

ACT 286

H.B. NO. 700

A Bill for an Act Relating to Cognitive Assessments.

Be It Enacted by the Legislature of the State of Hawaii:

PART I

SECTION 1. The legislature finds that families caring for individuals with Alzheimer's disease and related dementias face many challenges when attempting to balance their professional lives with the provision of care to their loved ones. Caregivers often must choose between continuing their careers or becoming full-time caregivers. According to the Alzheimer's Association, Hawaii has approximately sixty thousand family caregivers providing ninety-one million hours of unpaid care valued at \$1,900,000,000.

The legislature further finds that 6.7 per cent of individuals aged forty-five or older experience subjective cognitive decline. After age sixty-five, the risk of Alzheimer's disease doubles every five years, with individuals on medicare considered at higher risk of having or developing dementia. According to the federal Centers for Disease Control and Prevention, by 2060, nearly fourteen million adults in the United States are projected to have Alzheimer's disease. Nationwide, the costs to care for individuals living with Alzheimer's disease and related dementias is significant, with the total cost of care for Alzheimer's disease projected to increase to more than \$1,100,000,000,000 by 2050. However, a 2018 report from the Alzheimer's Association indicated that early diagnosis and treatment of dementia could save the nation as much as \$7,900,000,000,000 in medical and care costs over thirty years.

The treatment and prevention of Alzheimer's disease and related dementias is of pressing concern to the State. Per the department of business, economic development, and tourism, nearly one in five residents in Hawaii is sixty-five years of age or older, with this age group rapidly expanding in size. Annually, Alzheimer's and related dementias cost the State's medicaid program \$285,000,000. In the *Hawaii 2025: State Plan on Alzheimer's Disease and Related Dementias: 2020 Update*, the executive office on aging found that medicare costs for the Alzheimer's disease and related dementias population are nearly \$10,000 higher in comparison to the non-Alzheimer's disease and related dementias population. The legislature also finds that early detection of Alzheimer's disease and related dementias can reduce costs, manage comorbid conditions, delay disease progression, and allow better care planning.

However, data from the federal Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System found that over two-thirds of people with memory problems in Hawaii have not talked to their health care provider. Cost may be one factor behind why individuals have not discussed their cognitive health with their health care providers. According to the *Individuals’ Interest in Cognitive Screening, Dementia Diagnosis, and Treatment: New Estimates from a Population-Representative Sample* report published by the RAND Corporation on December 3, 2024, eighty per cent of study respondents said they would undergo a cognitive assessment if doing so were free. The legislature notes that medicare beneficiaries who have opted to take medicare part B coverage already receive an annual cognitive assessment as part of their supplemental coverage. This assessment can be performed by any practitioner eligible to report evaluation and management services under medicare, including physicians, physician assistants, nurse practitioners, and clinical nurse specialists. However, this assessment protocol is severely underutilized. The legislature also finds that broadening the use of cognitive assessments is an important strategy to identify patients who may benefit from current and future treatments for Alzheimer’s disease and related dementias, as assessments provide individuals with information that may facilitate actions to prepare for the future.

The legislature additionally finds that offering cognitive assessments for medicare beneficiaries aged sixty-five or older is a necessary component of the State’s strategic plan to address Alzheimer’s disease and related dementias. The legislature believes that simultaneously increasing access to cognitive assessments that are already part of many beneficiaries’ supplemental medicare coverage in conjunction with the public health awareness campaign on Alzheimer’s disease and related dementias conducted by the executive office on aging as part of the State’s strategic plan will significantly improve the health outcomes for Hawaii’s older residents.

Accordingly, the purpose of this Act is to improve the detection and treatment of Alzheimer’s disease and related dementias in Hawaii by:

- (1) Standardizing the use of a valid cognitive assessment tool during annual wellness visits covered by medicare part B and part C; and
- (2) Establishing a dementia data pilot program within the executive office on aging to collect and analyze cognitive assessment data across the State.

PART II

SECTION 2. Chapter 349, Hawaii Revised Statutes, is amended by adding a new part to be appropriately designated and to read as follows:

“PART . COGNITIVE ASSESSMENTS FOR MEDICARE BENEFICIARIES

§349-A Definitions. For the purposes of this part:

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

“Health care provider” means a physician or surgeon licensed under chapter 453, or an advanced practice registered nurse licensed under chapter 457.

“Medicare” means the program established under title XVIII of the Social Security Act of 1935, as amended (42 U.S.C. 1395 et seq.).

“Medicare part B” means the voluntary supplementary medical insurance benefits program provided under title XVIII of the Social Security Act of 1935, as amended (42 U.S.C. 1395j to 1395w-6).

“Medicare part C” means the medicare advantage program provided under title XVIII of the Social Security Act of 1935, as amended (42 U.S.C. 1395w-21 to 1395w-28).

“Qualified patient” means an individual medicare beneficiary, including but not limited to an individual with developmental disabilities who is predisposed to early cognitive decline, and who has coverage under medicare part B or medicare part C.

§349-B Cognitive assessments for qualified patients. (a) The cognitive assessment provided to qualified patients at an annual wellness visit shall be conducted using standardized, validated assessment tools.

(b) A qualified patient may decline the use of a standardized, validated cognitive assessment tool after being informed of its purpose, benefits, and any risks.

§349-C Exemptions. This part shall not apply to:

- (1) Health care providers who do not accept medicare insurance;
- (2) Qualified patients who have already received a diagnosis of dementia or mild cognitive impairment; and
- (3) Qualified patients who are unable to undergo a cognitive assessment due to a physical or mental impairment or disability.”

PART III

SECTION 3. (a) There is established a dementia data pilot program within the executive office on aging to collect and analyze cognitive assessment data for the purposes outlined in the Hawaii 2035: State Strategic Plan on Alzheimer’s Disease and Related Dementias.

(b) The executive office on aging may collaborate with a health care system to identify health care providers to participate in the pilot program.

(c) A health care provider participating in the pilot program may provide a report to the executive office on aging no later than October 1 of each year. The report may include but not be limited to:

- (1) Whether the qualified patient declined the cognitive assessment;
- (2) Whether the qualified patient is exempt from a cognitive assessment and the reason for the exemption;
- (3) The date of the cognitive assessment;
- (4) The address where the cognitive assessment was conducted and whether the cognitive assessment was conducted in person or via telehealth;
- (5) The qualified patient’s age, zip code, race, and gender;
- (6) The type of cognitive assessment administered;
- (7) The result of the cognitive assessment; and

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

(d) The executive office on aging may secure the transmission and storage of the information reported pursuant to subsection (c) for the purposes of the pilot program.

(e) The executive office on aging shall provide a report summarizing the information collected pursuant to subsection (c) to the legislature no later than twenty days prior to the convening of the regular sessions of 2027 and 2028. The report shall be made available to the public on the department of health's website.

(f) Any reports submitted to the legislature and subject to publication under this Act shall be limited to aggregated data and shall not directly contain or indirectly result in the disclosure of personally identifiable information.

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

(h) The dementia data pilot program shall be dissolved two years from its start date.

(i) For the purposes of this part, "qualified patient" has the same meaning as defined in section 349-A, Hawaii Revised Statutes.

PART IV

SECTION 4. In codifying the new sections added by section 2 of this Act, the revisor of statutes shall substitute appropriate section numbers for the letters used in designating the new sections in this Act.

SECTION 5. This Act shall take effect on July 1, 2025.

(Approved July 3, 2025.)