

TESTIMONY IN STRONG SUPPORT OF HB1853 – RELATING TO DEMENTIA (HANAI Memory Network)

Hearing: Friday, February 6, 2026 – 9:00 AM | Conference Room 329 & Videoconference

State Capitol – 415 South Beretania Street

Committees: Health (HLT), Human Services & Homelessness (HSH), and Finance (FIN)

Chair Takayama, Chair Marten, Vice Chair Keohokapu-Lee Loy, Vice Chair Olds, and members of the committees:

Mahalo for the opportunity to testify. My name is Jerry Perone. I live in Kaka‘ako, and I serve as an Alzheimer’s Association Ambassador in Hawai‘i. I am also a member of the Honolulu Department of Emergency Management Reserve Corps and the Hawai‘i Medical Reserve Corps. Those roles have given me a broad, on-the-ground view of how dementia intersects with family safety, emergency response, and community resilience.

I am here in strong support of HB1853 because Alzheimer’s is not a policy topic in my family. It is a lived experience. It is the slowest kind of grief—the kind where the person is still breathing, still sitting in the room, and yet the person you love is slipping farther away every week.

I watched this disease take my mother-in-law through Alzheimer’s dementia. At first it looked “small”—a repeated question, a missed appointment, confusion about a familiar route. But then came the moment that changed everything: the day she looked at her own family and didn’t know who we were. **That is what dementia steals first—recognition, safety, and trust—and then it steals time, money, and health from the whole household.**

HB1853 matters because it builds the map families do not have today.

The bill’s findings say what families are already living: Alzheimer’s is estimated to affect one in nine Hawai‘i residents over age 65; the older adult population is expected to grow dramatically; and without intervention the surge will have “devastating financial consequences.”

The bill also does something rare in legislation: it tells the truth about dollars. Medicaid spending for Alzheimer's care in Hawai'i rose from \$240 million in 2020 to \$309 million in 2025, and the bill warns those costs could approach \$1 billion annually by 2050.

And it tells the truth about households: families are paying more than \$15,000 per month—about \$180,000 per year—for memory care, often after they've already spent themselves thin.

Those are not just numbers. They represent the same story repeated thousands of times: a caregiver doing math at midnight, trying to decide what gets paid and what doesn't; a spouse trying to keep a partner safe; a family hoping the next confusing moment doesn't become the next 911 call.

In fact, I did that midnight math for my own family. I built a set of the six simple end-of-life scenarios and the costs per year for me and my wife just to understand what dementia and frailty could cost in Hawai'i versus Virginia, where our son lives. **In the "Cognitive Decline" scenario, the nominal annual cost in Hawai'i is \$172,000 (worst-case \$199,000), compared with \$100,000 (worst-case \$121,000) in Virginia. This is Exhibit A. It is not a statewide average—it is a picture of the financial cliff a single household can face.**

HB1853's solution is exactly the kind Hawai'i needs: a coordinated, statewide system that makes early diagnosis and sustained support possible across all counties in Hawai'i, not just where specialists happen to be concentrated. The bill establishes the HANAI Memory Network within the Executive Office on Aging and calls for dementia care specialists, memory clinics, a statewide referral network and directory, training for providers, a public-facing website, data tracking, and annual reporting so the Legislature can measure results.

Here is the second "why" that should matter to every fiscal decision-maker: if this were a business, these numbers would be a flashing red dashboard. When a liability rises from \$309 million toward \$1 billion a year, **you don't call it "the cost of doing business."** You treat it as a preventable failure mode—and you redesign the system before it puts you out of business.

HANAI is that redesign.

It shifts Hawai'i from crisis-driven care to planned care—earlier diagnosis, better navigation, fewer avoidable emergencies, and support that helps families keep loved ones safer at home longer. With early diagnosis, a care plan, memory clinic support, and true navigation, more families can age in place longer—reducing the probability and duration of the worst-case scenarios in Exhibit A.

I respectfully urge you to pass HB1853 and fund it at a scale that matches the crisis. Protect the intent: real clinical partnerships, equal access on neighbor islands and rural communities, and measurable outcomes you can track year after year.

Because when dementia hits a family, the first question is never, “What program exists?”

The first question is, “What do I do right now?”

HB1853 makes Hawai‘i finally able to answer that question with something families can hold onto: a guide, a plan, and a network that does not abandon them to the maze.

Mahalo for your leadership and for hearing HB1853.

Jerry Perone

Kaka‘ako, Honolulu

Alzheimer’s Association Ambassador (Hawai‘i)

EXHIBIT A — Personal end-of-life scenario costs (me only; spouse would be additional)

Scenario	Hawai‘i (best / nominal / worst)	Virginia (best / nominal / worst)
A. Stable/independent	\$3k / \$24k / \$44k	\$3k / \$19k / \$36k
B. Falls frequent	\$14k / \$47k / \$100k	\$11k / \$37k / \$78k
C. Major fall (fracture/head injury)	\$29k / \$86k / \$112k	\$24k / \$70k / \$73k
D. Chronic mobility decline	\$37k / \$59k / \$138k	\$33k / \$50k / \$81k
E. Cognitive decline / needs supervision	\$59k / \$172k / \$199k	\$50k / \$100k / \$121k
F. Sudden disabling event (stroke/MI)	\$35k / \$110k / \$218k	\$30k / \$76k / \$139k