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GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



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**Testimony in SUPPORT of HB1976 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

- 1 **EOA Position:** The Executive Office on Aging (EOA), an attached agency to the Department of
- 2 Health (DOH) supports HB1976 HD1, SD1.
- 3 **Purpose:** This measure to urge annual dementia-specific training for all first responders in
- 4 Hawai'i and to ensure that training content addresses recognition, assessment, and
- 5 communication; abuse and neglect identification; caregiver engagement; disaster response; and
- 6 safe return. Additionally, it requires the Executive Office on Aging to review and recommend a
- 7 list of dementia-specific curricula focused on the recognition of and response to persons with
- 8 Alzheimer's and related dementias.
- 9 Hawai'i's aging population continues to grow, and our community, including first responders,
- 10 needs the situational awareness and skills necessary to safely and effectively interact with
- 11 individuals who may have Alzheimer's disease or related dementias.

1 **Recommendations:** The EOA supports this measure and strongly recommends mandating
2 dementia-specific training to ensure that all Hawai'i first responders receive consistent, annual
3 training essential to safeguarding the wellbeing of persons with Alzheimer's disease or related
4 dementias. EOA defers to the Hawai'i Emergency Management Agency, Fire Departments, and
5 the Law Enforcement Standards Board for implementation.
6 Thank you for the opportunity to testify.

HB-1976-SD-1

Submitted on: 4/2/2026 7:15:14 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 support.



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The State Legislature
Senate Committee on Ways and Means
Tuesday, 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. 1976, 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 Hawai'i is in support of House Bill 1976, HD1, SD1 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, SD1 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, SD1.

2026 Hawaii
Leadership Board

Testimony to the Senate Committee on Ways and Means Tuesday, April 7, 10:31 AM, Room 211 and Videoconference

RE: HB1976 HD1 SD1 – RELATING TO DEMENTIA

Travis Kikuchi, *Chair*
Senior Vice President
Central Pacific Bank

Lori McCarney, *National*
Board Member Community
Advocate

Tricia Medeiros, *Past Chair*
Chief Operating Officer
The Plaza Assisted Living

Gina Fujikami, *MD*
The Queen's Medical
Center

Kai Ohashi,
Financial Advisor Edward
Jones

Michael Robinson,
Vice President Hawaii Pacific
Health

Kimberly Soares, *Vice*
President Atlas Insurance

Gino Soquena,
Executive Director
Hawaii Building and
Construction Trade Council

Gordon Takaki, *Past*
President Hawaii Island
Chamber of Commerce

Cary Tanaka,
Past President
Island Insurance
Companies

Caroline Witherspoon,
President Becker
Communications

LJ R. Duenas,
Executive Director
Alzheimer's Association

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

My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association, and we support HB1976 HD1 SD1 to coordinate, increase, and improve dementia training for 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 aged 65+ live with Alzheimer's and this number is rising. People living with dementia have 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 have not been trained to recognize symptoms, communicate effectively, and de-escalate.

Hawai'i's first responders are also facing more frequent and intense wildfires and disaster evacuations. In these high-stress events, a person with dementia may not understand commands, resist evacuation, or become combative out of fear.

HB1976 HD1 SD1 is practical, **no-cost**, 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, caregiver engagement, disaster response, and safe return. Agencies that already provide similar training may continue their existing programs, while agencies without training have accessible 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 ensures statewide consistency without requiring new appropriations.

Implementation under the Senate Draft is as follows:

- EOA publishes a vetted list that includes at least one no-cost option.
- Departments select from the list and provide it to their personnel.

Why this matters now: With more kūpuna living with dementia in our communities, first responders are the front line of safety. A missed diagnosis on a call can escalate quickly into injuries, restraints, or unnecessary transports. Regular training improves recognition, reduces conflict, prevents avoidable ED visits, and supports faster safe reunification when someone wanders. It also protects responders by giving them proven strategies to manage behavior and communicate under stress.

HB1976 HD1 SD1 would have public safety benefits at no cost to departments, improve outcomes for families, and strengthens Hawai'i's disaster readiness. I respectfully urge the Committee to pass HB1976 HD1 SD1.

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



**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. 1976, HOUSE DRAFT 1, SENATE DRAFT 1, RELATING TO DEMENTIA.

Chair Dela Cruz, Vice Chair Moriwaki, 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, 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 authorize 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, Senate Draft 1
Tuesday, April 7, 2026; 10:31 a.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.

April 6, 2026

Senate Committee on Ways and Means
Chair Donovan M. Dela Cruz
Vice Chair Sharon Y. Moriwaki
Members of the Committee

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

Aloha kākou!

LeadingAge Pacific West is pleased to support House Bill 1976 HD 1 SD 1 which revises training offerings 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 SD 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 SD 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 SD 1 and urges your support for this important measure.

Sincerely,
Amber King
Vice President, Legislative Affairs

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

HB-1976-SD-1

Submitted on: 4/3/2026 1:38:22 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:

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**Testimony on HB1976 HD1 SD1
RELATING TO DEMENTIA
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. 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.

Mahalo,
Barbara Black

**Testimony on HB1976 HD1 SD1
RELATING TO DEMENTIA
Tuesday, April 7, 10:31 AM
Conference Room 211 & 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

To: Chair Dela Cruz
Chair Moriwaki
Members of the Committees

Re: **HB 1976 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 1976 HD1 SD1, 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 SD1 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 SD1.

Mahalo.

Steven Tam

**Testimony on HB1976 HD1 SD1
RELATING TO DEMENTIA
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 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 SD1 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-SD-1

Submitted on: 4/5/2026 12:28:14 PM

Testimony for WAM on 4/7/2026 10:31:00 AM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Testifying for PABEA (Policy Advisory Board for Elderly Affairs	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.

Hawai'i has more than 31,000 diagnosed residents living with Alzheimer's disease, many of our Kūpina 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

HB-1976-SD-1

Submitted on: 4/5/2026 4:08:46 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 aunts and a father living with the disease. I am in strong support of HB1976 HD1 SD1 ensure the safety of those living with Alzheimer's through improving dementia training among first responders.

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

**TESTIMONY IN SUPPORT OF HB 1976 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 am a social worker born and raised in Hawai'i, testifying as an individual in strong support of HB 1976 HD1 SD1, which would ensure that dementia-specific training is provided to first responders statewide.

Our older adult population continues to grow and the prevalence of dementia is increasing every year. It's extremely likely that every first responder will encounter people living with dementia throughout their career. Three of my grandparents lived with dementia. We hope to empower the first responders with this short training, so that they know how to best approach the person with dementia, especially in crisis. Thank you for hearing this important measure.

Mahalo for this opportunity to testify.

Sincerely,

Tani K. Salazar

Tani Kalei Salazar, LSW, MSW

HB-1976-SD-1

Submitted on: 4/5/2026 7:40:36 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!

TESTIMONY IN STRONG SUPPORT OF SB2259 HD1

Relating to the Department of Business, Economic Development, and Tourism

Committee: House Committee on Finance

Hearing: Thursday, April 2, 2026 | 2:00 p.m. | Conference Room 308

Position: Strong Support

Submitted by: Girard Perone

*Ambassador for the Alzheimer's Association of Hawai'i
Kaka'ako resident*

Aloha Chair, Vice Chair, and Members of the House Committee on Finance:

I strongly support SB2259 HD1 because it gives Hawai'i a practical, business-friendly way to respond to a fast-growing dementia challenge. Hawai'i's frequently quoted 31,200 figure is a 2020 estimate. A more current planning figure is about 35,100 older Hawai'i residents living with Alzheimer's, while the Department of Health is publicly using a simpler statewide figure of about 35,000 residents affected. Using Hawai'i's recent age structure and national age-specific incidence rates, a reasonable planning estimate is roughly 585 new Alzheimer's cases - and at least 725 new dementia cases overall - emerging every month or about 7,000 to 8500 new cases per year. This is no longer a narrow issue; it affects local families, employers, frontline workers, and communities across our state.

For Finance, SB2259 is a smart, low-burden investment. The program is straightforward: businesses complete a one-hour dementia-friendly training from approved organizations and can then receive public recognition through badges, decals, and state website listings. That simple structure makes the program visible, measurable, and easy to join while leveraging existing community expertise instead of building a large new bureaucracy. It gives employees practical tools to respond calmly and appropriately when a customer is confused, disoriented, struggling with communication, or overwhelmed, helping prevent misunderstandings and avoidable crises.

The business benefits are real. Dementia affects not only households, but also Hawai'i's workforce, retail sector, service sector, and visitor industry. A dementia-capable business environment improves customer service, strengthens public trust, reduces stress in frontline interactions, and helps Hawai'i remain a welcoming place for residents and visitors alike. It also gives caregivers more confidence to shop, dine, travel, and participate in community life when they know businesses are prepared to respond with patience, respect, and aloha.

The public benefits are just as important. More dementia-capable communities mean greater dignity for kūpuna, better support for caregivers, and a better quality of life for families throughout the islands. Hawai'i's broader dementia-planning efforts emphasize earlier support, stronger caregiver and provider support, more equal access, and fewer avoidable ER visits and hospitalizations. SB2259 advances those goals in a visible, practical, community-based way.

For these reasons, I respectfully urge you to pass SB2259 HD1. Mahalo for your consideration.

Respectfully submitted,

Girard "Jerry" Perone

HAWAII ALLIANCE FOR RETIRED AMERICANS
An Affiliate of Alliance for Retired Americans\
(AFL-CIO)

STATEMENT IN SUPPORT OF H.B. 1976, HD1, SD1
Relating to Dementia

Hearing: Tuesday, April 7, 2026; 10:31 a.m.
Hawaii State Capitol, Conference Room 211
and via Videoconference

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

Chair Dela Cruz, Vice Chair Moriwaki, and Members of the Senate Committee on Ways and Means:

The Hawaii Alliance for Retired Americans (HARA) **supports** H.B. 1976, HD1, SD1, which allows HIEMA, 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 annually. The Executive Office on Aging will be tasked with reviewing and recommending dementia-specific training curricula that address recognition and signs of Alzheimer's disease and related dementias.

HARA is an organization of senior organizations that represent some 16,000 retirees in Hawaii. HARA's affiliates include retired members of HGEA, HSTA, ILWU, UPW, Kokua Council, and the Hawaii Caregivers Coalition.

Aging is a risk factor for dementia, and Hawaii's aging population is increasing at a rapid pace. Recognizing this, programs need to be in place to ensure that those living with dementia are addressed appropriately in emergency situations. Training first responders on how to assist those with Alzheimer's and related dementias will help to ensure that they are treated appropriately and avoid needless escalation of problems.

H.B. 1976, HD1, SD1 will make available dementia-specific training for first responders annually. The cost should be minimal. The Alzheimer's Association already has free training resources available, but H.B. 1976, HD1, SD1 will require dementia-specific training be vetted by the State Executive Office on Aging to ensure that first responders receive proper training for their work in the field. EOA collaboration with the Alzheimer's Association will ensure the most appropriate training to keep our kupuna living with dementia safe and able to receive appropriate intervention.

The Hawaii Alliance for Retired Americans **supports H.B. 1976, HD1, SD1 but urges the measure be amended to mandate dementia-specific training to first responders on an annual basis, rather than allowing it to be an option.** The training will enhance first responders' knowledge to provide appropriate care and intervention.

Thank you for considering our testimony.

JOSH GREEN, M.D.
GOVERNOR



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ADMINISTRATOR

April 7, 2026

**RE: TESTIMONY IN OPPOSITION TO HB 1976, HD1, SD1
RELATING TO DEMENTIA**

TO: Senate Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Sharon Y. Moriwaki, Vice Chair

FROM:
Victor R. McCraw
Administrator, Hawaii Law Enforcement Standards Board

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

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 opposition to House Bill 1976, HD1, SD1.

The Board recognizes the genuine concern 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; in fact, it is the Board's primary and exclusive statutory authority and duty under chapter 139, HRS, 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*" (HRS §139-3(4)), and to "*establish and require participation in continuing education programs for law enforcement officers*" (HRS §139-3(8)).

What follows is not opposition to the goal, but a substantive challenge to the mechanism chosen to achieve it.

This Bill Continues to Undermine the Board's Statutory Authority

The SD1 amendments reduced the training obligation from a mandatory requirement to a permissive one, changing "shall complete" to "may complete" and replacing the duty to "provide" or "require" training with a duty to "make available" training. While the Board acknowledges that this change reduces the coercive force of the bill, it does not resolve the fundamental problem. The bill still encodes a specific training topic, a minimum training duration, and a curriculum source pathway directly into statute. It still assigns law enforcement-specific curriculum oversight 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. And it still creates a statutory structure for law enforcement training that operates entirely outside the Board's approval process, without any requirement that the curriculum be reviewed by the Board, delivered by a Board-certified instructor, or evaluated for measurable law enforcement learning or performance outcomes. Any training that does not go through the Board's approval process does not qualify as required training under the Board's draft 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 structure without any notification to, or engagement with, the Board is disruptive to that process and inconsistent with the statutory framework the Legislature has already established.

The Bill's Findings Contain No Hawai'i-Specific Law Enforcement Data

The legislative findings in HB1976, HD1, SD1 cite Hawai'i-specific Alzheimer's prevalence statistics and general claims about first responder encounters with individuals living with dementia. The Board does not dispute that dementia affects a growing number of Hawai'i residents or that first responders encounter them. What the findings do not provide is the evidentiary foundation necessary to support a statutory training mandate of this scope: no analysis of incident reports, use-of-force data, complaint records, or after-action reviews; no distinction between law enforcement encounters and emergency medical services encounters; no evaluation of current training; no identification of specific performance deficiencies among the already-trained Hawai'i law enforcement officers; and no defined outcomes against which the effectiveness of the proposed training could ever be measured.

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 systematic law enforcement performance failures, nor do they establish that a one-hour annual training requirement would produce measurable improvement in field outcomes. The Board does not dismiss those experiences. It does, however, maintain that encoding a training structure directly into the chapter governing the Board's authority, in response to an undefined problem and without a performance baseline or outcome measure of any kind, is not sound policy. The question is not whether dementia awareness has value. The question is whether this mechanism will produce measurable performance improvement, and improved outcomes. Nothing in this bill answers that question.

There Is No Such Thing as "No Cost" Training

Proponents of this bill have characterized the 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, even 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 training into existing in-service programs. The absence of a curriculum licensing fee does not make training free. That characterization understates the real fiscal impact on departments operating

under constrained budgets and staffing challenges. The SD1 amendments do not resolve this concern; they simply make the financial exposure permissive rather than mandatory, while leaving the statutory structure in place.

As a concrete illustration, one hour of mandatory training delivered to every certified law enforcement officer in the State conservatively represents approximately \$500,000 in personnel costs in year one alone, a figure that does not include overtime, backfill, administrative overhead, or compliance infrastructure, and that recurs annually with no appropriation and no sunset.

The Board's Current Framework Already Addresses This Subject Matter

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. Certified officers would complete a proposed 48 hours of continuing education on a biennial basis, with those same subjects required as a component.

Dementia recognition and response falls squarely within those competency areas, and is included already. The Board's standard for any training requirement is measurable improvement in field performance, grounded in validated learning objectives, delivered by qualified instructors, and evaluated over time for actual outcomes. A standalone sixty-minute requirement determined by an agency with no law enforcement expertise and no obligation to measure field results does not meet that standard, and it interferes with the Board's ability to incorporate this subject matter appropriately within a comprehensive, professionally sound certification program. We value and appreciate the inclusion of the clinical, familial, and caregiver perspectives, and we possess the experience and insight to incorporate them into actual performance standards, beyond anecdotal case studies.

The Board Welcomes Collaboration on a Structured, Outcomes-Focused Process

The Board is prepared to lead a formal needs assessment: a structured examination of current training content, incident data, officer feedback, and agency practices that would determine the scope of any training gap and what form of training would produce measurable improvement in field outcomes. The Board invites the bill's proponents, and the Executive Office on Aging to engage directly on that process. That collaboration will produce a far more effective and durable outcome than a statutory structure imposed without that foundation, and it is the appropriate path to the goal the Board shares:

Victor McCraw, Administrator, Hawaii Law Enforcement Standards Board

TESTIMONY IN OPPOSITION TO HB 1976, HD1, SD1

April 7, 2026

Page 5

ensuring that Hawai'i's law enforcement officers are equipped to serve every member of their communities, including those living with dementia, with competence and care.

For these reasons, the Law Enforcement Standards Board urges the Committee to hold HB1976, HD1, SD1 and instead support a structured, evidence-based process through the appropriate professional and regulatory bodies.

The Board appreciates the opportunity to testify before the Committee on Ways and Means 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-SD-1

Submitted on: 4/6/2026 10:37:56 PM

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 support HB 1976 HD1 SD1.

Gregory Misakian