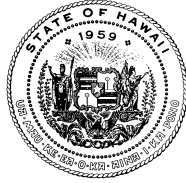


DAVID Y. IGE  
GOVERNOR OF HAWAII



CAROLINE CADIRAO  
DIRECTOR

BRUCE ANDERSON  
DIRECTOR OF HEALTH

STATE OF HAWAII  
EXECUTIVE OFFICE ON AGING  
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**Testimony COMMENTING on SB 2339, SD2  
Relating to Alzheimer's Disease and Related Dementia**

**LATE**

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

COMMITTEE ON HUMAN SERVICES & 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: March 12, 2020  
8:45 AM

Room Number: Capitol Auditorium

- 1 **EOA's Position:** The Executive Office on Aging (EOA), an attached agency to the Department
- 2 of Health, is providing comments for SB 2339, SD2 Relating to Alzheimer's Disease and Related
- 3 Dementia (ADRD) .
- 4 **Fiscal Implications:** This bill is an unfunded mandate. It does not appropriate funds to EOA to
- 5 convene the working group to update the state plan on Alzheimer's Disease and Related
- 6 Dementias.
- 7 **Purpose and Justification:** Alzheimer's disease is the sixth leading cause of death in the
- 8 United States and it affects 27,000 Hawaii residents, a number that will increase to 35,000 by the
- 9 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:** This bill is not necessary because EOA is already currently convening  
13 workgroups to update the ADRD State Plan. In 2018, Act 146 added a new section, Chapter 349-  
14 6.5 HRS, to require EOA to “*prepare an update of the state plan on Alzheimer’s disease and*  
15 *related dementias no less frequently than once per fiscal biennium*”. Additionally, in preparing  
16 the update report, EOA shall “*solicit input from task forces and working groups formed to*  
17 *address Alzheimer’s disease and related dementias, families affected by Alzheimer’s disease and*  
18 *related dementias, and member of the medical community*”. The workgroups that EOA is  
19 convening are comprised of many stakeholders from the private and public sectors. EOA is  
20 already required to do this work so an additional mandate is not necessary.

21 Thank you for the opportunity to testify.



**March 12, 2020 at 8:45 am**  
**Capitol Auditorium**

**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**  
**SB 2339 SD 2, 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. Generally, our organizations provide this training to their workers on age-related, Alzheimer's, and dementia-related care. Our organization has brought in well-regarded experts from the mainland 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.

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 and acknowledge that all parties must convene to discuss ways to ensure a robust system of care. These discussions are happening presently, and we look forward to partnering with providers, agencies, and advocates on continuing this work. Thank you for the opportunity to comment on this legislation.

March 12<sup>th</sup>, 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, Auditorium  
415 South Beretania Street  
Honolulu, HI 96813

**RE: SB2339 SD2 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 **strong support** for Senate Bill 2339 SD2. This measure requires the Executive Office on Aging to convene a working group to update the state plan on Alzheimer's disease and related dementias by identifying the best practices and standards of dementia training in care facilities.

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.

All staff will encounter a person with dementia, and the quality of care and the quality of their life is in their hands. It is critical that we begin to identify best practices and reasonable dementia training standards for workers who serve people with Alzheimer's and other dementias that is both competency-based and culturally appropriate.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, we support moving forward on training standards by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

I appreciate the opportunity to testify in **support** 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: 808.451.3410

**SB-2339-SD-2**

Submitted on: 3/10/2020 2:46:11 PM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Tonya Tullis	Individual	Support	No

Comments:

**SB-2339-SD-2**

Submitted on: 3/10/2020 2:48:43 PM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Emily Bustard	Individual	Support	No

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

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. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Emily Bustard

**SB-2339-SD-2**

Submitted on: 3/10/2020 4:36:15 PM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Humberto Blanco	Individual	Support	No

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

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. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Regards, Humberto Blanco

**SB-2339-SD-2**

Submitted on: 3/10/2020 8:55:25 PM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Poki'i Balaz	Individual	Support	No

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

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 and I am also staff member at Lunalilo Home which is an ARCH facility in Hawai'i 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 has Alzheimer's that I care for at home and I am in support of SB 2339.

Our kupuna in the NH culture are held in high esteem and after their lifelong service they deserve the best care that we can provide to them. As many ages out of place into a facility it is our responsibility that they receive appropriate, tailored care for those with Alzheimer's Disease and other related dementias (ADORD). The skills needed by both direct and indirect staff many times is learned and requires formal training. It is rarely skills that come naturally. This skill is essential to increase quality life, effectively deal with behaviors both pharmacological and non-pharmacological, decrease pain, escalation, agitation, loneliness, and increase happiness, socialization, and problem solving.

I have been trained in both the SAVVY CG program and the Dealing with Dementia Program from Rosalyn Carter Institute which have been taught in our community by myself and colleague for the past 3 years and we are on our sixth cohort.

Developed for both professional and family caregivers these programs focus on knowledge skills and outlook and are both evidenced-based and proven to decrease stress, caregiver burden and improvement in quality of life for both the caregiver and person with ADORD. When I returned home it was these programs that prepared me for this unexpected role as a caregiver



Kokua Kalihi Staff have received training in SAVVY and DWD. At Lunallio Home family members and some staff such as our Director of Adult Day Care and Finance manager have received training. We are currently working on training all direct and indirect staff on SAVVY and DWD and hoping to use this as a pilot program for further expansion. I have also had the experience of hiring paid caregivers to care for my father at home who admitted they had no experience or received a half day power point to serve as dementia training. I then spent my own time training these caregivers who were not my employees on dementia and how to care for my father. Besides in home care, I have experienced lack of knowledge in facilities here on our island and both is unacceptable.

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.

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. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Dr. Poki'i Balaz

**SB-2339-SD-2**

Submitted on: 3/10/2020 10:30:47 PM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jeanne Yagi	Individual	Support	No

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

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. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Jeanne E. Yagi

**SB-2339-SD-2**

Submitted on: 3/11/2020 6:18:50 AM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Nancy Rose	Individual	Support	No

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

My father lived with some form of dementia for 10-15 years before passing away in a nursing home. Once he became violent, his wife finally could no longer care for him at home. I'm sure the staff at his public nursing facility had the best of intentions, but I could see that some were better prepared for the work than others.

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. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Nancy Rose

**SB-2339-SD-2**

Submitted on: 3/11/2020 6:46:06 AM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Roxann Rowe	Individual	Support	No

Comments:

Aloha Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

I am an Advanced Practice Registered Nurse with a certification in Gerontology. My patient caseload consists of many patients with Alzheimers and other dementias. I have seen, first hand, what a toll this dreaded disease takes on patients, families, and caregivers. I have also witnessed caregivers who are not adept at providing compassionate care for these patients.

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. For these reasons, I support

moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Mahalo,

Roxann Rowe

APRN Rx, GNP-BC

**SB-2339-SD-2**

Submitted on: 3/11/2020 8:50:10 AM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Amy Truong	Individual	Support	No

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

My mother has younger-onset Alzheimer's since she was in her 50s and now she is 65. She cannot bathe herself, dress herself, or feed herself anymore and she also has incontinence issues. We have put her in care facilities before but due to employees not having enough training/skills, they wouldn't know what to do when she would do certain things that people with Alzheimer's would. Sometimes she would get angry or aggressive or talk to herself and people wouldn't understand why. Since we cannot find a care facility that can take care of her, my father is her primary caregiver and had to leave his full-time job to care for her. To make up for his loss of salary, he is trying to become a real estate agent because of the flexibility that working in real estate has. However, that requires time and patience to build your network and he is trying to balance taking care of my mother around the clock and making sure the bills are paid. It would help to have the option to put her in a decent care facility where we know and trust she is being well taken care of. As she gets older and worse, we will have no choice but to move her into a facility and we want to feel confident that they can take care of her.

We're not trying to control how care facilities operate but we're trying to make sure that workers have the correct training to be able to care for my mother effectively and to understand the disease as well how the disease affects our loved ones.

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.

Understanding Alzheimer's disease helps direct care workers better empathize, resolve issues, and reduce their own vulnerability to burnout. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Amy Truong

**SB-2339-SD-2**

Submitted on: 3/11/2020 10:24:02 AM

Testimony for HLT on 3/12/2020 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Mary Gadam	Individual	Support	No

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

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. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Mary Gadam





**LATE**

**SB-2339-SD-2**

Submitted on: 3/11/2020 3:48:06 PM

Testimony for HLT on 3/12/2020 8:45:00 AM

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

Comments:

Dear Chair Mizuno and Chair San Buenaventura,

I am submitting testimony in support of Senate Bill 2339.

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.

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. For these reasons, I support moving forward on training requirements by enabling the Executive Office on Aging to convene a working group to craft training guidelines for staff at care facilities.

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

Sincerely, Brigitte Charbonneau