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



1 strategy to identify patients who may benefit from current and
2 future treatments for Alzheimer's and related dementias, as
3 assessments provide individuals with information that may
4 facilitate actions to prepare for the 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 at heightened risk for cognitive



1 impairments, regardless of age, during annual wellness visits
2 covered by medicare part B.

3 SECTION 2. (a) There is established a cognitive
4 assessments for medicare beneficiaries pilot program within the
5 executive office on aging to provide medicare part B patients at
6 heightened risk for cognitive impairments, regardless of age,
7 with a cognitive assessment for the early detection of dementia.

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

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

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

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



1 and include it as a part of the qualified patient's medical
2 record.

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

5 The report may include but not be limited to:

6 (1) Whether the qualified patient declined the cognitive
7 assessment;

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

10 (3) The date of the cognitive assessment;

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

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

16 (6) The type of cognitive assessment administered;

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

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



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

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

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

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

19 (k) The pilot program shall not include:

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



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

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

7 (1) As used in this Act:

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

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

18 "Medicare" means the program established under Title XVIII
19 of the Social Security Act, as amended (42 U.S.C. 1395 et seq.).



1 "Medicare part B" means the voluntary supplementary medical
2 insurance benefits program provided under Title XVIII of the
3 Social Security Act (42 U.S.C. 1395j-1395w-6).

4 "Qualified patient" means an individual medicare
5 beneficiary at heightened risk for cognitive impairments,
6 regardless of age, with coverage under medicare part B.

7 "Qualified patient" includes individuals with developmental
8 disabilities who are predisposed to early cognitive decline.

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

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

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

20 SECTION 4. This Act 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; Reports; Appropriations

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 7/1/2026. (SD1)

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

