

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

**Testimony COMMENTING on SB482
RELATING TO COGNITIVE ASSESSMENTS.**

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

Hearing Date/Time: February 10, 2025; 1:20 PM

Room: 225

1 **Fiscal Implications:** Appropriates general funds to the Executive Office on Aging, an
2 attached agency to the Department of Health (DOH).

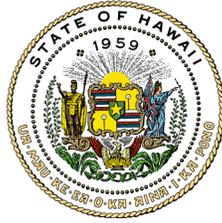
3 **Department Testimony:** DOH supports the intent of SB482 that requires all health care
4 providers who accept Medicare to provide a cognitive assessment as part of the Medicare
5 Part B annual wellness visit, with certain exceptions, and to submit certain information to
6 the Executive Office on Aging (EOA) to report de-identified aggregated data to the
7 Legislature on an annual basis.

8 Medicare Part B coverage includes cognitive assessment and care services. The 2025
9 Medicare and You Handbook states that the provider may perform a cognitive assessment
10 to look for signs of dementia. Mandating cognitive assessments will provide a baseline for
11 Medicare beneficiaries who may show signs of cognitive decline and follow-up actions such
12 as referrals, further diagnosis, and treatment.

13 However, mandating cognitive assessments and collecting patient data as stated in this
14 measure raises concerns. DOH defers to EOA for comments and recommendations to
15 address these concerns.

1 Thank you for the opportunity to testify on this measure.

2



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

**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

CAROLINE CADIRAO
DIRECTOR
Executive Office on Aging

Telephone
(808) 586-0100

Fax
(808) 586-0185

**Testimony COMMENTING on SB482
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, February 10, 2025, at 1:20 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 SB482 and provides comments.
- 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 associated with data management and secure
- 5 transmission and storage of data.
- 6 **Purpose and Justification:** This measure requires health care providers, who accept Medicare,
- 7 to provide cognitive assessments as part of the Medicare Annual Wellness Visit to beneficiaries
- 8 sixty five years of age or older, with some exceptions; requires health care providers to report
- 9 and submit certain data and information to the EOA annually; requires the EOA to adopt rules

1 for the secure transmission and storage of the reported information; and requires the EOA to
2 provide an annual, summarized report of the collected information to the Legislature.

3 EOA supports the intent of this measure and recognizes the importance and need for
4 more older adults to receive cognitive assessments for the early detection of dementia.
5 However, the patient data collected for the cognitive assessments (e.g. age, zip code, race, and
6 gender) would require HIPAA compliance. We understand that the HIPAA Privacy Rule will
7 preempt State law. In order to eliminate concerns regarding HIPAA compliance by the health
8 care providers and EOA, we recommend that any data requested from health care providers
9 under the bill be limited to information that does not identify or could reidentify the patients as
10 provided in 45 C.F.R. § 164.514.

11 Additionally, EOA would need additional staff and funding to develop and manage the IT
12 infrastructure for a data system that can securely transmit and store patient data as required by
13 this bill. To better understand the magnitude of this bill, there were over 304,000 Medicare
14 Part B beneficiaries in 2024 with hundreds of healthcare providers across the state. The new
15 data system would require integration with Application Programming Interface to connect with
16 the various health care system's electronic health record (EHR) management systems. Without
17 a secure, data management system this measure will not be achievable and will elicit concerns
18 and possible opposition from healthcare providers and patients.

19 On page 7, line 15-17. this measure requires EOA to "adopt rules for the secure
20 transmission and storage of the information reported pursuant to subsection (d)". EOA
21 believes that adopting rules for this measure is unnecessary. The purpose of adopting rules is

JAN 17 2025

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

17 Accordingly, the purpose of this Act is to improve the
18 detection and treatment of Alzheimer's disease and related
19 dementias in Hawaii by **mandating "offering"** cognitive assessments
20 for
21 medicare beneficiaries aged sixty-five or older during annual
22 wellness visits covered by medicare part B.

4 SECTION 2. [EOA shall collaborate with a healthcare system in a
pilot project in which health care providers offer Medicare Part B
patients a cognitive assessment for the early detection of
dementia. EOA shall secure the transmission and storage of
information reported for the purpose the pilot project.] Chapter
321, Hawaii Revised Statutes, is amended by adding a new part to be
appropriately designated and

2 to read as follows:

3 ~~["PART~~ **COGNITIVE ASSESSMENTS FOR MEDICARE BENEFICIARIES**

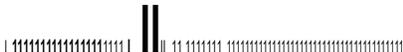
4 ~~§321-A~~ **Definitions.** As used in this part:

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 or an advanced practice registered
13 nurse licensed under chapter 457.

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

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



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

4 ~~§321-B~~ Cognitive assessments for qualified patients;

5 reporting requirements. (a) All The health care providers shall
may offer and

6 conduct or order a cognitive assessment when providing an annual
7 wellness visit to a qualified patient.

8 (b) The cognitive assessment shall be conducted using
9 standardized, validated assessment tools or diagnostic tests
10 approved by the Food and Drug Administration and covered by
11 medicare.

12 (c) A qualified patient may decline the cognitive
13 assessment after being informed of its purpose, benefits, and
14 any risks. The health care provider shall document the
15 qualified patient's decision to decline the cognitive assessment
16 and include it as a part of the qualified patient's medical
17 record.

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



1 (1) Whether the qualified patient declined the cognitive
2 assessment;

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

5 (3) The date of the cognitive assessment;

6 (4) The address where the cognitive assessment was
7 conducted and whether the cognitive assessment was
8 conducted in person or via telehealth;

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

11 (6) The type of cognitive assessment administered;

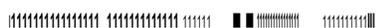
12 (7) The result of the cognitive assessment; and

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

~~15 (e) The executive office on aging shall adopt rules for
16 the secure transmission and storage of the information reported
17 pursuant to subsection (d).~~

18 ~~§321-C~~ **Executive office on aging; annual report;**

19 **confidentiality; publication.** (a) The executive office on
20 aging shall provide an annual report summarizing the information
21 collected pursuant ~~to section 321-B~~ to the legislature no later



1 than twenty days prior to the convening of each regular session.
2 The report shall be available to the public on the department of
3 health's website.

4 (b) Any reports submitted to the legislature and subject
5 to publication under this section shall be limited to aggregated
6 data and shall not directly contain or indirectly result in the
7 disclosure of personally identifiable information.

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

13 ~~§321-D~~ **Exemptions.** This part shall not apply to:

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

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

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

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

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

10 SECTION 4. In codifying the new sections added by section
 11 2 of this Act, the revisor of statutes shall substitute
 12 appropriate section numbers for the letters used in designating
 13 the new sections in this Act.

14 SECTION 5. This Act shall take effect on January 1, 2026;
 15 provided that section 3 shall take effect on July 1, 2026.

16

INTRODUCED BY:


 A large, stylized handwritten signature in black ink is written over a horizontal line. The signature is highly cursive and appears to be the name of the representative introducing the bill.

1 for the implementation of services and to establish criteria for those services. This measure
2 only requires EOA to safeguard data. Additionally, adopting rules would take some time and
3 delay the implementation of this project. EOA can enter into a memorandum of agreement
4 with the health care system to establish the framework for the project and reduce any
5 uncertainties.

6 **Recommendation:** EOA recommends to 1) amend the bill from requiring health care providers
7 to “offer” cognitive assessments to Medicare Part B beneficiaries. Amend “mandating” to
8 “offering” on page 4, line 5 and line 18, and amend “shall conduct or order” on page 6, line 5-6
9 to “may offer to conduct or order”, 2) amend the bill to create a pilot project to demonstrate
10 viability for a statewide program that may be conducted with one health system. This would
11 allow EOA to determine what’s needed for a statewide rollout and associated costs, 3) EOA
12 would request flexibility to identify the data elements to ensure privacy and security obligations
13 and to get buy-in from healthcare providers, 4) remove requirement on page 7, line 15-17 for
14 EOA to adopt rules for the transmission and storage of the data, and 5) request that the
15 legislature incorporate EOA’s edits to SB482 as attached for clarity.
16 Thank you for the opportunity to testify.



STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
'A'UNIKE MOKU'ĀPUNI NO KA NĀ KĀWAI KULA

PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 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 San Buenaventura, and Committee Members:

SUBJECT: SB482 Relating to Cognitive Assessments

The Hawaii State Council on Developmental Disabilities **SUPPORTS SB482**, which requires all health care providers who accept Medicare to provide a cognitive assessment as part of the Medicare Part B annual wellness visit for Medicare beneficiaries sixty-five years of age or older, with certain exceptions. Requires health care providers 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 on an annual basis. Appropriates funds. Effective 1/1/2026.

While the bill takes a significant step towards improving early detection and treatment of Alzheimer's disease and related dementias by mandating cognitive assessments for Medicare beneficiaries aged sixty-five and older, we urge the Legislature to consider expanding the age range for these assessments to include younger individuals, particularly those within the developmental disabilities community.

Individuals with developmental disabilities are at a higher risk for early-onset cognitive decline and related conditions. For example, adults with Down syndrome are significantly more likely to develop Alzheimer's disease, often manifesting symptoms in their 40s or 50s. Restricting mandated cognitive assessments to individuals aged sixty-five and older overlooks a vulnerable population that could greatly benefit from early detection and intervention.

Early cognitive assessments can lead to timely diagnoses, allowing individuals and their families to plan for necessary support services, manage comorbid conditions, and improve overall quality of life. For the developmental disabilities community, early detection is not just about medical intervention but also about ensuring continuity of care, appropriate educational and vocational support, and comprehensive life planning.

Therefore, we respectfully request the following amendment to SB482:

- **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 SB482**.

Sincerely,



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'AINA O KA MOKU'AINA '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

February 5, 2025

To: Senate Committee on Health and Human Services
Senator Joy San Buenaventura, Chair;
Senator Henry JC Aquino, Vice Chair; and
Honorable Members

From: John C (Jack) Lewin MD, Administrator, SHPDA

Re: SB 482 – **RELATING TO COGNITIVE ASSESSMENTS**

Position: SUPPORT

Testimony:

SHPDA supports 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.

Making available through assured reimbursement of this kind of annual assessment, with certain exceptions including the patient's right to decline the test, will more than pay for itself.

There are increasingly available means of pharmacologic and lifestyle-related therapeutic options to delay the onset of debilitating dementia in affected individuals, which require cognitive testing to detect and apply. While there are no effective cures for dementia now, delaying the progression of it is increasingly possible. More potential therapeutic options undergoing research and development.

SHPDA also believe that patients have the right to refuse such testing, and that the key issue is making sure that this service is fully funded by insurers for those patients and their ohana, and for physicians and clinicians who believe these cognitive assessments are necessary or indicated. They should not be mandated. We will defer to the executive office on aging and DHS/Med-Quest for amendment details they may wish to include based on their program requirements.

2025 Hawaii Leadership Board

Travis Kikuchi, *Chair*
Senior Vice President
Central Pacific Bank

Lori McCarney, *Immediate*
Past Chair Community
Advocate

Tricia Medeiros, *Past Chair*
Chief Operating Officer
The Plaza Assisted Living

Gina Fujikami, *MD*
The Queen's Medical
Center

Kai Ohashi,
Financial Advisor Edward
Jones

Michael Robinson,
Vice President Hawaii Pacific
Health

Kimberly Soares, *Vice*
President Atlas Insurance

Gino Soquena,
Executive Director
Hawaii Building and
Construction Trade Council

Gordon Takaki, *Past*
President Hawaii Island
Chamber of Commerce

Cary Tanaka,
Past President
Island Insurance
Companies

Caroline Witherspoon,
President Becker
Communications

LJ R. Duenas,
Executive Director
Alzheimer's Association

Testimony to the Senate Committee on Health and Human Services Monday, February 10, 1:20 PM Room 225 and Videoconference

RE: Senate Bill No. 482 – RELATING TO COGNITIVE ASSESSMENTS

Chair San Buenaventura and Members of the Committees:

Thank you for the opportunity to testify on the critical issue of standardizing cognitive assessment tests. My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association. I write in **strong support** of SB482 and offer amendments for your consideration.

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. Alarmingly, over two-thirds of people with memory problems in Hawaii have not discussed their symptoms with a healthcare provider.

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, befitting 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.

After working with the Executive Office on Aging (EOA) to refine the bill and implementation, we humbly offer the following amendments for your consideration:

- Include patients who participate in an Annual Wellness Visit covered by medicare part C (Medicare Advantage plans) under this requirement
- Establish the data collection and management by EOA as a pilot program
- Replace the blank appropriation for the data management to \$150,000 or note the requested appropriation in the committee report for FIN consideration.

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



February 10, 2025 at 1:20 pm
Conference Room 225

Senate Committee on Health and Human Services

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

From: Hilton R. Raethel
President and CEO
Healthcare Association of Hawaii

Re: **Submitting Comments**
SB 482, Relating to 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 health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. 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 over 30,000 people statewide.

Thank you for the opportunity to provide **comments** regarding this measure, which would require certain healthcare providers to conduct or order cognitive assessments for Medicare Part B recipients aged 65 or older during annual wellness visits and report that information to the Executive Office on Aging (EOA). The EOA would also be required to deidentify and aggregate the reported data and submit reports to the legislature annually. Our members recognize the importance of addressing cognitive health in Hawaii's aging population. However, we have concerns regarding the implementation, administrative burden, and costs associated with these measures.

Of major concern is the substantial administrative burden this legislation places on physicians and advanced practice registered nurses, especially in terms of reporting data to the EOA in a private, safe, and efficient manner. The reporting requirements outlined in the bill are extensive, requiring providers to report detailed information about the cognitive assessments, including patient demographics, assessment results, and follow-up actions, to the Executive Office on Aging (EOA) annually. These requirements add to the already heavy documentation workload faced by healthcare providers, potentially diverting time and attention from direct patient care.

We would also seek more clarity regarding EOA's capacity to securely manage the collection, storage, and analysis of the sensitive data required by the bill. Our members want to ensure a seamless, protected transfer of data through electronic health records (EHRs) or other industry-standard means to sharing sensitive health information. This can be costly, and an idea of the specific infrastructure and costs for acquisition and maintenance would be helpful to understand. Further, information regarding data security protocols and data governance is also necessary.

Any additional requirements to carry out these assessments should include an appropriation for community and rural providers to take on the additional administrative burden and install any systems for the movement of this data. For example, SB 959 would implement a healthcare IT infrastructure grant program to help bring EHRs to more practices at a cost of approximately \$25 million to implement fully. This type of investment could be needed to ensure the seamless, secure sharing of information without adding additional burdens to the provider's workload.

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



1001 Bishop Street | Suite 625 | Honolulu, HI 96813-2830
1-866-295-7282 | Fax: 808-536-2882
aarp.org/hi | aarphi@aarp.org | twitter.com/AARPHawaii
facebook.com/AARPHawaii

The State Legislature
Senate Committee on Health and Human Services
Monday, February 10, 2025
Conference Room 225, 1:20 p.m.

TO: The Honorable Joy San Buenaventura, Chair
FROM: Kealii Lopez, AARP State Director
RE: Support for S.B. 482 Relating to Cognitive Assessments

Aloha Chair San Buenaventura and Members of the Committee:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social impact organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 135,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families.

AARP supports S.B.482 which requires all health care providers who accept Medicare to require a cognitive assessment as part of the Medicare Part B Annual wellness visit for Medicare beneficiaries.

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

Early detection and care planning can greatly reduce the cost of caring for someone with Alzheimer's disease or related dementia. Early diagnosis enables timely intervention, better care planning, and access to treatments that can slow the disease's progression. Standardizing cognitive assessment tests is essential to addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly enhance patients' quality of life and lessen the financial burden on families and the state.

Thank you for the opportunity to support this legislation that will the benefit of Hawaii's kūpuna and their caregivers.

SB-482

Submitted on: 2/4/2025 9:22:10 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

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

Comments:

Support



**Testimony to the Senate Committee on Health and Human Services
Monday, February 10, 2025, 1:20 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: SENATE BILL NO. 0482, RELATING TO COGNITIVE ASSESSMENTS.

Chair Takayama, Chair Marten, 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** Senate Bill No. 0482, 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 mandating cognitive assessments for medicare beneficiaries aged sixty-five or older during annual wellness visits covered by Medicare Part B. In addition, this bill would also appropriate an unspecified amount of general funds for fiscal year 2025-2026, and the same amount for fiscal year 2026-2027, for any costs associated with the data management and reporting requirements for the secured data transmission required.

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.

Testimony on Senate Bill No. 0482
Monday, February 10, 2025; 1:20 p.m.
Page 2

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.

SB-482

Submitted on: 2/6/2025 3:22:21 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Testifying for PABEA	Support	Written Testimony Only

Comments:

I strongly support SB482, requiring Dementia Screenings for those 65 or older at their annual physicals. I'm Vice Chair of PABEA's Legislative Committee, and active member of the Legislative Kupuna Caucus and a Volunteer at Alzheimers Association. In addition, my mother passed away on Februry 7, 2024 after a twenty year struggle with Alzheimers. My testimony is selerate from the views of EOA. Regauding my mother, her treatment might have been less traumaltuous, had we known what type of Dementia she was dealing with. Her quality of life deteriorated to the point of restraints, sedatives and a lot of frustration, fear and anger. The doctor who said she had dementia told us, she's old and this is a part of aging. If you know me, you know, that was not the end of that discussion. SB482, simply asks the doctor or a staff to administer a smple screening and to refer tge individual for further testing, if needed. With today's Dementia knowledge, we know, the earlier we intervene, the better. Today's medication can slow the development or clean the plaque that causes Dementia. This is a very exiting development. Lastly, in Hawaii, there are 31,000 diagnosed with Dementia. Sadly, this is thought to be a fraction of the factual number. Families are struggling to care for their loved ones. Over a billion dollars is spent in care of our state's Dementia Clients. The numbers will increase as our Kupuna population increases. By 2030 those over 65 will outnumber those 18 our under. The ask for a simple assessment would be very helpful. Thank you for your time and condideration.



February 5, 2025

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

Re: SUPPORT OF SB482 RELATING TO COGNITIVE ASSESSMENTS

Hrg: Monday, February 10, 2025 at 1:20pm

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

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 SB482. 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 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 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

SB-482

Submitted on: 2/8/2025 11:25:12 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Tony S Vericella	Testifying for Alzheimer's Caregiving & The Caregivers	Support	Written Testimony Only

Comments:

Aloha Chairs San Buenaventura and Dela Cruz, and Members of the Committees,

My name is Anthony (Tony) S Vericella, and I am a resident of both Oahu and the Big Island.

I'm testifying, on behalf of myself and Alzheimer's Caregiving & The Caregivers, in strong support of SB482.

My wife Dana was diagnosed with early onset Alzheimer's in the fall of 2018 at the age of 65. She is currently between the middle and late stages of Alzheimer's.

I had an idea of what to expect – however, long before I could get my arms around what was to come, it came! Dana’s regression in all aspects of life was so quick, so devastating, so frightening for all of us. Initially every month, then every week and then every day, another part of her was lost. My emotions ran the full range – sadness, frustration, anger, physical and emotional exhaustion, and sheer helplessness as I watched the woman I loved, the mother of our triplets, disappear.

Any sign of normalcy filled me with hope – maybe the medications were working, maybe the home environment was stemming the decline, maybe I was getting through! But these

momentary signs of hope were cruel reminders of a life that was no longer, of the plans that

might have been but would never be, of retirement, our golden years, now set aside.

I am no stranger to the disease. My mother suffered the debilitating impact of Alzheimer’s for 14 years – indeed my father suffered even more as he remained aware, frightened, frustrated with

himself that he could not just make this go away, click his fingers and snap my mother out of this fog. The helplessness...I have new understanding for his pain.

and now,

there is a new beginning!

A beginning that has purpose – helping the thousands of families in Hawai‘i, and millions in the U.S. and beyond, that wake up daily to the realization that their loved one is slipping away, regressing into an unknown void where their shared memories are no longer a source of comfort or joy.

The effects of Alzheimer’s disease impact not only the person diagnosed, but everyone around them. How can we make sure that no family is forced to face Alzheimer’s alone?

My goal is simple – to pass on the healing, the strength, and the power that comes from

understanding and sharing experiences. My initiative, an approved tax-exempt 501 (c)(3) called Alzheimer’s Caregiving & The Caregivers, has but one mission – to prepare, equip, and provide evolving support to “families” caregiving for loved ones diagnosed with the progressive and debilitating effects of Alzheimer’s/Dementia.

We launched our nonprofit on September 21, 2023, which was our 43rd Wedding Anniversary and World Alzheimer's Day.

Alzheimer’s disease and other dementias primarily affect older adults, with 90% of cases

occurring in individuals aged 65 and older. In Hawai‘i, 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 Hawai‘i’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.

We are in strong support of 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.

My best,

Anthony (Tony) S Vericella

Founder & CEO

Alzheimer's Caregiving & The Caregivers

Monday, February 10, 2025 at 1:20 PM
Via Video Conference; Conference Room 225

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **Comments on SB 482
Relating to Health**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes to provide COMMENTS on SB 482 which requires all health care providers who accept Medicare to provide a cognitive assessment as part of the Medicare Part B annual wellness visit for Medicare beneficiaries sixty-five years of age or older. The measure also requires health care providers 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 on an annual basis.

We support the intent of the bill and recognize the impact Alzheimer's disease can have on individuals and their families. HPH understands that early detection of Alzheimer's disease and related dementias can reduce costs, manage comorbid conditions, delay disease progression, and allow better care planning. For this reason, HPH already screens for cognitive impairment during our Medicare annual wellness visits. Unfortunately, requiring health care providers who are overwhelmed by administrative paperwork and reporting requirements will be burdensome, and will impact individual providers the hardest as many individual providers do not have the infrastructure needed to help with reporting. Reporting requirements without funding or support may also have a negative impact on the State's ability to retain physicians and other providers to address the growing health care provider shortage.

Thank you for the opportunity to testify.

SB-482

Submitted on: 2/5/2025 8:06:07 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

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

Comments:

I support this measure.

SB-482

Submitted on: 2/5/2025 8:13:49 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

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

Comments:

I support this bill.

SB-482

Submitted on: 2/5/2025 10:14:22 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

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

Comments:

Testimony in support of SB482: Relating to Cognitive Assessments

February 10, 2025

Honorable Joy San Buenaventura, Chair

Honorable Henry Aquino, Vice Chair

Committee on Health and Human Services

Aloha Chair San Buenaventura and Respective Committee Members,

My name is Bixby Ho, I am writing in support of SB482: Relating to Cognitive Assessments.

Alzheimer’s Disease and Dementia at one time was known to be the “old person’s disease” but regardless of age, race, sexual orientation, kind of car you drive, it does not discriminate.

This bill will help us together be able to understand more fully the affects this disease has and how we can better be able to get a grasp on it.

With cognitive assessments, we can and will be able to find a cure for this disease.

I urge you to vote in SUPPORT, NOT NAY, NOT PRESENT, NOT ABSTENTION of SB482: Relating to Cognitive Assessments.

Mahalo for the opportunity.

Very Respectfully,

/s/ Bixby Ho

SB-482

Submitted on: 2/5/2025 3:25:16 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Gina Fujikami	Individual	Support	Written Testimony Only

Comments:

Testimony on SB482

RELATING TO COGNITIVE ASSESSMENTS

Monday, February 10, 1:20 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura and members of the committee,

My name is Dr.Gina Fujikami and I am a resident of Honolulu, HI. My grandfather suffered from Alzheimer's dementia, and as a Geriatrician, a majority of my patients suffer from some type of dementia.

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,

Gina Fujikami, MD

SB-482

Submitted on: 2/7/2025 12:22:50 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Linda Elento	Individual	Oppose	Written Testimony Only

Comments:

Cognitive assessments should not be required by unqualified medical professionals nor dependent on the patient to decline such assessment. Thank you.

SB-482

Submitted on: 2/7/2025 11:50:42 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Joanne Foxxe	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura and members of the committee,

My name is Joanne Foxxe, and I am a resident of Lahaina

My husband has Alzheimer's and I care for him full time and work

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,

Joanne Foxxe

SB-482

Submitted on: 2/7/2025 11:12:07 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Brandon T Fleming	Individual	Support	Written Testimony Only

Comments:

Testimony on SB482

RELATING TO COGNITIVE ASSESSMENTS

Monday, February 10, 1:20 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura and members of the committee,

My name is Brandon Fleming and I am a resident of Hilo.

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,

Brandon Fleming

TESTIMONY ON SB482
RELATING TO COGNITIVE ASSESSMENTS
HEARING: Friday, 02-10-25, 1:20PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura and Members of the Committee,

Thank you for the opportunity to testify today. My name is Jerry Perone. 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., and 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.

Alzheimer’s is not just a diagnosis. It is a slow and merciless thief, stealing memories, dignity, and, in the end, life itself. I know this all too well. I lost both my mother-in-law, Gladys, in 2018, and my dear friend of 50 years, Rich, just last year. Their journeys were heartbreaking—not just because of the disease, but because we saw the signs too late.

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 almost single-handedly. She had built a life of strength and independence. 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. We lost her long before she died.

Rich’s decline was just as cruel. A brilliant IBM engineer, everyone loved his infectious laugh. His mind had always been sharp—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. Those of us who were his close friends helped where we could. 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.

I live with the same question every day: What if we had known sooner? What if routine cognitive screenings had caught the signs earlier? What if we had been able to plan, explore treatments, and give them—and us—just a little more time? Instead, we were left scrambling, making impossible choices, watching helplessly as the people we loved faded away.

Alzheimer's does not just steal memories. It steals identity. It steals independence. It steals the ability to say goodbye while it still means something.

We cannot cure this disease—not yet. But early detection can change everything. It gives families time to prepare, to seek treatments that may slow the progression, to hold on to their loved ones for as long as possible.

Congress has the power to change the future for millions of families facing this cruel disease. We need policies that not only support research and resources but prioritize early detection—because with Alzheimer's, 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.

I urge this committee to take action. Support mandatory cognitive testing. Do it for our kūpuna. Do it for their caregivers. Do it for the future of our community.

Because the worst thing about Alzheimer's is realizing—too late—that time has already run out.

Thank you.

SB-482

Submitted on: 2/6/2025 3:51:30 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Lori McCarney	Individual	Support	Written Testimony Only

Comments:

Testimony on SB482

RELATING TO COGNITIVE ASSESSMENTS

Monday, February 10, 1:20 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Dear Chair San Buenaventura and members of the committee,

My name is Lori McCarney, a resident of Honolulu, and I am writing in strong support of SB482.

Alzheimer's is a brain disease that killed my father, grandmother, aunt, and may someday kill me as well. Early detection can make a difference in the outcome for me and for others like me who face an uncertain future in regards to this devastating disease.

At annual visits to my doctor, they check my heart, my lungs, my weight, my skin, my reflexes, and my blood. But, they do not check on my brain--or even ask about my family history. Knowing that my highest health risk is Alzheimers, it seems that consistent annual standardized checks would catch the disease early, so I can take action.

This bill provides for an annual non-invasive check on my brain that can be done in minutes by a doctor or someone on his team. Trending information over time will help me detect mild cognitive impairment, and when anonymously aggregated and reported, will help those providing services and seeking a cure.

I hope to count on your support of this bill and thank you for the opportunity to testify.

Sincerely,

Lori McCarney

Testimony on SB482
RELATING TO COGNITIVE ASSESSMENTS
Monday, February 10, 1:20 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura and members of the committee,

My testimony is in strong support of SB482, Relating to Cognitive Assessments.

My family has personally experienced the horrible impact of Alzheimer's Disease. My late father passed away from the disease, and additionally 3 uncles have passed away from this disease in the past 3 years.

Alzheimer's disease and other related dementias are devastating diseases that affect so many Hawaii residents. Unfortunately, Hawaii residents are not routinely examined and assessed in a consistent and standardized manner for Alzheimer's and other dementias.

The stigma and fear of Alzheimer's causes families to not want to know if a loved one has Alzheimer's and therefore do not ask their doctor for a cognitive assessment. Additionally, doctors may be hesitant to perform a cognitive assessment on an individual because of denial and push back from family members about the disease

However, it is essential that a standardized cognitive assessment be performed on all Medicare beneficiaries age 65 and older during their annual wellness visits to improve the early detection and treatment of Alzheimer's disease and other dementias.

Early detection is important to plan and manage Alzheimer's, however, cognitive impairment often goes undiagnosed until it reaches an advanced stage. Routine annual cognitive assessments allow doctors to establish a baseline, track changes over time, and differentiate between normal aging and early signs of impairment. Early detection enables timely medical intervention, lifestyle modifications, and care planning, ultimately improving patients' quality of life. Additionally, early diagnosis provides families with the necessary time to prepare for long-term care and support options.

I urge the committee to support this bill for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Steve Tam

Testimony on SB482
RELATING TO COGNITIVE ASSESSMENTS
Monday, February 10, 1:20 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura and members of the committee,

My name is Mansa Devaki, a student at UC Berkeley studying Neuroscience and Public Health, and I am a resident of Kula. During my time volunteering with Alzheimer's patients, I've seen firsthand how devastating the disease is—not just for those diagnosed but for their families as well. I worked with patients on cognitive exercises designed to help slow their decline, but the reality is that once symptoms become noticeable, many families are already deep in the struggle of caregiving. A family friend of mine on Maui was fortunate to be diagnosed with dementia fairly early, allowing them to pursue treatments and lifestyle changes that may extend their independence. But for many, especially those diagnosed late, the options are far more limited.

I've met families who had to place their loved ones in memory care facilities, which can cost thousands of dollars a month—expenses that quickly deplete savings. Early diagnosis doesn't just give patients a fighting chance; it saves families from immense financial strain and reduces the burden on the healthcare system. Seeing these realities up close has reinforced for me how critical it is to raise awareness about early detection and support for those affected.

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,

Mansa Devaki

February 8, 2025

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

From: Lisa Kaluna, Big Island resident

Re: SB482 – Relating to Cognitive Assessments

Position: SUPPORT

Testimony:

I am a resident of Keaau on Hawai'i Island and am about to enter the nursing profession upon graduation this May and subsequent licensure. I am offering my support for bill SB482, relating to cognitive assessments, for both personal and professional reasons.

Personally, dementia and Alzheimer's disease are common in my family and my husband's family. Experiencing this disease first hand and watching our families struggle with the progressive decline in our great grandparents and grandparent's cognitive function has been difficult. Moreover, it has been difficult to witness the health and wellness of their primary caregiver also decline, due to the immense responsibility and stress involved in caring for someone with Alzheimer's disease. My husband and I

are now faced with early signs of the disease in our parents. Convincing them to request their own cognitive assessment has been challenging, as many people will deny the early signs and justify them away with excuses. I have personally had many conversations over the last few years with my mother about my father's cognitive function, begging her to be proactive in seeking medical help for him and trying to get her to understand how important it is to have an early evaluation before his symptoms progress. I have also reviewed with her some of the current treatment options and how they can help slow the progression of especially Alzheimer's Disease. I am happy that they did finally seek medical advice for my father, but it has left me wondering about all the individuals who don't have an advocate in their lives that is proactive with fairly high health literacy.

Professionally, I can also see tremendous value for the nursing profession when results from standardized, annual cognitive assessments become part of a patient's medical history for individuals 65 years old and older and individuals at heightened risk for cognitive impairments, regardless of age (I also support the amendment to section 321-B to expand eligibility). Assessing a patient's cognitive function is a fundamental aspect of a nurses' basic head-to-toe assessment because even small changes can serve as early warning signs of serious medical complications such as delirium. Delirium is a severe neuropsychiatric condition that disproportionately affects older, hospitalized individuals (Lindroth et al., 2024). However, a recent study found delirium in 1 of 5 outpatients who were referred for dementia evaluation (Quispel-Aggenbach et al., 2021). While reducing the incidence and prevalence of Alzheimer's disease in Hawaii is enough justification to pass this bill, there is also the added benefit that assessing

cognitive function could lead to the early detection and intervention of other serious neurological disorders as well. I pray that I am lucky enough to be able to witness the positive impact I know this bill will have on my family and our community, by seeing our kupuna and their caregivers thrive.

Thank you for your time and consideration,

Lisa Kaluna

Lindroth, H., Liu, K., Szalacha, L., Ashkenazy, S., Bellelli, G., Van Den Boogaard, M., Caplan, G., Chung, C. R., Elhadi, M., Gurjar, M., Heras-La-Calle, G., Hoffman, M., Jeitziner, M. M., Krewulak, K., Mailhot, T., Morandi, A., Nawa, R. K., Oh, E. S., Collet, M.O., Paulino, M. C. von Haken, R., Nydahl, P., & WDAD Study Team. (2024). World delirium awareness and quality survey in 2023—a worldwide point prevalence study. *Age and Ageing*, 53(11), afae248.

Quispel-Aggenbach, D. W., Schep-de Ruitter, E. P., van Bergen, W., Bolling, J. R., Zuidema, S. U., & Luijendijk, H. J. (2021). Prevalence and risk factors of delirium in psychogeriatric outpatients. *International Journal of Geriatric Psychiatry*, 36(1), 190-196.

SB-482

Submitted on: 2/9/2025 6:24:07 AM

Testimony for HHS on 2/10/2025 1:20:00 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 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, physical and financial challenges 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 “old age.” 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 SB482 and the standardization of cognitive assessment tests 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.

Testimony on SB482
RELATING TO COGNITIVE ASSESSMENTS
Monday, February 10, 1:20 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura and members of the committee,

My name is Calvin Hara, I reside in Kaimuki and I support Senate Bill 482. 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.

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 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.

Calvin Hara

LATE

SB-482

Submitted on: 2/9/2025 3:29:09 PM

Testimony for HHS on 2/10/2025 1:20:00 PM

Submitted By	Organization	Testifier Position	Testify
Peter W. Black	Individual	Support	Remotely Via Zoom

Comments:

Testimony on SB482

RELATING TO COGNITIVE ASSESSMENTS

Monday, February 10, 8:30 AM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura and members of the Committee,

My name is Peter W. Black, and I live in Ninole on the Hamakua side of the Big Island. I am a retired professor of Anthropology; most of my career was at George Mason University, in Virginia. In 2005 I accepted an offer of early retirement from the University because it had become more and more difficult to teach at the level I was used to. As a student I was unfortunate enough to have taken courses from people who were clearly past their peak, and I did not want to do so myself. My wife Barbara and I moved to Hawai'i 2011. In 2015, Barbara suggested that since I seemed to be worried that I might be declining mentally I should probably just see a neurologist. I was 73 years old at that time.

I will never forget the shock I felt when the neurologist told me that I had mild cognitive impairment. But I couldn't argue, because the simple tests that he asked me to complete were ones that would have given me no trouble at all in the past. I will be grateful for the rest of my life that I made that appointment.

At that time MCI had had very little impact on my daily life. I was able to drive, pay my bills, had no trouble writing, or communicating, and only seldom did I lose my wallet, keys, or other things. In short, life for me was what it always had been. Barbara and I took that diagnosis as a wake-up call. We immediately began planning for a future in which I might be demented. Eventually I received an Alzheimer's diagnosis. By that time, we had already made sure that we were as well prepared as we could be. This meant arranging things so that we could stay together in the home we had built in Ninole for as long as we lived. It also meant I would have plenty of time to be with our family and friends before it was too late. And of course, it has led us to our very rewarding involvement with the Alzheimer's Association. Most importantly, early detection of my cognitive decline made possible by those simple tests given to me by my

neurologist ten years ago allowed me to start infusions with Leqembi, a drug which has been proven to delay the onset of Alzheimer's worst symptoms.

Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawai'i, 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 Hawai'i'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,
Peter W. Black

LATE

SB-482

Submitted on: 2/10/2025 7:04:15 AM

Testimony for HHS on 2/10/2025 1:20:00 PM

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

Comments:

Chair San Buenaventura and members of the committee,

My name is Jo Hittner, and I am a resident of Hilo, Hawaii.

My experience with using basic cognitive assessments at the time of the annual wellness visit began when I was 65 while I was living in Minnesota. I am now 79 years old. I have not had a cognitive assessment since I moved to Hawaii 9 years ago. What I am missing is the base data of testing nearly 20 years ago with where I am now. I live with my husband who is 81. While we notice changes in our cognitive functioning as we age, we do not have a record of how that functioning is changing over time. While I understand the basic cognitive assessment may not be appropriate for a definite diagnosis, it is beneficial for historical data and a more objective picture of how we are changing than just knowing there are changes. We can also be in denial about problems creeping in and a talk with the physician about what he/she is seeing from the assessments over time would be helpful for determining what, if anything, needs to be done either preventatively or treatment-wise.

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,

Jo Hittner

