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VICTOR R. MCCRAW
ADMINISTRATOR

March 23, 2026

**RE: TESTIMONY IN OPPOSITION TO HB 1976, HD1
RELATING TO DEMENTIA**

TO:

Senate Committee on Public Safety and Military Affairs
Senator Carol Fukunaga, Chair
Senator Chris Lee, Vice Chair

Senate Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

FROM:

Victor R. McCraw
Administrator, Hawaii Law Enforcement Standards Board

**Chair Fukunaga, Vice Chair Lee, Chair San Buenaventura, Vice Chair McKelvey, and Members
of the Committees:**

As the Administrator of the Hawai'i Law Enforcement Standards Board (LESB or Board), and on behalf of the Board, I submit this testimony in firm opposition to House Bill 1976, HD1.

The Board appreciates the intent of this bill and recognizes the genuine concerns that motivated this legislation. Alzheimer's disease and related dementias present real and growing challenges across Hawai'i's communities, for those living with the disease, their families, and the first responders who encounter them. The Board has no disagreement with the principle that law enforcement officers benefit from broad and ongoing professional development; however, it is the Board's primary and exclusive statutory

authority and duty to “*establish minimum criminal justice curriculum requirements for basic, specialized, and in-service courses and programs for schools operated by or for the State or a county for the specific purpose of training law enforcement officers*” and to “*establish and require participation in continuing education programs for law enforcement officers*”. See HRS §139-3(4) and (8), respectively.

This Bill Undermines the Board’s Statutory Authority

HB1976, HD1 usurps the Board’s statutory duties noted above by encoding a specific training topic, a minimum training duration, and a curriculum source pathway directly into statute, with curriculum oversight assigned to the Executive Office on Aging, an agency with no law enforcement expertise, no role in officer certification, and no accountability under chapter 139, HRS. There is no requirement that the curriculum be reviewed and approved by the Board, delivered by a Board-certified instructor, or evaluated for measurable law enforcement learning outcomes. Any training that does not go through the Board’s approval process would not qualify as required training under the Board’s rules.

HRS §139-3(5) directs the Board to “*consult and cooperate with the counties, agencies of the State, other governmental agencies, universities, colleges, and other institutions concerning the development of law enforcement officer training schools and programs of criminal justice instruction.*” That provision is not intended as a mechanism by which outside non-law enforcement agencies may unilaterally dictate training content, duration, or curriculum sources to the Board. The Board values cooperation as it is legitimately contemplated by chapter 139, HRS. That means when an agency perceives a training need, it brings that concern to the Board, and the Board evaluates how the subject matter best fits within established parameters, existing curriculum, and current rulemaking priorities. That process is especially critical now, as the Board works to finalize comprehensive training requirements for law enforcement officers statewide. Introducing a legislative mandate without any notification to, or engagement with, the Board is not only disruptive to the Board’s process, but **it also clearly usurps the Board’s authority and autonomy in regulating the profession of policing in Hawai‘i.**

The LESB would be happy to work with the Executive Office on Aging and other stakeholders in developing a curriculum that would accomplish the purpose of HB1976, HD1 as it relates to law enforcement. A structured needs assessment, conducted with the participation of law enforcement administrators, training officers, and relevant health and aging experts, would produce a far more effective and durable outcome than a statutory mandate imposed without that foundation. The Board is prepared to lead that process and bring its statutory authority, expertise, and institutional capacity to work on a goal it shares: ensuring that Hawai'i's law enforcement officers are equipped to serve every member of their communities with competence and care.

There Is No Such Thing as “No Cost” Training

Supportive testimony submitted on this bill, while heartfelt and reflecting genuine personal experience, is primarily anecdotal. The experiences of caregivers, family members, and advocates, however compelling as human accounts, do not constitute evidence of systemic or documented systematic law enforcement failures, or proof that a one-hour annual training would have changed those outcomes. The Board does not dismiss those experiences; it recognizes that they cannot substitute for the kind of rigorous, data-driven needs assessment that should precede a statutory training mandate of this magnitude.

Proponents of this bill have repeatedly characterized the required training as available “at no cost,” pointing to free online offerings from the Alzheimer’s Association. The Board challenges that framing. The cost of delivering training to law enforcement officers is never limited to the price of the curriculum itself. Every hour an officer spends in mandated training is an hour of compensated duty time. Across the law enforcement agencies of this State, a one-hour annual training requirement translates directly into personnel costs: salary, benefits, overtime for coverage, scheduling coordination, recordkeeping, and supervisory oversight to verify compliance. Agencies may also incur costs related to technology access, reporting infrastructure, and integration of the training into existing in-service programs. The absence of a curriculum licensing fee does not make training free. That characterization understates the actual fiscal impact on departments operating under constrained budgets and staffing challenges.

The most substantive proof of concept cited in support of this bill is an in-person training partnership between the Alzheimer’s Association and the Honolulu Police Department, conducted voluntarily for new recruits. That program exists because an individual law enforcement agency chose to participate on its own terms, in a limited manner, and

without a mechanism to measure local effectiveness. HB1976, HD1 would replace that model with a mandatory annual requirement for all current police officers statewide, with curriculum determined by an agency that has no law enforcement expertise and no role in officer certification, and no ongoing responsibility for measurable training-related results.

The Board also notes, as observed in testimony submitted by the Hawai'i Emergency Management Agency at both prior hearings on this bill, that assigning training mandates to agencies without the relevant operational expertise or personnel creates accountability gaps and implementation confusion. That concern applies with equal force to law enforcement: effective, lasting training reform in this discipline requires the engagement of the institutions that govern it.

The Board's Current Plan Addresses HB1976, HD1's Concerns

Under the Board's draft administrative rules, currently pending adoption, new officers would complete a proposed minimum of 720 hours of basic academy training, including 40 hours of crisis intervention and mental health response and 24 hours of de-escalation and use of force alternatives. These subjects would be reinforced through Board-approved in-service training as part of a comprehensive, sequenced certification program, not as an isolated, standalone requirement imposed outside that structure. Certified officers would complete a proposed 48 hours of continuing education on a biennial basis, with crisis intervention and mental health response required as a component. Dementia recognition and response falls squarely within those existing competency areas. HB1976, HD1 does not fill a missing element in that framework. It interferes with the Board's ability to incorporate this subject matter appropriately into a comprehensive, professionally sound certification program by attempting to legislate at a level of operational detail that belongs in rule and curriculum, not in statute.

To put this in perspective, the Board's draft rules already propose 64 hours of crisis intervention, mental health response, and de-escalation training within a 720-hour basic academy program and require those subjects as components of a 48-hour biennial continuing education requirement. This bill seeks to dictate a single sixty-minute training requirement, representing between 0.14 and 2 percent of the training hours already proposed by the Board for these competency areas, and makes it state law. **That level of micromanagement of the Board's autonomy in setting standards for police training is not only an overreach, but also inconsistent with the statutory framework the Legislature has already established.**

For the reasons set forth in this testimony, the Law Enforcement Standards Board urges the Committee to hold HB1976, HD1. The bill encroaches on the Board's exclusive statutory authority over the training and certification of law enforcement officers as defined in HRS §139-1, and was introduced without any engagement with the Board. The Legislature has already established, through HRS §139-6 and §139-10, a framework that addresses training and competency in de-escalation, crisis intervention, mental health response, and use of force at the appropriate level of statutory generality, leaving operational specifics to the Board's rulemaking and curriculum process.

If the Committee chooses to advance this bill, the Board respectfully requests that all provisions implicating chapter 139, HRS, and the law enforcement officers subject to the Board's jurisdiction under HRS §139-1, be removed. Fire service, emergency medical services, and other first responder disciplines fall outside the Board's jurisdiction and are not affected by this request. Removing law enforcement from the bill's scope would preserve the Board's authority to address this subject matter through its established rulemaking process, on a timeline and in a manner consistent with its statutory authority.

The Law Enforcement Standards Board appreciates the opportunity to testify and welcomes further engagement on this matter.

Respectfully submitted,



Victor McCraw

Administrator

Law Enforcement Standards Board

Statement of Testifier Qualifications

*Victor R. McCraw is in his 40th year of law enforcement operations, training, support, and leadership across all levels of the profession. He is the Administrator of the Hawaii Law Enforcement Standards Board, responsible for establishing statewide law enforcement training, certification, and professional standards under HRS Chapter 139. He holds a Master of Science in Organizational Performance and Workplace Learning and is a graduate of the FBI National Academy. His experience includes sworn law enforcement service, SWAT crisis negotiation, police policy development, and the design, delivery, administration, evaluation, and executive-level oversight of statewide training and certification systems. **He has emergency medical experience as an EMT and 18 years as a Paramedic, with direct operational expertise in first responder decision-making, crisis response, and the outcomes-based integration of medical and behavioral considerations into law enforcement training and practice.***

HB-1976-HD-1

Submitted on: 3/18/2026 8:42:22 AM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Testifying for PABEA	Support	Written Testimony Only

Comments:

Thank you for hearing the HB1976 HD1 Bill.

I stand in strong support of the first responder training bill HB1976 HD1. Requiring the Hawai'i Emergency Management Agency, fire chiefs, Law Enforcement Standards Board, and Department of Health to provide or require the provision of at least one hour of dementia-specific training for first responders, including law enforcement officers, fire first responders, and emergency medical services personnel. Requires the Executive Office on Aging to take certain steps when reviewing and recommending dementia-specific training curricula.

I am Rick Tabor, from Honolulu, HI, I humbly serve in a few nonprofit leadership roles. Today I testify on behalf of PABEA as their Legislative Committee Chair. In my positions, I testify that The Policy Advisory Board for Elder Affairs and Kūpuna Caucus and as an eight year Alzheimers Association Champion all of who stand in strong support of HB1976 HD1. My views do not represent EOA. My experiences our well informed, however, they are my beliefs based on many life events and adventures.

Hawai'i has more than 31,000 diagnosed residents living with Alzheimer's disease, many of our Kūpuna live in their homes and communities.

As the Operations Manager at an Oahu in-home service program, and in my mental health professional role, as well as helping my mother, and our family assist my Alzheimer's disgnised mother, who passed two years ago. In each of these roles, I have seen the good, not so good and oh-oh's that can happen when a First Responder encounters someone with Alzheimers issues.

Two thoughts;

1. My In-Home Program would never send an untrained Caregiver into a home to work with an Alzheimer's Client. It was manditory for the Caregiver to complete the Dementia/Alzheimer's Training.
2. In my thirty years at Seattle Mental Health (now Sound), our agency helped develop and participated in the First Responder Crisis Response Trainings in King County. In Washington State, CIT is a mandatory 40-hour training for officers. This has been an incredible advancement in places that use this training.

As for my mother, she lived in a rural midwest town where family, friends, and good neighbors helped every day, with every incident. Professionals were untrained, over-worked, and grew weary of her needs. Training and support for everyone would have helped. Hopefully, in time, we'll move past the barriers and become better informed. I appreciate everyone's willingness to learn, understand, contribute and participate. This Alzheimers journey is a challenging one. It'll take all of us, working together, to smooth out the bumps along the road. To me, from each perspective, I've experienced, so far, it's going to be important for us all to learn as much as we can, so we can respond as knowledgeable as possible to our folks living with Alzheimer's/ dementia issues.

I appreciate your thoughtful consideration on this session's HB1976 HD1 bill, Requiring the Hawai'i Emergency Management Agency, fire chiefs, Law Enforcement Standards Board, and Department of Health to provide or require the provision of at least one hour of dementia-specific training for first responders, including law enforcement officers, fire first responders, and emergency medical services personnel.

Your commitment to helping Hawai'i's Kūpuna and families is always appreciate.

Mahalo Nui Loa,

-Rick Tabor

Honolulu Hawaii



DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
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March 23, 2026

TESTIMONY TO THE SENATE COMMITTEES ON PUBLIC SAFETY AND MILITARY AFFAIRS AND ON HEALTH AND HUMAN SERVICES

House Bill 1976 House Draft 1 – Relating to Dementia

The Disability and Communication Access Board supports House Bill 1976 House Draft 1 - Relating to Dementia. This bill requires the Hawaii Emergency Management Agency, fire chiefs, Law Enforcement Standards Board, and Department of Health to provide or require the provision of at least one hour of dementia-specific training for first responders, including law enforcement officers, fire first responders, and emergency medical services personnel. It requires the Executive Office on Aging to take certain steps when reviewing and recommending dementia-specific training curricula. It is effective 7/1/3000.

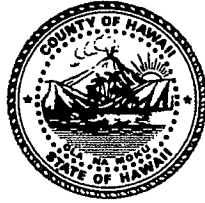
When first responders do not recognize that a person has dementia and may struggle to understand or follow instructions, routine encounters can quickly become confusing or confrontational. These misunderstandings often lead to unnecessary escalation. Providing specialized training in dementia awareness and communication equips first responders to interactions that are supportive for the safety and health of individuals with disabilities.

Thank you for the opportunity to testify.

Respectfully submitted,

KRISTINE PAGANO
Acting Executive Director

C. Kimo Alameda, Ph.D.
Mayor



Reed K. Mahuna
Police Chief

William V. Brilhante Jr.
Managing Director

County of Hawai`i

POLICE DEPARTMENT

349 Kapi`olani Street • Hilo, Hawai`i 96720-3998
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March 18, 2026

Senator Carol Fukunaga, Chair
Senator Chris Lee, Vice Chair
And Members
Committee on Public Safety and Military Affairs

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair
And Members
Committee on Health and Human Service
State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Senators Fukunaga and Lee, San Buenaventura and McKelvey and Members:

RE: HOUSE BILL 1976 HD1 RELATING TO DEMENTIA
DATE: MARCH 23, 2026
TIME: 2:45 P.M.
PLACE: CONFERENCE ROOM 016 & VIDEOCONFERENCE

The Hawai'i Police Department (HPD) respectfully submits testimony to oppose H.B. 1976, H.D. 1, which would mandate annual dementia-specific training for all first responders through statute.

The HPD fully recognizes the importance of training our officers to respond effectively and compassionately to individuals experiencing Alzheimer's disease and related dementias. Our existing training already includes communication skills, de-escalation techniques, crisis intervention, and procedures for assisting vulnerable populations. We are committed to continually improving these programs.

However, we believe that mandating specific training requirements in statute is not the most effective or practical approach. Training needs vary across jurisdictions, and each agency must maintain the flexibility to determine the most appropriate content, frequency, and delivery methods based on operational needs, staffing realities, and available resources. Prescriptive statutory mandates reduce that flexibility and complicate the ability of agencies to manage their training curricula responsibly.

HOUSE BILL 1976 HD1 RELATING TO DEMENTIA
DATE: MARCH 23, 2026
TIME: 2:45 P.M.
PLACE: CONFERENCE ROOM 016 & VIDEOCONFERENCE
Page 2

Although the bill states that dementia-specific training would be provided at no cost to personnel, there will still be real, unavoidable costs to the Department, including:

- Staffing required to coordinate, schedule, and document completion of the mandated training;
- Administrative burdens associated with integrating another statutory requirement into an already packed training calendar; and
- Operational and staffing impacts, as officers attending mandatory training must be replaced on their shifts, often resulting in overtime or reduced staffing levels in critical areas.

These indirect but significant costs come at a time when law enforcement agencies statewide are managing staffing shortages, recruitment challenges, and increasing demands for training across a wide range of critical subjects. Additional statutory training requirements — even short modules — create logistical and financial pressures that cannot be dismissed even when the training itself is offered at no cost.

The Department respectfully submits that training decisions are best left to agencies who best understand their operational environments and community needs. Agencies should retain discretion to incorporate dementia-related content into existing training programs in a way that is sustainable, effective, and tailored to their personnel and workload demands.

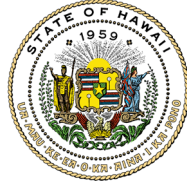
For these reasons, the Hawai'i Police Department respectfully requests that the Committee reject H.B. 1976, H.D. 1. Thank you for the opportunity to testify.

Na'u Me Ka Ha'aha'a,



REED K. MAHUNA
POLICE CHIEF

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STEPHEN F. LOGAN
MAJOR GENERAL
ADJUTANT GENERAL
KA 'AKUKANA KENELALA

JAMES DS. BARROS
ADMINISTRATOR OF
EMERGENCY MANAGEMENT
KAHU HO'OMALU PŪULIA

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF DEFENSE
KA 'OIHANA PILI KAUA
HAWAI'I EMERGENCY MANAGEMENT AGENCY
4204 DIAMOND HEAD ROAD
HONOLULU, HAWAI'I 96816-4420

STATE OF HAWAI'I
DEPARTMENT OF DEFENSE
HAWAI'I EMERGENCY MANAGEMENT AGENCY

TESTIMONY ON HOUSE BILL 1976, HD1
RELATING TO DEMENTIA

BEFORE THE SENATE COMMITTEES ON
HEALTH AND HUMAN SERVICES &
PUBLIC SAFETY AND MILITARY AFFAIRS

BY

JAMES DS. BARROS
ADMINISTRATOR
HAWAI'I EMERGENCY MANAGEMENT AGENCY

March 23, 2026

Aloha Chairs San Buenaventura & Fukunaga, Vice Chairs McKelvey & Lee, and
Members of both Committees:

Thank you for the opportunity to submit **COMMENT** testimony on House Bill 1976 HD1.

We appreciate the Legislature's commitment to enhancing dementia-specific training for first responders across Hawai'i, recognizing the increasing need for specialized skills in managing individuals with Alzheimer's disease and related dementias.

However, we respectfully recommend that the Hawai'i Emergency Management Agency (HIEMA) be removed from the list of agencies required to provide or require this training. HIEMA does not employ or oversee first responders directly, and including HIEMA in this mandate may cause administrative confusion and inefficiencies without adding practical benefit.

We fully support the bill's goals and encourage continued collaboration with agencies that directly manage first responder personnel to ensure effective and targeted dementia training statewide.

Thank you for your consideration of this important clarification to ensure effective and practical implementation of dementia-specific training requirements, and for the opportunity to provide comment testimony for House Bill 1976 HD1.

James Barros: james.barros@hawaii.gov; 808-733-4300



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The State Legislature
Senate Committee on Public Safety and Military Affairs
Senate Committee on Health and Human Services
Monday, March 23, 2026
Conference Room 016, 2:45 p.m.

TO: The Honorable Carol Fukunaga, Chair
The Honorable Joy San Buenaventura, Chair
FROM: Keali'i S. López, State Director
RE: Support for H.B. 1976, HD 1 Relating to Dementia

Aloha Chair Fukunaga, Chair San Buenaventura and Members of the Committees:

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 Hawai'i is in support of House Bill 1976, HD1, which ensures that law enforcement officers, firefighters, and emergency medical services personnel have the practical skills needed to respond safely to dementia-related situations. Individuals living with dementia often display confusion, fear, or agitation—not resistance or intentional noncooperation. Proper training enables first responders to identify these behaviors, avoid unnecessary escalation, and support safer outcomes for both the individual and the responding team.

First responders regularly encounter individuals with dementia, often without the benefit of specialized training. HB 1976, HD1 provides them with tools that enhance safety, reduce stress, and improve decision-making during high-pressure incidents. People living with dementia experience disproportionately high rates of emergency department visits—many of which are avoidable with appropriate on-scene assessment and response. Dementia-specific training helps first responders determine when transport is necessary and when other care pathways are more appropriate, reducing strain on hospitals and improving outcomes for families.

With increased wildfire threats and emergency evacuation scenarios across Hawai'i, dementia training becomes essential. Individuals with dementia may not understand evacuation instructions or may resist leaving familiar surroundings. Equipping first responders with

appropriate communication and safety strategies ensures better protection of vulnerable kūpuna during disasters.

Thank you for the opportunity to testify in support of H.B. 1976, HD1.

Testimony to the Senate Committee on Health and Human Services Monday, March 23, 2:45 PM, Room 016 and Videoconference

2026 Hawaii Leadership Board

Travis Kikuchi, *Chair*
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Cary Tanaka,
Past President
Island Insurance
Companies

Caroline Witherspoon,
President Becker
Communications

LJ R. Duenas,
Executive Director
Alzheimer's Association

RE: HB1976 HD1 – RELATING TO DEMENTIA

Chair San Buenaventura, Chair Fukunaga, and Members of the Committees:

My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association, and we strongly support HB1976 HD1, which requires one hour of dementia-specific training annually for all first responders statewide.

Dementia is already part of first responders' day-to-day work and the risk is growing. Today, an estimated 31,200 Hawai'i residents age 65 and older live with Alzheimer's, and that number continues to rise. People living with dementia experience 1,248 emergency department visits per 1,000 persons annually, reflecting frequent encounters with police, EMS, and fire personnel. Up to 60 percent will wander at some point, often repeatedly, and can become lost, anxious, afraid, agitated, or aggressive. These realities create avoidable crises when responders are not trained to recognize symptoms, communicate effectively, and de-escalate safely.

Hawai'i's first responders are also facing more frequent and intense wildfires and disaster evacuations. In high-stress emergencies, a person living with dementia may not understand commands, may resist evacuation, or may become combative out of fear. A one-hour, evidence-based annual refresher equips responders with practical tools to safely manage these encounters and protect everyone involved.

Importantly, this bill asks for just one hour of dementia-specific training—a very small fraction of the total annual training hours that many departments complete annually. For context, the national Alzheimer's Association recommends four hours of initial training and two hours annually thereafter. HB1976 HD1 deliberately sets a very low, reasonable baseline, using curriculum already in use by some agencies and available at no cost, to ensure statewide consistency and safety.

HB1976 HD1 is practical, collaborative, and ready to implement. The bill directs the Executive Office on Aging (EOA) to review and recommend at least one free, one-hour training aligned with best practices, including recognition, assessment, communication, de-escalation, identifying abuse or neglect, and safe return.

Crucially, this bill does not replace existing programs or impose a one-size-fits-all approach. Section 6(e) explicitly allows any department that already has—or is developing—dementia-related training to submit its curriculum to EOA for review to ensure relevant components are present and accurate. This preserves agency flexibility while strengthening programs with health expertise. For departments already doing this work, it enhances accuracy and effectiveness; for departments not yet started, it establishes a minimal, practical standard and provides accessible resources to integrate training into existing annual requirements.

Agencies that already provide similar training may continue their programs. Agencies without training have ready options: the Alzheimer's Association offers a free, one-hour online course for first responders, and our Hawai'i Chapter partners with the Honolulu Police Department to provide in-person dementia training for new recruits at no cost. This approach breaks down silos, supports collaboration, and ensures consistent, accurate information statewide without requiring new appropriations.

Implementation is straightforward:

- EOA publishes a vetted list including at least one no-cost option.
- Departments select from the list and deliver a minimum of one hour annually to all personnel.
- Departments that already provide dementia training may submit their curriculum to EOA for review and continue using their existing program.
- Clear timelines ensure training begins within a reasonable amount of time, with completion of the first annual cycle by 2028.

With more kūpuna living with dementia in our communities, first responders are the front line of safety. Missed recognition on a call can quickly escalate into injuries, restraints, unnecessary transports, or traumatic outcomes for families. This one-hour requirement improves recognition, reduces conflict, supports faster reunification when someone wanders, and protects responders by giving them proven strategies to communicate and de-escalate under stress.

HB1976 HD1 establishes a collaborative process, sets a reasonable statewide baseline, protects agency flexibility, and most importantly—keeps our kūpuna and first responders safe. On behalf of the over 31,000 residents over 65 currently living with Alzheimer's, we respectfully urge the Committee to pass HB1976 HD1.

Mahalo for your consideration. Please contact Coby Chock at 808-451-3410 or ckchock@alz.org with any questions.



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

HB-1976-HD-1

Submitted on: 3/17/2026 5:55:40 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

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

Comments:

This training would be very valuable to those who interact with these individuals, particularly so they don't mistake the symptoms for something else that could lead to very negative consequences.



**Testimony to the Senate Joint Committee on Health and Human Services and Public
Safety and Military Affairs
Monday, March 23, 2026; 2:45 p.m.
State Capitol, Conference Room 016
Via Videoconference**

RE: HOUSE BILL NO. 1976, HOUSE DRAFT 1, RELATING TO DEMENTIA.

Chair San Buenaventura, Chair Fukunaga, and Members of the Joint 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. 1976, House 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 require annual dementia-specific training for all first responders in Hawaii and ensure that training content addresses: recognition, assessment, and communication; abuse and neglect identification; caregiver engagement; disaster response; and safe return.

The bill would take effect on July 1, 3000, to encourage further discussion.

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.

Testimony on House Bill No. 1976, House Draft 1
Monday, March 23, 2026; 2:45 p.m.
Page 2

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 has worked closely with the Hawaii Chapter of the Alzheimer's Association on this issue. We are honored to partner with them 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.

March 19, 2026

Senate Committee on Health and Human Services
Chair Joy A. San Buenaventura
Vice Chair Angus L.K. McKelvey
Members of the Committee

Senate Committee on Public Safety and Military Affairs
Chair Carol Fukunaga
Vice Chair Chris Lee
Members of the Committee

Re: HB 1976 HD 1 – Relating to Dementia – SUPPORT

Aloha kākou!

LeadingAge Pacific West is pleased to support House Bill 1976 HD 1 which revises training requirements for specified first responders to require one hour of dementia-specific training to assist in their interactions with individuals living with Alzheimer’s disease or related types of dementia.

LeadingAge Pacific West is a leading advocate for quality, mission-driven housing, care and services for older adults. Our nonprofit members include providers of affordable senior housing, residential care facilities for the elderly (assisted living), life plan communities, skilled nursing care, home and community-based services, home health and hospice care.

Currently, there are over 31,200 individuals in Hawaii living with Alzheimer’s disease and other dementias, which accounts for 11.3% of adults over the age of 65¹. In addition, Alzheimer’s disease is the 5th leading cause of death in Hawaii. HB 1976 HD 1 will provide first responders with the necessary information and tools to respond to situations involving individuals with cognitive diseases and allow them to better support those individuals and their families.

HB 1976 HD 1 is a small step toward supporting individuals living with Alzheimer’s disease and other dementias. For these reasons, LeadingAge Pacific West is pleased to support HB 1976 HD 1 and urges your support for this important measure.

Sincerely,
Amber King
Vice President, Legislative Affairs

¹ State data provided by: [Alzheimer's Association](https://www.alz.org/)

HB-1976-HD-1

Submitted on: 3/22/2026 8:08:51 AM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Tony Vericella	Testifying for Alzheimer's Caregiving @ The Caregivers	Support	Written Testimony Only

Comments:

Testimony on HB1976 HD1

RELATING TO DEMENTIA

Monday, March 23, 2:45 PM

Conference Room 016 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Tony Vericella, and I live primarily in Waimea on the Big Island, where we are caregiving for my wife, Dana Mehau-Vericella, who has had Alzheimer's for more than 7 years.

She has been unable to do any activity of daily life for the last 5+ years.

I am in strong support of HB1976 HD1 which would the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo,

Tony Vericella

Alzheimer's Caregiving & The Caregivers

RELATING TO THE HOUSE COMMITTEE OF HEALTH & HUMAN SERVICES
Monday, March 23 2:45pm Conference Room & Videoconference 016
Hawaii State Capitol
415 South Beretania Street

Aloha Members of the Committee,

My name is Hayden Cobb, and I am in strong support of this bill because as someone who lost their dad to dementia and their mom to liver cancer I've had countless experiences where first responders are tasked with the responsibility of making sure my family is receiving proper care in dangerous situations. My story is one of many here in Hawai'i as there are countless lives that are being affected by dementia on all the islands and because of all the natural disasters that occur on the islands first responders are more often than not the first people on the scene for dealing with harmful situations. Just recently these past couple of weeks Hawaii has gone through significant flooding that has put people in dangerous life or death situations and I would like to send my prayers for all those affected by the flooding but it also goes to show you how necessary it is for first responders to receive dementia training because usually the people that need help first during those disasters are the elderly who have a more prevalent chance of being affected by Dementia. I've taken the first responder training myself which I have attached down below and I believe this training can be the difference between life or death especially when it comes to the natural disasters Hawaii faces. I urge you to take this into consideration as you decide to continue the process of passing this bill.

ALZHEIMER'S  ASSOCIATION®

WELCOME
TO THE
TEAM,
HAYDEN!




CERTIFICATE OF COMPLETION

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Hayden Cobb

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alzheimer's  association®

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For successfully completing the Alzheimer's Association® online course



**APPROACHING ALZHEIMER'S
First Responder Training**

*Covering the topics: Briefing (Dementia Overview), Wandering, Driving,
Shoplifting, Disaster Response, Abuse & Neglect*

Hayden Cobb

On behalf of my lost loved ones and those impacted by dementia, thank you for allowing the opportunity to testify in support of this bill.

Mahalo,

Hayden Cobb

**Testimony on HB1976 HD1
RELATING TO DEMENTIA
Monday, March 23, 2:45 PM
Conference Room 016 & Videoconference
State Capitol - 415 South Beretania Street**

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Barbara Black and I live in Ninole on the Big Island. My spouse, Peter, is living with Alzheimer's and I am his caretaker. I strongly support HB1976 which would require annual dementia training for first responders across the state to ensure the safety of those living with Alzheimer's. And I note that this training is provided by the Alzheimer's Association at no cost to the State.

It breaks my heart to think of Peter wandering somewhere, confused and possibly frightened, being treated harshly and without compassion. I remember a neighbor, out walking and clearly unaware of who we were but who took our hands with a smile as we walked her to her home. And while most people are kind and caring when they see an uncertain and possibly lost person, and I am always grateful to be living on this wonderful island, that may not always be the case.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalization, and help responders bring people home safely.

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Barbara Black

**Testimony on HB1976 HD1
RELATING TO DEMENTIA
Monday, March 23, 2:45 PM
Conference Room 016 & Videoconference
State Capitol - 415 South Beretania Street**

Chair Buenaventura, Chair Fukunaga, and members of the committee,

My name is Peter Black and I have Alzheimer's. My home is in Ninole on the Big Island where I live with my wife and caretaker, Barbara. I strongly support HB1976 which would require annual dementia training for first responders across the state to ensure the safety of those of us living with Alzheimer's. And I note that this training is provided by the Alzheimer's Association at no cost to the state.

I have no clear idea of what my future will be, but if I live long enough for my dementia to render me incompetent to be on my own, I really hope any encounter I have with a first responder, be it policeman or fireman, is an encounter with someone who is ready to deal with me appropriately.

Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify in favor of this very positive initiative to give our first responders the opportunity to add to their skill set the necessary tools to deal with what could be a very fraught situation.

Peter Weston Black

HB-1976-HD-1

Submitted on: 3/17/2026 2:59:45 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
ANNETTE TASHIRO	Individual	Support	Written Testimony Only

Comments:

Hawaii's vulnerable population requires this measure. All emergency support personnel should have training in understanding the nature of dementia and able to respond to people with dignity and compassion.

HB-1976-HD-1

Submitted on: 3/18/2026 4:32:54 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Kira Miyatake	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Kira Miyatake, and I live in Kailua, Hawaii. Alzheimer’s has affected me deeply through my family. My aunty’s father lived with the disease, and it was heartbreaking to watch him become increasingly lost and confused, even though he couldn’t help it. Our family supported him as much as we could until he eventually passed. Experiencing this showed me how devastating Alzheimer’s is, not only for those diagnosed but also for the families who care for them. Supporting this bill would help us better understand the disease and move closer to effective treatment and, ultimately, an end to its impact on families like mine. I am in strong support of HB1976 HD1 which would the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai‘i has more than 31,000 residents living with Alzheimer’s disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai‘i’s first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer’s Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

I respectfully urge you to support this bill so that Hawai‘i’s first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo,

Kira Miyatake



March 17, 2026

**Testimony in Support of HB 1974, HD1
Relating to a State Plan on Hearing Loss**

Aloha Chair Joy A. San Buenaventura, Vice Chair Angus L.K. McKelvey, and Members of the Committee,

My name is Tori Carapelho. I am the founder of Hear 4 Hope, a Hawaii-based nonprofit organization supporting individuals and families living with hearing loss. I am submitting testimony in strong support of Bill 1974, HD1 to establish a Hawaii State Plan on Hearing Loss.

I come before you as a community advocate and as someone with lived experience.

In 2021, I experienced sudden hearing loss. I remember sitting in a doctor's office and being told there was nothing more that could be done – that this was something I would have to learn to live with. In that moment, my world felt like it collapsed. I was not just losing my hearing; I was losing my sense of independence, my confidence, and my ability to communicate in ways I always had.

What made the experience even harder was the absence of a clear path forward. The medical system addressed the diagnosis, but there was no guidance on what came next – no roadmap for support, no coordination between providers, and no clear place to turn for practical tools, emotional support, or community connection. I quickly learned that hearing devices alone are not enough. Access to assistive tools, education, and ongoing support made the difference between isolation and participation. Yet finding those resources required time, persistence, and financial means that many people do not have.

I was fortunate. Many are not.

After regaining some stability, I founded Hear 4 Hope because I never wanted anyone else to have to navigate hearing loss alone in such a fragmented system. Through our

work, we hear the same story over and over again from individuals: people do not know where to go for help, care pathways are confusing, wait times are long, providers are overstretched, and support services are often disconnected from one another. Even well-intentioned professionals are frequently working in silos, without the ability to guide people beyond their specific role.

Hearing loss affects more than hearing. It impacts communication, connection, employment, independence, and participation in daily life. When left unaddressed, it can place growing strain on families, caregivers, workplaces, and public systems. As Hawaii's population continues to age, these challenges will only increase.

This bill represents an important opportunity to take a proactive, coordinated approach. A statewide plan on hearing loss would allow Hawaii to better understand current gaps, strengthen education and early identification, improve coordination across systems, support workforce development, and ensure that community voices are part of the solution. Most importantly, it would move us away from reactive, crisis-driven responses and toward a more thoughtful, equitable, and sustainable approach to hearing health.

From both my personal experience and my work with Hear 4 Hope, I can say clearly: the need is real, the gaps are significant, and the cost of inaction is high – not just financially, but in quality of life for individuals and families across our state.

Mahalo for the opportunity to share my experience for your consideration of this important measure. I respectfully urge your support.

Respectfully submitted,



Tori Carapelho
CEO, Founder
Hear 4 Hope

To: Chair Fukunaga
Chair San Buenaventura
Members of the Committees

Re: **HB 1976 HD1 – RELATING TO DEMENTIA**
Monday, March 23, 2026
Testimony in Strong Support

My name is Steven Tam, and I am submitting testimony in strong support of HB 1976 HD1, which would require annual dementia-specific training for first responders across Hawai‘i. I support this bill in memory of my father and three uncles, all of whom passed away from Alzheimer’s disease. Like many families in Hawai‘i, we often found ourselves in situations where confusion or disorientation could quickly become stressful or unsafe. Those experiences are why it’s so important to me that first responders have the tools they need when they meet someone living with dementia.

Today, more than 31,000 people in Hawai‘i are living with Alzheimer’s, and over 62,000 family caregivers are helping them every day. As our population ages, these numbers will continue to rise. First responders will be called on more often to help families like mine. However, without a statewide requirement for dementia-specific training, responders may not have the same level of preparation, and families may not get the support they need during a crisis. HB 1976 HD1 would change that by ensuring all first responders receive consistent, practical dementia training.

The Alzheimer’s Association Hawai‘i Chapter already offers this training at no cost, and agencies can use these resources without needing additional funding. On Monday, March 16, as an Alzheimer’s Association volunteer Community Educator, I had the opportunity to provide this type of training to Honolulu Police Department recruits. We talked about communication, de-escalation, recognizing signs of Alzheimer’s, and how to safely help someone who is lost or distressed. What stood out to me was how much the recruits appreciated learning these skills. It was clear that this training can make encounters safer and less stressful for everyone involved. I have seen firsthand that this type of training works—now we need to make sure it reaches all first responders.

Families shouldn’t have to hope the first responder who shows up has had dementia training. HB 1976 HD1 will provide that training. It is a simple, meaningful bill that will make a real difference.

I respectfully urge you to pass HB 1976 HD1.

Mahalo.

Steven Tam

HB-1976-HD-1

Submitted on: 3/19/2026 9:18:32 AM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Jo Hittner	Individual	Support	Written Testimony Only

Comments:

Testimony on HB1976 HD1

RELATING TO DEMENTIA

Monday, March 23, 2:45 PM

Conference Room 016 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Chair Fukunaga, and members of the committee,

My name is Jo Hittner, and I live in Hilo. I come from a family with generations of family members with dementia. Before my father was diagnosed and placed in a memory care unit, he would walk to areas where he would become disoriented, wonder where he was, and eventually return home, confused and scared. He would talk to me about how afraid he was when he was having periods of confusion. When he had these periods, he would not respond the same as when he was not confused. He did not come in contact with first responders, but if he had, he would not have been coherent or cooperative. I am in strong support of HB1976 HD1 which would enable the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo,

Jo Hittner

HB-1976-HD-1

Submitted on: 3/19/2026 5:39:44 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

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

Comments:

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Brian Seabaugh, and I live in Kailua. I lost a grandmother to Alzheimers and am currently a caretaker for 2 aunties and a father with the disease. I am in strong support of HB1976 HD1 which would the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo,

Brian Seabaugh

HB-1976-HD-1

Submitted on: 3/20/2026 6:47:30 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Carol Perone	Individual	Support	Written Testimony Only

Comments:

HB 1976 is a critical part of Hawaii's strategy to provide the most effective and efficient support of dementia patients and their caregivers and families. If first responders are not properly trained to identify and handle people with dementia, there's no guarantee that the interaction will produce the right results. There are instances where lack of that knowledge among first responders has been dangerous to them and/or the person they're handling. They need training to recognize the signs of dementia, not to be confused with an altered state from drugs or alcohol or malnutrition or simply confusion. There are very specific protocols that could be taught, which would greatly increase the success rate of these interactions. I strongly support this bill!

HB-1976-HD-1

Submitted on: 3/20/2026 7:29:38 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephenie Blakemore	Individual	Support	Written Testimony Only

Comments:

This is a no brainer...Hawaii needs you to pass the bill. Did you know on Kauai over 25% of the population will be over 80 in 10 years? The need for education and training regarding elderly care is going to be an important area regarding professional careers. With current shortages in health care providers it is already imperative that our first responders and others in the community receive the training this bill will provide.

Mahalo

HB-1976-HD-1

Submitted on: 3/20/2026 10:15:35 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Rosemary Adam-Terem	Individual	Support	Written Testimony Only

Comments:

As someone who works full time and takes care at home of a person with both Alzheimer's and vascular dementia, I can attest to the importance of understanding what symptoms and/or behaviors present in an individual suffering from severe cognitive impairment.

Every first responder needs to know the basic information regarding people living with dementia so as not to misunderstand or misconstrue a person's intentions. Without education, there can be dire, even deadly, consequences.

Rosemary Adam-Terem,

HB-1976-HD-1

Submitted on: 3/21/2026 2:27:04 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Chuck Taylor	Individual	Support	Written Testimony Only

Comments:

First responders need to be trained to safely recognize and assist people living with Alzheimer's disease and other dementias.

HB-1976-HD-1

Submitted on: 3/22/2026 4:37:21 AM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Natalie Graham-Wood	Individual	Support	Written Testimony Only

Comments:

I support HB1976 HD1. My name is Natalie Graham-Wood and I live Sunset Beach, Oahu.

**Testimony on HB1976 HD1
RELATING TO DEMENTIA
Monday, March 23, 2:45 PM
Conference Room 216 & Videoconference
State Capitol - 415 South Beretania Street**

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Calvin Hara, and I reside in Kaimuki. My career was in senior care and long term care in California and Hawai'i. Throughout those years, I have been with residents with Alzheimer's disease. The disease still exists and there is no cure. I have also been a family caregiver for loved ones with dementia.

There are situations where a loved one with dementia wanders from home and first responders are alerted to help find the missing person. It is those cases where having first responders with dementia training will enable the responder to be aware of how to approach and help someone with dementia and related behaviors.

Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

HB1976 HD1 simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

Please support this bill for kupuna, loved ones with early onset Alzheimer's and others with cognitive impairment.

Thank you for the opportunity to testify.

Mahalo,

Calvin Hara

HB-1976-HD-1

Submitted on: 3/22/2026 10:57:30 AM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Audrey Sirk	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Audrey Sirk, and I live in Princeville, HI. I am always supporting the Alzheimer's Association in all their efforts to bring about better care for those living with dementia. I lived through it with my mother. It was alarming how many people (Police, Hospital Staff), most were not trained in how to identify someone that is not acting stupid or annoying but it is because they have dementia!! I am in strong support of HB1976 HD1 which would the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo,

Audrey Sirk

HB-1976-HD-1

Submitted on: 3/22/2026 11:17:51 AM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Marina Hitosugi-Levesque	Individual	Support	Written Testimony Only

Comments:

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Dr. Marina Hitosugi-Levesque, and I live in Honolulu. I am a geriatrician who cares for older adults, most of whom have cognitive impairment. Every day I hear about the challenges my patients and their families face with the safety of someone living with dementia, including wandering and other psychiatric and behavior disturbances related to their dementia. I am in strong support of HB1976 HD1 which would the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo,

Marina Hitosugi-Levesque, MD, MPH

HB-1976-HD-1

Submitted on: 3/22/2026 12:44:42 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Paul Marx	Individual	Support	Written Testimony Only

Comments:

I request your support of this legislation for those who need help with Alzheimers as stated within the bill.

Testimony on HB1976 HD1
RELATING TO DEMENTIA
Monday, March 23, 2:45 PM
Conference Room 016 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Laura Johnson, and I live in . I was a care-giver for my husband for years. He had lewy-body dementia. It was an immense struggle. He had violent episodes, wandered, etc. I was constantly on edge worrying about both his safety and mine. I am in strong support of HB1976 HD1 which would the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo Nui,

Laura Johnson,

Kailua Kona, Hawaii

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

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



STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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**Testimony in SUPPORT of HB1976 HD1
RELATING TO DEMENTIA**

COMMITTEE ON PUBLIC SAFETY AND MILITARY AFFAIRS

SENATOR CAROL FUKUNAGA, CHAIR
SENATOR CHRIS LEE, VICE CHAIR

COMMITTEE ON HEALTH AND HUMAN SERVICES

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATOR ANGUS L.K. MCKELVEY, VICE CHAIR

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

Hearing: Monday, March 23, 2026, 2:45 P.M.

Conference Room: 016

- 1 **EOA Position:** The Executive Office on Aging (EOA), an attached agency to the Department of
- 2 Health (DOH) supports HB1976 HD1.
- 3 **Purpose:** This measure mandates dementia-specific training annually for all first responders in
- 4 Hawai'i, including law enforcement officers, fire first responders, and emergency medical
- 5 services personnel. Additionally, it requires the Executive Office on Aging to review and
- 6 recommend curricula focused on recognizing the signs of Alzheimer's and related dementias.
- 7 Hawai'i's aging population continues to grow, and our community—including first responders—

1 needs the situational awareness and skills necessary to effectively interact with individuals who

2 may have Alzheimer's disease or related dementias.

3 **Recommendations:** EOA supports this measure to ensure that Hawai'i's first responders receive

4 dementia training. EOA defers to the Hawai'i Emergency Management Agency, Fire

5 Departments, and the Law Enforcement Standards Board for implementation.

6 Thank you for the opportunity to testify.

LATE

HB-1976-HD-1

Submitted on: 3/22/2026 6:22:51 PM

Testimony for HHS on 3/23/2026 2:45:00 PM

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

Comments:

Testimony on HB1976 HD1

RELATING TO DEMENTIA

Monday, March 23, 2:45 PM

Conference Room 016 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Chair Fukunaga, and members of the committees,

My name is Donna Shimizu and I live on the Big Island in Hilo.

When my mother showed signs of mental distress, we took her to her doctor. Simple testing was done in his office with the outcome being “nothing is wrong with her”. Her behavior escalated to standing in the middle of the road taunting the trucks, leaving her car running while shopping downtown. We again took her back to her doctor. Simple in-office testing was done again. The results? “There’s nothing wrong with her”. She was FINALLY diagnosed with Alzheimer’s and thus her medication was started and covered by medicare.

Luckily, we live in a small town so local people would recognize her and immediately call one of our family members. She would wander up her busy street where she lived. Again, luckily someone would recognize her and gently usher her back home.

I am in strong support of HB1976 HD1 which would the establishment of dementia training for first responders across the state to ensure the safety of those living with Alzheimer's.

Hawai'i has more than 31,000 residents living with Alzheimer's disease, and many remain in their homes and communities. As dementia progresses, people may become confused, disoriented, frightened, or unable to communicate clearly. Six in ten people living with dementia will wander, often repeatedly, and may get lost even in familiar places. When first responders encounter someone with dementia who is scared or unable to understand commands, situations can escalate quickly.

At the same time, Hawai'i's first responders are dealing with increasing medical emergencies, natural disasters, and more frequent wildfires, all of which require rapid action and clear communication. A person with dementia may not respond in expected ways during an evacuation, a traffic stop, or a medical call, placing both the individual and responders at risk.

This bill simply requires one hour of dementia-specific training each year for first responders. The Alzheimer's Association already provides this training at no cost, and it covers communication techniques, de-escalation strategies, recognizing signs of dementia, and how to safely assist a person who is lost or distressed. This short training can prevent injuries, reduce unnecessary hospitalizations, and help responders bring people home safely.

Page 2 of 2 (Donna Shimizu)

I respectfully urge you to support this bill so that Hawai'i's first responders have the tools they need to interact safely and effectively with people living with dementia, and so families can feel more confident that their loved ones will be treated with understanding and care during an emergency.

Thank you for the opportunity to testify.

Mahalo,

Donna Shimizu

808-339-0160

LATE

HB-1976-HD-1

Submitted on: 3/23/2026 10:12:17 AM

Testimony for HHS on 3/23/2026 2:45:00 PM

Submitted By	Organization	Testifier Position	Testify
Cary Tanaka	Individual	Support	Written Testimony Only

Comments:

Dear House and Senate members,

As a caregiver for my father who suffered from dementia for eight years, I wholeheartedly support this bill. I believe that additional training to first responders will provide a better understanding to the disease. This training will assist our community, especially our kupuna. Thank you for your consideration regarding this matter.

Cary Tanaka