

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

**Testimony in OPPOSITION to HB1865  
RELATING TO ALZHEIMER'S DISEASE AND RELATED DEMENTIA.**

REP. JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

REP. JOY A. SAN BUENAVENTURA, CHAIR  
HOUSE COMMITTEE ON COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Hearing Date: February 6, 2020

Room Number: 329

1 **Fiscal Implications:** Unknown appropriation amount is required to implement this measure.

2 **Department Testimony:** The Department of Health (DOH) respectfully opposes HB1865 and  
3 requests this measure's deferral. In addition to duplication of ongoing training in the  
4 community, the scope of the proposed training program is unrealistic, and there is no  
5 appropriation. DOH provides recommendations for alternative training models later in this  
6 testimony.

7 Existing Training Resources

8 Alzheimer's Disease and Related Dementia (ADRD) training is already taking place in the  
9 community, and is a statewide priority as described in "[Hawaii 2025: State Plan on Alzheimer  
10 Disease and Related Dementias](#)," which is maintained and published by the Executive Office on  
11 Aging (EOA). For example, EOA is sponsoring [dementia capability training on February 21,  
12 2020 on Maui](#) at which information regarding the signs, symptoms, and early detection of  
13 dementia, standardized screening and assessment tools, and strategies to help families. A copy  
14 of this flyer is attached to this testimony. This training and others like it have been funded by the  
15 US Administration for Community Living or other federal agencies. However, the private sector  
16 has also funded its own training in response to demands from health care facilities and

1 professionals. Mandated education programs should be vetted through the community planning  
2 process facilitated by EOA to assure alignment with the State's plan and available resources.

3 Additionally, HB1865 creates requirements for DOH to certify individuals every two years but  
4 provides no enforcement authority or penalties. Providers and health care workers may simply  
5 choose not to cooperate. Furthermore, the certification, licensing, and registration of professions  
6 is generally outside the scope of DOH's authority with very few exceptions.

### 7 Scope and Lack of Funding

8 Most concerning is the lack of an appropriation. DOH has no experience or expertise in ADRD  
9 and would need to establish a new program pursuant to the proposed new Part. There are at least  
10 an estimated 45,000 individuals in scope for mandatory training, each requiring biannual  
11 certification and customization of training materials appropriate for the class of work. For  
12 example, training for a physician is likely to be unsuitable for a certified nurse aide.

13 The scope of HB1865 are approximately 45,000 licensed clinical persons which includes but is  
14 not limited to: 9,000 physicians, 1,600 Advanced Practice Registered Nurses, 1,800 Licensed  
15 Practical Nurses, 24,000 Registered Nurses, 1,500 emergency medical technicians, 1,100  
16 Licensed Clinical Social Workers and 800 Licensed Social Workers, 2,700 pharmacists, 1,300  
17 licensed psychologists, 3,000 dentists, 1,100 dental hygienists, 450 optometrists, and other  
18 licensed direct-care providers. This number does not include the non-clinical staff with  
19 incidental patient contact such as customer service, front office, housekeeping, accounting, and  
20 security staff whose total numbers likely equal the approximately 45,000 clinical or direct patient  
21 care staff, bringing the potential scope to almost 100,000 individuals or seven percent (7%) of  
22 the population of the State of Hawaii.

### 23 Alternatives

24 Training Alternative #1: The department recommends deleting the training and oversight  
25 requirements for DOH and amending the measure to require attestation by health care entities

1 and employees for the biannual training. In addition, the training may be certified by the local or  
2 national Alzheimer's Association chapter at no cost.

3 Training Alternative #2: Require training as part of the state ADRD plan with an obligation to  
4 seek an appropriation request to allow for community and provider input.

5 Required Resources

6 If program responsibility is with the Department of Health, a minimum of eight (8.0) FTE may  
7 be required to staff the program as currently drafted:

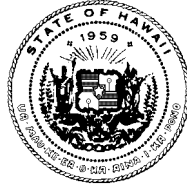
- 8 • One (1.0) Program Specialist V to coordinate and supervise activities;
- 9 • Four (4.0) Health Educator IV for day-to-day operations including direct observation of  
10 private sector health care workers; and
- 11 • Three (3.0) Office Assistants to support administrative tasks related to issuing  
12 certifications to approximately 100,000 individuals every two years.

13 It is potentially helpful to have a clinically trained staff such as a Registered Nurse to assure  
14 clinical quality and integrity. Operational funds are also required (office supplies, computers,  
15 travel budget, etc.).

16 The department takes no position on Bill Section 3.

17 **Offered Amendments:** N/A.

18



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 4, 2020

TO: The Honorable Representative John M. Mizuno, Chair  
House Committee on Health

The Honorable Representative Joy A. San Buenaventura, Chair  
House Committee on Human Services & Homelessness

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 1865 – RELATING TO ALZHEIMER'S DISEASE AND RELATED DEMENTIA**

Hearing: February 6, 2020, 8:40 a.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) offers comments and seeks clarification on the bill to develop an Alzheimer's and related dementia training program and to increase reimbursement for services to individuals with Alzheimer's and related dementia.

**PURPOSE:** The purpose of this bill is to:

(1) Require the department of health to develop and coordinate an Alzheimer's disease and related dementia training program for care workers whose work involves extensive contact with participants or residents; and

(2) Authorize the department of human services to negotiate an increased reimbursement rate to facilities for individuals with Alzheimer's disease and related dementia.

DHS defers to the Department of Health (DOH) regarding the sections of the bill that address the Alzheimer's disease and related dementia training program.

DHS notes that the bill would require DHS to increase reimbursement to facilities by a percentage increase on July 30, 2020. To access Federal matching funds for reimbursement,

DHS must conduct a study analyzing the amount of a rate change and the methodology surrounding the rate change. The Centers for Medicare and Medicaid Services (CMS) requires this analysis before they will approve a change in the rates. CMS employs its own approach to reviewing and approving rates, which must be consistent with “efficiency, economy, and quality of care” under Federal rules.

CMS may not approve a general increase in reimbursement for services provided to individuals with Alzheimer's disease and related dementia in facilities. If CMS does not approve a rate change, then the reimbursement increase would have to be solely State-funded.

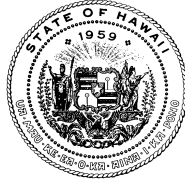
DHS notes that this measure propose that the increase in reimbursement is to take effect on July 30, 2020; DHS requests the Legislature extend this deadline for at least a year. There is no general set schedule for how long a rate study and the CMS approval process takes and it could take up to a year, depending on the exact changes to reimbursement. Consequently, it is unlikely that DHS would be able to accomplish a rate study, receive CMS approval, and then be able to incorporate the reimbursement increase into our QUEST Integration managed care rates by July 30, 2020.

DHS asks for clarification on what facilities are intended to be included in this bill. In Section 1, “skilled care facilities, nursing homes, intermediate care facilities, assisted living facilities, residential care facilities, respite care, adult foster care, adult day programs, home health care, in-home care, and hospice” are described as places that are expected to “grow as the prevalence of Alzheimer's disease increases.” DHS asks for clarification on whether the reimbursement increase is intended to apply to services provided at some or all of these “facilities.”

Finally, DHS notes that the rate increase would require an additional general fund appropriation for DHS. This bill currently does not have an appropriation. DHS can provide the Legislature with a fiscal analysis once the percent increase in reimbursement is described and the facilities that are intended to be covered are defined.

Thank you for the opportunity to testify on this bill.

DAVID Y. IGE  
GOVERNOR OF HAWAII



CAROLINE CADIRAO  
DIRECTOR

BRUCE ANDERSON  
DIRECTOR OF HEALTH

STATE OF HAWAII  
EXECUTIVE OFFICE ON AGING  
NO. 1 CAPITOL DISTRICT  
250 SOUTH HOTEL STREET, SUITE 406  
HONOLULU, HAWAII 96813-2831  
eoa@doh.hawaii.gov

Telephone  
(808) 586-0100

Fax  
(808) 586-0185

**Testimony COMMENTING on HB1865  
Relating to Alzheimer's Disease and Related Dementia**

COMMITTEE ON HEALTH  
REP. JOHN MIZUNO, CHAIR  
REP. BERTRAND KOBAYASHI, VICE CHAIR

COMMITTEE ON HUMAN SERVICES AND HOMELESSNESS  
REP. JOY SAN BUENAVENTURA, CHAIR  
REP. NADINE NAKAMURA, VICE CHAIR

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

Hearing Date: February 6, 2020  
8:40 AM

Room Number: 329

- 1 **EOA's Position:** The Executive Office on Aging (EOA), an attached agency to the Department
- 2 of Health, provides comments on HB1865 Relating to Alzheimer's Disease and Related
- 3 Dementia (ADRD) and defers to the Department of Health (DOH) as the implementing agency.
- 4 **Fiscal Implications:** This bill is an unfunded directive. It does not appropriate funds to DOH to
- 5 develop and coordinate the ADRD training program. In addition, Section 3 requests a percent
- 6 increase in the reimbursement rate for Medicaid services to facilities for individuals with ADRD
- 7 negotiated by the Department of Human Services (DHS).
- 8 **Purpose and Justification:** Alzheimer's disease is the sixth leading cause of death in the
- 9 United States and it affects 27,000 Hawaii residents, a number that will increase to 35,000 by the
- 10 year 2025. According to the Alzheimer's Association statistics, one in nine individuals over the

1 age of 65 years old have Alzheimer's disease and one in three individuals over the age of 85  
2 years have Alzheimer's disease. Sadly, there is no cure for this disease.

3 For persons suffering from ADRD, there is a high demand for in-home care, adult day care,  
4 assisted living facilities and care homes. There is also a need for skilled nursing facilities,  
5 nursing homes, intermediate care facilities, assisted living facilities, respite care, adult foster  
6 care, adult day programs, home health care, in-home care, and hospice care. It is important that  
7 the staff at these programs and facilities are trained about the basics of dementia and how to  
8 work with people with ADRD. With more education and knowledge about the disease, staff will  
9 have a better understanding of what individuals with dementia are experiencing and will be more  
10 compassionate in caring for them. Our vision for Hawaii is to be a dementia capable and  
11 dementia friendly state.

12 **Recommendation:** Rather than a required training program as proposed by this bill, EOA  
13 suggests that the workgroups who are convening to update the ADRD State Plan include this in  
14 their discussions and planning to attain the objective to "build a workforce with the skills to  
15 provide high quality care for people with ADRD" (Goal 2, Strategy 3). The workgroups are  
16 comprised of many stakeholders from the private and public sectors who will be able to  
17 contribute to this objective. We should allow them to build this into their current work.

18 Thank you for the opportunity to testify.



**Thursday, February 6, 2020 at 8:40 am**  
**Conference Room 329**

**House Committee on Health**

To: Chair John M. Mizuno  
Vice Chair Bertrand Kobayashi

**House Committee on Human Services and Homelessness**

To: Chair Joy A. San Buenaventura  
Vice Chair Nadine K. Nakamura

From: Paige Heckathorn Choy  
Director of Government Affairs  
Healthcare Association of Hawaii

**Re: Submitting Comments**  
**HB 1865, Relating to Alzheimer's Disease and Related Dementia**

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 20,000 people statewide.

We appreciate the opportunity to provide **comments** on this measure. We appreciate the intent of this measure, which is to ensure that healthcare providers are trained to treat patients with Alzheimer's and related dementia. In fact, many of our organizations do provide this training to their workers on age-related, Alzheimer's, and dementia-related care. Our organization has brought in well-regarded experts to train our post-acute care members and has hosted several training webinars on this subject. Individual members have also invested in training their staff on this matter, in part because the Centers for Medicare and Medicaid Services requires this training for nurse aides in skilled nursing facilities under 42 CFR 483.95. Since many facilities already provide this training to nurse aides and others, requiring further (and different) training will be redundant in these cases.

We would also appreciate some clarity on a few points, including which facilities this will affect. As written, the bill lists facilities that seem to be the focus of this legislation in the preamble, but there is no definition of who will be included. This would mean that community health centers, acute care hospitals, and outpatient clinics could fall under these requirements.



Further, we would appreciate more clarification on how the trainings would be funded, and who would be liable to pay for the trainings. While there is some discussion in the draft of potential funding, it is not entirely clear whether it is the Department of Health, the MedQUEST program, the individual facilities, or the workers themselves who are financially responsible for funding this program. This program could be very costly to run, especially for post-acute care providers who may be struggling with very narrow profit margins as they care for our vulnerable, under-served populations, such as seniors and homeless individuals.

Our members strive to provide the highest quality of care for patients and their families. We support ensuring that appropriate training and education opportunities are available for healthcare professionals but acknowledge that the funding and resources to provide it are often a constraining factor. However, our members do remain committed to ensuring all patients, including those with Alzheimer's and related dementia, are treated at the highest level.

Thank you for the opportunity to comment on this legislation.

**HB-1865**

Submitted on: 2/4/2020 4:34:50 PM

Testimony for HLT on 2/6/2020 8:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Calvin M. Hara	Manoa Cottage	Support	No

Comments:

# alzheimer's association®

## ALOHA CHAPTER

1130 N. Nimitz Highway Suite A-265, Honolulu, Hawaii 96817  
Phone: 808.591.2771 Fax: 808.591.9071 [www.alz.org/hawaii](http://www.alz.org/hawaii)

February 6, 2020

Honorable Representative John M. Mizuno  
Honorable Representative Joy A. San Buenaventura  
House Committee on Health  
House Committee on Human Services & Homelessness  
Hawaii State Capitol, Conference Room 329, 8:40 A.M.  
415 South Beretania Street  
Honolulu, HI 96813

### **RE: HB1865 RELATING TO ALZHEIMER'S DISEASE AND RELATED DEMENTIA**

Dear Chair Mizuno, Chair San Buenaventura, and members of the Committees:

On behalf of the Alzheimer's Association, Aloha Chapter, I am pleased to extend our **support with amendments** for House Bill 1865. This measure requires the Department of Health to establish an Alzheimer's disease and related dementia training program for care workers whose work involves extensive contact with residents and authorizes the Department of Human Services to negotiate a reimbursement rate to facilities for individuals with Alzheimer's disease and related dementias.

At the age of 80, 75 percent of people with Alzheimer's are expected to be admitted to nursing homes, compared with just 4 percent of the general population. People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Here in Hawaii, more than 29,000 individuals live with Alzheimer's disease or a related dementia. This number is estimated to grow to 35,000 by 2025. It is imperative that we take action today to prepare for the needs of these additional 6,000 individuals.

We recommend the following amendments:

- Add language from goal 2 of the Hawaii 2025: State Plan on Alzheimer's Disease & Related Dementia to section 1;
- Remove sections 2, 3, and 4; and
- Insert language allowing the Executive Office on Aging convene a working group to:

# alzheimer's association®

## ALOHA CHAPTER

1130 N. Nimitz Highway Suite A-265, Honolulu, Hawaii 96817  
Phone: 808.591.2771 Fax: 808.591.9071 [www.alz.org/hawaii](http://www.alz.org/hawaii)

- Review the best practices of other states as they relate to dementia training requirements in care facilities;
- Make recommendations on standards of training as it relates to hours, learning objectives, which staff the standards should apply to, which care facilities the standards should apply to, and other relevant criteria determined by the working group; and
- Make recommendations on strategies to implement these standards.

I appreciate the opportunity to testify in **support with amendments** of this legislation and applaud your leadership in bringing it forward.

Ian Ross

Public Policy and Advocacy Manager

[iaross@alz.org](mailto:iaross@alz.org) | Phone: (808) 591-2771 x1333

**HB-1865**

Submitted on: 1/31/2020 6:55:55 PM

Testimony for HLT on 2/6/2020 8:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dylan P. Armstrong	Individual	Support	No

Comments:

**HB-1865**

Submitted on: 2/4/2020 11:22:40 AM

Testimony for HLT on 2/6/2020 8:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lucia Kye	Individual	Support	No

Comments:

Report title:

Alzheimer's Disease and Related Dementia Training; Department of Health; Medicaid; Department of Human Services; Kupuna Caucus

My name is Lucia Kye, a graduate school student at the University of Hawaii at Manoa, specializing in gerontology in Social Work. Although the number of Alzheimer's disease and related dementia patients is growing in Hawaii, there are not enough care workers and education programs serving the kupuna population suffering from Alzheimer's and under dementia. These diseases are terminal for the patients so that having a patient in the family could exhaust the resources and mental stability of the patients and their family members. Therefore, care workers should be educated on how to live with Alzheimer's and related dementia in longer-term for supporting patients' familial relationships and distresses. With the educational program for care workers in different settings, financial support for the facilities for individuals with Alzheimer's could additionally broaden patients' choices of care. Currently, there are more nursing homes and other care homes that do not allow dementia patients because they could not afford the specialized care and resources for Alzheimer's and related dementia patients. As a result, the burden of having an Alzheimer's patient in the family is solely individual which could expand further problems in public health. Our kupunas need any of these safety nets in their old age, especially with the rapidly growing kupuna population in Hawaii. Otherwise, it is also not promising for the younger generations for caring for their parents and themselves in the future.

So, I strongly support the bill HB1865.

Mahalo

**LATE**

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## Testimony in support of HB1865

1 message

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**William Braddock** <William.Braddock.248194372@p2a.co>  
Reply-To: bbraddock13@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 8:31 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
William Braddock

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## Testimony in support of HB1865

1 message

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**Helen Tavares** <Helen.Tavares.275876465@p2a.co>  
Reply-To: kuauhelen@gmail.com  
To: Health <iaross@alz.org>

Wed, Feb 5, 2020 at 5:48 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

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Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Helen Tavares



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## Testimony in support of HB1865

1 message

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**Chet Ferreira** <Chet.Ferreira.249882296@p2a.co>  
Reply-To: chet.ferreira@bayer.com  
To: Health <iaross@alz.org>

Wed, Feb 5, 2020 at 6:04 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results. Training and communication is vital to helping individuals with this debilitating disease.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Chet Ferreira

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## Testimony in support of HB1865

1 message

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**JACQUELINE DE LUZ** <JACQUELINE.DELUZ.275906740@p2a.co>  
Reply-To: jdeluz@teamdeluz.com  
To: Health <iaross@alz.org>

Wed, Feb 5, 2020 at 7:37 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
JACQUELINE DE LUZ

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## Testimony in support of HB1865

1 message

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**Javier Mendez** <Javier.Mendez.147239040@p2a.co>  
Reply-To: menjavi@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 6:54 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Javier Mendez

---

## Testimony in support of HB1865

1 message

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**Francesca Koethe** <Francesca.Koethe.274729270@p2a.co>  
Reply-To: fskoethe@hawaii.edu  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 7:50 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Thank you for the opportunity to testify in support of this bill.

Regards,  
Francesca Koethe

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## Testimony in support of HB1865

1 message

---

**Tonya Tullis** <Tonya.Tullis.248431675@p2a.co>  
Reply-To: tshammondullis@alz.org  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 9:26 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Tonya Tullis

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## Testimony in support of HB1865

1 message

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**TERRI CUMMINGS** <TERRI.CUMMINGS.275858771@p2a.co>

Wed, Feb 5, 2020 at 4:18 AM

Reply-To: terri@pefoods.com

To: Health <iaross@alz.org>

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
TERRI CUMMINGS

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## Testimony in support of HB1865

1 message

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**Poki'i Balaz** <Poki.Balaz.147234621@p2a.co>  
Reply-To: pokiibalaz@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 8:44 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Poki'i Balaz

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## Testimony in support of HB1865

1 message

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**Katrina Sudweeks** <Katrina.Sudweeks.147205353@p2a.co>  
Reply-To: ksuds98@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 12:31 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Katrina Sudweeks



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## Testimony in support of HB1865

1 message

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**WARREN WONG** <WARREN.WONG.275825470@p2a.co>  
Reply-To: dr.warren@memoriesconnect.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 6:55 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
WARREN WONG

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## Testimony in support of HB1865

1 message

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**LINDA NULAND-AMES** <LINDA.NULANDAMES.152232807@p2a.co>

Tue, Feb 4, 2020 at 9:13 PM

Reply-To: nuland08@gmail.com

To: Health <iaross@alz.org>

Dear Chair Mizuno and members of the Committees,

I submit this testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition.

Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. ALL staff will encounter a person with dementia, and the quality of care and the quality of their lives is in their hands.

Alzheimer's disease is very different from other diseases and can manifest in many unique ways depending on the individual. Ongoing comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease.

Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which will likely include diabetes, and may include heart disease or arthritis.

People who have multiple chronic conditions including dementia require an especially significantly level of care.

Understanding Alzheimer's disease helps care workers to better empathize, resolve issues, and reduce their own possibility of burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to offer this testimony in support of this bill.

Regards,  
LINDA NULAND-AMES

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## Testimony in support of HB1865

1 message

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**Amy Truong** <Amy.Truong.147986122@p2a.co>  
Reply-To: amytruong@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 8:57 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

My mother is 65 with early-onset Alzheimer's and she's already in moderately severe stages. She cannot bathe herself, feed herself, or go to the bathroom alone anymore. She wanders and talks to herself and is starting to have trouble walking. Hiring caretakers with enough training to take care of someone with Alzheimer's disease is extremely hard. Some caretakers cannot take care of my mother due to them being unable to understand her moods, her behavior (she can scare people when talking to herself or the mirror), and they get frustrated when she doesn't understand them. Another issue is having caretakers that understand incontinence issues. Caretakers must be skilled, trained, and extremely compassionate.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Amy Truong

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## Testimony in support of HB1865

1 message

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**Rebecca Halloran** <Rebecca.Halloran.248374921@p2a.co>  
Reply-To: rebeccamhalloran@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 8:06 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Rebecca Halloran

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## Testimony in support of HB1865

1 message

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**Anne Sadayasu** <Anne.Sadayasu.273006499@p2a.co>  
Reply-To: sadayasuanne@hotmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 9:07 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Anne Sadayasu

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## Testimony in support of HB1865

1 message

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**Carol Gonsales** <Carol.Gonsales.275825461@p2a.co>  
Reply-To: imakeadifference@me.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 6:56 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Carol Gonsales

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## Testimony in support of HB1865

1 message

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**Mary Gadam** <Mary.Gadam.147986230@p2a.co>  
Reply-To: marygadam@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 7:03 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Mary Gadam

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## Testimony in support of HB1865

1 message

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**Ivy Castellanos** <Ivy.Castellanos.147148852@p2a.co>  
Reply-To: ikcastellanos@alz.org  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 9:12 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementia receive regular training that is both competency-based and culturally appropriate. All staff will inevitably encounter a person with dementia, and the quality of care and the individual's quality of life rests in their hands.

Alzheimer's disease is vastly different from other diseases and can manifest in unique ways depending on the individual. Ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia often require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers to better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, sustainable results.

Mahalo for the opportunity to testify in support of this bill.

Regards,  
Ivy Castellanos



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## Testimony in support of HB1865

1 message

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**Jomel Duldulao** <Jomel.Duldulao.147986474@p2a.co>  
Reply-To: jomeld12@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 6:45 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Jomel Duldulao

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## Testimony in support of HB1865

1 message

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**Mark Mizuno** <Mark.Mizuno.275824750@p2a.co>  
Reply-To: mmizuno4@twc.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 6:46 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Mark Mizuno

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## Testimony in support of HB1865

1 message

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**Ashley Curry** <Ashley.Curry.272928208@p2a.co>  
Reply-To: ashleycurry8@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 7:44 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Ashley Curry

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## Testimony in support of HB1865

1 message

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**Taylor Hall** <Taylor.Hall.148710784@p2a.co>  
Reply-To: tylrspice@aol.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 10:35 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Taylor Hall

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## Testimony in support of HB1865

1 message

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**Caroline Haney** <Caroline.Haney.275833057@p2a.co>  
Reply-To: carolinec311@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 8:56 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Caroline Haney

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## Testimony in support of HB1865

1 message

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**Emily Bustard** <Emily.Bustard.272997608@p2a.co>  
Reply-To: enbustard@alz.org  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 8:58 AM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Emily Bustard

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## Testimony in support of HB1865

1 message

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**Nancy Rose** <Nancy.Rose.147225027@p2a.co>  
Reply-To: sewalohan@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 12:05 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

When my father reached a point of his wife being unable to continue to care, she struggled with letting others provide his care, knowing they weren't as loving as she would be but hoping he would at least be well cared for by professionals.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Nancy Rose

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## Testimony in support of HB1865

1 message

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**Thomas Baldwin** <Thomas.Baldwin.147272313@p2a.co>  
Reply-To: thomas.dean.baldwin@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 7:43 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Thomas Baldwin



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## Testimony in support of HB1865

1 message

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**Jeanne Hempen** <Jeanne.Hempen.158744290@p2a.co>  
Reply-To: jeannehempen@aol.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 7:34 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Jeanne Hempen

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## Testimony in support of HB1865

1 message

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**jin Plai** <jin.Plai.248432106@p2a.co>  
Reply-To: jindingplai@gmail.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 7:06 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

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Thank you for the opportunity to testify in support of this bill.

Regards,  
jin Plai

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## Testimony in support of HB1865

1 message

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**Carole Shijo** <Carole.Shijo.148841220@p2a.co>  
Reply-To: c.shijo@aol.com  
To: Health <iaross@alz.org>

Tue, Feb 4, 2020 at 2:29 PM

Dear Chair Mizuno and members of the Committees,

I am submitting testimony in support of House Bill 1865.

People living with Alzheimer's are nearly four times as likely to need skilled nursing facility care and over twice as likely to require home health care as individuals without the condition. Furthermore, 61 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among those in residential care facilities, 42 percent have Alzheimer's or another dementia.

It is critical that we ensure all workers who serve people with Alzheimer's and other dementias receive regular training that is both competency-based and culturally appropriate. All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands.

Alzheimer's disease is incredibly different from other diseases and can manifest in many unique ways depending on the individual so ongoing, comprehensive training is necessary because nothing in life offers a sufficient understanding of the disease. Furthermore, 95 percent of individuals with dementia have at least one other chronic condition which may include heart disease, diabetes, or arthritis. People who have multiple chronic conditions including dementia require an especially sophisticated level of care.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. Furthermore, continuing education to reinforce best practices in the care of those with dementia leads to significantly better, lasting results.

Thank you for the opportunity to testify in support of this bill.

Regards,  
Carole Shijo

**LATE**

**HB-1865**

Submitted on: 2/5/2020 9:49:47 PM  
Testimony for HLT on 2/6/2020 8:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Colby Takeda	Individual	Support	No

Comments:

This is extremely important for our loved ones, their family caregivers, our healthcare workforce, and our overall community. Please support!

**LATE**

**HB-1865**

Submitted on: 2/6/2020 7:48:33 AM

Testimony for HLT on 2/6/2020 8:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Poki'i Balaz	Individual	Support	Yes

Comments:

My name is Dr. Poki'i Balaz and I am a one of the providers at KKV in geriatric care with focus on brain health, neurology, NHH. In proximity to this bill I am also staff member at Lunalilo Home (LH) which is an ARCH facility aimed at caring for our kupuna where many of our patients have dementia or MCI. The most important role I play is that I am a CG to my father who is in the end stage of Alzheimer's disease . I am in support of HB 1865 RELATING TO ALZHEIMER'S DISEASE AND RELATED DEMENTIA

We are aware of the numbers of those living with dementia in this is astounding and it will continue to grow. Alzheimer's and other related dementias is requiring a special set of skills of any person in direct care staff as well as any additional staff. Understanding the effects of the disease on the person living with it and then how to address these issues are skills that must be learned. I have been trained in both the SAVVY caregiver program and the Dealing with Dementia (DWD) Program from Rosalyn Carter Institute.

For the last 2 years I, along with my colleague have provided SAVVY CG training which focuses on knowledge skills and outlook and for the last year DWD. Both programs are evidence based and can show decrease in stress, improvement in quality of life for both the caregivers and their care recipient. Trainings have been provided to both professionals and family caregivers with wonderful feedback.

At LH the SAVVY training has been provided to the family caregivers and Staff and we are rolling out the SAVVY and DWD training to all direct and additional staff. So far, the programs have been receptive and have helped to increase understanding, patience, resources, decrease escalation, and problem solving. The director of the adult day care uses what she has learned to create an environment conducive to those living with the disease, training with her staff, and in the implementation of activities. After working with the one of the relatives of a resident, who took the class, she was able to have better dialogue with staff and her sister to attend to her needs. It was these programs that helped me to blossom in this unexpected role as a CG

Mahalo for your time and your commitment to our kupuna

