



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

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

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March 30, 2026

LATE

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

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

RE: **SCR 30 -- Relating to Insurance Coverage of Cognitive Assessments**

HEARING: Monday, March 30, 2026 @ 1:07 pm; Conference Room 225

POSITION: SUPPORT INTENT with COMMENTS

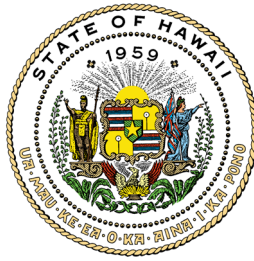
Testimony:

SHPDA strongly supports the intent of SCR 30, with comments. We have testified in support of requiring insurance coverage for cognitive assessments as means of offsetting preventable cognitive decline by diagnosing it early. There are increasing means of slowing cognitive decline with new therapeutics for some patients. Every kupuna doesn't need this, even at age 80 or older. But for those who exhibit signs of cognitive decline, with a physician's recommendation, or by request by a patient or their family, suggesting the need for such an assessment, it should be a covered benefit without need for this legislation or for the SCR.

Properly providing cognitive assessments to those who might benefit will save money, not increase costs. Mandating that every person over 60 have an assessment is not needed. The auditor might better examine whether this benefit is routinely provided on the mainland for those who might benefit, and for whatever reason is being denied or requires prior authorization as a barrier to it being provided here.

Mahalo for the opportunity to testify and for hearing this measure.

■ -- Jack Lewin, MD, Administrator, SHPDA



SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
The Honorable Joy A. San Buenaventura, Chair
The Honorable Angus L.K. McKelvey, Vice Chair

S.C.R. NO. 30, REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF MANDATING HEALTH INSURANCE COVERAGE FOR BRIEF COGNITIVE ASSESSMENTS FOR INDIVIDUALS FIFTY YEARS OF AGE AND OLDER.

Hearing: Monday, March 30, 2026, 1:07 p.m.

The Office of the Auditor offers comments on S.C.R. No. 30, requesting the Office of the Auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for brief cognitive assessments for individuals fifty years of age and older.

Section 23-51, Hawai'i Revised Statutes (HRS), which requires the Auditor to assess the social and financial impacts of legislative measures proposing to mandate health insurance coverage, directs that the concurrent resolution designate a specific bill proposing the health mandate. This bill must include, among other things, "the specific health service, disease, or provider that would be covered."

S.C.R. No. 30 identifies H.B. No. 1702 (2026 Regular Session), which requires insurers to cover brief cognitive assessment screenings for policyholders or any dependent of the policyholder covered under the policy. However, it is unclear what specific services are covered as "brief cognitive assessment screening." In addition, the bill states that "coverage required under this section shall include but not be limited to: (1) Initial cognitive assessments during routine visits for individuals fifty years of age and older; and (2) Initial cognitive assessments during non-routine visits for individuals fifty years of age and older." As mentioned previously, Section 23-51, HRS, requires that the bill designate a "specific health service, disease, or provider that would be covered" to facilitate our assessment of the proposed coverage. Because H.B. No. 1702 does not define "brief cognitive assessment screenings," ambiguously states that the required coverage includes but is *not* limited to certain cognitive assessments, and does not specify the limits of the proposed coverage, it is unclear what services we need to include in our assessment of the social and financial impacts of the proposed coverage.

We suggest that the Legislature consider deferring S.C.R. No. 30.

LATE

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



CAROLINE CADIRAO
DIRECTOR
Executive Office on Aging

KENNETH FINK, MD, MGA, MPH
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STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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Testimony in SUPPORT of SCR 30
Requesting the AUDITOR to assess the social and financial effects of mandating health insurance coverage for brief cognitive assessments for individuals fifty years of age and older

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 30, 2026, 1:07 p.m.

Conference Room: 225

- 1 The Executive Office on Aging (EOA), an attached agency to the Department of Health (DOH),
- 2 strongly supports SCR 30.
- 3 This resolution is mandating coverage for brief cognitive assessments that would provide a cost-
- 4 effective mechanism to identify cognitive changes early, reduce long-term health care costs, and
- 5 improve outcomes for individuals at risk of dementia. EOA is very grateful for this measure as it
- 6 aligns with our Alzheimer's Disease and Related Dementias 2035 Plan and supports the efforts of
- 7 early detection which was the premise of the public awareness campaign. Mahalo.

SCR-30

Submitted on: 3/27/2026 7:28:41 PM

Testimony for HHS on 3/30/2026 1:07:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Remotely Via Zoom

Comments:

In support.

2026 Hawaii
Leadership Board

Testimony to the Senate Committee on Health and Human Services
Monday, March 30, 1:07 PM
Hawaii State Capitol, Room 225 and Videoconference

RE: Senate Concurrent Resolution 30

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 San Buenaventura, Vice Chair McKelvey, and Members of the Committee:

My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association. I write in **strong support** of SCR30 which seeks to determine the social and financial effects of mandated insurance coverage for brief cognitive assessment for individuals over 50 years old.

While certain populations face higher risk, cognitive impairment and dementia affect people across all racial, ethnic, and socioeconomic groups. An age-based approach promotes equity, avoids stigmatization, and acknowledges that cognitive health deserves routine attention as part of preventive care.

Research highlights the consequences of delayed diagnosis. A study by Maiya Smith et al. found that Native Hawaiians and Pacific Islanders (NHPI) are diagnosed with dementia at younger ages and are more likely to be diagnosed at later stages of the disease. Other research indicates that Native Hawaiians are at increased risk for early-onset Alzheimer's disease compared to other ethnicities. These findings underscore the importance of earlier screening, while also illustrating challenges that affect many families statewide, regardless of background.

The Alzheimer's Association works with families across Hawai'i and regularly engages with individuals who are under Medicare age but are already in the dementia stage at diagnosis rather than mild cognitive impairment. Families often report years of subtle symptoms that went unassessed during routine care. Earlier access to brief cognitive assessments could have prompted timely follow-up, diagnosis, treatment, and care planning—changing outcomes for both individuals and their families.

Brief cognitive assessments are a low-cost, evidence-based tool for early detection. While not diagnostic on their own, they provide access to further evaluation and care planning at a stage when Alzheimer's disease may be more responsive to treatment and lifestyle interventions. Early detection allows individuals to take steps to slow cognitive decline, maintain brain health, plan for the future, and coordinate care. When this window is missed, individuals experience steeper cognitive decline, crisis-driven and uncoordinated care, and greater impacts on families, employers, and the health system.

Medicare already recognizes the value of early detection by including a cognitive assessment in the Annual Wellness Visit, yet most individuals under age sixty-five cannot access this benefit. This gap mirrors a problem once seen in mental health care. Insurance coverage for routine mental health screening—despite modest reimbursement—successfully increased utilization and normalized screening at regular checkups. Cognitive health warrants the same preventive approach.

SCR30 provides an important opportunity to evaluate whether covering brief cognitive assessments earlier could reduce long-term costs, improve health outcomes, and support Hawai'i's workforce and families. For these reasons, I urge your support of this resolution.

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

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

SCR-30

Submitted on: 3/28/2026 8:43:32 PM

Testimony for HHS on 3/30/2026 1:07:00 PM

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

Comments:

I strongly support the adoption of this resolution.

Testimony on SCR30
Monday, March 30, 1:07 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair McKelvey, and members of the committee,

My name is Mansa Devaki, a student at UC Berkeley studying Neuroscience, and I am a resident of Kula. A family friend of mine on Maui was fortunate to be diagnosed with dementia fairly early, allowing them to pursue treatments and lifestyle changes that may extend their independence. But for many, especially those diagnosed late, the options are far more limited.

I am in strong support of SCR30, which requests the Auditor to assess the social and financial effects of mandating health insurance coverage for brief cognitive assessments for individuals fifty years of age and older.

Hawai'i is facing a growing dementia crisis. More than 31,000 residents are currently living with Alzheimer's disease, and this number is expected to double by 2050. Many individuals are diagnosed at the dementia stage rather than mild cognitive impairment because early cognitive changes are missed. This delay often means lost treatment opportunities, avoidable emergencies, and significant emotional and financial strain on families.

Covering brief cognitive assessments for those over 50 would help fill the gap for people who are not yet eligible for Medicare but may already be experiencing cognitive decline. Early screening can lead to earlier diagnosis, care planning, and access to treatment that may slow disease progression and improve quality of life.

I respectfully urge you to support SCR30 so all Hawai'i residents have a better chance at early detection, coordinated care, and support.

Thank you for the opportunity to testify.

Mahalo,
Mansa Devaki

SCR-30

Submitted on: 3/29/2026 8:37:51 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

Submitted By	Organization	Testifier Position	Testify
Barbara J. Service	Individual	Support	Written Testimony Only

Comments:

Aloha Chair San Buenaventura and committee members,

Please pass SCR30 to request the auditor to assess the effects of mandating insurance companies to provide coverage for cognitive assessment of individuals 50 and older. Alzheimer's Disease is a devastating disease AND a costly one. While there is yet a cure, early detection could provide intervention to ameliorate the effects.

Thank you for the opportunity to testify.

Barbara J. Service MSW

Child Welfare Supervisor (ret.)

Passionate Kupuna advocate

Testimony in STRONG Support of SCR30
Monday, March 30, 1:07 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair McKelvey, and members of the committee,

My name is Jerry Perone and I live in Kaka‘ako. I am an Ambassador for the Alzheimer's Association here in Hawai'i. I strongly support SCR30.

This resolution is a prudent first step. SCR30 does not itself impose a new insurance mandate. It requests the Auditor's social and financial impact assessment that Hawai'i law requires before the Legislature considers a mandate such as HB1702. That is exactly the right thing to do here.

Hawai'i already faces a significant dementia burden. The Alzheimer's Association's 2025 Hawai'i fact sheet reports 31,200 residents age 65 and older living with Alzheimer's disease. However, that is a 2000 number. A somewhat more recent number comes from the Hawai'i Department of Health. In 2025 they estimated 35,500 Hawai'i residents are affected, and that number is believed to be underreported. The DOH estimate drives the numbers well above the Alzheimer's Association's 62,000 unpaid caregivers, \$2.9 billion in unpaid care, and \$309 million in Medicaid costs. The Department also noted that Alzheimer's-related brain changes can begin 20 years or more before symptoms appear.

The part of this issue that deserves more attention is dementia before age 65. Medicare's yearly wellness visit includes a cognitive assessment, and Medicare Part B also covers a separate cognitive assessment and care-planning visit. But Medicare is generally a program for people age 65 and older, except for certain disabilities or conditions. That means many working-age adults with emerging cognitive decline do not have the same straightforward age-based path to covered assessment and are often categorized as performance problems on the job.

In Hawai'i, the best current planning estimate is that about 700 to 730 residents under age 65 may already be living with dementia of some type. The derivation is simple. Hawai'i had 636,808 residents ages 30 to 64 in 2024. Applying the Alzheimer's Association estimate of about 110 younger-onset dementia cases per 100,000 people ages 30 to 64 yields about 700 people. Applying the large JAMA Neurology meta-analysis estimate of 114.7 per 100,000 in the U.S. yields about 730. Because the prevalence literature usually reports ages 30 to 64, this is the best available proxy for "under 65." It is also likely a floor, not a ceiling: published studies report diagnostic delays of roughly 4.1 to 4.4 years in young-onset dementia, and major prevalence authors caution that reported prevalence likely understates the true burden.

Brief cognitive assessments are practical, not exotic. Alzheimer's Association guidance notes that cognitive impairment goes unrecognized in 27% to 81% of affected primary care patients, and that a brief structured tool identifies dementia or mild cognitive impairment more accurately than unstructured clinical impression alone, **83% versus 59%**. The Association's recommended primary care tools are designed to take five minutes or less. Medicare policy already expects

clinicians to check for cognitive impairment during the Annual Wellness Visit, and a 2024 JAMA Network Open study of more than 549,000 Medicare beneficiaries found Annual Wellness Visits were associated with a 21% increase in mild cognitive impairment diagnosis and timelier first recognition.

Early detection matters more now than it did even a few years ago. FDA-approved anti-amyloid treatments such as Leqembi and Kisunla are indicated for people in the mild cognitive impairment or mild dementia stage of Alzheimer's disease. Earlier diagnosis also gives individuals and families more time for care planning, safety changes, financial and legal decisions, and connection to support services. Hawai'i's own Memory Network materials emphasize the same goals: earlier diagnosis, equal access to treatment, caregiver support, and fewer emergency room visits and hospitalizations.

SCR30 also rightly recognizes equity concerns. NIH notes that 50% or more of people with Down syndrome are expected to develop dementia due to Alzheimer's disease as they age. Hawai'i research has found that Native Hawaiians had the highest unadjusted inpatient dementia rates and were hospitalized with dementia at younger ages than other racial and ethnic groups. When risk and diagnosis arrive earlier, coverage barriers before age 65 matter more, not less.

For these reasons, I respectfully urge you to support SCR30. Hawai'i should have a rigorous, Hawai'i-specific Auditor assessment of the social and financial effects of this coverage proposal before deciding whether to enact it. Families facing dementia before age 65 should not remain invisible simply because most policy frameworks begin at Medicare age.

Thank you for the opportunity to testify.

Jerry Perone

LATE

**Testimony on SCR30
Monday, March 30, 1:07 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street**

Chair San Buenaventura, Vice Chair McKelvey, and members of the committee,

My name is Barbara Black, and I live in Ninole. My husband Peter has Alzheimer's and I am his caregiver. I am in strong support of SCR30, which requests the Auditor to assess the social and financial effects of mandating health insurance coverage for brief cognitive assessments for individuals 50 years of age and older.

We were stunned when we learned that Peter has Alzheimer's. However, that relatively early diagnosis turned out to be a blessing since it led us to plan for the future, and for Peter, access to one of the new Alzheimer's drugs. I, meanwhile, was learning all I could about Alzheimer's and caregiving.

Covering brief cognitive assessments for those over 50 would help fill the gap for people who are not yet eligible for Medicare but may already be experiencing cognitive decline. Early screening can lead to earlier diagnosis, care planning, and access to treatment that may slow disease progression and improve quality of life.

Hawai'i is facing a growing dementia crisis. More than 31,000 residents are currently living with Alzheimer's disease, and this number is expected to double by 2050. Many individuals are diagnosed at the dementia stage rather than mild cognitive impairment because early cognitive changes are missed. This delay often means lost treatment opportunities, avoidable emergencies, and significant emotional and financial strain on families.

I respectfully urge you to support SCR30 so all Hawai'i residents have a better chance at early detection, coordinated care, and support.

Thank you for the opportunity to testify.

Mahalo,
Barbara Black

Barbara Black

LATE

**Testimony on SCR30
Monday, March 30, 1:07 PM
Conference Room 225 & Videoconference
State Capitol - 415 South Beretania Street**

Aloha Chair San Buenaventura, Vice Chair McKelvey, and members of the committee,

I am Peter Weston Black. My wife and caregiver, Barbara, and I are living in Ninole on the Big Island. Members of the committee, I really wish I had received a brief cognitive assessment when I was 50 years old. Twenty-three years later, I did get a brief assessment. I was by then retired and covered by Medicare. Which was very fortunate. I learned then that I was cognitively impaired and that is when I became an Alzheimer's patient.

Learning that my disease was in a relatively early stage of development allowed us to adjust to this new and frightening reality while I was still relatively functional. Our path has been much more positive than it might have been and we are very grateful for this.

For this reason, I strongly support SCR30, which requests the Auditor to assess the social and financial effects of mandating health insurance coverage for brief cognitive assessments for individuals 50 years of age and older.

I respectfully urge you to support SCR30 so all Hawai'i residents have a better chance at early detection, coordinated care, and support.

Thank you for the opportunity to testify.

Peter Weston Black

SCR-30

Submitted on: 3/30/2026 8:00:52 AM
Testimony for HHS on 3/30/2026 1:07:00 PM



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

Comments:

Testimony on SCR30

Monday, March 30, 1:07 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair McKelvey, and members of the committee

My name is Donna Shimizu and I live in Hilo, Hawai‘i. SCR30 would be totally totally awesome in so many ways. The most important is having people, regardless of age, to test for alzheimer’s as early as possible. This information would enable individuals to seek EARLY intervention to slow the disease. Not only would this give them added time of clarity but also to lower the long-term cost of dealing with dementia. I am in STRONG support of SCR30, which requests the Auditor to assess the social and financial effects of mandating health insurance coverage for brief cognitive assessments for individuals fifty years of age and older.

Hawai‘i is facing a growing dementia crisis. More than 31,000 residents are currently living with Alzheimer’s disease, and this number is expected to double by 2050. Many individuals are diagnosed at the dementia stage rather than mild cognitive impairment because early cognitive changes are missed. This delay often means lost treatment opportunities, avoidable emergencies, and significant emotional and financial strain on families.

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screening can lead to earlier diagnosis, care planning, and access to treatment that may slow disease progression and improve quality of life.

I respectfully urge you to support SCR30 so all Hawai'i residents have a better chance at early detection, coordinated care, and support.

Thank you for the opportunity to testify.

Mahalo,

Donna Shimizu

LATE

SCR-30

Submitted on: 3/30/2026 8:47:35 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

Submitted By	Organization	Testifier Position	Testify
Garan Ito	Individual	Support	Written Testimony Only

Comments:

Testimony on SCR30

Monday, March 30, 1:07 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair McKelvey, and members of the committee,

My name is Garan Ito, and I live in Honolulu. My father was diagnosed with Alzheimer's disease at 65 and at the age of 68. I am in strong support of SCR30, which requests the Auditor to assess the social and financial effects of mandating health insurance coverage for brief cognitive assessments for individuals fifty years of age and older.

Hawai'i is facing a growing dementia crisis. More than 31,000 residents are currently living with Alzheimer's disease, and this number is expected to double by 2050. Many individuals are diagnosed at the dementia stage rather than mild cognitive impairment because early cognitive changes are missed. This delay often means lost treatment opportunities, avoidable emergencies, and significant emotional and financial strain on families.

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I respectfully urge you to support SCR30 so all Hawai'i residents have a better chance at early detection, coordinated care, and support.

Thank you for the opportunity to testify.

Mahalo,

Garan Ito

LATE

SCR-30

Submitted on: 3/30/2026 8:52:02 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

Submitted By	Organization	Testifier Position	Testify
Gina Fujikami	Individual	Support	Written Testimony Only

Comments:

Testimony on SCR30

Monday, March 30, 1:07 PM

Conference Room 225 & Videoconference

State Capitol - 415 South Beretania Street

Chair San Buenaventura, Vice Chair McKelvey, and members of the committee,

My name is Dr.Gina Fujikami, and I live in Honolulu. I am in strong support of SCR30, which requests the Auditor to assess the social and financial effects of mandating health insurance coverage for brief cognitive assessments for individuals fifty years of age and older. As a Geriatrician, I take care of mainly those who are suffering from cognitive impairment and dementia. These are not just a disease of aging but changes in memory can start earlier, even in age 50s. Often times by the time they get referred to me, their dementia is advanced. If we in the community can do a better job of detecting cognitive changes earlier on and educate on the importance of early detection, there is so much we can do to slow the disease progression down and lessening the burden on not just those suffering from this disease but also their caregivers.

Hawai'i is facing a growing dementia crisis. More than 31,000 residents are currently living with Alzheimer's disease, and this number is expected to double by 2050. Many individuals are diagnosed at the dementia stage rather than mild cognitive impairment because early cognitive changes are missed. This delay often means lost treatment opportunities, avoidable emergencies, and significant emotional and financial strain on families.

Covering brief cognitive assessments for those over 50 would help fill the gap for people who are not yet eligible for Medicare but may already be experiencing cognitive decline. Early screening can lead to earlier diagnosis, care planning, and access to treatment that may slow disease progression and improve quality of life.

I respectfully urge you to support SCR30 so all Hawai'i residents have a better chance at early detection, coordinated care, and support.

Thank you for the opportunity to testify.

Mahalo,

Gina Fujikami, MD