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

JOSH GREEN, MD
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
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JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

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April 6, 2026

TO: SENATE COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to Governor Josh Green, MD on Healthcare Innovation

RE: **HB 1853-HD1-SD1 -- RELATING TO DEMENTIA**

HEARING: Tuesday, April 7, 2026 @ 10:31 am; Conference Room 211

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports the intent of this bill. Alzheimer's disease and other dementias are creating a growing public health and economic crisis in Hawaiʻi. The Alzheimer's Association estimates that 31,200 Hawaiʻi residents are living with Alzheimer's, and 1 in 9 people over age 65 has the disease, with the number expected to double in the next 25 years. Our state likely spends well over $400 million a year on the disease, with Med-QUEST alone spending over $300 million. Affected families spend an enormous additional largely unmeasured amount of personal costs. Private costs for memory care can cost families not eligible for Medicaid over $200,000 a year.

This bill creates a community-centered model to ensure early detection, timely diagnosis, coordinated care planning, and access to treatment across Hawaiʻi, prioritizing services for neighbor islands and rural areas. The Executive Office on Aging (EOA) would have a coordinating responsibility for the program, but it would provide new county-based clinics staffed by experienced physicians, nurses, other clinicians and social workers. Once operational, the clinics can bill insurance for services to offset state costs. The program will also provide Dementia Care Specialists in each county to promote early diagnosis, caregiver support and coordination of services. It is a very innovative model.

SHPDA defers to EOA on the budgetary and implementation costs, but we believe an effective procurement contract will be the best way to implement this, given the existing EOA workload. Noting also an estimated $3+ million likely annual state appropriation needed to launch the program, SHPDA believes it will reduce state costs significantly over time by delaying onset and slowing progression of the disease, and by supporting families to better cope with care at home and in the community.

Thank you for hearing HB 1853-HD1-SD1.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

JOSH GREEN, M.D.
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

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STATE OF HAWAIʻI
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KA ʻOIHANA OLAKINO
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Testimony COMMENTING on HB1853 HD1, SD1
RELATING TO DEMENTIA

COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

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

Hearing: Tuesday, April 7, 2026, 10:31 A.M. Conference Room: 211

EOA Position: The Executive Office on Aging (EOA), an attached agency to the Department of Health (DOH), appreciates the intent of HB1853 HD1, SD1 and offers comments as the scope and complexity of this measure is not attainable in a year’s time.

Fiscal Implications: Appropriates funds for FY2026-2027 to establish and implement the HANAI Memory Network program within EOA.

Purpose: To create a support system of dementia care specialists, establish one or more clinics, ensure coordination, develop a referral network, provide training and technical assistance, operate a public facing website, and collect data.

EOA currently convenes the Hawaiʻi Dementia Initiative (HDI) consisting of 150 community members and stakeholders from across the state to foster collaboration, leverage data, and implement strategies to improve the lives of individuals with dementia and their families. The initiative focuses on implementing the **Hawai‘i 2035: State Strategic Plan on Alzheimer's Disease and Related Dementias (ADRD)**. The coalition is organized into Action Teams through 7 targeted initiatives: 1) Dementia Caregiving, 2) Workforce Development, 3) Early Detection of Dementia, 4) Brain Health and Risk Reduction, 5) Public Awareness and Education, 6) Community Clinical Linkages, and 7) Data Action.

In SFY 2025, EOA delivered dementia education to rural, underserved, low-income communities. Programs included caregiver training, community awareness sessions, talk story listening, and HDI workgroup meetings. EOA also collaborated with the UH Center on Aging, AARP, Brain Matters, Kokua Mau, and other partners for outreach and remote and in-person training that reached **6,306 community members** and **2,618 professionals** through dementia education and outreach. Our media campaign generated **10.5 million impressions**, and EOA launched Hawai‘i's first dementia data dashboard, the **Healthy Brain Tracker**, featuring over 30 indicators.

In addition, we have a robust website devoted to ADRD at https://hawaiidementia.org that includes common questions, support for caregivers, information about early detection, brain health tips and education. Lastly, we are mandated by ACT 286 HSL 2025 to collect data on the number of cognitive assessments provided to Medicare beneficiaries. **Through the Hawai‘i Dementia Initiative (HDI) EOA has demonstrated its commitment to improving the lives of individuals with Alzheimer's disease and related dementias, as well as their families**.

Concerns: EOA is currently operating at capacity and continues to face significant staffing vacancies. Implementing a statewide system of dementia care specialists, establishing one or more memory clinics, coordinating services, developing referral networks, providing ongoing training and technical assistance, and expanding data collection would require substantial new infrastructure and reliable and long-term funding. HB1853 proposes funding only for FY2026-2027, with the expectation that the program be developed and fully operational by June 30, 2027. With such a short implementation timeline, EOA would not be able to implement and sustain the services and program envisioned. Given the State's economic uncertainty and EOA's resource limitations, launching such a large-scale initiative at this time would be unattainable.

Recommendation: EOA appreciates the intent of this measure; however, due to the significant resource requirements and the absence of sustained funding, we believe it would be more appropriate to revisit this proposal when the State's fiscal outlook and EOA's staffing capacity are stronger. EOA remains committed to supporting Hawai‘i's aging population, but we must ensure that any new program is financially viable and does not compromise our ability to meet existing statutory mandates and ongoing responsibilities.

Thank you for the opportunity to testify.

HB-1853-SD-1
Submitted on: 4/2/2026 7:14:31 PM
Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

In suport.

ALZHEIMER'S ASSOCIATION®

April 3, 2026

Senator Donovan Dela Cruz, Chair
Senator Sharon Moriwaki, Vice Chair
Senate Committee on Ways and Means

RE Testimony In Support of HB1853: Relating to Dementia
Hearing Date: Tuesday, April 7, 2026, Room 211

Aloha Chair Dela Cruz, Vice Chair Moriwaki and Members of the Committee:

My name is LJ Duenas, Executive Director, Alzheimer's Association. We strongly support HB1853, establishing the HANAI Memory Network, with amendments.

Alzheimer's is a growing public health and fiscal crisis in Hawaii. Today, over 31,000 residents are living with the disease, and that number is projected to exceed 62,000 by 2050. Medicaid costs have already increased from $240 million to $309 million annually in just five years and are projected to approach $1 billion per year. At the same time, families face memory care costs exceeding $15,000 per month, while access to care, especially on neighbor islands and in rural communities, remains limited and delayed.

HB1853 offers a practical, cost-effective solution. The HANAI Memory Network prioritizes early detection, timely diagnosis, and coordinated care through two key components:

- Dementia Care Specialists in each county to provide outreach, screening, navigation, and caregiver support
- Community-based Memory Clinics on neighbor islands to deliver diagnosis, care planning, and treatment

This model closes access gaps, supports caregivers, reduces avoidable hospitalizations and long-term care placements, and helps families remain economically stable.

The initial investment is $3 million annually for 3 to 5 years, decreasing to $1 million as clinics begin billing for services. This is a fiscally responsible approach that will bend the cost curve and reduce long-term Medicaid expenditures.

We have conferred with the Executive Office on Aging and jointly offer the following amendments:

- Page 5, line 14: replace "shall" with "may"
- Page 6, line 7: replace "One full-time equivalent (1.00 FTE) dementia care specialist" with "Four full-time equivalent (4.0 FTE) dementia care specialist" or blank position counts and note 4.00 FTE dementia care specialists and 1.00 FTE memory network program manager in the committee report

Thank you for the opportunity to provide testimony in strong support of this measure.

Mahalo nui loa,

LJ

LJ R. Duenas
Executive Director
Alzheimer's Association – Hawaii

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AARP
Hawaiʻi

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The Hawaii State Legislature
Senate Committee on Ways and Means
Wednesday, April 7, 2026
Conference Room 211, 10:31 a.m.

TO: The Honorable Donovan Dela Cruz, Chair
FROM: Keali'i S. López, State Director
RE: Support for H.B. 1853, HD1, SD1 Relating to Dementia

Aloha Chair Dela Cruz 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 Hawaiʻi supports House Bill 1853, HD1, SD1 which establishes the Hānai Program to provide coordinated support, guidance, and respite services for individuals living with Alzheimer's disease and related dementias, as well as the family caregivers who care for them. This bill represents a critical step toward ensuring Hawaiʻi families receive the culturally grounded, community-based assistance they urgently need.

Hawaiʻi is facing a rapidly growing dementia crisis. Today, 31,200 Hawaiʻi residents are living with Alzheimer's disease, and 1 in 9 people over age 65 has the condition. With our kūpuna population expected to double in the next 25 years, the number of residents with Alzheimer's is projected to surpass 62,000 by 2050. Families are already struggling, and without meaningful infrastructure and caregiver support, the challenges ahead will quickly become overwhelming.

The financial impact on the state is equally alarming. In 2020, Medicaid spent $240 million on care for residents with Alzheimer's. The 2025 report shows that figure has risen to $309 million, an increase of $69 million in just five years. If no action is taken, Alzheimer's-specific Medicaid costs are projected to reach nearly $1 billion annually by 2050. This trajectory is unsustainable and underscores the need for upstream investments in caregiver support and coordinated services—precisely what the Hānai Program provides.

At the same time, Hawai‘i’s long-term care infrastructure is already operating at or above capacity, with limited availability of memory-care beds statewide. Families face staggering private-pay costs averaging over $15,000 per month—more than $180,000 per year—placing care far out of reach for most households. Neighbor islands and rural communities experience even greater disparities, with limited access to diagnosis, treatment, and ongoing support, leading to delayed care and higher long-term costs.

AARP frequently hears from caregivers who feel lost navigating the system, emotionally exhausted, and financially stretched. Many are forced to reduce work hours or leave the workforce entirely. The Hānai Program responds directly to these needs by creating a coordinated network of information, caregiver coaching, respite resources, and culturally relevant supports that empower families to keep their loved ones at home safely for as long as possible.

AARP Hawai‘i respectfully urges the Committee to pass H.B. 1853, HD1, SD1. Thank you for the opportunity to testify in support.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

Testimony to the Senate Committee on Ways and Means
Tuesday, April 7, 2026; 10:31 a.m.
State Capitol, Conference Room 211
Via Videoconference

RE: HOUSE BILL NO. 1853, HOUSE DRAFT 1, SENATE DRAFT 1, RELATING TO DEMENTIA.

Chair Dela Cruz, Vice Chair Moriwaki, 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. 1853, House Draft 1, Senate Draft 1, RELATING TO DEMENTIA.

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 bill, as received by your Committee, would appropriate an unspecified amount of general funds for fiscal year 2026-2027 and establish an unspecified number of positions within the Executive Office of Aging to implement the Hanai Memory Network Program to integrate community-based specialists, clinical partnerships, and public education to improve early detection, care coordination, and long-term support for individuals with dementia and their caregivers.

The bill would take effect on January 30, 2050.

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 6th leading of death among US adults; and
- The 5th 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, the HPCA believes that this bill will ensure that earlier diagnosis, equitable access to care across all counties, and better coordination among service providers will reduce emergency room visits and hospitalizations. By shifting from crisis-driven care to proactive planning, Hawaii can improve outcomes for kupuna and caregivers while reducing Medicaid costs and alleviating pressure on the State's long-term care system.

Accordingly, we are honored to partner with the Alzheimer's Association on this important measure 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@hawaiipca.net.

HB-1853-SD-1
Submitted on: 4/3/2026 1:30:43 PM
Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Lila Mower	Individual	Support	Written Testimony Only

Comments:

I am in strong support of this measure.

HB-1853-SD-1
Submitted on: 4/3/2026 2:55:43 PM
Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Donna Shimizu	Individual	Support	Written Testimony Only

Comments:

Re: HB 1853

TO: Chair Dela Cruz, Vice Chair Moriwaki, and members of the committee,

My name is **Donna Shimizu** and I live in Hilo, on the Big Island. I have recently been diagnosed with a positive PTAU blood test, which i flew to Oahu to take. I am also scheduled to fly to Oahu (at my own expense) to have an MRI on my brain and flying AGAIN to meet with a Neurological Specialist to review my MRI results. I am willing to pay for airfare and car rental out of pocket because I am totally stressed and anxious to start treatment to slow the Alzheimer's disease. I need to fly to Oahu because these services and special equipment are not available in Hilo. I fear my children will have to watch me deteriorate, just as I watched my own mother succumb to Alzheimer’s. Living on a Geographically Separated Island from Oahu, residents like myself need to either wait for doctors to visit us or we need to fly to Oahu. This creates long wait times for appointments and many times extra expense.

I am in strong support of HB1853 which would provide memory care across the state with an emphasis on providing access for individuals living on neighbor islands and rural areas.

Hawaii is facing a growing dementia crisis. Today, more than 31,000 Hawaii residents are living with Alzheimer’s disease, and this number is expected to double by 2050 as our population ages. Many families, especially on neighbor islands and in rural communities, struggle to access timely diagnosis, care planning, or memory care services. This leads to delayed or missing treatment windows, avoidable emergencies, and significant emotional and financial strain.

The HANAI Memory Network offers a statewide solution by creating Dementia Care Specialists in every county and Memory Clinics on each neighbor island. This will help people get diagnosed earlier, connect families to resources, and bring memory care closer to home. Early detection and coordinated support can make a meaningful difference in quality of life for those living with dementia and for the caregivers who support them every day.

I respectfully urge you to SUPPORT this legislation to ensure that all of Hawaii's kupuna, no matter where they live, have access to timely memory care, early diagnosis, and the support they need.

Thank you for the opportunity to testify.

Thank you,

Donna Shimizu

Hilo. 96720

Testimony on HB1853 HD1 SD1
RELATING TO ALZHEIMER'S DISEASE
Tuesday, March 7, 10:31 AM
Conference Room 211 & Videoconference
State Capitol - 415 South Beretania Street

Chair Dela Cruz, Vice Chair Moriwaki, and members of the committee,

My name is Peter Black, and I live in Ninole on the Big Island. I am a retired professor of Anthropology, 83 years old. As someone living with an Alzheimer's diagnosis I would like to very briefly tell you why I strongly support this bill.

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 a level I could accept. 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 subject my students to the same thing. My wife Barbara and I moved to Hawaii in 2011. In 2015, she 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 shall never forget my shock when the neurologist told me that I had Alzheimer's. However, that relatively early diagnosis turned out to be a blessing since it led us to plan for the future, and for me, access to one of the new Alzheimer's drugs.

For many other kūpuna on the Big Island and the other neighbor islands, access to such care is very difficult because it is not available locally. We are fortunate in this respect. This care needs to be available for all kūpuna on their home island. And not to be forgotten is the need for support throughout the course of this disease—for the patient and his or her caregivers.

Finally, I support this bill because the Hanai Memory Network is not only a public health measure but also because it is a matter of equity.

Thank you for listening to me. Peter Black

Testimony on HB1853 HD1 SD1
RELATING TO ALZHEIMER'S DISEASE
Tuesday, April 7, 10:31 AM
Conference Room 211 & Videoconference
State Capitol - 415 South Beretania Street

Chair Dela Cruz, Vice Chair Moriwaki, and members of the committee,

My name is Barbara Black and I live in Ninole on the Big Island. I strongly support HB1853 HD1 which would provide a network of memory care across the state with an emphasis on providing access for individuals living on neighbor islands and rural areas.

I am the caregiver for my spouse, Peter Black, who lives with Alzheimer's. Peter was diagnosed about 10 years ago. We were extremely lucky in that early diagnosis, and it was possible only because we had the ability to go to Oahu and to San Francisco. There were no memory care facilities on this island and, as we all know, PCPs are overwhelmed on the neighbor islands. Moreover, many are reluctant to care for those with dementia of any kind.

Peter's relatively early diagnosis was a gift to us as we contemplated our future. We were able to plan how we would manage this disease as it inevitably progressed.

I have had the opportunity during this time to learn (online and in person) more about the disease and caregiving. This has been incredibly helpful to me as we have moved forward through the progression of this disease. Caregiving for a spouse with Alzheimer's is complex and difficult; the ability to adjust and learn as early as possible has helped me immensely.

Early detection also provides the possibility of early access to treatments to slow progression of the disease. Treatments are becoming more accessible and effective every day.

Access to early detection, treatment, and coordinated support should be easily available and accessible to all those dealing with this disease throughout the state.

Hawaiʻi is facing a growing dementia crisis. Today, more than 31,000 Hawaiʻi residents are living with Alzheimer's disease, and this number is expected to double by 2050 as our population ages. Many families, especially on neighbor islands and in rural communities, struggle to access timely diagnosis, care planning, or memory care services. This leads to delayed or missing treatment windows, avoidable emergencies, and significant emotional and financial strain.

The HANAI Memory Network offers a statewide solution by creating Dementia Care Specialists in every county and Memory Clinics on each neighbor island. This will help people get diagnosed earlier, connect families to resources, and bring memory care closer to home. Early detection and coordinated support can make a meaningful difference in quality of life for those living with dementia and for the caregivers who support them every day.

I respectfully urge you to support this legislation to ensure that all Hawai‘i’s kūpuna, no matter where they live, have access to timely memory care, early diagnosis, and the support they need.

Thank you for the opportunity to testify.

Mahalo,

Barbara Black

To: Chair Dela Cruz
Vice Chair Moriwaki
Members of the Committee

Re: **HB 1853, HD1 SD1 – RELATING TO DEMENTIA**
Tuesday, April 7, 2026
Testimony in Strong Support

My name is Steven Tam**,** and I am submitting testimony in **strong support of HB 1853, HD1 SD1**, which establishes the Hanai Memory Network Program within the Executive Office on Aging. I support this bill in memory of my father and three uncles who died from Alzheimer’s disease.

Hawaiʻi is in the midst of a dementia crisis. More than 31,000 residents are living with Alzheimer’s disease today, supported by over 62,000 unpaid family caregivers. **This is not a future challenge on the horizon — it is a crisis unfolding right now for families and neighbors across our state. These numbers will rise sharply as our population ages.**

Despite this growing need, access to early diagnosis, coordinated care, and long-term support remains limited—especially on the neighbor islands and in rural communities. These gaps are already leading to delayed diagnosis, preventable crises, and overwhelming caregiver stress. **Like many families, we struggled to navigate a system that simply isn’t keeping up with what families need today. Families are experiencing the consequences now, which is why action cannot wait for a later session.**

The HANAI Memory Network offers a statewide solution by creating Dementia Care Specialists in every county and Memory Clinics on each neighbor island. This model strengthens early detection, shortens the time to diagnosis, connects families to resources, and brings memory care closer to home. HB 1853, HD1 SD1 ensures that families receive timely guidance, culturally responsive support, and proactive care planning. Early detection and coordinated support can make a meaningful difference in quality of life for those living with dementia and for the caregivers who support them every day.

For these reasons, I respectfully urge the Committee to pass HB 1853, HD1 SD1. This legislation will ensure that Hawaiʻi’s families are no longer left to navigate dementia alone and represents a critical step toward a more coordinated, compassionate, and sustainable dementia care system for our state.

Mahalo for the opportunity to testify.

Steven Tam

Testimony on HB1853 HD1 SD1
RELATING TO ALZHEIMER'S DISEASE
Tuesday, April 7, 10:31 AM
Conference Room 211 & Videoconference
State Capitol - 415 South Beretania Street

Dear Chair Dela Cruz, Vice Chair Moriwaki, and members of the committee,

My name is Calvin Hara, and I live in Kaimuki. I am in support of HB1853 HD1 SD1. During my thirty-year career in long term care, I have seen many people with Alzheimer’s disease along with their family caregivers. It is a difficult disease to have and to be a caregiver, especially as the disease progresses.

I have been a caregiver myself for loved ones and experienced first-hand on providing necessary care. As we know, there is no cure for Alzheimer’s disease.

HB1853 HD1 SD1 would provide memory care across the state with an emphasis on providing access for individuals living on neighbor islands and rural areas. Hawaii’s people need a network to improve their access to care as well the ability to have a plan of care for their life with Alzheimer’s.

The need is well explained along with the plan to create and implement to help Hawaii’s aging population. The Department of Health designated lead agency on aging is best fitted to fulfill the merits of this measure and should focus on the means to implement rather than on alleged reasons that it could not be implemented.

Please support HB1853 HD1 S1 so Hawai’i’s kupuna can find better comfort in days ahead.

Thank you for the opportunity to submit testimony.

Mahalo,

Calvin Hara

HB-1853-SD-1
Submitted on: 4/5/2026 4:06:30 PM
Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Brian Seabaugh	Individual	Support	Written Testimony Only

Comments:

Chair Dela Cruz, Vice Chair Moriwaki, and members of the committee,

My name is **Brian Seabaugh** and I live in **Kailua**. **I have lost a grandmother to Alzheimer's and am currently a caretaker for two aunties and a father living with the disease.** I am in strong support of HB1853 which would provide memory care across the state with an emphasis on providing access for individuals living on neighbor islands and rural areas.

Hawaii is facing a growing dementia crisis. Today, more than 31,000 Hawaii residents are living with Alzheimer's disease, and this number is expected to double by 2050 as our population ages. Many families, especially on neighbor islands and in rural communities, struggle to access timely diagnosis, care planning, or memory care services. This leads to delayed or missing treatment windows, avoidable emergencies, and significant emotional and financial strain.

The HANAI Memory Network offers a statewide solution by creating Dementia Care Specialists in every county and Memory Clinics on each neighbor island. This will help people get diagnosed earlier, connect families to resources, and bring memory care closer to home. Early detection and coordinated support can make a meaningful difference in quality of life for those living with dementia and for the caregivers who support them every day.

I respectfully urge you to support this legislation to ensure that all of Hawaii's kupuna, no matter where they live, have access to timely memory care, early diagnosis, and the support they need.

Thank you for the opportunity to testify.

Brian Seabaugh 96734

Testimony in SUPPORT of HB 1853 HD1 SD1
RELATING TO DEMENTIA

COMMITTEE ON WAYS AND MEANS
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committee,

My name is Tani Salazar and I'm a Social Worker, born and raised in Hawaiʻi, testifying as an individual in support of the intent of HB 1853. Three of my grandparents lived with dementia, and my ʻohana has firsthand experience with how challenging it can be for families to navigate the healthcare system and community-based services to obtain appropriate support. These experiences underscore the importance of accessible, coordinated dementia care. Thank you for your leadership in hearing this measure, which would establish a HĀNAI Memory Network Program to assist families in navigating dementia care and to provide dementia education to the broader community. Expanding access to early detection and education is critical to improving outcomes for individuals living with dementia and caregivers.

I recognize that this is a challenging time for our state to establish new programs, particularly given fiscal and staffing constraints as well as the ongoing changes in the federal landscape. However, as our population ages, dementia will continue to impact more individuals and families across Hawaiʻi. For this reason, it is vital that dementia-related programs remain a priority—whether through this measure or through future efforts when capacity allows. Mahalo for this opportunity to testify.

Sincerely,

Tani K. Salazar

Tani Salazar, LSW, MSW

HB-1853-SD-1
Submitted on: 4/5/2026 7:40:06 PM
Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Glen Kagamida	Individual	Support	Written Testimony Only

Comments:

STRONG SUPPORT!!! MAHALO!

HB-1853-SD-1
Submitted on: 4/5/2026 9:06:52 PM
Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Lori McCarney	Individual	Support	Written Testimony Only

Comments:

Chair Dela Cruz, Vice Chair Moriwaki, and members of the committee,

Aloha,

I am in strong support of HB 1853.

My name is Lori McCarney and I live in downtown Honolulu. My father died of Alzheimer's after a difficult 8 years of decline. He lived with me and my young sons for 3 years and we personally experienced the pain this terrible disease inflicts on families.

Noticing some changes in my memory and communication, I became concerned that I might face a similar fate as my father, so I sought early detection. However, it was a struggle to get any of my doctors to investigate my concern.

I am quite persistent and live right in our urban core. What happens to those who are not comfortable persisting, or who live in a more remote location?

Hawaii is facing a growing dementia crisis. Today, more than 31,000 Hawaii residents are living with Alzheimer’s disease, and this number is expected to double by 2050 as our population ages. Many families, especially on neighbor islands and in rural communities, struggle to access timely diagnosis, care planning, or memory care services. This leads to delayed or missing treatment windows, avoidable emergencies, and significant emotional and financial strain.

The HANAI Memory Network offers a statewide solution by creating Dementia Care Specialists in every county and Memory Clinics on each neighbor island. This will help people get diagnosed earlier, connect families to resources, and bring memory care closer to home. Early detection and coordinated support can make a meaningful difference in quality of life for those living with dementia and for the caregivers who support them every day.

I respectfully urge you to support this legislation to ensure that all of Hawaii’s kupuna, no matter where they live, have access to timely memory care, early diagnosis, and the support they need.

Thank you for the opportunity to testify.

Lori McCarney

Honolulu, HI 96813

TESTIMONY IN STRONG SUPPORT OF HB1853 HD1 SD1

Relating to Dementia, Funding request: $3,000,000 annually

Committee: House WAYS AND MEANS COMMITTEE
Hearing: Tuesday, April 7, 2026 | 10:31 a.m.
Conference Room 211 & Videoconference
State Capitol - 415 South Beretania Street
Position: Strong Support

Submitted by: Girard "JERRY" Perone
Serious personal affects of the disease:
multiple direct family members
Kaka'ako resident

Aloha Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Committees:

My name is Jerry Perone, and I respectfully submit this testimony in the strongest possible support of HB1853 and the appropriation needed to establish the HĀNAI Memory Network. HB1853 is not a pilot in search of a problem. It is a system response to a problem Hawaiʻi can already quantify.

The first point is simple: Hawaiʻi should stop planning around the stale 31,200 number. That figure is from 2020. The more current planning figure in the HĀNAI materials is that there are currently about 35,100 older adults living with Alzheimer's today Hawai'i, and the Department of Health's Executive Office on Aging now uses the public message that about 35,000 Hawaiʻi residents are affected. Either way, the problem is materially larger today than the older talking point suggests.

The second point is that the system is growing every month whether the State acts or not. The HĀNAI briefing shows about 585 new Alzheimer's cases per month and at least 725 new dementia cases per month as a conservative floor. In practical terms, that is roughly 24 new dementia cases every day entering a system that is already fragmented, capacity-constrained, and too hard for families to navigate.

The third point is fiscal. One more month of HĀNAI delay adds about $4.66 million in new gross burden. That burden does not fall in one place. Federal claims rise. State Medicaid pressure rises. County aging services face more demand. Families and unpaid caregivers absorb the largest share—about $3.34 million in the first month alone, including about $0.48 million in out-of-pocket costs and about $2.86 million in unpaid care value. Delay is not a neutral option. Delay is a cost decision.

The fourth point is that the appropriation case is unusually strong. At the requested $3 million annual level, HĀNAI needs to reduce Hawaiʻi's Medicaid Alzheimer's spending by only about 0.97% to break even on Medicaid alone. That is before counting Medicare savings, reduced emergency department use, delayed institutional placement, reduced caregiver burnout, or the economic value of keeping families functioning.

The fifth point is that the alternative is plainly worse. Medicaid spending associated with Alzheimer's in Hawaiʻi has already risen from $240 million in 2020 to $309 million in 2025. If Hawaiʻi does not build a coordinated dementia care system, the number of people living with Alzheimer's is projected to exceed 62,000 by 2050 and Alzheimer's-specific Medicaid costs are projected to approach $1 billion per year. If the Committee wants a date for the true doomsday scenario, the documents already give one: 2050.

HĀNAI is the missing connector in Hawaiʻi's dementia strategy. It builds the statewide navigation, memory clinic access, dementia care specialist capacity, caregiver support, and coordinated referral network that turn today's fragmented pieces into one dementia-capable system.

This is the cheapest moment Hawaiʻi will ever have to do this. The cheapest month to start HĀNAI was last month. The second-cheapest month is now. HB1853 is not asking whether Hawaiʻi can afford HĀNAI. It is asking whether Hawaiʻi can afford one more month without it. The mathematics says no.

Please approve HB1853 HB1 SD1 and fund HĀNAI this session.

Mahalo for the opportunity to submit my testimony.

Girard "Jerry" Perone

HB1853 HD1 SD1 — Addendum: quantified case for immediate approval

Relating to Dementia • Funding request: $3,000,000 annually

CURRENT SCALE	NEW CASES	DELAY COST
≈35,100 today	**≥725 / month**	**≈$4.66M / month**
31,200 is a 2020 figure	roughly 24 per day	gross burden, all dementias

WAM decision point: a $3M annual appropriation breaks even at less than 1% Medicaid impact, while one more month of delay adds about $4.66M in gross burden.

Addendum — quantified case for immediate approval

USE CURRENT SCALE

31,200 is a 2020 figure.

Use about 35,100 now as the current planning number for HĀNAI.

DOH/EOA public message: about 35,000 Hawai‘i residents are affected.

If committee staff is using a later planning count closer to 35,500, the core policy conclusion only strengthens: the stale 31,200 figure materially understates current need.

CURRENT BURDEN ALREADY VISIBLE

$309M/year in Medicaid Alzheimer’s costs (2025).

62,000 family caregivers in Hawai‘i.

111M unpaid care hours/year valued at about $2.9B.

Memory care skilled nursing can exceed $15,000/month ($180,000/year).

1) Current number today

Word equation: people age 65+ in Hawai‘i × Alzheimer’s rate = current number today

Number equation: about 311,000 × 11.3% = about 35,100

2) New cases each month

Word equation: new cases per year ÷ 12 = new cases per month

Number equation: 7,017 ÷ 12 = about 585 and 8,706 ÷ 12 = about 725

Working hearing line: roughly 750 new dementia cases per month, with ≥725 as the conservative diagnosed floor in the HĀNAI briefing.

3) One month of delay cost

Word equation: new cases this month × extra cost per new case = added burden for one month of delay

Number equation: 585 × $6,425 = $3.76M and 725 × $6,425 = $4.66M

These are conservative gross-burden estimates, not guaranteed savings estimates.

4) Break-even on Medicaid alone

Word equation: program cost ÷ baseline Medicaid Alzheimer’s cost = break-even reduction needed

Number equation: $3,000,000 ÷ $309,000,000 ≈ 0.97%

This is why the appropriation case is unusually strong for WAM.

5) One year of delay (same linear method)

Word equation: monthly added burden × 12 = one-year added burden

Number equation: $4.66M × 12 = $55.92M

6) Daily equivalent (simple monthly average)

Word equation: monthly added burden ÷ 30 ≈ daily equivalent

Number equation: $4.66M ÷ 30 ≈ $155,000 per day

Delay-cost snapshots (all dementias, conservative floor)

Delay	Added gross burden	Family + unpaid caregiver share	Share carried by families
1 month	$4.66M	$3.34M	about 72%
3 months	$13.98M	$10.02M	about 72%
6 months	$27.96M	$20.04M	about 72%
12 months*	$55.92M	$40.08M	about 72%

**12-month figure is a simple linear extension of the same monthly method used in the HĀNAI briefing.*

Illustrative Medicaid-only ROI scenarios

Scenario	Annual savings	Net benefit after $3M cost	ROI	Benefit-cost ratio
Break-even threshold	$3.00M	~$0.00M	0%	1.00x
1.0% Medicaid reduction	$3.09M	$0.09M	3%	1.03x
2.0% Medicaid reduction	$6.18M	$3.18M	106%	2.06x
5.0% Medicaid reduction	$15.45M	$12.45M	415%	5.15x

Important note: these are scenario calculations using the formulas in the executive financial analysis. They are conservative, Medicaid-only illustrations and exclude Medicare, county, household, and quality-of-life gains.

Responsible 'doomsday' framing for the record:

If the Committee wants a date attached to the unsustainable scenario, the documents point to 2050: more than 62,000 Hawaiʻi residents projected to be living with Alzheimer’s and nearly $1 billion per year in Alzheimer’s-specific Medicaid costs if the State does not bend the cost curve.

Approving HĀNAI now is the fiscally prudent alternative to that trajectory.

Exhibits for the committee file

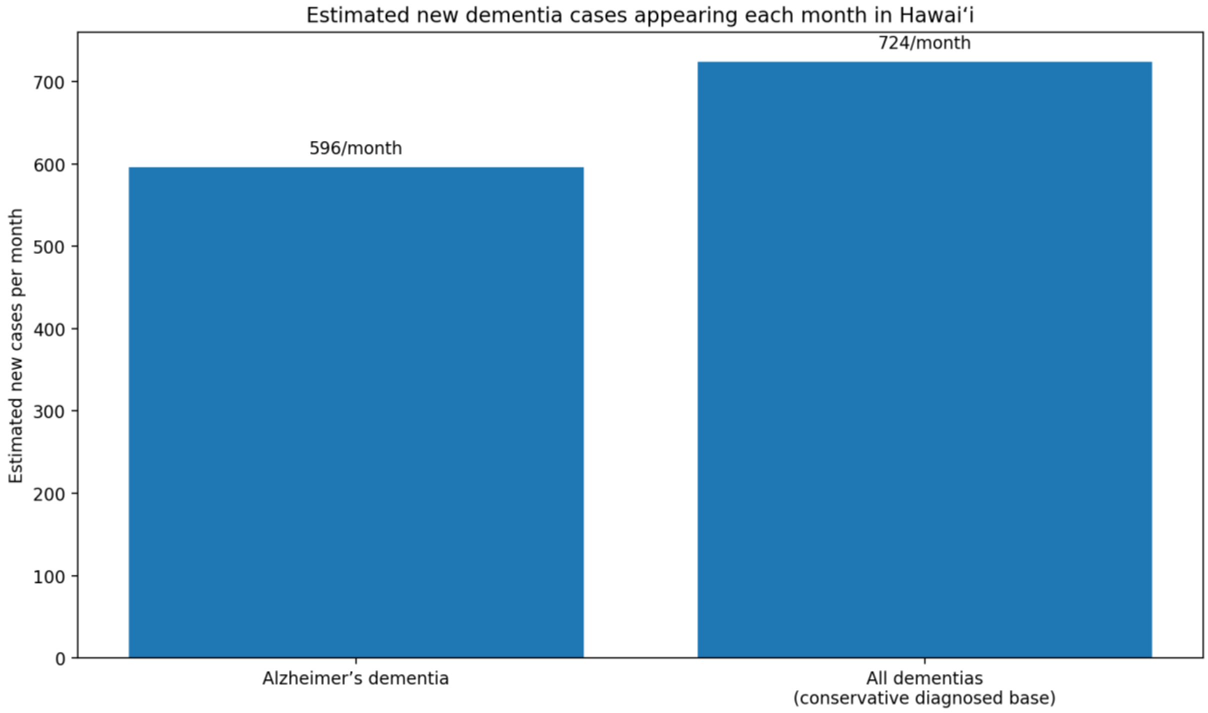

Exhibit A. Estimated new dementia cases appearing each month in Hawaiʻi. The all-dementia bar uses the conservative diagnosed floor from the HĀNAI briefing.

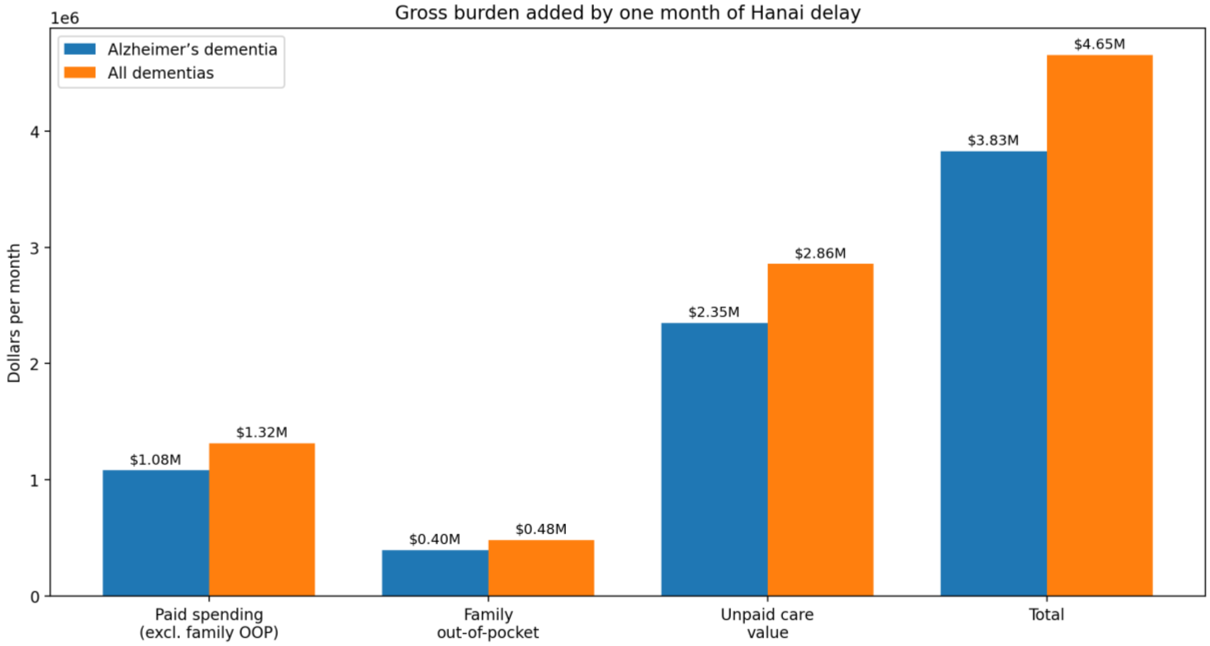

Exhibit B. Gross burden added by one month of HĀNAI delay. Burden is shown as paid system spending, family out-of-pocket spending, unpaid care value, and total.

Selected source note

- Hawaiʻi Department of Health / Executive Office on Aging news release (June 30, 2025): public message that about 35,000 Hawaiʻi residents are affected.

HB-1853-SD-1
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Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Gregory Misakian	Individual	Support	Written Testimony Only

Comments:

I am in support of HB1853 HD1 SD1.

Gregory Misakian