

HCR145

Measure Title:	REQUESTING THE CONVENING OF A FAMILY CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS LEGISLATION RELATING TO THE ROLE OF CAREGIVERS OF PATIENTS DISCHARGED FROM HOSPITALS.
Report Title:	Family Caregivers Working Group
Description:	
Companion:	SCR107
Package:	None
Current Referral:	HSH
Introducer(s):	TAKAYAMA, BELATTI, CACHOLA, CREAGAN, EVANS, FUKUMOTO CHANG, ICHIYAMA, ING, ITO, JOHANSON, KEOHOKALOLE, LOPRESTI, LUKE, MIZUNO, RHOADS, SAN BUENAVENTURA, SAY, SOUKI, THIELEN, TSUJI, WOODSON, Tupola

From: [Anthony Lenzer](#)
To: [HSH Testimony](#)
Subject: Testimony in Support of HCR 145
Date: Tuesday, April 14, 2015 3:39:57 PM

To: Senate Committee on Human Services and Housing
Sen. Suzanne Chun Oakland, Chair

From: Anthony Lenzer, PhD, Member
Policy Advisory Board for Elder Affairs

Subject: Support for HCR 145

Hearing: Thursday, September 16, 2015, 1:30 p.m.
Conference Room 016

The Policy Advisory Board for Elder Affairs (PABEA) strongly supports HCR 145, the purpose of which is to create a family caregivers working group to examine legislation relating to the role of caregivers of patients discharged from hospitals. PABEA serves as the advisory body to the Executive Office on Aging, and as an advocate for Hawaii's older citizens and their families. However, in this testimony we do not speak for the Executive Office on Aging

This Resolution is important because it directs attention to the needs of Hawaii's 247,000 family caregivers, many of whom will have responsibility for caring for a parent or grandparent after discharge from a hospital. In fact, families provide 80% of the care required by Hawaii's Kupuna. In recent years, hospitals have been discharging patients after shorter stays than in the past, due to changes in federal laws and financing requirements. Older patients often have more complex needs for post hospital care, including medication management, injections, infection control, and other medical and nursing procedures. Families often lack the skills required to carry out these procedures effectively. Without proper post hospital care, patients are often readmitted to hospitals within a short period of time.

During the past two years, legislation was introduced to help provide family caregivers with the information needed to provide such care. PABEA strongly supported these bills, which unfortunately did not pass. A family caregivers working group was created last year (HCR 78) to study the problem. However this group had a disproportionate number of hospital representatives compared to caregiver advocates, and it was unable to reach consensus on the role of hospitals in preparing family caregivers to provide post hospital care. HCR 145 addresses many of the challenges that exist with the current working group by providing an even balance of working group members between caregiver advocates and hospitals, and ensuring that the new group ends before the start of the next legislative session. The new working group will replace the group created under last year's resolution.

Thank you for the opportunity to testify in support of this important resolution.

TO : SENATE COMMITTEE ON HUMAN SERVICES AND HOUSING
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

FROM: Eldon L. Wegner, Ph.D.,
PABEA (Policy Advisory Board for Elder Affairs)

SUBJECT: **HCR 145 Requesting Convening A Family Caregivers Working Group to Assess Legislation Relating to the Role of Caregivers of Patients Discharged from Hospitals**

HEARING: Thursday, April 16, 2015, 1:30 pm
Conference Room 016, Hawaii State Capitol

POSITION: The Policy Advisory Board for Elder Affairs (PABEA) **strongly supports HCR 145 which would create a family caregivers working group to assess the issues and propose legislation relating to the role of caregivers of patients Discharged from hospitals.**

RATIONALE:

I am offering testimony on behalf of the The Policy Board for Elder Affairs which has a statutory obligation to advocate on behalf of the senior citizens of Hawaii. While we advise the Executive Office on Aging, we do not speak on behalf of the Executive Office of Aging.

PABEA has supported bills to enact the Care Act for the past two years and urges your approval of this resolution which would establish a new working group on family caregiving to examine issues of the role of family caregivers in transitions from hospital to home. The proposals of the Care Act aim to improve the quality of care of family caregivers and reduce the incidence and associated costs of hospital readmissions.

- Family caregivers provide 70% of the care for frail elderly persons and thus bear the major burden and expense of care. However, they also need to have the knowledge and skills to perform the tasks expected of them.
- The shift from hospital and institutional care to maintaining patients in their homes has greatly increased the demands on family caregivers. At the same time, hospitals have reduced their discharge planning and role in assuring adequate post-hospital care. Consequently, the rate of re-admissions due largely to inadequate care at home has greatly increased.
- These re-admissions also result in costly fines for hospitals. Hospitals have a responsibility to address this problem to minimize risk to patients as well as to control their costs.
- Caregivers need to be identified, included in the discharge planning, and trained in the tasks which will be expected of them.

- The current bill creates a new taskforce which has a balance of membership between caregiver advocates and the hospital-related organizations. The expectation is that this new group will work towards sensible solutions to addressing these issues and would propose legislation for the 2016 session.

I urge you to pass this much needed resolution. Thank you for allowing me to offer testimony.



April 16, 2015

Senate Committee on Human Services and Housing
Senator Suzanne Chun Oakland, Chair

Re: **HCR 145, REQUESTING THE CONVENING OF A FAMILY CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS LEGISLATION RELATING TO THE ROLE OF CAREGIVERS OF PATIENTS DISCHARGED FROM HOSPITALS**

Chair Chun Oakland, Vice Chair Green, and members of the committee:

AARP is a membership organization of people fifty and over with nearly 150,000 members in Hawaii alone. AARP advocates for issues that matter to Hawaii families, including the high cost of long-term care; access to affordable, quality health care for all generations; providing the tools needed to save for retirement; and serving as a reliable information source on issues critical to people over the age of fifty.

AARP Hawaii strongly supports HCR 145, requesting the convening of a family caregivers working group to examine and assess legislation relating to the role of caregivers of patients discharged from hospitals.

Since 2013 a coalition of family caregiver advocates has supported legislation that would provide Hawaii's 247,000 family caregivers with the assistance they need to properly take care of their loved ones. These family caregivers spend an average of 20 hours a week providing unpaid care, and also spend an annual average of over \$5,000 on out-of-pocket expenses. However, when their loved ones are discharged from the hospital, many of these caregivers don't have as much information as they need to provide proper care. The legislation the advocates have supported would address that.

SB 2264, Relating to Caregiving, was introduced during the 2014 legislative session. The purpose of the bill was to accomplish three things: (1) provide the opportunity for a patient to designate a family caregiver in the patient's medical record; (2) notify the designated caregiver prior to their loved one's discharge from the hospital; and (3) provide the caregiver with an opportunity to receive instruction on after-care tasks prior to discharge. When SB 2264 failed to advance, a family caregivers working group was created by HCR 78 to try to bring the various stakeholders together, assess the matter, and develop solutions.

While well-intended, HCR 78 unfortunately created a structure that made it difficult for the stakeholders to agree on key elements critical to solving this problem. Specifically, the working group created by HCR 78 contained approximately twice as many hospital or hospital

representative members as it did members representing caregivers. Additionally, the term of the working group continued until June 2016. This caused confusion because the working group was also supposed to submit a report to the Legislature twenty days prior to the convening of the 2015 session. Reconciling these two separate deadlines was challenging.

SB 296, Relating to Caregiving, was introduced this year in the legislature. This bill contained many of the same aspects of SB 2264, but also sought to address the concerns that were raised last year. For example, SB 296 contained limited liability language and eliminated some of the more precise timing mechanisms that were contained in SB 2264. SB 296 was deferred by the Senate Health Committee and this resolution rebalances the working group, continues efforts to address issues in the bill and bring the stakeholders together to find common ground in advance of next year's legislative session.

It is worth noting that legislation similar to SB 296 is gaining traction nationwide:

- In 2014, 3 states (HI, NJ, OK) introduced family caregiver bills. New Jersey and Oklahoma enacted it into law that same year.
- In 2015, 27 states plus Puerto Rico introduced the legislation (Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Hawaii, Iowa, Illinois, Indiana, Kansas, Massachusetts, Maryland, Maine, Minnesota, Mississippi, New Mexico, North Dakota, New Hampshire, Nevada, New York, Oregon, Rhode Island, Texas, Virginia, West Virginia, Wisconsin, and Puerto Rico) . The Pennsylvania and Michigan legislatures are planning to introduce it shortly.
- Of these 27 states, 5 more states enacted the legislation into law this year (AR, MS, NM, VA, and WV). Additionally, 2 states—Illinois and Indiana—have now passed the legislation in both chambers and are poised to send it to their Governors. And two states—Colorado and New Hampshire—have passed it in one chamber.

In short, more than half the country (28 legislatures) is moving quickly to provide caregivers with the instructions they need to care for their loved ones post-discharge or has enacted the bill into law (7 states).

While our preference is the enactment of SB 296 as originally introduced, this resolution is a step in the right direction as it addresses the need to help caregivers and addresses the structural issues that exist with the current working group. We have always been in favor of collaborating with all stakeholders to achieve a solution that everyone can support and which provides the necessary support to caregivers. Specifically, we support the provisions of this resolution, which, among other things:

- Requests the members to examine and assess the issues contained in SB 296, including designation, notification, and instruction of family caregivers;

- Provides an even balance of working group members between caregiver advocates and hospitals;
- Ensures that this new working group ceases to exist prior to the start of the next legislative session; and
- Terminates the existing working group once this resolution is enacted.

We urge the committee to pass this resolution and thank you for the opportunity to testify.



COMMITTEE ON HUMAN SERVICES AND HOUSING

Senator Suzanne Chun Oakland, Chair

Senator Josh Green, Vice Chair

Dear Senators,

We are in **strong support of HCR 145**. The transition from hospital to home is often an overwhelming process. Individuals and family may not know all the key factors to consider and how to obtain, piece together, and understand the information they need in order to make a complex, often overwhelming decision.

Poor transitions between care settings put individuals at risk of poor quality care and safety concerns. Poor discharge communication information and inadequate education of older adults and their family members place elders at risk for adverse events and rehospitalization. Family caregivers are increasingly called upon to provide long-term care to our aging population, particularly during transitions to community settings. When older adults and families don't have adequate information and preparation for the transition home, they bear—along with public health systems—significant costs from rehospitalizations, lower quality of life, dissatisfaction with care, and family breakdowns.

By ensuring common-sense steps are followed in the hospital discharge process, this bill supports the convening of a family caregiver working group to examine and assess legislation relating to the role of caregivers in the discharge planning process. Thank you for allowing me to testify in strong support of **HCR 145**.

Sincerely,

Christy Nishita

President

Hawaii Pacific Gerontological Society

Aloha Chair Chun Oakland

As the Kokua Council representative to the current Caregiver Working Group (created by HCR78), I strongly urge your support of HCR145. The current Working Group was unable to reach consensus.

Family caregivers, of whom there may be as many as 247,000 in Hawaii, need more support. They provide a vital role in the continuum of care of our kupuna. They are often the reason kupuna are able to age in place.

This Resolution involves the role of caregivers when their loved ones are hospitalized. Caregivers should be made of the hospital record and be included in the discharge plan. They need to be provided specific instruction about necessary follow-up care to lessen the likelihood of hospital readmission.

Please support HCR145 to continue discussion and collaboration on these important issues.

Thank you for allowing me to provide testimony.

Barbara J. Service

Kahala

19th District

9th Senatorial District

TO: Senator Suzanne Chun Oakland, Chair,
Senator Josh Green, Vice-Chair,
Members, Committee of Human Services and Housing

DATE: Thursday, April 16, 2015

PLACE: Conference Room 016, State Capitol

TIME: 1:30 p.m.

SUBJECT: HCR 145 - Requesting the Convening of a Family Caregivers Working Group to Examine and Assess Legislation Relating to the Role of Caregivers of Patients Discharged From Hospitals.

Project Dana, a volunteer caregivers program, strongly supports the convening of a family caregivers working group to examine and assess legislation relating to the role of caregivers of a patient's discharge from hospitals. Project Dana volunteers provide support services to Hawaii's frail elderly and disabled persons in order that they may be able to live independently at home

Patients who are being discharged from hospitals need a post- discharge care plan prior to going home in order that family caregivers could provide the much needed care patients deserve.

Please support HCR 145.

Thank you very much,

Rose Nakamura,

Project Dana



Thursday, April 16, 2015 – 1:30 p.m.
Conference Room #016

Senate Committee on Human Services and Housing

To: Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

From: George Greene, President & CEO
Healthcare Association of Hawaii

Re: Testimony Providing Comments
HCR145: REQUESTING THE CONVENING OF A FAMILY CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS LEGISLATION RELATING TO THE ROLE OF CAREGIVERS OF PATIENTS DISCHARGED FROM HOSPITALS

The Healthcare Association of Hawaii's 160 member organizations include all of the acute care hospitals in Hawaii, all public and private skilled nursing facilities, all the Medicare-certified home health agencies, all hospices, all assisted living facilities, durable medical equipment suppliers and home infusion/pharmacies. Members also represent other healthcare providers from throughout the continuum including case management, air and ground ambulance, blood bank, dialysis, and more. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide **comments** on HCR145 (the companion to SCR107, which we testified on a few weeks ago), which requests the convening of a family caregivers working group to examine and assess legislation relating to the role of caregivers of patients discharged from hospitals.

First of all, HAH recognizes the very important role that family caregivers play along the healthcare continuum, and we applaud their selfless commitment to caring for their loved ones. While we testified in opposition to [SB296](#) (Relating to Caregiving) before your committee earlier this session, we provide the following comments on this resolution.

As the committees are well aware, [HCR78 HD1 SD1](#) was passed by this legislative body in 2014, which established a Family Caregivers Working Group to look at many of the issues outlined in this resolution over a two-year period. HAH, along with many of our members, served as active participants in the Working Group and attended all 8 meetings during the interim.

Although most of the attention focused on the Working Group's recommendation to not introduce legislation on this matter in 2015 (by a 16-8 vote), there were several other recommendations put forth that merit further consideration by the legislature. Chief among those were to increase funding options for county offices on aging and Aging and Disability Resource Centers statewide to enhance their capabilities with post-hospitalization care to patients who are discharged. To that end, HAH has been supportive of [SB964 SD2 HD1](#) (Relating to Aging) this session to provide such funding.

While we certainly have no issue with an even balance of membership as the resolution purports to seek, we feel that some key stakeholders were excluded, perhaps unintentionally, in an effort to strike that balance. At a minimum, we believe neighbor island acute hospitals and long-term care facilities should continue to be represented on the Working Group.

If the committee is inclined to pass out this resolution, we respectfully request that the objectives be amended to require the Working Group to assess community-based resources that are currently available statewide (including identifying gaps in caregiver training programs) and quantify the impact that funding cuts over the years to various state and county programs have had on caregiver initiatives.

In closing, HAH remains committed to maintaining dialogue with all stakeholders on the important issue of providing support to caregivers in our community, and look forward to continuing our involvement with the Working Group that was established last year.

Thank you for the opportunity to provide comments on HCR145.



THE QUEEN'S HEALTH SYSTEMS

To: Chair Suzanne Chun Oakland
Vice Chair Josh Green
Senate Committee on Housing and Human Services

From: Paula Yoshioka
Senior Vice President
The Queen's Health Systems

Re: HCR 145, Requesting the Convening of a Family Caregivers Working Group to Examine and Assess Legislation Relating to the Role of Caregivers of Patients Discharged from Hospitals
Hearing—April 16, 2015 at 1:30 PM

The Queen's Health Systems would like to stand behind comments submitted by the Healthcare Association of Hawaii regarding HCR 145, which would continue a working group to discuss issues related to caregivers and post-acute care in the community.

We would like to affirm our support for programs that help patients and families receive needed post-acute care in the comfort of their homes, including the aging and disability resource centers, which connects patients and their families with appropriate post-acute care in the community.

Thank you for your time and consideration of this matter.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

Thursday – April 16, 2015 – 1:30 pm
Conference Room 016

SENATE COMMITTEE ON HUMAN SERVICES AND HOUSING

To: Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

From: Michael Robinson
Executive Director
Government Relations & Community Partnerships

**Re: HCR 145 - Requesting The Convening Of A Family Caregivers Working Group
Comments**

My name is Michael Robinson, Executive Director of Government Relations & Community Partnerships at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

In 2014, HCR78 HD1 SD1 was passed by this legislative body, establishing a Family Caregivers Working Group to look at many of the issues outlined in this resolution over a two-year period. HPH actively participated in the Working Group.

The Working Group's recommendation was to not introduce legislation on this matter in 2015 (by a 16-8 vote). However, several other recommendations were put forth that merit further consideration by the legislature. Chief among those were to increase funding options for county offices on aging and Aging and Disability Resource Centers statewide to enhance their capabilities with post-hospitalization care to patients who are discharged.

We suggest that the responsibilities of the Working Group be expanded to enable it to assess community-based resources that are currently available statewide, including identifying gaps in caregiver training programs, and quantify the impact that funding cuts over the years to various state and county programs have had on caregiver initiatives.

We understand the intent of seeking a balance of the Working Group's membership as the resolution purports to seek. However, we believe some key stakeholders were excluded in an effort to strike that balance. At a minimum, neighbor island acute hospitals and long-term care facilities should continue to be represented on the Working Group so that we may understand the needs of the neighbor islands. Additionally, representatives from each of the acute care hospitals should be included in the Working Group, as the different hospitals care for different

populations, have differing issues and experiences, and may be significantly impacted by the outcome of the decisions of the Working Group.

Thank you for the opportunity to provide these comments.

April 13, 2015

TO: Senate Committee on Human Services and Housing,
Senator Suzanne Chun Oakland, Chair
April 16, 2015 Hearing, 1:30 p.m., Room 016

FROM: Audrey Suga-Nakagawa, Individual Testimony

RE: Support for HCR 145 – Requesting the convening of a family caregivers working group to examine and assess legislation relating to the roles of caregivers of patients discharged from hospitals

I am Audrey Suga-Nakagawa, a volunteer member of the AARP's executive council as well as one of the members of the caregiver workgroup that this resolution – HCR 145 is addressing. I strongly support HCR 145 which requests the convening of a family caregivers work group to examine and assess legislation to the role of caregivers of patients discharged from hospitals.

A workgroup was convened by HCR 78 last year to bring stakeholders together to address the need for a patient's caregiver to be involved in the discharge planning and be provided with the necessary instructions or training of the patient's care upon discharge to help ensure a safe and successful transition back home.

While well intended, the structure of the workgroup made it difficult to agree on key elements critical to solving this issue - the original workgroup had twice as many hospitals and health care affiliates than the members representing the consumers, and there was a confusion on the term of the workgroup's continuation till June 2016. Therefore, I support the provisions of this resolution to reconcile this by:

- Providing an even balance of workgroup members between caregiver advocates and hospitals;

- Requesting the members to examine and assess the issues regarding the designation, notification and instruction of family caregivers upon a patient's discharge from the hospital;
- Ensuring that this new workgroup ceases to exist prior to the start of the next legislative session and terminate the existing workgroup once this resolution is enacted.

I urge that the committee pass this resolution and appreciate the opportunity to testify in support.

To: Senate Committee on Human Services and Housing,
Senator Suzanne Chun Oakland, Chair

Date: Thursday, April 16, 2015

Re: HCR 145, Requesting the convening of a family caregivers working group to examine and assess legislation relating to the roles of caregivers of patients discharged from hospitals

My name is Chalintorn N. Burian, Ph.D. and I am writing in **STRONG SUPPORT** of HCR 145, Requesting the convening of a family caregivers working group to examine and assess legislation relating to the roles of caregivers of patients discharged from hospitals.

I am a family caregiver and I know how important it is for caregivers to get the training needed to care for their loved ones. I believe that Hawaii's 247,000 family caregivers need assistance to properly take care of their loved ones. When their loved ones are discharged from the hospital, many of these caregivers don't have as much information as they need to provide proper care. I strongly support the legislation that was introduced the last two years to help provide family caregivers with the information they need from hospitals. I will continue to support that legislation and work to pass it, but in the meantime we need to pass this resolution.

The family caregivers working group that was created last year to study this problem had twice as many hospital representatives as caregiver advocates. It also had an end date (June 2016) that was way too far into the future. This resolution addresses many of the challenges that exist with the current working group by providing an even balance of working group members between caregiver advocates and hospitals and ensuring that this new working group ends before the start of the next legislative session.

Thank you for allowing me to testify in strong support of HCR 145.

Sincerely,

Chalintorn N. Burian, Ph.D.

Paaui-Mauka, The Big Island
Phone: (808)775-1064

April 14, 2015

Senate Committee on Human Services and Housing
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice-Chair

HCR 145 - Requesting the convening of a family caregivers working group to examine and assess legislation relating to the role of caregivers of patients discharged from hospitals.

Hearing: April 16, 1:30pm, State Capital Room 016

Most distinguished Chair Suzanne Chun Oakland, Vice-Chair Green and Members of the Committee:

I write in **SUPPORT** of HCR 145.

Please vote to reconvene the family caregivers working group – a group with equally appointed representatives from hospitals and homecare representatives.

Allow the process of shared interests and concerns of the home caregivers and the hospital discharge nurses to be discussed.

Encourage the findings to result in a positive home health care environment for the patients who are placed in a home setting for their recuperation...recuperation that is conducted by family members who need education and guidance from the hospital nurses for the proper care of the patient.

A consistent discharge plan to educate home caregivers will prevent multiple readmissions to the hospital – readmissions that cost money and cost lives.

Let's save money and save lives.

Respectfully submitted,

Christine Olah
Honolulu Resident

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: maucrowe@gmail.com
Subject: Submitted testimony for HCR145 on Apr 16, 2015 13:30PM
Date: Tuesday, April 14, 2015 12:11:46 PM

HCR145

Submitted on: 4/14/2015

Testimony for HSH on Apr 16, 2015 13:30PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
james crowe	Individual	Support	No

Comments: Support HCR 145. I am a senior. My wife is my caregiver. When I have been released from the hospital I tend to be not totally receptive to follow-up instructions because I remain a little unsettled by the whole hospital experience. On the other hand, my caregiver is on it. Please save unnecessary suffering on the part of us patients. Save hospital staff time because of patients' return for more hospital care.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: [Janice Bond](#)
To: [HSH Testimony](#)
Subject: In support of HRC 145
Date: Monday, April 13, 2015 8:30:00 PM

Dear Suzanne Chun Oakland, Chair Senate Committee on Human Services and Housing,

I am in support of HRC 145. The purpose of this resolution is to re-structure the family caregivers working group. The working group that was created last year when the CARE Act didn't pass was not evenly balanced between hospitals and caregiver advocates and it had a number of other structural issues that this new resolution attempts to fix. It is requesting the convening of a family caregivers working group to examine and assess legislation relating to the roles of caregivers of patients discharged from hospitals.

I have been a family caregiver and I know how important it is for caregivers to get the training needed to care for their loved ones. Three years ago I discovered my 48-year-old son in a coma with necrotizing fasciitis and he was in a coma in IUC on Kauai for six days because there were no beds on Oahu. I kept being told HIPPA because he had not designated a caregiver or had a Power of Attorney. I had to get my lawyer to draw up one for him as well as myself. He was transferred to Straub by air ambulance when a bed became available. Two months hospitalized there, he had to call me when he was told he was being discharged from Straub, but had no clothes to leave. I had to fly over with a suitcase for his belongings and clothes. Everything went so quickly to discharge him when I got there, I didn't even have time to write down all the instructions nor given medication management. I hired a CNA to assist in changing dressings because his medical covered once a day, three times a week and he needed changing twice a day, every day. After six months, his physician even extended his leave. This bill will ensure that the hospital has to give people enough training so that they won't feel like they're on their own.

The family caregivers working group that was created last year to study this problem had twice as many hospital representatives as caregiver advocates. It also had an end date (June 2016) that was way too far into the future. This resolution addresses many of the challenges that exist with the current working group by providing an even balance of working group members between caregiver advocates and hospitals and ensuring that this new working group ends before the start of the next legislative session.

Thank you for listening to our concerns on this matter. I strongly support the legislation.

Sincerely,

Janice S. Bond

Janice S. Bond

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Phillips	Individual	Support	No

Subject Line:

Writing in strong support of HCR 145, Requesting the convening of a family caregivers working group to examine and assess legislation relating to the roles of caregivers of patients discharged from hospitals.

Text:

I strongly support HCR 145.

Hawaii's 247,000 **family caregivers need assistance** to properly take care of their loved ones.

These family caregivers spend an average of 20 hours a week providing unpaid care and spend an annual average of over \$5,000 on out-of-pocket expenses.

When their loved ones are discharged from the hospital, many of these caregivers don't have as much information as they need to provide proper care. I, for one, had several situations happen that overwhelmed me. As one example, my husband had sepsis and was in and out of the hospital 9 times. At one discharge, a pick-line was put into his arm. I was told that I had to flush the line and administer the antibiotic. This could not be done quickly, which could be detrimental to his health. I was shown the procedure and tried it before discharge. I was terrified. This was not my forte. This was very difficult for me and I felt very much alone. I did everything as shown, sterilized everything, yet my husband had a blood clot form in his arm and later broke and went into his lungs. There was no oxygen in the house and he gasped for air. This was overwhelming for my family and me.

I strongly support the legislation that was introduced the last two years to help provide family caregivers with the information they need from hospitals. I will continue to support that legislation and work to pass it, but in the meantime we need to pass this resolution.

The family caregivers working group that was created last year to study this problem had twice as many hospital representatives as caregiver advocates. It also had an end date (June 2016) that was way too far into the future.

This resolution addresses many of the challenges that exist with the current working group by providing an even balance of working group members between caregiver advocates and hospitals and ensuring that this new working group ends before the start of the next legislative session.

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: marvshel@gmail.com
Subject: Submitted testimony for HCR145 on Apr 16, 2015 13:30PM
Date: Monday, April 13, 2015 7:20:10 PM

HCR145

Submitted on: 4/13/2015

Testimony for HSH on Apr 16, 2015 13:30PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
MICHELE PAULARENA	Individual	Comments Only	No

Comments: I strongly support the legislation that was introduced the last two years to help provide family caregivers with the information they need from hospitals. I will continue to support that legislation and work to pass it, but in the meantime we need to pass this resolution. Michele Paularena Kahului

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To: Senate Committee on Human Services & Housing, Senator Suzanne Chun Oakland,
Chair

Re: HCR 145, Family Caregivers Working Group: Requesting the convening of a family caregivers working group to examine and assess legislation relating to the roles of caregivers of patients discharged from hospitals

Date: Thursday, 16 March, 1:30 p.m.

Chair Chun Oakland and Committee members

Thank you for the opportunity to submit written testimony in **Strong Support of HCR 145, Family Caregivers Working Group**. My name is T. J. Davies Jr. I am 80 years old, retired, disabled and live in the Kakaako area. The passage of this bill is vital:

Hawaii's Family Caregivers need assistance to properly take care of their loved ones.

When their loved ones are discharged from hospitals these Caregivers do not have as much instruction and information as they need to provide proper care.

I strongly support the legislation that was introduced to help provide Family Caregivers with the information they need from hospitals. I will continue to support that legislation and work to pass it, but in the meantime we need to pass this Resolution.

The Family Caregivers Working Group that was created to study this program had twice as many hospital representatives as Family Caregiver Advocates. It also had a June 2016 end date that was too far in the future.

This Resolution addresses many of the challenges that exist with the current working group by providing an even balance of working group members between Caregiver Advocates and hospital representatives, and ensures that this working group ends before the start of the next Legislative Session.

Thank you for the opportunity to submit testimony in **Strong Support of HCR 145, Family Caregivers Working Group**.

T. J. DAVIES JR., Volunteer,
Kokua Council for Senior Citizens
HARA Legislative Committee
AARP Chapter 60, Waikiki
Kakaako (District 26 / Senate District 12)

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