

JAN 17 2025

# A BILL FOR AN ACT

RELATING TO COGNITIVE ASSESSMENTS.

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

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.



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 a 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



1 reduce costs, manage comorbid conditions, delay disease  
2 progression, and allow better care planning.

3 Accordingly, the purpose of this Act is to improve the  
4 detection and treatment of Alzheimer's disease and related  
5 dementias in Hawaii by mandating cognitive assessments for  
6 medicare beneficiaries aged sixty-five or older during annual  
7 wellness visits covered by medicare part B.

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

11 **"PART . COGNITIVE ASSESSMENTS FOR MEDICARE BENEFICIARIES**

12 **§321-A Definitions.** As used in this part:

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

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



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

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

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

9 **§321-B Cognitive assessments for qualified patients;**  
10 **reporting requirements.** (a) All health care providers shall  
11 conduct or order a cognitive assessment when providing an annual  
12 wellness visit to a qualified patient.

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

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



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

The report shall 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;

(3) The date of the cognitive assessment;

(4) The qualified patient's full name, date of birth, address, race, and gender;

(5) The type of cognitive assessment administered;

(6) The result of the cognitive assessment; and

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

(e) The executive office on aging shall adopt rules for the secure transmission and storage of the information reported pursuant to subsection (d).

**§321-C Executive office on aging; annual report; confidentiality; publication.** (a) The executive office on aging shall provide an annual report summarizing the information collected pursuant to section 321-B to the legislature no later



1 than twenty days prior to the convening of each regular session.  
2 The report shall be available to the public on the department of  
3 health's website.

4 (b) Any reports submitted to the legislature and subject  
5 to publication under this section shall be limited to aggregated  
6 data and shall not directly contain or indirectly result in the  
7 disclosure of personally identifiable information.

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

13 **§321-D Exemptions.** This part shall not apply to:

- 14 (1) Health care providers who do not accept medicare  
15 insurance;  
16 (2) Qualified patients who have already received a  
17 diagnosis of dementia or mild cognitive impairment;  
18 (3) Qualified patients who are unable to undergo a  
19 cognitive assessment due to a physical or mental  
20 impairment; and



(4) Qualified patients for whom a cognitive assessment  
would not be in their best interest."

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. In codifying the new sections added by section  
2 of this Act, the revisor of statutes shall substitute  
appropriate section numbers for the letters used in designating  
the new sections in this Act.

SECTION 5. This Act shall take effect on January 1, 2026.

INTRODUCED BY:





# S.B. NO. 1203

**Report Title:**

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

**Description:**

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.

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

