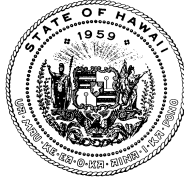


JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



KENNETH S. FINK, M.D., M.G.A, M.P.H  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

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

**Testimony in SUPPORT of HB700 HD1**  
**RELATING TO COGNITIVE ASSESSMENTS.**

REPRESENTATIVE KYLE YAMASHITA, CHAIR  
HOUSE COMMITTEE ON FINANCE

Hearing Date/Time: February 21, 2025; 2:00 PM

Room Number: 308

- 1 **Fiscal Implications:** Appropriates general funds to the Executive Office on Aging (EOA), an
- 2 attached agency to the Department of Health (DOH).
- 3 **Department Testimony:** DOH supports HB700 HD1 that establishes a pilot program within EOA
- 4 to collaborate with a health care system and participating providers to offer and conduct
- 5 cognitive assessments to Medicare Part B beneficiaries and collect patient data.
- 6 Thank you for the opportunity to testify on this measure.
- 7



**STATE OF HAWAII**  
STATE COUNCIL  
ON DEVELOPMENTAL DISABILITIES  
PRINCESS VICTORIA KAMĀMALU BUILDING  
1010 RICHARDS STREET, Room 122  
HONOLULU, HAWAII 96813  
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543  
February 7, 2025

The Honorable Representative Gregg Takayama, Chair  
House Committee on Health  
The Honorable Representative Lisa Marten, Chair  
House Committee on Human Services & Homelessness  
The Thirty-Third Legislature  
State Capitol  
State of Hawai'i  
Honolulu, Hawai'i 96813

Dear Representative Takayama, Marten, and Committee Members:

**SUBJECT: HB700 Relating to Cognitive Assessments**

The Hawaii State Council on Developmental Disabilities **SUPPORTS HB700**, which requires all health care providers who accept Medicare to provide a cognitive assessment as part of the Medicare Part B annual wellness visit for Medicare beneficiaries sixty-five years of age or older, with certain exceptions. Requires health care providers to submit certain information to the Executive Office on Aging and the Executive Office on Aging to report de-identified aggregated data to the Legislature on an annual basis. Appropriates funds. Effective 1/1/2026.

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

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

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

Therefore, we respectfully request the following amendment to HB700:

- **Amend Section 321-B** to mandate cognitive assessments during annual wellness visits for Medicare beneficiaries and individuals at heightened risk for cognitive impairments, regardless of age. This includes individuals with developmental disabilities who are predisposed to early cognitive decline.

Expanding cognitive assessments to a broader age range aligns with best practices for inclusive healthcare and supports the State's commitment to the well-being of all its residents, especially those in vulnerable populations.

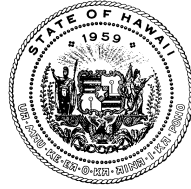
Thank you for the opportunity to submit testimony in **support of HB700**.

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus  
Executive Administrator

JOSH B. GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA  
MOKU'ĀINA 'O HAWAI'I



Katherine Aumer, PhD  
COUNCIL CHAIRPERSON  
LUNA HO'OMALU O KA PAPA

**STATE OF HAWAI'I**  
**DEPARTMENT OF HEALTH**  
**KA 'OIHANA OLAKINO**  
**STATE COUNCIL ON MENTAL HEALTH**  
P.O. Box 3378, Room 256  
HONOLULU, HAWAII 96801-3378

**STATE COUNCIL ON MENTAL HEALTH**  
**Testimony to the House Committee on Finance**  
**COMMENTING ON H.B. 700 HD1**  
**RELATING TO COGNITIVE ASSESSMENTS**  
**February 21, 2025 2:00 p.m. Room 308**

**CHAIRPERSON**

Katherine Aumer, PhD

**1<sup>st</sup> VICE CHAIRPERSON**

Kathleen Merriam, LCSW CSAC

**2<sup>nd</sup> VICE CHAIRPERSON**

John Betlach

**SECRETARY**

Mary Pat Waterhouse, MHA MBA

**MEMBERS:**

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Naomi Crozier, CPS

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Jon Fujii, MBA

Heidi Ilyavi

Jackie Jackson, CFPS

Christine Montague-Hicks, MEd

Ray Rice, MEd

Asianna Saragosa-Torres

Forrest Wells, MSCP, LMHC

Kristin Will, MAEL, CSAC

**EX-OFFICIO:**

Marian Tsuji, Deputy Director  
Behavioral Health Administration

**WEBSITE:**

scmh.hawaii.gov

**EMAIL ADDRESS:**

doh.scmhchairperson@  
doh.hawaii.gov

Chair Yamashita, Vice-Chair Takenouchi, and Members of the Committee:

Hawaii law, HRS §334-10, established the State Council on Mental Health (SCMH) as a 21-member body to advise on the allocation of resources, statewide needs, and programs affecting more than one county as well as to advocate for adults with serious mental illness, children with serious emotional disturbances, individuals with mental illness or emotional problems, including those with co-occurring substance abuse disorders. Members are residents from diverse backgrounds representing mental health service providers and recipients, students and youth, parents, and family members. Members include representatives of state agencies on mental health, criminal justice, housing, Medicaid, social services, vocational rehabilitation, and education. Members include representatives from the Hawaii Advisory Commission on Drug Abuse and Controlled Substances and county service area boards on mental health and substance abuse.

The SCMH recognizes the good faith behind this measure and supports its spirit. The members are unanimous on the following comments and directions:

- Concern exists about the ability to meet this measure's mandate to require cognitive assessment.
- Rather than requiring said assessment, the Council is interested in seeing more education for providers and consumers, where, with more knowledge, consumers will access and seek the service.

Thank you for the opportunity to testify. Should you have any questions, please contact us at [DOH.SCMHChairperson@doh.hawaii.gov](mailto:DOH.SCMHChairperson@doh.hawaii.gov).

**JOSH GREEN, M.D.**  
GOVERNOR OF HAWAI'I  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I



**CAROLINE CADIRAO**  
DIRECTOR  
Executive Office on Aging

**KENNETH FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

**STATE OF HAWAI'I**  
**DEPARTMENT OF HEALTH**  
**KA 'OIHANA OLAKINO**  
**EXECUTIVE OFFICE ON AGING**  
NO. 1 CAPITOL DISTRICT  
250 SOUTH HOTEL STREET, SUITE 406  
HONOLULU, HAWAI'I 96813-2831

Telephone  
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**Testimony COMMENTING on HB700 HD1**  
**RELATING TO COGNITIVE ASSESSMENTS**

COMMITTEE ON FINANCE  
REP. KYLE T. YAMASHITA, CHAIR  
REP. JENNA TAKENOUCI, VICE CHAIR

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

Hearing: Friday, February 21, 2025, at 2:00 P.M. in Conference Room 308

- 1 **EOA Position:** The Executive Office on Aging (EOA), an attached agency to the Department of
- 2 Health (DOH) supports the intent of HB700 HD1 and provides comments.
- 3 **Fiscal Implications:** Appropriates general funds to the EOA for fiscal year 2025-2026 and the
- 4 same sum for fiscal year 2026-2027 for costs associated with data management and secure
- 5 transmission and storage of data.
- 6 **Purpose and Justification:** To improve the detection and treatment of Alzheimer's disease and
- 7 related dementias in Hawai'i this measure establishes a pilot project within EOA that offers
- 8 cognitive assessments for Medicare beneficiaries during their annual wellness visits. EOA
- 9 recognizes the importance and need for more older adults to receive cognitive assessments for
- 10 the early detection of dementia. However, as currently written the measure would only provide

1 cognitive assessments for “Medicare beneficiaries aged sixty-five or older during an annual visit  
2 covered by Medicare Part B”. EOA requests the Legislature expand the age eligibility  
3 requirements and also include beneficiaries covered under Medicare Part B and C.

4 Individuals with intellectual or developmental disabilities, particularly individuals with  
5 Down Syndrome, have an increased risk of developing dementia. Expanding the age  
6 requirements would allow younger Medicare beneficiaries, especially those at higher risk of  
7 cognitive decline, to have access to cognitive assessments during their annual wellness visit. In  
8 addition, including beneficiaries covered under Medicare Part C would increase the number of  
9 individuals who could benefit from receiving a cognitive assessment by their physician. The  
10 early detection of dementia would allow for earlier medical treatment, care planning and referrals  
11 for services and supports to improve the quality of life.

12 This measure requires the health care provider to collect and submit data to EOA including  
13 the address where the cognitive assessment was conducted, whether the patient declined, patient  
14 data, and etc. Patient data (e.g. age, zip code, race, and gender) would require HIPAA  
15 compliance and the program would be subject to the HIPAA Privacy Rule. Any data requested  
16 from health care providers under the bill should be limited to information that does not identify  
17 or could reidentify the patients as provided in 45 C.F.R.§164.514. To eliminate concerns  
18 regarding HIPAA compliance by the health care providers, EOA requests flexibility to identify  
19 and coordinate with healthcare providers on the specific data elements to be collected.

20 Additionally, HB700 HD1 requires the health care provider to submit a report to the EOA by  
21 October 1 of each year and then requires EOA to submit a report to the legislature. EOA  
22 requests that the date for the submittal of the report by the healthcare provider change from

1 “October 1” to “August 30”, which would provide EOA with sufficient time to compile, analyze,  
2 and write a full report to the Legislature.

3 **Recommendation:** EOA requests the following amendments to HB700 HD1 for consideration:

- 4 1) Amend page 4 line 20 and delete the age requirement “aged sixty-five or older” for  
5 Medicare beneficiaries and line 21 to include Medicare part B and C beneficiaries who  
6 can receive a cognitive assessment.
- 7 2) Amend page 5 Section 2. (b) to read as “ The executive office on aging shall collaborate  
8 with a health care system and to identify health care providers to participate in the pilot  
9 program and coordinate on the specific data elements to be collected.”
- 10 3) Amend page 5 Section 2. (c) “All health care providers participating in the pilot program  
11 shall may offer and conduct a cognitive assessment using a validated tool when providing  
12 an annual wellness visit to a qualified patient.”
- 13 4) On page 6 Section (f) amend date of when health care providers are required to submit a  
14 report to EOA from “~~October 1~~” to “August 30” and delete the sentence “The report may  
15 include but not be limited to:” and subsections (1), (2), (3), (4), (5), (6), (7), and (8).  
16 Subsequently, Section (g) would be amended to read as, “The executive office on aging  
17 shall secure the transmission and storage of the information reported pursuant to  
18 subsection ~~(f)~~ (b) for the purposes of this pilot program.
- 19 5) EOA requests that the data collection for the pilot project end on June 30, 2027.
- 20 6) EOA requests \$150,000 for fiscal year 2025-2026 for planning the pilot project and  
21 \$300,000 for fiscal year 2026-2027 for costs associated with the data management and  
22 reporting requirements.

1 Thank you for the opportunity to testify.



EOA Edits 2/20/25

## 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 and C.



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 and C  
patients  
4 aged sixty five or older with a cognitive assessment for the  
5 early detection of dementia.

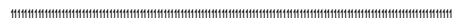
6 (b) The executive office on aging shall collaborate with a  
7 health care system and to identify health care providers to  
8 participate in the pilot program project and coordinate on the  
specific data elements to be collected.

9 (c) All health care providers participating in the pilot  
10 program shall may offer and conduct a cognitive assessment using a  
validated tool 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.

2025-1642 HB700 HD1 HMSO



1 (f) The health care provider shall provide a report to the  
2 executive office on aging no later than ~~October 1~~ August 30 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)~~ (b) 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.

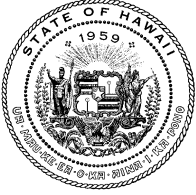
**Report Title:**

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)

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



**STATE HEALTH PLANNING  
AND DEVELOPMENT AGENCY**  
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

**JOSH GREEN, M.D.**  
GOVERNOR OF HAWAII  
KE KIA'AINA O KA MOKU'AINA 'O HAWAII

**KENNETH S. FINK, MD, MGA, MPH**  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

**JOHN C. (JACK) LEWIN, M.D.**  
ADMINISTRATOR

1177 Alakea St., #402, Honolulu, HI 96813 Phone: 587-0788 Fax: 587-0783 [www.shpda.org](http://www.shpda.org)

February 19, 2025

To: HOUSE COMMITTEE ON FINANCE  
Representative Kyle T. Yamashita, Chair  
Representative Jenna Takenouchi, Vice Chair  
And Honorable Members

From: John C (Jack) Lewin MD, Administrator, SHPDA;  
and Senior Advisor to Governor Green On Healthcare Innovation

Re: **HB700, HD1 - Relating to Cognitive Assessments**

Hearing: February 21, 2025 @ 2:00 pm

Position: SUPPORT

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TESTIMONY:

SHPDA supports this bill and urges its passage. We appreciate there will be an initial modest cost to this proposal, but administering widely tested and easily applied cognitive testing can be inexpensively conducted by non-physician clinical staff members and can help predict the onset and progression of dementia caused most commonly by Alzheimer's Disease, but also by Parkinson's disease and other neurologic disorders.

The costs of treating and managing these causes of dementia is staggering, and these conditions place economic and stressful burdens on ohana of affected individuals, and on society. Med-QUEST estimates that for their Hawai'i population, the cost of dementia is now more than \$285 million dollars annually and is growing rapidly.

Making available through assured reimbursement of this kind of annual assessment, with certain exceptions, will more than pay for itself.

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

We defer to the executive office on aging and DHS/Med-Quest for amendment details they may have to remain consistent with their federal regulations/requirements.



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[facebook.com/AARPHawaii](https://facebook.com/AARPHawaii)

**The State Legislature  
House Committee on Finance  
Friday, February 21, 2025  
Conference Room 308, 2:00 p.m.**

TO: The Honorable Kyle Yamashita, Chair  
FROM: Kealii Lopez, AARP State Director  
RE: Support for H.B. 700, HD1 Relating to Cognitive Assessments

Aloha Chair Yamashita and Members of the Committee:

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

**AARP supports H.B. 700, HD1 which requires all health care providers who accept Medicare to require a cognitive assessment as part of the Medicare Part B Annual wellness visit for Medicare beneficiaries.**

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

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

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



**February 21, 2025 at 2:00 pm**  
**Conference Room 308**

**House Committee on Finance**

To: Chair Kyle T. Yamashita  
Vice Chair Jenna Takenouchi

From: Paige Heckathorn Choy  
AVP, Government Affairs  
Healthcare Association of Hawaii

Re: **Submitting Comments**  
**HB 700 HD 1, Relating to Cognitive Assessments**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, and assisted living facilities. 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 more than 30,000 people statewide.

Thank you for the opportunity to provide **comments** regarding this measure, which would establish a pilot project within the Executive Office on Aging to establish a partnership with a health system to perform cognitive assessments and report data to the agency. We agree that a pilot program is a better course to support cognitive assessments, rather than a mandate imposed on providers that would be burdensome in terms of administrative and clinical time.

We would also suggest that funding in the program could be provided directly to the participating providers, who would have to hire additional staff in order to carry out the functions that the legislation seeks to establish. Further, we would suggest that funding an education campaign would prove helpful and encourage more providers to engage in cognitive assessment screenings.

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



**HB-700-HD-1**

Submitted on: 2/19/2025 5:07:14 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

Alzheimer’s disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease’s progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer’s disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. We urge the committee to support this legislation for the benefit of our kupuna and their caregivers.



**Testimony to the House Joint Committee on Finance  
Friday, February 21, 2025; 2:00 p.m.  
State Capitol, Conference Room 308  
Via Videoconference**

**RE: HOUSE BILL NO. 0700, HOUSE DRAFT 1, RELATING TO COGNITIVE ASSESSMENTS.**

Chair Yamashita, Vice Chair Takenouchi, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 0700, House Draft 1, RELATING TO COGNITIVE ASSESSMENTS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would improve the detection and treatment of Alzheimer's disease and related dementias in Hawaii by:

- (1) Establishing a Cognitive Assessments for Medicare Beneficiaries Pilot Program within the Executive Office on Aging (Office);
- (2) Requiring the Office to collaborate with a health care system for purposes of the pilot program, including identifying health care providers to participate in the program and offer and conduct cognitive assessments to Medicare Part B beneficiaries;
- (3) Permitting participating health care providers to report certain data to the Office; and
- (4) Requiring the Office to secure the transmission and storage of information reported as part of the pilot program.

This measure would take effect on January 1, 3000.

**Testimony on House Bill No. 0700, House Draft 1**  
**Friday, February 21, 2025; 2:00 p.m.**  
**Page 2**

According to the Center for Disease Control:

- Alzheimer's disease is one of the top 10 leading causes of death in the United States;
- The 6<sup>th</sup> leading of death among US adults; and
- The 5<sup>th</sup> leading cause of death among adults aged 65 years or older.

In 2023, an estimated 6.7 million Americans aged 65 year or older had Alzheimer's disease. **This number is projected to nearly triple to 14 million people by 2060.**

Further, death rates for Alzheimer's disease are increasing, unlike heart disease and cancer death rates that are on the decline. Dementia, including Alzheimer's disease, has shown to be under-reported in death certificates and therefore the proportion of older people who die from Alzheimer's may be considerably higher.

In Hawaii, Alzheimer's disease is a growing public health crisis:

- 29,000 people aged 65 and older are living with Alzheimer's in Hawaii;
- 6.7% of people aged 45 and older have subjective cognitive decline;
- 60,000 family caregivers bear the burden of the disease in Hawaii;
- 91 million hours of unpaid care are provided by Alzheimer's caregivers;
- \$1.9 billion is the value of the unpaid care; and
- \$240 million is the cost of Alzheimer's to the State Medicaid Program.

For these reasons, HPCA has worked closely with the Hawaii Chapter of the Alzheimer's Association to improve the health, welfare, and safety of persons and families afflicted with this disease. Accordingly, we are honored to be a partner with the Alzheimer's Association and urge your favorable consideration.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.



# Hawai'i Psychological Association

*For a Healthy Hawai'i*

P.O. Box 833  
Honolulu, HI 96808

[www.hawaiipsychology.org](http://www.hawaiipsychology.org)

Phone: (808) 521-8995

## COMMITTEE ON FINANCE

Representative Kyle T. Yamashita, Chair

Representative Jenna Takenouchi, Vice Chair

February 21, 2025 2:00 P.M. - VIA VIDEO CONFERENCE – ROOM 308  
SUPPORT FOR HB700, RELATING TO COGNITIVE ASSESSMENTS

The Hawaii Psychological Association (HPA) writes in strong support for HB700 HD1, which seeks to establish a pilot program providing cognitive assessments for Medicare beneficiaries aged sixty-five or older during their annual wellness visits.

Early detection of Alzheimer's disease and related dementias is crucial for effective intervention and care planning. Early diagnosis can significantly reduce healthcare costs and improve patient outcomes. However, many individuals with memory concerns do not discuss these issues with their healthcare providers, often due to cost concerns or lack of awareness. By integrating cognitive assessments into routine annual wellness visits, this bill addresses these barriers, facilitating timely identification and management of cognitive impairments.

Implementing this pilot program aligns with the State's effort to combat the growing impact of dementia on our aging population. By promoting early detection, this program enhances quality of life for our kupuna and their families.

Thank you for the opportunity to provide input on this important bill.

Sincerely,

Alex Lichton, Ph.D.

Chair, HPA Legislative Action Committee

**HB-700-HD-1**

Submitted on: 2/19/2025 9:34:09 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Glen Higa	Hawai'i Parkinson Association	Support	In Person

Comments:

**Testimony on HB700 HD1**

**RELATING TO COGNITIVE ASSESSMENTS**

**Friday, February 21, 2:00 PM**

**Conference Room 308 & Videoconference**

**State Capitol - 415 South Beretania Street**

Chair Yamashita, Vice Chair Takenouchi and members of the committee,

My name is Glen Higa and a resident of Kalihi. As President of Hawai'i Parkinson Association and a young onset Parkinson's patient since 2018, I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association.

Roughly 70% of those diagnosed with Parkinson's Disease will also be diagnosed with some form of dementia during the course of the condition. By 2030, the Queen's Medical Center's Parkinson's and Movement Disorder Center projects the estimated number of people with Parkinson's will double to 16,000.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of dementia. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Glen Higa

President, Hawai'i Parkinson Association

## 2025 Hawaii Leadership Board

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Senior Vice President  
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LJ R. Duenas,  
Executive Director  
Alzheimer's Association

## Testimony to the House Committee on Finance Friday, February 21, 2:00 PM Room 308 and Videoconference

### RE: SB700 HD1 – RELATING TO COGNITIVE ASSESSMENTS

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Chair Yamashita, Vice Chair Takenouchi, and Members of the Committees:

Thank you for the opportunity to testify on the critical issue of standardizing cognitive assessment testing. My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association. I write in **strong support of HB700 with suggested amendments putting the requirement of validated tools being used for cognitive assessments at Annual Wellness Visits into statute.**

Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. This makes our kupuna the most vulnerable. In Hawaii, 1 in 5 residents are over 65, and the Department of Business, Economic Development & Tourism (DBEDT) expects the elderly population to continue increasing at a much faster rate than the overall population until 2030, when all baby boomers will be 65 or older. This places our state at particular risk as our population continues to age, straining our care-providing infrastructure. Alzheimer's disease requires costly long-term care, costs Hawaii's Medicaid program \$285 million annually, and often requires family members to leave the workforce. All of these figures will continue to rise without intervention. Early detection and care planning can significantly mitigate these costs. Alarming, over two-thirds of people with memory problems in Hawaii have not discussed their symptoms with a healthcare provider. Despite cognitive assessments currently being a part of annual wellness visits, mere observation is too frequently used in assessing patients' cognition.

Recent medical advancements have allowed us to address one of the primary causes of Alzheimer's disease—amyloid plaque buildup in the brain. The latest FDA-approved disease modifying treatment removes amyloid plaque and has been shown to slow disease progression by 30-40%, offering patients a better quality of life for a longer period, benefitting them and their families, however, these treatments are effective only in the early stages of the disease, making early detection through cognitive assessment tests critical. Without early detection, patients cannot benefit from these groundbreaking therapies. While the treatment can slow the disease, it cannot reverse it.

**In alignment with the Hawaii State Strategic Plan on Alzheimer's Disease and Related Dementias (ADRD), the key features of the proposed legislation will:**

**1. Standardize Cognitive Assessment Testing:** Requires the inclusion of a cognitive assessment test as part of annual wellness visits for patients 65 and older.

**2. Create Minimum Assessment Standards:** While we are not specifying which cognitive assessment tool is used, we expect the Mini-Cog will be the standard tool for these assessments, as The Queen's Health System has integrated this into their practice. It is non-invasive, takes just 3–5 minutes, and can be administered by primary care providers, nurse practitioners, physician assistants, social workers, or medical assistants. According to the Cochrane Dementia and Cognitive Improvement Group, it has a sensitivity rate of 76-100%, effectively identifying mild cognitive impairment and dementia while being simple and inexpensive to implement.

**3. Improve ADRD Related Data Collection and Analysis:** Providers will report data to the Executive Office on Aging for analysis, which will identify gaps in care and inform future policy.

Early detection of cognitive decline that leads to disease modifying treatment that, even slightly, slows the progression of the disease can yield significant benefits in both quality of life and overall costs. Medical advances that would slow the progression by just five years would result in a 41 percent lower prevalence of the disease and reduce overall societal costs by 40 percent by 2050. Families face an average of almost \$400,000 in lifetime costs for Alzheimer's care and over \$70,000 total per year. Early diagnosis allows for interventions that can significantly reduce this burden.

We have been working closely with the Executive Office on Aging (EOA) and humbly offer the following amendments for your consideration along with suggested language (see attached):

- Include patients who participate in an Annual Wellness Visit covered by Medicare part C (Medicare Advantage plans) under this requirement and remove the age of 65 or older.
- Place language requiring that providers use a validated cognitive assessment tool for cognitive assessments into a new section of the bill under HRS Chapter 321.
- We defer to EOA on the specific details of the "Dementia Detection Data Pilot Program."

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Mahalo for the opportunity to testify. If you have any questions, please contact Coby Chock at 808-451-3410 or [ckchock@alz.org](mailto:ckchock@alz.org).



Coby Chock  
Director, Public Policy and Advocacy  
Alzheimer's Association - Hawaii



RELATING TO COGNITIVE ASSESSMENTS.

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

PART I. COGNITIVE ASSESSMENT TESTING

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

The legislature further finds that 6.7 per cent of individuals aged forty-five or older experience subjective cognitive decline. After age sixty-five, the risk of Alzheimer's doubles every five years, with individuals on medicare considered at higher risk of having or developing dementia. According to the Centers for Disease Control and Prevention, by 2060, nearly fourteen million adults in the United States are projected to have Alzheimer's disease. Nationwide, the costs to care for individuals living with Alzheimer's and related dementias is significant, with the total cost of care for Alzheimer's projected to increase to more than \$1,100,000,000,000 by 2050. However, a 2018 report from the Alzheimer's Association indicated that early diagnosis and treatment of dementia could save the nation as much as \$7,900,000,000,000 in medical and care costs over thirty years.

The treatment and prevention of Alzheimer's disease and related dementias is of pressing concern to the State. Per the department of business, economic development, and tourism, nearly one in five residents in Hawaii is sixty-five years of age or older, with this age group rapidly expanding in size. Annually, Alzheimer's and related dementias cost the State's medicaid program \$285,000,000. In the *Hawaii 2025: State Plan on Alzheimer's Disease and Related Dementias: 2020 Update*, the executive office on aging found that medicare costs for the Alzheimer's disease and related dementias population are nearly \$10,000 higher in comparison to the non-Alzheimer's disease and related dementias population. The legislature also finds that early detection of Alzheimer's disease and related dementias can reduce costs, manage comorbid conditions, delay disease progression, and allow better care planning. However, data from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System found that over two-thirds of people with memory problems in Hawaii have not talked to their health care provider. Cost may be one factor behind why individuals have not discussed their cognitive

health with their health care providers. According to the *Individuals' Interest in Cognitive Screening, Dementia Diagnosis, and Treatment: New Estimates from a Population-Representative Sample* report published by the RAND Corporation on December 3, 2024, eighty per cent of study respondents said they would undergo a cognitive assessment if doing so were free. The legislature notes that medicare beneficiaries who have opted to take medicare part B and **part C** coverage already receive an annual cognitive assessment as part of their supplemental coverage. This assessment can be performed by any practitioner eligible to report evaluation and management services under medicare, including physicians, physician assistants, nurse practitioners, and clinical nurse specialists. However, this assessment protocol is severely underutilized. The legislature also finds that broadening the use of cognitive assessments is an important strategy to identify patients who may benefit from current and future treatments for Alzheimer's and related dementias, as assessments provide individuals with information that may facilitate actions to prepare for the future.

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

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

**SECTION 2.** Chapter 321, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

**"Part . Cognitive assessments for medicare beneficiaries**

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

"Annual wellness visit" means a preventive service visit covered by medicare part B and part C between a medicare beneficiary and a primary care provider that occurs once every

twelve months and includes developing or updating a personalized prevention plan and performing a health risk assessment, but does not include a physical exam."

"Health care provider" means a physician or surgeon or physician assistant licensed under chapter 453 or an advanced practice registered nurse or registered nurse licensed under chapter 457.

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

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

"Medicare Part C" means the Medicare Advantage program provided under Title XVIII of the Social Security Act (42 U.S.C. 1395w-21 to 1395w-28).

"Qualified patient" means an individual medicare beneficiary with coverage under medicare part B or part C.

### **§321-B Cognitive assessments for qualified patients**

(a) All health care providers shall conduct or order a cognitive assessment when providing an annual wellness visit to a qualified patient.

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

(c) A qualified patient may decline the cognitive assessment after being informed of its purpose, benefits, and any risks.

### **§321-C Exemptions.** This part shall not apply to:

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

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

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

SECTION 2 3. (a) There is established a ~~cognitive assessments for medicare beneficiaries~~ **dementia detection data** pilot program within the executive office on aging to **analyze the current status of the early detection of dementia in the state and identify gaps in public awareness and disparities in dementia detection and treatment** ~~provide medicare part B patients aged sixty-five or older with a cognitive assessment for the early detection of dementia.~~

(b) The executive office on aging shall collaborate with **the medical community** to identify health care providers to participate in the pilot program.

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

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

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

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

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

~~(2) Whether the qualified patient is exempt from the cognitive assessment and the reason for the exemption;~~ **Whether the cognitive assessment was a part of an annual wellness visit**

(3) The date of the cognitive assessment;

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

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

(6) The type of cognitive assessment administered;

(7) The result of the cognitive assessment; and

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

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

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

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

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

(k) The pilot program shall not include:

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

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

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

~~(l) As used in this Act:~~

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

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

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

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

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

(m) The ~~cognitive assessments for medicare beneficiaries~~ dementia detection data pilot program shall be dissolved on , .

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

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

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

**HB-700-HD-1**

Submitted on: 2/19/2025 12:57:39 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Bixby Ho	Individual	Support	Written Testimony Only

Comments:

Testimony in support of HB700 HD1: Related to Cognitive Testing

February 21, 2025

Honorable Kyle Yamashita, Chair

Honorable Jenna Takenouchi, Vice Chair

House Committee on Finance

Hawai'i State Capitol

Honolulu, HI 96813

Aloha Chair Yamashita, Vice Chair Takenouchi, Members of the Committee on Finance,

My name is Bixby Ho, I am the 2025 Oahu Walk Experience Chair for the Walk to End Alzheimer's Disease and am writing testimony in SUPPORT of HB700, HD1: Related to Cognitive Testing.

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

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

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

I urge you to vote in SUPPORT, NOT NAY, NOT PRESENT, NOT ABSTENTION of HB700, HD1, Relating to Cognitive Assessments.

Mahalo for the opportunity.

Very Respectfully,

/s/ Bixby Ho

February 21, 2025

VIA ONLINE SUBMISSION



**HB-700-HD-1**

Submitted on: 2/19/2025 1:01:19 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Audrey Sirk	Individual	Support	Written Testimony Only

Comments:

**Testimony on HB700 HD1**

**RELATING TO COGNITIVE ASSESSMENTS**

**Friday, February 21, 2:00 PM**

**Conference Room 308 & Videoconference**

**State Capitol - 415 South Beretania Street**

Chair Yamashita, Vice Chair Takenouchi and members of the committee,

My name is Audrey Sirk, and I am a resident of Princeville, HI. We desperately need help with caring for our loved ones who have Alzheimer's. We need to validate it so it becomes a legal statement that this problem/awful disease exists yet no insurance or government agency helps with the care it requires and the finances it requires. I was a caregiver for my mother for four years and at the time there was no cognitive testing, no diagnosing at what stage the dementia was at. There was zero help in learning how to deal with it. I remember taking my mother to a hospital for a so called 'test'. The nurse became frustrated with my mom because she couldn't remember or answer all the questions. How unprofessional! Then there was the financial expense that blew through all our savings. It's a fact that people are living longer now and a lot of people will have dementia/memory loss/alzheimer's. Medical insurance should cover this. It is a health problem, a disease. Yet, it continues to go ignored.

I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association.

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

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Audrey Sirk

**HB-700-HD-1**

Submitted on: 2/19/2025 1:58:28 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Deslynn Jaquias	Individual	Support	Written Testimony Only

Comments:

Testimony on HB700 HD1

February 21, 2025

Conference Room #308 & Videoconference

State Capitol - 415 South Beretania Street

Chair Yamashita and co-chair Takenouchi,

My name is, Deslynn Jaquias, and I am a resident of Kapaa, HI. Dementia affected my grandfather's ability to live independently with my grandmother. My mother had to have my grandparents move into her home to care for them. He didn't take any cognitive assessments to identify he had dementia. It was after a crucial incident that occurred that we realized he had dementia. It was a challenge to see him decline cognitively. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association.

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

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Deslynn Jaquias

**HB-700-HD-1**

Submitted on: 2/19/2025 2:17:56 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Natalie Graham-Wood	Individual	Support	Written Testimony Only

Comments:

I support HB700. My name is Natalie Graham-Wood and I live at Sunset Beach, Oahu.

**HB-700-HD-1**

Submitted on: 2/19/2025 4:43:13 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Amy Muramatsu	Individual	Support	Written Testimony Only

Comments:

Chair Yamashita, Vice Chair Takenouchi and members of the committee,

My name is Amy Muramatsu, and I am a resident of Pukalani, Maui. My father had Alzheimer’s for the last 8 years of his life, and our family faced challenges with caregiving for him at home. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association.

Alzheimer’s disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. Annually, Alzheimer’s and related dementias cost Hawaii’s Medicaid program \$285 million.

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer’s disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease’s progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer’s disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Amy Muramatsu

**HB-700-HD-1**

Submitted on: 2/19/2025 5:29:29 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jo Hittner	Individual	Support	Written Testimony Only

Comments:

Chair Yamashita, Vice Chair Takenouchi and members of the committee,

My name is Jo Hittner and I am a resident of Hilo. My parents and my maternal grandfather all had dementia. I watched as they lost cognitive abilities and needed more and more care over time. Since their passing, there have been many treatments made available that were not known at the time they were living. These treatments have been effective in preventing the deterioration that they experienced. However, the new treatments are much more effective when dementia is diagnosed in the early stages. I am 79 and have been living in Hilo for 9 years. Prior to my move to Hawaii, I was given a cognitive assessment at each wellness visit after age 65. However, for the last 9 years, I have not received that assessment. My parents and grandfather were younger than me when their symptoms began. They were not fully aware of their decline and let the symptoms progress further than necessary before seeking treatment. I am advocating for cognitive assessments to be given on a regular basis in order for someone who is more objective than my husband or me to determine if there is unusual decline over the years. This would not be for diagnostic purposes, but rather to see if changes are beginning to occur. Thus, having some objective measurement for recommending further assessment.

Early detection and care planning can significantly mitigate costs that currently are nearly \$300 million dollars for Hawaii's Medicare and Medicaid programs. It is projected that by 2060, nearly 14 million adults in the U.S. are projected to have Alzheimer's disease. Besides the monetary cost, there is the psychological cost to the families and the loss of potential physical and intellectual contributions of these people to their communities and society.

**HB-700-HD-1**

Submitted on: 2/19/2025 7:43:48 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Marshall Mower	Individual	Support	Written Testimony Only

Comments:

I strongly support this measure.

**HB-700-HD-1**

Submitted on: 2/19/2025 7:45:13 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lila Mower	Individual	Support	Written Testimony Only

Comments:

I strongly support this measure.



**HB-700-HD-1**

Submitted on: 2/19/2025 9:28:15 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Johnette K. Maielua, Ph.D.	Individual	Support	Written Testimony Only

Comments:

Aloha e, Chair Yamashita, ViceChair Takenouchi, & Committee Members,

My name is Johnette K. Maielua, and I am a resident of Honolulu. I am writing in strong support of HB 700 HD 1 favoring the standardization of cognitive assessments as recommended by the Alzheimer’s Association. With the numbers of kupuna slated to rise in our communities, I feel that this bill will aid the medical community to offer better diagnoses and supports to families.

My father, William Enos, died in 2021 from this disease; my mother was his main caregiver. I remember distinctly the day when my father and I had a particularly painful conversation. He said with a smile, ‘My friend, Al, is coming." When I asked him who Al was, Dad responded, "My friend, Al ... Al Zheimer." Then he laughed because he always liked a good joke, yet I could see the sadness in his eyes. He knew.

As his condition gradually worsened in a very slow downward spiral, it was hard to navigate the different diagnoses presented to us from Dad’s PCP and from the neurologist who gave him several assessments that presented dementia and Alzheimer's as Dad's condition. Yet, it seemed like a ping pong match, going back and forth between these doctors because their diagnoses of his condition was unclear to one doctor, and clear to the other. I feel that the confusion did not help us to help Dad.

Now, my mother is beginning to show some similar signs of dementia that my dad started with, and I wonder if her diagnoses is going to be as difficult to deal with as his was.

The standardization of cognitive assessment tests for older adults is a crucial step in addressing the growing challenge of Alzheimer's disease. Frankly, I am stunned that it takes legislation to address a commonsense practice! So I am urging you to provide this opportunity for early detections and interventions of this terrible disease to significantly improve the quality of life patients while reducing the financial burdens on families - many of whom are your constituents!

I sincerely urge you to support this legislation for our kupuna and their caregivers.

Mahalo a nui loa,

Johnette Maielua



**HB-700-HD-1**

Submitted on: 2/19/2025 10:20:43 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rosalie Char	Individual	Support	Written Testimony Only

Comments:

Chair Yamashita, Vice Chair Takenouchi and members of the committee,

My name is Rosalie Romo Char and I am a resident of Kaneohe, HI. While I do not have a close personal connection to the disease, I have had the pleasure of working with amazing volunteers who have been impacted by it. Their stories though unique have one thing in common most times. They suffer the loss of their loved ones twice. The first time when their loved one no longer knows who they are and the second time when their loved one passes away. Though there is no cure yet, we can make the journey more manageable with early detection. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association.

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

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Mahalo,

Rosalie

To: Representative Kyle T. Yamashita, Chair  
Representative Jenna Takenouchi, Vice Chair  
Committee on Finance

Hearing Date: Friday, February 21, 2025

Position: **Support** for House Bill 700, H.D. 1, Relating to Cognitive Assessments

Dear Chair Yamashita, Vice-Chair Takenouchi, and Members of the Finance Committee,

My name is Theresa Sablan, and I am a Master of Social Work student at the University of Hawai‘i at Manoa. The views I express in this testimony are my own. I am testifying in support of HB700, H.D. 1, Relating to Cognitive Assessments. This legislation will positively impact Medicare Part B beneficiaries aged 65 and older, as it focuses on improving the detection and treatment of Alzheimer’s disease and related dementias. The Act establishes a pilot program within the Executive Office on Aging to provide cognitive assessments during annual wellness visits for these beneficiaries.

Alzheimer’s disease is a significant public health issue in Hawai‘i, particularly due to the rapidly aging population. According to the Alzheimer’s Association, over 31,200 individuals aged 65 years and older in Hawai‘i are living with Alzheimer’s dementia. As the number of Americans aged 65 and above is projected to increase to 82 million by the year 2050, this public health issue will likely intensify. In Hawai‘i, Medicaid payments for older adults with Alzheimer’s or other dementias amount to \$285 million.

This legislation supports a pilot program within the Executive Office on Aging to collaborate with a healthcare system to identify early signs of cognitive decline in older adults. This initiative will facilitate timely interventions, proper planning for future care needs, and potential treatments to improve the quality of life for older adults in Hawai‘i. Therefore, I urge the committee to pass HB700, H.D. 1.

Thank you for the opportunity to testify on this important matter.

Sincerely,

Theresa Sablan, MSW Student

**HB-700-HD-1**

Submitted on: 2/20/2025 1:25:11 AM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Rick Tabor	Individual	Support	Written Testimony Only

Comments:

I strongly support the passage of HB700 HD1 with the amendments offered by the Alzheimer's Association. This cognitive assessment bill, asks for an annual dementia assessment at our age 65 and older's annual physical. The recommended screening takes a few minutes. The results identify the diagnosis, leading to esrly detection, opening the door to some exciting new treatment options that can slow the advancement and help manage the symptoms. With over 32,000 dementia diagnosed in Hawaii, knowing that's less than half who struugle to live with dementia, this test, can make a huge quality of life difference.

My Mother lived over 25 years with Alzheimers. She passed a year ago, Februrary 7. What was sad was how the diagnisus was made. Her doctor told the family, 'She's Old, So She's Got Alzheimers. Doesn't Matter What Type it is, There's No Cure.' I told my family, that's not good medical care. In Rural America, that's all they seem to expect. So, her struggle was a difficult one. Filled with fears and tears. Hard to experience for her and everyone involved. She's in a better place now. And, before the cognitive, mental and physical decline, she lived a remarkable life. I'm coming around to letting that be the memory I recall. Had she been tested, properly duagnosed and fortunate enough to recieve treatment, I think we could have saved a lot of anguish and medical cost. Our family's story is happening all over the world.

Sadly, According to the Alzheimer's Association, the cost of caring for people with Alzheimer's disease in the United States is estimated to be around \$360 billion in 2024, with projections showing this number could reach nearly \$1 trillion by 2050.

What's promising is the progress we've made, with awareness understsnding, prevention, and treatments that slow the progression, with hope of a cure, on the horizon, someday soon.

For today, this 50 year mental health professional with a certification in cognitive disabilities, asks gor your support passing HB700 HD1 with the amendments offered by the Alzheimer's Association.

A proper Diagnosis is the key to a better life for a lot of people. Thank you for your compassionate thoughtfulness on this fairly basic ask. Take Care.

**HB-700-HD-1**

Submitted on: 2/20/2025 4:28:42 AM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Riley Yoshio Regan	Individual	Support	Written Testimony Only

Comments:

**Testimony on HB700 HD1**

**RELATING TO COGNITIVE ASSESSMENTS**

**Friday, February 21, 2:00 PM**

**Conference Room 308 & Videoconference**

**State Capitol - 415 South Beretania Street**

Chair Yamashita, Vice Chair Takenouchi and members of the committee,

My name is Riley Yoshio Regan, and I am a Honolulu resident, but raised on Maui as a youngster. I would attend the hearing in person, but am unable to as I am studying at UCLA as a college student presentl .

I just lost my grandfather to Alzheimer's yesterday. The disease consequently has affected our family and so many other families. Even as a youngster, I knew that my grandfather on Maui was suffering from the disease, but it wasn't until he moved to Oahu, that he was properly diagnosed.

I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association.

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

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis

allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

RileyYoshio Regan

**Testimony on HB700 HD1  
RELATING TO COGNITIVE ASSESSMENTS  
Friday, February 21, 2:00 PM  
Conference Room 308 & Videoconference  
State Capitol - 415 South Beretania Street**

Chair Yamashita, Vice Chair Takenouchi and members of the committee:

My name is Calvin Hara and I reside in Kaimuki. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association. Throughout my thirty year career in senior care and as a family caregiver, I have seen many kupuna with Alzheimer's disease and other dementia. It is a very difficult time, from diagnosis to the progression of the disease and ultimately death.

Alzheimer's disease and other dementias primarily affect older adults, with 90% of cases occurring in individuals aged 65 and older. In Hawaii, nearly one in five residents is 65 or older, placing our state at particular risk as our population continues to age. It is costly to take care of a person with Alzheimer's and related dementia. Annually, the cost for Hawaii's Medicaid program is \$285 million.

That cost can be mitigated with early detection and care planning. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you.

Calvin Hara



**Testimony on SB482**  
**RELATING TO COGNITIVE ASSESSMENTS**  
**Monday, February 10, 8:30 AM**  
**Conference Room 225 & Videoconference**  
**State Capitol - 415 South Beretania Street**

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

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

At that time MCI had had very little impact on my daily life. I was able to drive, pay my bills, had no trouble writing, or communicating, and only seldom did I lose my wallet, keys, or other things. In short, life for me was what it always had been. Barbara and I took that diagnosis as a wake-up call. We immediately began planning for a future in which I might be demented. Eventually I received an Alzheimer's diagnosis. By that time, we had already made sure that we were as well

prepared as we could be. This meant arranging things so that we could stay together in the home we had built in Ninole for as long as we lived. It also meant I would have plenty of time to be with our family and friends before it was too late. And of course, it has led us to our very rewarding involvement with the Alzheimer's Association. Most importantly, early detection of my cognitive decline made possible by those simple tests given to me by my neurologist ten years ago allowed me to start infusions with Leqembi, a drug which has been proven to delay the onset of Alzheimer's worst symptoms.

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

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,  
Peter W. Black

**HB-700-HD-1**

Submitted on: 2/20/2025 1:04:58 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Emilia Thomas	Individual	Support	Written Testimony Only

Comments:

My husband had dementia and early detection is crucial. Any help to family members and caregivers in caring for someone with dementia is greatly appreciated. This disease takes a tremendous toll on everyone.

**HB-700-HD-1**

Submitted on: 2/20/2025 2:49:08 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
kore liow	hawaii pacific neuroscience	Support	Written Testimony Only

Comments:

Aloha,

As a physician, I am writing to express my strong support for HB700, which proposes the establishment of a Cognitive Assessments for Medicare Beneficiaries Pilot Program within the Executive Office on Aging. This bill represents a critical step forward in addressing a growing health issue within our aging population that is being cognitive decline, including conditions such as dementia and Alzheimer’s disease. These conditions, often underdiagnosed or diagnosed too late, can have devastating consequences for patients and their families. The aging population is at heightened risk for cognitive impairments, which can significantly affect their ability to manage daily activities, their quality of life, and their overall health outcomes. Early detection and assessment of cognitive decline are essential for providing timely interventions, helping patients maintain independence for as long as possible, and improving the overall quality of care they receive. The inclusion of funding to support this initiative is equally important, as it will allow for the development and implementation of high-quality screening tools and ensure that providers have the resources necessary to carry out these assessments with accuracy and consistency. As a physician, I have seen firsthand the impact of early cognitive assessments on patient care. These screenings not only help with early detection but also provide an opportunity to involve patients and their families in meaningful discussions about care options, future planning, and available resources. The data generated from this pilot program will be invaluable for identifying trends, evaluating outcomes, and shaping future health policy around cognitive health in older adults. I urge the committee to support HB700, as it will ultimately improve the health and well-being of Medicare beneficiaries and ensure that aging individuals receive the comprehensive care they deserve. The passage of this bill will demonstrate a forward-thinking commitment to the cognitive health of our older population, helping to enhance their quality of life while also providing valuable insights for ongoing improvements in health care.

Regards,

Kore Liow, MD, FAAN, FACP  
Clinical Professor, Dept. of Medicine (Neurology)

Graduate Faculty, Clinical & Translational Research, Dept. Quantitative Health Sciences

University of Hawai`i John Burns School of Medicine

Neuroscience Chair & Principal Investigator

**HB-700-HD-1**

Submitted on: 2/20/2025 4:04:40 PM

Testimony for FIN on 2/21/2025 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kira Miyatake	Individual	Support	Written Testimony Only

Comments:

Chair Yamashita, Vice Chair Takenouchi and members of the committee,

My name is Kira Miyatake, and I am a resident of Kailua. My aunty's father was diagnosed with dementia and eventually passed away of the disease. I am in strong support of HB700 HD1 with the amendments proposed by the Alzheimer's Association to allow others the opportunity to be screened and provided options in treatment.

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

Early detection and care planning can significantly mitigate these costs. By 2060, nearly 14 million adults in the United States are projected to have Alzheimer's disease. Early diagnosis allows for timely intervention, better care planning, and access to treatments that can slow the disease's progression.

The standardization of cognitive assessment tests is a crucial step in addressing the growing challenge of Alzheimer's disease. Early detection and intervention can significantly improve the quality of life for patients and reduce the financial burden on families and the state. I urge the committee to support this legislation for the benefit of our kupuna and their caregivers.

Thank you for the opportunity to testify.

Sincerely,

Kira Miyatake