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# A BILL FOR AN ACT

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RELATING TO COGNITIVE ASSESSMENTS.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

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

10       The legislature further finds that 6.7 per cent of  
11 individuals aged forty-five or older experience subjective  
12 cognitive decline. After age sixty-five, the risk of  
13 Alzheimer's doubles every five years, with individuals on  
14 medicare considered at higher risk of having or developing  
15 dementia. According to the federal Centers for Disease Control  
16 and Prevention, by 2060, nearly fourteen million adults in the  
17 United States are projected to have Alzheimer's disease.



1 Nationwide, the costs to care for individuals living with  
2 Alzheimer's and related dementias is significant, with the total  
3 cost of care for Alzheimer's projected to increase to more than  
4 \$1,100,000,000,000 by 2050. However, a 2018 report from the  
5 Alzheimer's Association indicated that early diagnosis and  
6 treatment of dementia could save the nation as much as  
7 \$7,900,000,000,000 in medical and care costs over thirty years.

8 The treatment and prevention of Alzheimer's disease and  
9 related dementias is of pressing concern to the State. Per the  
10 department of business, economic development, and tourism,  
11 nearly one in five residents in Hawaii is sixty-five years of  
12 age or older, with this age group rapidly expanding in size.  
13 Annually, Alzheimer's and related dementias cost the State's  
14 medicaid program \$285,000,000. In the *Hawaii 2025: State Plan*  
15 *on Alzheimer's Disease and Related Dementias: 2020 Update*, the  
16 executive office on aging found that medicare costs for the  
17 Alzheimer's disease and related dementias population are nearly  
18 \$10,000 higher in comparison to the non-Alzheimer's disease and  
19 related dementias population. The legislature also finds that  
20 early detection of Alzheimer's disease and related dementias can  
21 reduce costs, manage comorbid conditions, delay disease



1 progression, and allow better care planning. However, data from  
2 the federal Centers for Disease Control and Prevention's  
3 Behavioral Risk Factor Surveillance System found that over  
4 two-thirds of people with memory problems in Hawaii have not  
5 talked to their health care provider. Cost may be one factor  
6 behind why individuals have not discussed their cognitive health  
7 with their health care providers. According to the *Individuals'*  
8 *Interest in Cognitive Screening, Dementia Diagnosis, and*  
9 *Treatment: New Estimates from a Population-Representative*  
10 *Sample* report published by the RAND Corporation on December 3,  
11 2024, eighty per cent of study respondents said they would  
12 undergo a cognitive assessment if doing so were free. The  
13 legislature notes that medicare beneficiaries who have opted to  
14 take medicare part B coverage already receive an annual  
15 cognitive assessment as part of their supplemental coverage.  
16 This assessment can be performed by any practitioner eligible to  
17 report evaluation and management services under medicare,  
18 including physicians, physician assistants, nurse practitioners,  
19 and clinical nurse specialists. However, this assessment  
20 protocol is severely underutilized. The legislature also finds  
21 that broadening the use of cognitive assessments is an important



1 strategy to identify patients who may benefit from current and  
2 future treatments for Alzheimer's and related dementias, as  
3 assessments provide individuals with information that may  
4 facilitate actions to prepare for the future.

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

16 Accordingly, the purpose of this Act is to improve the  
17 detection and treatment of Alzheimer's disease and related  
18 dementias in Hawaii by standardizing the use of a valid  
19 cognitive assessment tool during annual wellness visits covered  
20 by medicare part B and part C and establishing a dementia data



1 pilot program, within the executive office on aging, to collect  
2 and analyze cognitive assessment data across the State.

3 PART I

4 SECTION 2. (a) There is established a dementia data pilot  
5 program within the executive office on aging to collect and  
6 analyze cognitive assessment data for the purposes outlined in  
7 the Hawaii 2035: State Strategic Plan on Alzheimer's Disease  
8 and Related Dementias.

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

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

15 (1) Whether a patient declined the cognitive assessment;

16 (2) Whether a patient is exempt from the cognitive  
17 assessment and the reason for the exemption;

18 (3) The date of the cognitive assessment;

19 (4) The address where the cognitive assessment was  
20 conducted and whether the cognitive assessment was  
21 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 . 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



1 who has received a cognitive assessment pursuant to this Act  
2 shall be confidential and shall not be revealed in any report,  
3 release, or publication.

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

6 PART II

7 SECTION 3. Chapter 349, Hawaii Revised Statutes, is  
8 amended by adding a new part to be appropriately designated and  
9 to read as follows:

10 **"PART . COGNITIVE ASSESSMENTS FOR**

11 **MEDICARE BENEFICIARIES**

12 §349-A Definitions. For the purposes of this part:

13 "Annual wellness visit" means a preventative service visit  
14 covered by medicare part B between a medicare beneficiary and a  
15 primary care provider that occurs once every twelve months and  
16 includes developing or updating a personalized prevention plan  
17 and performing a health risk assessment but does not include a  
18 physical exam.

19 "Health care provider" means a physician or surgeon  
20 licensed under chapter 453, or an advanced practice registered  
21 nurse licensed under chapter 457.



1 "Medicare" means the program established under title XVIII  
2 of the Social Security Act of 1935, as amended (42 United States  
3 Code 1395 et seq.).

4 "Medicare part B" means the voluntary supplementary medical  
5 insurance benefits program provided under title XVIII of the  
6 Social Security Act of 1935, as amended (42 United States Code  
7 1395j to 1395w-6).

8 "Medicare part C" means the medicare advantage program  
9 provided under title XVIII of the Social Security Act of 1935,  
10 as amended (42 United States Code 1395w-21 to 1395w-28).

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

15 **§349-B Cognitive assessments for qualified patients. (a)**

16 The cognitive assessment provided to qualified patients at an  
17 annual wellness visit shall be conducted using standardized,  
18 validated assessment tools or diagnostic tests that are approved  
19 by the United States Food and Drug Administration and covered by  
20 medicare.





(b) A qualified patient may decline the use of a standardized, validated cognitive assessment tool or diagnostic test 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 4. There is appropriated out of the general revenues of the State of Hawaii the sum of \$ or so much thereof as may be necessary for fiscal year 2025-2026 and the same sum or so much thereof as may be necessary for fiscal year 2026-2027 for any costs associated with the data management and reporting requirements for the secure data transmission required by this Act.



1       The sums appropriated shall be expended by the executive  
2 office on aging for the purposes of this Act.

3                               PART IV

4       SECTION 5. In codifying the new sections added by  
5 section 3 of this Act, the revisor of statutes shall substitute  
6 appropriate section numbers for the letters used in designating  
7 the new sections in this Act.

8       SECTION 6. This Act shall take effect on July 1, 2050.



**Report Title:**

Cognitive Assessments; Medicare Beneficiaries; Annual Wellness Visits; Alzheimer's Disease and Related Dementias; Pilot Program; Reporting Requirements; Executive Office on Aging; Reports; Appropriations

**Description:**

Establishes a Dementia Data Pilot Program within the Executive Office on Aging. Authorizes the Executive Office on Aging to collaborate with a health care system for the pilot program; health care providers participating in the pilot program to submit certain information to the Executive Office on Aging; and the Executive Office on Aging to report de-identified aggregated data to the Legislature. Adds a new part to Chapter 349, Hawaii Revised Statutes, requiring, with certain exceptions, standardized cognitive assessments for qualified patients who are Medicare beneficiaries. Appropriates funds. Effective 7/1/2050. (SD2)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

