C. 1801 et seq.):~~

~~—"Medicare part B" means the voluntary supplementary medical insurance benefits program provided under Title XVIII of the Social Security Act (42 U.S.C. 1831–1848):~~

~~—"Qualified patient" means an individual medicare beneficiary who is sixty-five years of age or older with coverage under medicare part B or part C.~~

~~—(m) The cognitive assessments for medicare beneficiaries pilot program shall be dissolved on~~

SECTION 3. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ or so much thereof as may be necessary for fiscal year 2025-2026 and the same sum or so much thereof as may be necessary for fiscal year 2026-2027 for any costs associated with the data management and reporting requirements for the secure data transmission required by this Act.

The sums appropriated shall be expended by the executive office on aging for the purposes of this Act.

SECTION 4 This Act shall take effect on January 1, 3000; provided that section 3 shall take effect on July 1, 2026.

Chair San Buenaventura, Vice Chair Aquino, and members of the committee,

My name is Kathleen Wyatt, and I am a resident of Waipahu. As an owner of three adult day care centers that care for many kupuna living with dementia, I am in close contact with the caregivers that are dealing with the stress of caregiving for these folks. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association which would require a validated cognitive assessment tool be used for the cognitive assessment component of Annual Wellness visits.

Early detection and care planning allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression. If the family is aware that dementia is going to affect their loved one, they can better prepare, learn about the disease and interventions that will make their caregiving journey easier on them and they will be able to provide the best possible care for their loved one. They will also have time to research resources that will assist them when they are needed.

The standard use of a validated cognitive assessment tool is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for those living with dementia and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Kathleen Wyatt, RN

**Testimony on HB700 HD1
RELATING TO COGNITIVE ASSESSMENTS
Monday, March 10, 1:00 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street**

Chair San Buenaventura, Vice Chair Aquino and members of the committee,

My name is Calvin Hara and I reside in Kaimuki. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association Hawaii Chapter. Throughout my thirty year career in senior care and as a family caregiver, I have seen many kupuna with Alzheimer's disease and other dementia. It is a very difficult time, from diagnosis to the progression of the disease and ultimately death.

Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. It is costly to take care of a person with Alzheimer's and related dementia. Annually, the cost for Hawaii's Medicaid program is \$285 million.

That cost can be mitigated with early detection and care planning. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients, reduce the financial burden on families and the state and for the individual, establish a plan of care. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you.

Calvin Hara

HB-700-HD-1

Submitted on: 3/7/2025 11:44:29 AM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ellen Awai	Individual	Comments	Written Testimony Only

Comments:

Comments for HB700.HD1. recommending the Office of Aging to create a program for those with cognitive disorders. As the person who developed the Hawaii Certified Peer Specialists program in 2005-9, there is a great difference with those diagnosed with a mental illness at 21+ age range with most of their life still ahead of them. Professionals value their time as money and don't take the time to really listen and label individuals not realizing how this can affect a person's outlook on life. Being labeled by a medical professional, most tend to believe the label, especially if confirmed by family members, and are unable to see their positive attributes, but only what is wrong with themselves. As I did for over 30 years until I sought alternative health treatments, that confirmed that I did not have a mental illness but a physical disorder of my thyroids.

Now living in a senior community I realized that seniors have a whole different problems. If they are diagnosed with Alzheimers, Dementia, and even told that they need hospice by the medical professionals, their mental health tends to deteriorate. A recent example is First Lady Roslyn Carter and a recent Supreme Court Judge. Once their spouse was diagnosed with a chronic illness and placed in hospice, these women now bore more responsibility in their relationship. Especially having to remember what to do for both of them more than usual. When Carter's doctor had diagnosed her with dementia, she seemed to deteriorate more and passed away before her husband who was in hospice. A medical doctor sees a person only in a few minutes, but to diagnose someone in that moment is wrong! People go through a lot of stress and anxieties having to get themselves ready and perhaps another person, sometimes forgetting important items to bring along, or even seeing a doctor!

In Hawaii, I can see the cultural differences which is probably the most important factor in our communities and the statistics may not be as high here in the islands. One group tends to leave their grandparents or parents alone especially when there are more than one child in the family, believing that another sibling should do more or discouraged by their spouse. An example: a granddaughter gave the senior, their old Apple phone, did all their chores or have hired usually Medicare assistants do grocery shopping, laundry, housecleaning, or transport for outings. Phone numbers were written down, but the senior seem fearful of calling them, and the youth wrote in calendars that the elder is unable to read. A huge water bottle is provided to fill their daily

requirements, but the senior can't even remember if they drank anything. They are not allowed to use the stove, and usually has something in the fridge for them ready to eat. When these senior do leave their apartment to come out into the community center they have no idea why they came out and where their unit is to return. These are the seniors that need more assistance!

Once "Pat" was left home alone while her granddaughter took a vacation over a week during a Mother's Day weekend, When I visited Pat, although everything seemed in place, she appeared disheveled instead of her immaculate self, worried about being unable to use the bathroom, unable to find her cellphone, couldn't find her purse and if she had any money. I called our community office, to contact the granddaughter who had returned a couple days earlier, but due to confidentiality, I could not obtain the information and was told to call 911. I was told that Pat did have visitors the previous week. But when HFD & emergency arrived with at least 5 individuals creating so much anxiety for Pat. They found her cellphone, cut up her fruits and provided water for her and called her granddaughter. But instead of showing any appreciation I was scolded and told by others that I should mind my own business next time. Although told by Pat's church member that I should tell her granddaughter that she needed more assistance!

Other families tend to visit more often, usually daily if they knew their parent had Alzheimers. But they knew that other seniors close by could assist their loved one. But they realize that if their parent was taken off property with others they tended to wander off on their own. I explained to the helping seniors that they needed to take care of themselves first and don't take on the responsibilities of others, especially when they showed signs of cognitive issues.

Other seniors are constantly waiting for their children to visit and cannot plan anything else and just sit and wait or tell me they have to clean their house or wash clothes, the same thing everyday and never learn to become more independent. These are the ones I see as deteriorating in their cognitive issues.

Our community center is probably the best for a low-income senior facility with many great amenities; a pool, exercise room, library with computers, a weekly salon, and a community center with almost daily activities, which includes a monthly community luncheon with kitchen facility, a food pantry and a television.. But even with all these amenities, some seniors tend to isolate by themselves, preferring to be left alone, and possibly in fear of angering anyone and told to leave their residence. Some were found in their apartments passed away. Thus our entrances and paths in our units are to have a 3-foot clearance if a gurney is necessary.

Other seniors are told by their children when they will visit, which can be good and bad. Many of them are told by other residents not want to live with their adult children. These are usually facing a role reversal, where the children are now telling them what to do. But a lot is based on how they raised their children and if they could still communicate effectively.

For myself, I know how busy my only daughter is and am fortunate to see luckily every other weekend but will do the cooking in major holidays. She will be there if and when I need her and tracks me by my cell phone, as well as, on my service dog's pet camera. Many times I am unable to locate my phone, so I see a need for a landline, especially in emergencies. I was able to get a free government phone but had to remember to use it monthly to maintain the subscription. But through the pet camera, my daughter can see and also talk to me or Bambi. If she can't see locate me although my phone is home, she knows I am usually walking Bambi close by. Mahalo for letting me share my comments on living in a senior facility!

HB-700-HD-1

Submitted on: 3/7/2025 5:54:09 AM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chuck Taylor	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Vice Chair Aquino and members of the committee,

My name is Chuck Taylor and I live in Kihei, Maui. I am in stong support of HB700 and HD1 with the amendments proposed by the Alzheimer's Association which would require a validated cognitive assessment tool be used for the cognitive assessment component of Annual Wellness Visits.

HB-700-HD-1

Submitted on: 3/7/2025 8:12:01 AM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kristin Hartley	Individual	Support	Remotely Via Zoom

Comments:

I support HB700 HD1. My name is Kristin Hartley, and I live in Makakilo on the island of Oahu. In 2023, my father passed from complications due to Alzheimer's. He lived with me for the last 3 years of his life where I served as his primary and sole caregiver. In addition, I also had to work full-time in order to support both of us. The emotional and financial impact of caring for him was significant and substantial. There were more times than I can express when I felt alone, overwhelmed, and frankly, more sick than my dying father. What was plainly obvious is that there is a lack of a network to support (without having to pay caregiver support rates that are unsupportable long term) caregivers. Additionally, I struggled with cognitive testing. He was diagnosed once the disease had begun, and the testing was inconsistent and I felt often (until I met his final doctor at queens) I was left in the dark.

We all know, like any terminal disease, that early detection is the key. It can significantly mitigate costs, but more than that, it provides information -- which is power. Ensuring the standardization of validated cognitive assessment tools is a crucial step in both the support and understanding of, and, my fervent prayer, the annihilation, of this disease. Early detection and intervention has the ability to significantly improve the quality of life AND Care fore not only the patient, but their caregivers. I urge the committee to support this legislation for the benefit of our kupuna and all of us as caregivers.

Mahalo,

Kristin Hartley

HB-700-HD-1

Submitted on: 3/6/2025 4:35:44 PM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Individual	Support	Written Testimony Only

Comments:

I strongly support the passage of HB700 HD1 with the amendments offered by the Alzheimer's Association. This cognitive assessment bill, asks for an annual dementia assessment at the annual physical folks like me, who are age 65 and older. The recommended screening only takes a few minutes. The results will screen for neurological/ cognitive issues and a possible referral for testing that will identify a diagnosis, leading to early detection of dementia, opening the door to some exciting new treatment options that can slow the dementia's advancement and help manage the symptoms. With over 32,000 dementia diagnosed in Hawaii, knowing that's less than half who struggle to live with dementia, this test, can make a huge quality of life difference.

Besides being retired from

a fifty year mental health career, that included being a Certified Cognitive Disabilities, clinician, supervisor, consultant & presenter. My Mother lived over 25 years with Alzheimers. She passed a year ago, Februrary 7. What was sad was how the diagnosis was made with no specifics, just an assumption by a classmate doctor friend. This doctor told my family, 'She's Old, So She's Got Alzheimers. Doesn't Matter What Type it is, There's No Cure.' I told my family, that's not good medical care. However, in Rural America, that's all they seem to expect. So, her struggle was a very difficult one. Filled with fears and tears. Hard to experience for her and everyone involved. She's in a better place now. And, before the cognitive, mental and physical decline, she lived a remarkable life as a fun-loving Artist who loved to travel.

I'm coming around to letting that fun part be the memory I recall. Had she been tested, properly diagnosed accurately and fortunate enough to receive the treatments and understanding needed, I think we could have saved a lot of anguish and medical, mental and unnecessary unmanaged Dementia cost. My Mother endured some horific occurrences. Sadly, our family's story is happening all over the world.

According to the Alzheimer's Association, the cost of caring for people with Alzheimer's disease in the United States is estimated to be around \$360 billion in 2024, with projections showing this number could reach nearly \$1 trillion by 2050. What on earth happens if that man cuts Medicare funding. I guess when we get to that bridge, our discussion will take on another dimension.

Meanwhile, on the bright side, what's promising is the progress we've made, with awareness, understanding, prevention, and treatments that slow dementia symptoms progression, with hope of a cure, on the horizon, someday soon. Imagine a world without Dementia.

For today, this retired active in a dozen nonprofits kupuna advocate, asks for your support passing HB700 HD1 with the amendments offered by the Alzheimer's Association.

As noted a Diagnosis is the key to a better life for everyone. Thank you for your compassionate thoughtfulness on this fairly basic ask. Take Care.

HB-700-HD-1

Submitted on: 3/6/2025 2:13:50 PM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bixby Ho	Individual	Support	Written Testimony Only

Comments:

Honorable Joy A. San Buenaventura, Chair

Honorable Henry J.C. Aquino, Vice Chair

Members of the Senate Committee on Health and Human Services

Hawaii State Capitol

Honolulu, Hawaii 96813

VIA E-MAIL

Testimony in support of HB 700, HD 1: Related to Cognitive Assessments

March 10, 2025

Aloha Chair San Buenaventura, Vice Chair Aquino, Members of the Senate Committee on Health and Human Services,

My name is Bixby Ho, I am the Community Engagement Chair for Alzheimer’s Association of Hawaii and offer my testimony in **STRONG SUPPORT** of HB 700, HD 1: Related to Cognitive Assessments.

Let’s face it, we are facing the next to biggest health crises in our lifetime and this time we are fighting it by ourselves. The crisis I am referring to is, the population of aging is going to be the

largest it has ever been in a long time and the time is now that we have to step up to start worrying about diseases such as Alzheimer's, Parkinson's, ALS, and so many others.

When we go to the Doctor's for our annual physicals, yes, we get ahead of the curve with flu shots, Measles, TB, but what we do not get ahead of the curve with is the need for cognitive assessments. Yes, we like to believe our brain has an infinite muscle supply, but with muscle comes aging.

This bill that was introduced in the House and passed with overwhelming support can and will help bring to the forefront the Cognitive Assessment that we should, I emphasize should have. I hope that the Senate will also concur with their counterparts and pass this bill with overwhelming support as well. I speak out because as mentioned, we are aging, I do not want to one day be deprived of not being able to age well.

Thank you for the opportunity to provide testimony today.

Very Respectfully,

/s/ Bixby Ho

Testimony on HB700 HD1

RELATING TO COGNITIVE ASSESSMENTS

Monday, March 10, 1:00 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair Aquino and members of the committee,

My name is Barbara Black and I am a resident of Ninole. I am a caregiver for my husband, Peter, whose Alzheimer's was diagnosed ten years ago. That relatively early diagnosis was a gift to us as we contemplated our future. We were able to plan how we would manage this disease as it inevitably progressed. We also receive strong support from our family and friends.

Furthermore, I have been able to attend workshops for caregivers both in person and online. What I have learned is very helpful to me as we have moved forward through the progression of this disease. Caregiving for a spouse with Alzheimer's is complex and difficult; the ability to adjust and learn as early as possible has helped me immensely. It also provides early access to treatments to slow the progression of disease. I strongly support HB700 HD1. This bill including the amendments proposed by the Alzheimer's Association requires a validated cognitive assessment tool be used for the cognitive assessment component of Annual Wellness Visits. This would mean that more people would have the benefit of an early diagnosis.

Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. Annually, Alzheimer's and related dementias cost Hawaii's Medicaid program \$285 million.

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standard use of a validated cognitive assessment tool is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely, Barbara Black

HB-700-HD-1

Submitted on: 3/7/2025 5:05:32 PM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marshall Mower	Individual	Support	Written Testimony Only

Comments:

I support this bill.

HB-700-HD-1

Submitted on: 3/7/2025 6:30:11 PM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jo Hittner	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Vice Chair Aquino and members of the committee,

My name is Jo Hittner, and I am a resident of Hilo. My parents and my maternal grandfather all had dementia. I watched as they lost cognitive abilities and needed more and more care over time. Since their passing, there have been many treatments made available that were not known at the time they were living. These treatments have been effective in preventing the deterioration that they experienced. However, the new treatments are much more effective when dementia is diagnosed in the early stages. I am 79 and have been living in Hilo for 9 years. Prior to my move to Hawaii, I was given a cognitive assessment at each wellness visit after age 65. However, for the last 9 years, I have not received that assessment. My parents and grandfather were younger than me when their symptoms began. They were not fully aware of their decline and let the symptoms progress further than necessary before seeking treatment. I am advocating for cognitive assessments to be given on a regular basis in order for someone who is more objective than my husband or me to determine if there is unusual decline over the years. This would not be for diagnostic purposes, but rather to see if changes are beginning to occur. Thus, having some objective measurement for recommending further assessment.

Early detection and care planning can significantly mitigate costs that currently are nearly \$300 million dollars for Hawaii’s Medicare and Medicaid programs. It is projected that by 2060, nearly 14 million adults in the U.S. are projected to have Alzheimer’s disease. Besides the monetary cost, there is the psychological cost to the families and the loss of potential physical and intellectual contributions of these people to their communities and society.

The standardization of cognitive assessments is a critical step in addressing the growing challenge of Alzheimer’s disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association which would require a validated cognitive assessment tool be used for the cognitive assessment component of Annual Wellness Visits.

Alzheimer’s disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. Annually, Alzheimer’s and related dementias cost Hawaii’s Medicaid program \$285 million.

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standard use of a validated cognitive assessment tool is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I strongly urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Jo Hittner

TESTIMONY IN SUPPORT OF HB700 HD1
TESTIMONY GIVEN BY GIRARD A. PERONE
RELATING TO COGNITIVE ASSESSMENTS

HEARING: Monday, March 10, 1:00 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair Aquino and Members of the Committee,

Senators, I stand before you today not just as an advocate, but as a husband, a friend, and a witness to the cruelest thief of all—Alzheimer’s.

Thank you for the opportunity to testify today. My name is **Girard A. Perone**, though many know me as **Jerry**. I am a resident of Kaka‘ako and a dedicated advocate for the Alzheimer’s Association here in Hawai‘i. Before moving here, I worked with the Association in Washington, D.C. Today, as an **Alzheimer’s Ambassador**, I fight tirelessly—whenever and wherever I can—because this disease has devastated my life and the lives of those I love.

I have watched helplessly as **Alzheimer’s stole the light from the eyes of two people I loved—Gladys, my mother-in-law, and Rich, my dear friend of 50 years.** And now, I watch in horror as **Myrna, the wife of my best friend, slips away in the same cruel way.** But what frightens me most is what may come next—**my wife, Carol, living under the shadow of this disease, wondering if she is next.**

Alzheimer’s is a Thief: It Steals Lives, Piece by Piece

Gladys’ Story: A Life Stolen, Piece by Piece

Gladys was the heart of our family—strong, independent, and full of warmth. After my father-in-law passed, she continued living on her own, resilient as ever. But then the small things started slipping. She would call us repeatedly, asking for directions to our home—a place she had visited countless times. She told us every night what she had eaten: salmon, green beans, half a grapefruit, and a salad. We thought she was just being consistent. We didn’t realize she could no longer remember anything else.

She had raised two daughters with unwavering strength, navigating life’s challenges with resilience. And then, **piece by piece, that life was taken from her.** She forgot how to cook anything other than that same meal. She got lost just a mile from home. And then, one day, she no longer recognized the people she had loved for a lifetime—including her husband of 60 years.

Alzheimer's took her piece by piece. First, her memories. Then, her independence. Then, her identity. And long before her body passed, we had already said our goodbyes to the woman we knew and loved.

Rich's Story: A Brilliant Mind Fading Away

Rich's decline was just as cruel. A brilliant IBM engineer, he was known for his sharp intellect and infectious laugh. His mind had always been a source of pride—until, suddenly, it wasn't. He started forgetting appointments. He lost track of conversations. Chess, his lifelong passion, became impossible. Then walking became difficult. Then he forgot how to use his phone. And then—most painfully—**he forgot us.**

We urged him to see a doctor, but by the time he was diagnosed, it was too late. His family did everything they could, caring for him at home as long as possible. But eventually, the disease progressed beyond what any family could manage. He had to move to a care facility, where he spent his final months. **Less than a year after his diagnosis, he was gone.**

Myrna's Story: A Husband's Unbearable Pain

And now, Myrna. Like Gladys and Rich, Myrna's journey follows the same tragic pattern—**one that could have been eased with earlier detection.** I don't know why her diagnosis came so late—why the warning signs were missed, dismissed, or ignored—but now it is her husband, John, who suffers every day, trying to care for the love of his life. **He watches helplessly as the vibrant woman he married disappears before his eyes.**

He cries when he tells me how helpless he feels, how exhausted he is, how he is **losing her piece by piece.** He never imagined this would be their future.

Carol's Fear: Living in the Shadow of Alzheimer's

But perhaps the most painful part of this disease is **the fear it leaves behind.**

My wife, Carol, carries that fear every day. She and her sister, Joyce, cared for their mother through every stage of her decline. Even after Gladys was placed in a memory care facility, Carol went **every day.** She saw the slow transformation—her mother's face became vacant, her voice became unrecognizable, and one day, she no longer knew who Carol was.

Now, at 73, **every forgotten word, misplaced item, or moment of confusion sends a chill down Carol's spine.**

If you have a parent, a spouse, a sibling—anyone over 65—**then you, too, live with this fear. Will you have to watch the people you love disappear before your eyes? Will you be left helpless, unable to save them?**

A Call to Action: Hawaii Must Lead

Hawai‘i has the opportunity to lead. By supporting policies that promote **early screening via cognitive testing, access to resources, and investments in Alzheimer’s research**, you can make a real difference for families like mine—families who are struggling, families who are afraid, and families who are desperate for hope.

Senators, you have the power to protect families like mine. Do not let another husband hold his wife’s hand, knowing that soon she will not remember his name. Do not let another son sit beside his mother, only to hear her ask, ‘Who are you?’ Support mandatory cognitive testing—because every moment matters.

Alzheimer’s and other dementias primarily affect older adults, with **90% of cases occurring in those 65 and older**. Here in Hawai‘i, nearly **one in five residents** falls into this age group. That means our state is at increasing risk. Already, these diseases **cost Hawai‘i’s Medicaid program \$285 million annually**—a number that will only climb as our population ages.

By 2060, nearly **14 million Americans** will have Alzheimer’s. We cannot afford to wait. **Standardized cognitive assessments** during annual wellness visits are a **critical step** toward addressing this crisis. Early diagnosis leads to **better care, better treatment options, and less strain on families and our healthcare system**.

Please take action, because the worst thing about Alzheimer’s is realizing—too late—that time has already run out and with Alzheimer’s every moment matters.

Mahalo for your time and consideration.

HB-700-HD-1

Submitted on: 3/8/2025 4:21:13 PM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lila Mower	Individual	Support	Written Testimony Only

Comments:

I support this measure and urge its passage.

Mandating cognitive assessments during a patient's annual wellness check can lead to the early detection of dementia. Early detection also allows better planning for all those involved, including timely treatments to slow the progression of the disease, providing better outcomes for dementia patients.

HB-700-HD-1

Submitted on: 3/8/2025 5:59:59 PM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Valerie Hasegawa-Takahashi	Individual	Support	Written Testimony Only

Comments:

My name is Valerie Hasegawa-Takahashi, and I am a resident of Mililani. I am seventy-two years old and a caregiver. Our Alzheimer’s and caregiving story spans over 15 years. My husband (Earl, 76 years old) and I have lived through the emotional frustration, the mental stress, physical strain, and the financial burdens of caring for my mom (Velma, 89 years old), my mother-in-law (Hisae, 87 years old), and my aunty (Ann, 91 years old) all of whom lived with Alzheimer’s disease.

My mom and mother-in-law both experienced difficulties doing familiar tasks (housekeeping, grocery shopping, washing clothes), getting lost in familiar places, and feeling frustrated, angry and confused every day. My aunty experienced personality and behavioral changes (mood swings, agitation, suspicion), Sundowning Syndrome and wandering at nights. Their PCP relied on subjective observations and determined their symptoms were due to “normal aging.” However, they needed a clinical evaluation, including a standardized screening and cognitive assessment test. Without a cognitive assessment, a diagnosis of Alzheimer’s could not be made, and access to treatments were not available. Early detection and intervention could have significantly improved the quality of life for my mom, my mother-in-law, and my aunty. And the financial burden for long-term care and out-of-pocket costs.

This is why we support HB700 HD1 and the standardizing of cognitive assessment testing of Alzheimer’s disease and related dementias. The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer’s disease. Early diagnosis allows for timely intervention, better care planning, access to treatments that can slow the disease’s progression, and reduce the financial burden on families. We urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Valerie Hasegawa-Takahashi

ZOOM Talk number 2

Excuse me for reading this, but if I don't, I can't be certain that I will be as clear as I want to be.

My name is Peter Black, and I learned that I had Alzheimer's disease 10 years ago. I am here to support the testimony of my wife and care-giver Bobby.

I am a 82 years old professor of anthropology who realized a lifelong dream to move to Hawaii xx years ago. As I write this I cannot remember how many years ago that was, but it wasn't yesterday.

Learning that I had Alzheimer's was absolutely the worst thing to happen to me in all my 82 years. But even though it probably sounds crazy, I need to say that I know I am a very lucky man. There are two reasons for this. Let me explain, and I will be as brief in as I can, even though I spent my working life in one of the world's wordiest professions.

First: Getting that diagnosis as early in the disease process as I did, made it possible for us to become accustomed to that awful fact while I was still reasonably OK. I don't say anything about "accepting that fact" because that sounds a little like surrender, and our struggle with it has never ceased. But the early diagnosis is giving us time to make that process as easy as possible. It's a gift that doesn't stop giving.

Second: For me, Bobby is the best possible caregiver, as she has always been. What you have just heard was written by me, and only by me, even though it might seem unlikely from an Alzheimer's patient. These words are mine, in the order I want. I freely admit it has taken me a lot of time and quite a few re-writes and more than a little help from Microsoft Word, but no one else.

Thank you for the opportunity to share my experience.

LATE

HB-700-HD-1

Submitted on: 3/10/2025 11:09:19 AM

Testimony for HHS on 3/10/2025 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Deslynn Jaquias	Individual	Support	Written Testimony Only

Comments:

Testimony on HB700 HD1

Monday, March 10, 1:00 PM

Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair Aquino and members of the committee, My name is, Deslynn Jaquias, and I am a resident of Kapaa, HI. Dementia affected my grandfather's ability to live independently with my grandmother. My mother had to have them move into her home to care for them. He didn't take any cognitive assessments to identify he had dementia. It was after a crucial incident that occurred that we realized he had dementia. It was a challenge to see him decline cognitively. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association.

Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. Annually, Alzheimer's and related dementias cost Hawaii's Medicaid program \$285 million.

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,
Deslynn Jaquias