
A BILL FOR AN ACT

RELATING TO COGNITIVE ASSESSMENTS.

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

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

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



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

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



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



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

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

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



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

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

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

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

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



- 1 (f) The health care provider shall provide a report to the
2 executive office on aging no later than October 1 of each year.
3 The report may include but not be limited to:
- 4 (1) Whether the qualified patient declined the cognitive
5 assessment;
 - 6 (2) Whether the qualified patient is exempt from the
7 cognitive assessment and the reason for the exemption;
 - 8 (3) The date of the cognitive assessment;
 - 9 (4) The address where the cognitive assessment was
10 conducted and whether the cognitive assessment was
11 conducted in person or via telehealth;
 - 12 (5) The qualified patient's age, zip code, race, and
13 gender;
 - 14 (6) The type of cognitive assessment administered;
 - 15 (7) The result of the cognitive assessment; and
 - 16 (8) Any follow-up actions taken, including subsequent
17 referrals and further diagnosis and treatment.
- 18 (g) The executive office on aging shall secure the
19 transmission and storage of the information reported pursuant to
20 subsection (f) for the purposes of the pilot program.



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

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

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

16 (k) The pilot program shall not include:

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

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

21 and



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

4 (1) As used in this Act:

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

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

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

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



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

4 (m) The cognitive assessments for medicare beneficiaries
5 pilot program shall be dissolved on , .

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

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

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



Report Title:

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

Description:

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

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