
A BILL FOR AN ACT

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



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

5 The legislature additionally finds that mandating 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 with
12 the public health awareness campaign on Alzheimer's disease and
13 related dementias conducted by the executive office on aging as
14 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 mandating cognitive assessments for
19 medicare beneficiaries aged sixty-five or older during annual
20 wellness visits covered by medicare part B.



1 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
2 amended by adding a new part to be appropriately designated and
3 to read as follows:

4 **"PART . COGNITIVE ASSESSMENTS FOR MEDICARE BENEFICIARIES**

5 **§321-A Definitions.** As used in this part:

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

12 "Health care provider" means a physician or surgeon
13 licensed under chapter 453 or an advanced practice registered
14 nurse licensed under chapter 457.

15 "Medicare" means Title XVIII of the Social Security Act, as
16 amended (42 U.S.C. 1801 et seq.).

17 "Medicare part B" means the voluntary supplementary medical
18 insurance benefits program provided under Title XVIII of the
19 Social Security Act (42 U.S.C. 1831-1848).



1 "Qualified patient" means an individual medicare
2 beneficiary who is sixty-five years of age or older with
3 coverage under medicare part B .

4 **§321-B Cognitive assessments for qualified patients;**
5 **reporting requirements.** (a) All health care providers shall
6 conduct or order a cognitive assessment when providing an annual
7 wellness visit to a qualified patient.

8 (b) The cognitive assessment shall be conducted using
9 standardized, validated assessment tools or diagnostic tests
10 approved by the Food and Drug Administration and covered by
11 medicare.

12 (c) A qualified patient may decline the cognitive
13 assessment after being informed of its purpose, benefits, and
14 any risks. The health care provider shall document the
15 qualified patient's decision to decline the cognitive assessment
16 and include it as a part of the qualified patient's medical
17 record.

18 (d) The health care provider shall provide a report to the
19 executive office on aging no later than October 1 of each year.
20 The report shall include but not be limited to:



- 1 (1) Whether the qualified patient declined the cognitive
- 2 assessment;
- 3 (2) Whether the qualified patient is exempt from the
- 4 cognitive assessment and the reason for the exemption;
- 5 (3) The date of the cognitive assessment;
- 6 (4) The address where the cognitive assessment was
- 7 conducted and whether the cognitive assessment was
- 8 conducted in person or via telehealth;
- 9 (5) The qualified patient's age, zip code, race, and
- 10 gender;
- 11 (6) The type of cognitive assessment administered;
- 12 (7) The result of the cognitive assessment; and
- 13 (8) Any follow-up actions taken, including subsequent
- 14 referrals and further diagnosis and treatment.
- 15 (e) The executive office on aging shall adopt rules for
- 16 the secure transmission and storage of the information reported
- 17 pursuant to subsection (d).

18 **§321-C Executive office on aging; annual report;**
19 **confidentiality; publication.** (a) The executive office on
20 aging shall provide an annual report summarizing the information
21 collected pursuant to section 321-B to the legislature no later



1 than twenty days prior to the convening of each regular session.
2 The report shall be available to the public on the department of
3 health's website.

4 (b) Any reports submitted to the legislature and subject
5 to publication under this section shall be limited to aggregated
6 data and shall not directly contain or indirectly result in the
7 disclosure of personally identifiable information.

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

13 **§321-D Exemptions.** This part shall not apply to:

14 (1) Health care providers who do not accept medicare
15 insurance;

16 (2) Qualified patients who have already received a
17 diagnosis of dementia or mild cognitive impairment;
18 and

19 (3) Qualified patients who are unable to undergo a
20 cognitive assessment due to a physical or mental
21 impairment or disability."



1 SECTION 3. There is appropriated out of the general
 2 revenues of the State of Hawaii the sum of \$ or so
 3 much thereof as may be necessary for fiscal year 2025-2026 and
 4 the same sum or so much thereof as may be necessary for fiscal
 5 year 2026-2027 for any costs associated with the data management
 6 and reporting requirements for the secure data transmission
 7 required by this Act.

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

10 SECTION 4. In codifying the new sections added by section
 11 2 of this Act, the revisor of statutes shall substitute
 12 appropriate section numbers for the letters used in designating
 13 the new sections in this Act.

14 SECTION 5. This Act shall take effect on January 1, 2026;
 15 provided that section 3 shall take effect on July 1, 2026.

16

INTRODUCED BY: _____


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JAN 17 2025



H.B. NO. 700

Report Title:

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

Description:

Requires all health care providers who accept Medicare to provide a cognitive assessment as part of the Medicare Part B annual wellness visit for Medicare beneficiaries sixty-five years of age or older, with certain exceptions. Requires health care providers 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 on an annual basis. Appropriates funds. Effective 1/1/2026.

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

