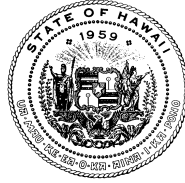


DAVID Y. IGE
GOVERNOR OF HAWAII



CAROLINE CADIRAO
DIRECTOR

BRUCE ANDERSON
DIRECTOR OF HEALTH

STATE OF HAWAII
EXECUTIVE OFFICE ON AGING
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**Testimony COMMENTING on SB 2340
Relating to Alzheimer's Disease**

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
SENATOR ROSALYN BAKER, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

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

Hearing Date January 29, 2020
9:30 AM

Room Number: 229

- 1 **EOA's Position:** The Executive Office on Aging (EOA), an attached agency to the Department
- 2 of Health, is providing comments for SB 2340 Relating to Alzheimer's Disease and defers to the
- 3 Department of Health (DOH) as the implementing agency.
- 4 **Fiscal Implications:** This bill appropriates a non-specified amount for fiscal year 2020-2021 for
- 5 DOH to establish an outreach program to conduct a comprehensive, one-time education initiative
- 6 informing physicians and appropriate non-physicians that comprehensive care planning services
- 7 for individuals with Alzheimer's disease and related dementias is a covered benefit under the
- 8 Medicare program.
- 9 **Purpose and Justification:** Alzheimer's disease is the sixth leading cause of death in the
- 10 United States and it affects 27,000 Hawaii residents, a number that will increase to 35,000 by the
- 11 year 2025. According to the Alzheimer's Association statistics, one in nine individuals over the

1 age of 65 years old have Alzheimer's disease and one in three individuals over the age of 85
2 years have Alzheimer's disease. Sadly, there is no cure for this disease.
3 This bill mandates DOH to establish an outreach program informing physicians and non-
4 physicians that comprehensive care planning services for those with ADRD is a covered benefit
5 under Medicare. The average costs for a person with dementia are \$287,000 during their last five
6 years of life. Comprehensive care planning services is important and available under Medicare,
7 however, less than one percent engage in comprehensive care planning services.
8 Local Medicare plans have Provider Relations Departments that are responsible to educate the
9 network of providers regarding billing, claiming, and patient related services. Though well
10 intended, we defer to DOH regarding this measure.
11 Thank you for the opportunity to testify.

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ALOHA CHAPTER

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January 28, 2020

Honorable Senator Rosalyn H. Baker, Chair
Senator Committee on Commerce, Consumer Protection, and Health
Hawaii State Capitol, Conference Room 229, 9:30 A.M.
415 South Beretania Street
Honolulu, HI 96813

RE: SB2340 RELATING TO ALZHEIMER'S DISEASE.

Dear Chair Rosalyn H. Baker, Vice Chair Stanley Chang, and members of the Committee:

On behalf of the Alzheimer's Association, Aloha Chapter, I am pleased to extend our **strong support** for Senate Bill 2340. This measure establishes an outreach program in the Department of Health to inform physicians and appropriate non-physician practitioners participating in Medicare that comprehensive care planning services for those with Alzheimer's disease and related dementias is a covered benefit under Medicare.

Since January 1, 2017, the Centers for Medicare and Medicaid Services (CMS)—through CPT billing code 99483—allows clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers.

This service is crucial for people diagnosed with Alzheimer's disease for two primary reasons. First, care planning allows diagnosed individuals and their caregivers to receive counseling and to learn about medical and non-medical treatments, clinical trials, and support services available in the community—all of which result in higher quality of life. Second, participating in planning early in the disease process also allows individuals with Alzheimer's to create advance directives regarding their care and finances as well as address driving and safety issues so that their wishes can be carried out when they are no longer cognitively able to make such decisions.

The primary reason that this reimbursable service is not utilized more often is because physicians are simply not aware of it. Nationwide, in 2017—the first year the benefit was available—18,669 fee-for-service (FFS) Medicare beneficiaries received the care planning benefit. Even after accounting for individuals in Medicare Advantage plans, less than one percent of those with Alzheimer's and other dementias received the care planning benefit in 2017.

Implementation of a program to inform physicians about this service is in the best interests of the state financially. Individuals receiving dementia-specific care planning have fewer hospitalizations, fewer emergency room visits, and better medication management. Additionally, without adequate family, financial, and care planning, individuals with Alzheimer's disease are more likely to find themselves in care facilities utilizing Medicaid. Furthermore, more than 95 percent of people with Alzheimer's and other dementias have one or more other chronic conditions. Alzheimer's complicates the management of these other conditions—and

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consequently, increases costs. For example, a senior with diabetes and Alzheimer's costs Medicare 81 percent more than a senior who has diabetes but not Alzheimer's.

This bill provides a simple and effective solution to the problem of this crucial service not being known to physicians. First, it would educate clinicians on care planning services available under Medicare and on the care planning billing code. Second, it would require that the Legislature receive a report on the barriers to individuals receiving care planning services, how the rate of usage can be increased, and any proposed legislation to improve the program.

I appreciate the opportunity to testify in **strong support** of this legislation and applaud your leadership in bringing it forward.

Ian Ross
Public Policy and Advocacy Manager
iaross@alz.org | Phone: (808) 591-2771 x1333

SB-2340

Submitted on: 1/28/2020 12:10:45 PM

Testimony for CPH on 1/29/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rosalie Char	Individual	Support	No

Comments:

Dear Chair Baker and members of the Committee,

I am writing in support of Senate Bill 2340.

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized; only 1% of people diagnosed with Alzheimer's disease and related dementias receive it. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer's disease or a related dementia. There is a frightening chance that any person or family will be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer's disease. I am fortunate that I do not have a personal connection to this disease and hope that will be the case for all of us one day. I have met many people that have been impacted by Alzheimer's and have heard their experiences and challenges that they had or are going through to support their loved ones. I heard it explained by someone that with Alzheimer's disease you lose them twice, the first when their memories are ripped away from them and the second when they pass away.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer's Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

SB-2340

Submitted on: 1/28/2020 12:12:44 PM

Testimony for CPH on 1/29/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Emily Bustard	Individual	Support	No

Comments:

Dear Chair Baker and members of the Committee,

I am writing in support of Senate Bill 2340.

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized; only 1% of people diagnosed with Alzheimer's disease and related dementias receive it. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer's disease or a related dementia. There is a frightening chance that any person or family will be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer's disease. I had grandparents with Alzheimer's and dementia until the age of 14. While I wasn't directly involved in family decisions about their care, I can remember my family's sense of unease and uncertainty when it came to deciding the best way to support my grandparents. I am certain that these care planning services could have lessened the burden on my family during this time.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer's Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

SB-2340

Submitted on: 1/28/2020 1:52:25 PM

Testimony for CPH on 1/29/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katrina Sudweeks	Individual	Support	No

Comments:

RE: SB2340 RELATING TO ALZHEIMER'S DISEASE.

Dear Chair Baker and members of the Committee,

I am writing in support of Senate Bill 2340.

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized; only 1% of people diagnosed with Alzheimer's disease and related dementias receive it. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer's disease or a related dementia. There is a frightening chance that any person or family will be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer's disease. At the young age of just 15, I was tasked to be a care taker for my grandfather who was diagnosed with Alzheimer's disease. My mother and I were his primary caretakers for 3 years until he unfortunately passed away with the disease. We did not know what we were doing and it was a very difficult time for my family and I, barely

making ends meet because Alzheimer's disease is so expensive. My grandfather did not have a comprehensive care plan and I know that my family and I would have greatly benefited from this service had we known it was available under Medicare and Medicaid. A comprehensive care plan could have spared my teenage self and my family lots of sleepless nights, stress, time and money.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer's Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Katrina Sudweeks

SB-2340

Submitted on: 1/28/2020 2:10:15 PM

Testimony for CPH on 1/29/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Rose	Individual	Support	No

Comments:

Dear Chair Baker and members of the Committee,

I am writing in support of Senate Bill 2340.

Since January 1, 2017, the Centers for Medicare and Medicaid Services has allowed clinicians to be reimbursed for providing a comprehensive set of care planning services to cognitively impaired individuals and their caregivers. Unfortunately, this service is severely underutilized; only 1% of people diagnosed with Alzheimer's disease and related dementias receive it. This bill will help inform doctors that they can provide this service and help us overcome any other roadblocks preventing people from receiving vital care planning.

Everyone is likely to someday become a family caregiver or a recipient of care. By age 85, one in three people develops Alzheimer's disease or a related dementia. There is a frightening chance that any person or family will be affected. Ensuring that our doctors know that they can and should provide timely comprehensive care planning will benefit many of our families down the line.

To put it simply, care planning is important for people diagnosed with Alzheimer's disease. My father had some form of dementia for over 10 years; I don't know that he actually ever had an accurate diagnosis, and as a result, not the best care and treatment.

Care planning allows people living with the disease and their caregivers to receive multiple services including: evaluating cognition; decision-making capacity; reviewing and reconciling prescription medications; measuring behavioral symptoms; evaluating safety - including driving ability; identifying and assessing a primary caregiver; developing advance care directives; creating a care plan, including referral to community resources such as the Alzheimer's Association, Aloha Chapter. All of this results in a higher quality of life.

Thank you for hearing this bill and for giving me the opportunity to testify in support.

Nancy Rose

Pukalani