



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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Testimony in Support of SCR107 SD1

**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.**

REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

REPRESENTATIVE DEE MORIKAWA, CHAIR
HOUSE COMMITTEE ON HUMAN SERVICES

Hearing Date: Friday, April 17, 2015

Room Number: 329

1 **Department Testimony:** The Department of Health supports SCR107 SD1 as drafted.

2 The department submitted the report requested by HCR 78 SLH 2014 in early April
3 2015, and regrets that the original timeline of twenty days prior to the convening of the 2015
4 legislative session was not met. Additional time and resources were needed to synthesize the
5 information and assure deliberations were accurately described. This report identifies five
6 recommendations based on twenty findings, and contrary to the claim of the 9th WHEREAS
7 contained in this resolution, four of the recommendations were unanimously agreed upon by the
8 Working Group, and a small minority disagreed on the other recommendation.

9 Although a Legislative Informational Briefing might still be a more appropriate approach,
10 DOH nevertheless supports further community discussion on this critical issue as recommended
11 by SCR107 SD1. It is important to recognize that caregiver education cannot solely be the
12 responsibility of one hospital but must involve many partners, both clinical and non-clinical,
13 along the healthcare continuum. Thank you for the opportunity to testify.

Charlotte A. Carter-Yamauchi
Acting Director

Research (808) 587-0666
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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol

LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol, Room 446
415 S. Beretania Street
Honolulu, Hawaii 96813

Written Testimony

SCR107 SD1

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

Testimony by the Legislative Reference Bureau
Charlotte A. Carter-Yamauchi, Acting Director

Presented to the House Committees on Health and Human Services

Friday, April 17, 2015, 11:00 a.m.
Conference Room 329

Chairs Belatti and Morikawa and Members of the Committees:

Good morning Chairs Belatti and Morikawa and members of the Committees, my name is Charlotte Carter-Yamauchi and I am the Acting Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written comments on S.C.R. No. 107, 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 purpose of this measure is to request that a Family Caregivers Working Group be convened to examine and assess issues contained in S.B. No. 296 (2015), including but not limited to:

- (1) The role of family caregivers;
- (2) The state of the current practice of designating family caregivers;
- (3) Notification of family caregivers when a hospital discharges a patient or transfers a patient to another licensed facility;
- (4) Family caregivers' involvement in discharge planning and instruction;
- (5) The role of hospitals in the instruction of family caregivers; and
- (6) Providing legislative and regulatory recommendations on how best to involve family caregivers in the patient-discharge process and prepare family caregivers for post-discharge tasks.

The measure also requests that the Co-Chairs of the Family Caregivers Working Group:

- (1) Listen to the discussions and presentations made by all members of the Family Caregivers Working Group;
- (2) Report on areas of agreement, the concerns of the various stakeholders, and any solutions proposed by the various members;
- (3) Analyze public and private community-based resources that are available throughout the State; and
- (4) Make recommendations, as appropriate.

The measure also requests that the Legislative Reference Bureau:

- (1) Provide logistical support to the co-chairs of the Family Caregivers Working Group, as requested by the co-chairs; and
- (2) Prepare and draft any reports produced by the Family Caregivers Working Group.

While the Legislative Reference Bureau takes no position on this measure, we submit the following comments for your consideration.

As a general matter, we note that the Bureau is statutorily directed to use its resources and services to assist the Legislature and its members, unless otherwise directed by the Legislature. Thus, if the Legislature feels that this is an appropriate use of the Bureau's resources, then the Bureau could be able to provide research and drafting services in the time allotted; provided that the Bureau's interim workload is not adversely impacted by too many other studies or additional responsibilities, such as conducting, writing, or finalizing other reports, drafting legislation, or both, for legislators, other state agencies, task forces, committees, or working groups that may be requested or required under other legislative measures.

That said, we have some serious concerns with how the measure is currently drafted with respect to the work requested of the Bureau. The measure requests the Bureau to prepare and draft any reports produced by the Family Caregivers Working Group. However, *the measure does not direct the Family Caregivers Working Group to produce any report*. In fact, the measure specifically states *the Working Group is **not to vote** on any findings, recommendations, or proposed solutions*. It appears, rather, that the intent is for the Co-Chairs to make a report and recommendations, as appropriate. If this is correct, we would ask that the measure be amended to accurately reflect this intent. Further, we note that this appears to be an issue over which agreement has been quite difficult. Accordingly, to avoid any confusion or conflict as to our role, we would also ask that the measure be clarified that

the Bureau would be taking direction on matters only upon which there is consensus between the Co-Chairs.

Finally, the measure also requests that the Bureau take on the responsibility of providing logistical support to the Working Group Co-Chairs. The Bureau lacks the resources to provide any administrative or logistical support to individual Legislators, task forces, working groups, or outside committees of this nature. Moreover, the Bureau does not possess the facilities to accommodate meetings of the Working Group, nor do we possess any priority for requesting use of any of the conference rooms throughout the Capitol. If the Committees decide to recommend the adoption of this measure, we respectfully request that it be amended to limit the Bureau's involvement to assisting the Co-Chairs with research and drafting of a report on any matters upon which the Co-Chairs are in agreement and the drafting of any proposed legislation in relation thereto.

We would be happy to assist the Committees with preparing a House draft and Committee report on this measure, should the Committees decide to pass it out.

Thank you again for your consideration.

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 16, 2015 7:47 AM
To: HLTtestimony
Cc: deborah.stone-walls@co.maui.hi.us
Subject: *Submitted testimony for SCR107 on Apr 17, 2015 11:00AM*

SCR107

Submitted on: 4/16/2015

Testimony for HLT/HUS on Apr 17, 2015 11:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Stone-Walls	Maui County Office on Aging	Support	No

Comments:

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



Friday, April 17, 2015 – 11 a.m.
Conference Room #329

The House Committees on Health (HLT) and Human Services (HUS)

To: Representative Della Au Belatti, Chair, HLT
Representative Richard Creagan, Vice Chair, HLT

Representative Dee Morikawa, Chair, HUS
Representative Bert Kobayashi, Vice Chair, HUS

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

Re: Testimony Providing Comments
SCR107 SD1: 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 SCR107 SD1, 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.

You'll recall that HAH testified and provided suggested amendments to HCR145, the companion resolution to this measure, before the HLT committee a few weeks ago. Our suggested amendments (including minor modifications to the working group composition and adding an assessment of current public and private community-based resources to the working group's objectives) were incorporated by your Senate counterparts in the version before you today. Further, we are in agreement that the Legislative Reference Bureau is the appropriate entity to provide logistical support to the working group.

Thank you for the opportunity to provide comments on SCR107 SD1.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice,
American Association for Homecare and Council of State Home Care Associations

Friday – April 17, 2015 – 11:00 am
Conference Room 329

HOUSE COMMITTEE ON HEALTH

To: Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice Chair

HOUSE COMMITTEE ON HUMAN SERVICES

To: Representative Dee Morikawa, Chair
Representative Bertrand Kobayashi, Vice Chair

From: Michael Robinson
Executive Director
Government Relations & Community Partnerships

**Re: SCR 107, SD1 - 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, HCR 78 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 until June 30, 2016. HPH actively participated in the Working Group. We believe the work begun pursuant to HCR 78, HD1, SD1 is still ongoing. Moreover, many of the items and issues SCR 107, SD1 now requests the new Working Group to examine are the same as those that were outlined in HCR 78, HD1, SD1. Thus, a duplication of efforts and resources would occur with the implementation of SCR 107, SD1.

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. We suggest that representatives from each of the acute care hospitals should be included in the Working Group, as the different hospitals care for different populations, have different issues and experiences, and may be significantly impacted by the outcome of the decisions of the Working Group.

Therefore, we respectfully request that representatives from each of the acute care hospitals be included in the Working Group.

Thank you for the opportunity to provide these comments.



Hawaii Association of Health Plans

April 16, 2015

The Honorable Della Au Belatti, Chair
The Honorable Richard Creagan, Vice Chair
House Committee on Health

The Honorable Dee Morikawa, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Human Services

Re: SCR 107 SD1 – 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.

Dear Chair Belatti, Chair Morikawa, Vice Chair Creagan, Vice Chair Kobayashi, and Members of the Committees:

The Hawai'i Association of Health Plans (HAHP) respectfully submits comments on HCR 107 SD1, 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.

HAHP appreciates the intent of this measure and refers the Committees to concerns raised in our previous testimony submitted for SB 296 (2/3/15). We also appreciate the amendments made to include a representative from HAHP as part of the working group.

Thank you for allowing HAHP to testify on SCR 107 SD1.

Sincerely,

Wendy Morriarty
Chair, HAHP Public Policy Committee

Cc: HAHP Board Members

• AlohaCare • HMAA • HMSA • HWMG • Kaiser Permanente • MDX Hawaii
• 'Ohana Health Plan • UHA • UnitedHealthcare •

HAHP c/o Jennifer Diesman, HMSA, 818 Keeaumoku Street, Honolulu HI 96814

www.hahp.org



April 17, 2015

House Committee on Health
Representative Della Au Belatti, Chair

House Committee on Human Services
Representative Dee Morikawa, Chair

Re: **SCR 107 SD1, 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 Belatti, Chair Morikawa, and members of the committees:

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 SCR 107 SD1, 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 committees to pass this resolution and thank you for the opportunity to testify.

From: Anthony Lenzer <tlenzer@hawaii.rr.com>
Sent: Wednesday, April 15, 2015 7:57 PM
To: HLTtestimony
Subject: Testimony in support of SCR 107 SD 1

To: House Committees on Health and Human Services
Rep. Della Au Belatti and Rep. Dee Morikawa, Chairs

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

Subject: Support for SCR 107 SD 1

Hearing: Friday, April 17, 2015, 11:00 a.m.
Conference Room 329

The Policy Advisory Board for Elder Affairs (PABEA) strongly supports SCR 107 SD 1, 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. SCR 107 SD 1 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.

Aloha Representative Belatti , Chair of Health Committee, and Senator Morikawa, Chair of Human Services Committee and committee members

As the Kokua Council representative to the current Caregiver Working Group (created by HCR78), I strongly urge your support of SCR 107.

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 and not have to go to nursing homes.

This Resolution involves the role of caregivers when their loved ones are hospitalized. Caregivers should be made part 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 HCR 107 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 : HOUSE COMMITTEE ON HEALTH
Rep. Della Au Bellati, Chair
Rep. Richard P. Creagan, Vice Chair

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

SUBJECT: SCR 107 SD1 Requesting Convening A Family Caregivers Working Group
to Asssss Legislation Relating to the Role of Caregivers of Patients
Discharged from Hospitals

HEARING: Friday, April 17, 2015, 11:00 am
Conference Room 329, Hawaii State Capitol

POSITION: The Policy Advisory Board for Elder Affairs (PABEA) **strongly supports SCR SD 1, 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.

TO: Representative Della Au Belatti, Chair of Committee on Health
Representative Richard P. Creagan, Vice Chair, Committee on Health
Members, Committee on Health

Representative Dee Morikawa, Chair of Committee on Human Services
Representative Bertrand Kobayashi, Vice Chair, Committee on Human Services
Members, Committee of Human Services

DATE: Friday, April 17, 2015

PLACE: Conference Room 329, State Capitol

TIME: 11:00 am

SUBJECT: SCR 107 SD 1 - 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.

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 SCR 107 SD 1.

Thank you very much,

Rose Nakamura,

Project Dana



THE QUEEN'S HEALTH SYSTEMS

To: Chair Della Au Belatti
Vice Chair Richard P. Creagan
House Committee on Health

Chair Dee Morikawa
Vice Chair Bertrand Kobayashi
House Committee on Human Services

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

Re: SCR 107, 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 17, 2015 at 11:00 AM

The Queen's Health Systems would like to stand behind comments submitted by the Healthcare Association of Hawaii regarding SCR 107, 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.

The Twenty-Eighth Legislature
Regular Session of 2015

HOUSE OF REPRESENTATIVES

Committee on Health

Rep. Della Au Belatti, Chair

Rep. Richard P. Creagan, Vice Chair

Committee on Human Services

Rep. Dee Morikawa, Chair

Rep. Bertrand Kobayashi, Vice Chair

State Capitol, Conference Room 329

Friday, April 17, 2015; 11:00 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON S.C.R. 107, SD1
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 ILWU Local 142 supports S.C.R. 107, SD1, which requests that another working group be convened to address the role of family caregivers when patients are discharged from the hospital.

The first working group convened last year to address this issue could not arrive at consensus. Nevertheless, S.B. 296 was introduced this session and included language to exempt hospitals from liability, which had been a major concern for the hospitals. However, hospital representatives were not appeased and vehemently testified in opposition to S.B. 296, resulting in deferral of the measure. We understand that a report from the working group has yet to be released.

S.C.R. 107, SD1 is another attempt at bringing the parties together, this time, hopefully, with more balanced representation from hospital representatives and caregiver advocates that will result in a better outcome.

If liability is the main concern for hospitals, we remind them that they may be open to lawsuits whenever something goes wrong—whether they are at fault or not. Furthermore, hospitals risk penalties from the federal Hospital Readmissions Reduction Program when patients fare poorly due to inadequate care at home and must be readmitted to the hospital. It is in the hospitals' best interest to provide as much assistance as possible to family caregivers to ensure that patients are not readmitted and may be cared for in their own homes. Alternative institutionalization will be far more costly to patients, their families, and taxpayers.

The objective of caregiver advocates is simple: allow patients to designate a caregiver who will be notified for discharge planning and be provided instructions to help care for the patient upon discharge to the patient's home. We hope that another working group can understand the merits of these basic provisions that can prevent unnecessary readmission to the hospital.

The ILWU urges passage of S.C.R. 107, SD1 to convene another working group. Thank you for considering our views and concerns.

Hawaii Alliance for Retired Americans (HARA)
An Affiliate of the Alliance for Retired Americans
1953 South Beretania Street, Suite 5C, Honolulu, HI 96826

TO: Della Au Belatti, Chair, Health Committee
Dee Morikawa, Chair, Human Services Committee
House of Representatives, State of Hawaii

FROM: John M. Hayakawa, Hawaii Alliance for Retired Americans (HARA)

SUBJECT: Testimony in favor of Senate Concurrent Resolution 107 SD1

DATE: Thursday, April 16, 2015

HEARING DATE AND TIME: Friday, April 17, 2015, APRIL 17, 11:00 AM, ROOM 329

The Hawaii Alliance for Retired Americans (HARA) strongly supports HCR 145 to establish a working group to examine and assess legislation relating to the role of caregivers of patients discharged from hospitals.

Since most discharged hospital patients need follow up care at home, it is important that caregivers are prepared for this task. Unfortunately, most families are not prepared for this sudden critical demand. Few caregiving families are either properly trained or equipped to provide this aftercare. The gap between the highly trained professionals in the hospital setting and the home situation is significant.

HCR 145 is an appropriate first step in addressing the problem. A working group headed by co-chairs appointed by the House and Senate with broad community representation to present recommendations to the legislature would address the concerns of the hospital as well as the community sectors.

HARA urges the Health Committee to adopt Senate Concurrent Resolution 107 SD1.

Sincerely, John M. Hayakawa, Legislative Committee, Hawaii Alliance for Retired Americans (HARA)

April 16, 2015

TO: Joint House Committees on Human Services and Health,
Representative Della Belatti, Chair
Representative Dee Morikawa, Chair
April 17, 2015 Hearing, 11:00 p.m., Room 329

FROM: Audrey Suga-Nakagawa, Individual Testimony

RE: Support for SCR 107 – 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 – SCR 107 is addressing. I strongly support SCR 107 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.

From: ctakamura@aol.com
Sent: Wednesday, April 15, 2015 3:27 PM
To: HLTtestimony
Subject: Support of SCR 107

April 15, 2015

TO: Chairs Della Au Belatti and Dee Morikawa
FROM: Carl Takamura
RE: Support for SCR 107

My name is Carl Takamura and I would like to express my strong support for SCR 107.

The intent of this measure is to reconstitute the existing working group that has been reviewing the proposed CARE Act legislation in order to bring more balance to the membership of the working group and to clarify its decision making procedures. I believe this is necessary in order for the working group to fairly and openly discuss this proposal and to try to come to some understanding and agreement on certain areas of contention within the bill.

Thank you.

Carl Takamura

To: House Committee on Health, Representative Della Au Belatti, Chair
House Committee on Human Services, Representative Dee Morikawa, Chair

Date: Friday, April 17, 2015

Re: SCR 107, 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 SCR 107, 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 SCR 107.

Sincerely,

Chalintorn N. Burian, Ph.D.

Paauilo-Mauka, The Big Island

Phone: (808)775-1064

From: Francis Nakamoto <fmnhawaii@gmail.com>
Sent: Wednesday, April 15, 2015 9:54 PM
To: HLTtestimony
Subject: HCR 145 and SCR 107, relating to family caregivers working group

Honorable Della Au Bellati, Chair, House Committee on Health

Honorable Dee Morikawa, Chair, House Committee on Human Services

Chairpersons:

I respectfully submit this testimony in favor of HCR 145 and SCR 107, as amended.

The Care Act, SB296, which will enable Hawaii's 247,000 caregivers to be more able to competently care from their loved ones with more consistent training by skilled and knowledgeable hospital staff, must be enacted as soon as possible. Every year the Care Act is shoved aside by special interests, hundreds of cared for and care giving persons risk harm from inadequate or ill-advised, albeit well-intentioned, life sustaining services provide by caregivers. The cared for persons--patients discharged from hospitals staffed with qualified, certified health care experts--risk harm from improper drug management, unsafe physical movements and inadequate monitoring provided by often poorly prepared, unpaid caregivers. Care giving persons further risk serious harm to themselves while assisting their loved ones.

SB296 failed in this year's session, not for want of support of thousands of Hawaii families and caregivers, but from the efforts of the medical and hospital lobby which flexed its political muscles with influential legislative leaders. The opposition by vested interests denied Hawaii's caregivers a simple vote in the Senate and House. Unlike in some nine states, where legislation similar to SB296 has progressed and are progressing through their legislatures, and in three when it has been successfully enacted into law, in Hawaii the effort was thwarted with little public debate.

While SB296 is dead for this session, it is critical to continue the dialogue among the stakeholders affected by this legislation. Hospitals must, no doubt be concerned about readmissions that add hundreds of thousands of dollars in avoidable costs as well as penalties under the Affordable Care Act. Caregivers are frustrated by an inexplicable resistance to their pleas for help to learn about ways to assist their loved ones to recover after discharge and not make things worse by incompetent care. Patients and their families fear for the worse when they don't get better after discharge and end up back in the hospital and devastate them economically and emotionally.

HCR 145 and SCR 107, as amended, must be passed to assure that hope for critical assistance survives at least another year and to encourage the opposing parties to find a solution to a problems both sides acknowledge exists and realize that some way caregivers must be better equipped to perform their crucial role in Hawaii's health care system. Failure to advance this long overdue reform not only is foolhardy given the enormous impact caregiving has on our state's health and welfare, particularly for our kupuna, but places Hawaii among the most conservative and uncaring states in the union when it should be a leader among the states to improve the lives of our elderly and infirm.

--

Francis M. Nakamoto
1829 Ala Noe Place
Honolulu, Hawaii 96819
Tel. (808) 833-6357
Cell (808) 721-4860

creagan1 - Dannah

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 15, 2015 5:29 PM
To: HLTtestimony
Cc: maucrowe@gmail.com
Subject: Submitted testimony for SCR107 on Apr 17, 2015 11:00AM

SCR107

Submitted on: 4/15/2015

Testimony for HLT/HUS on Apr 17, 2015 11:00AM in Conference Room 329

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

Comments: Please support SCR 107 It is good for patients' recovery prospects. It will save on future hospital staff time because of fewer returns by the patients to the hospital.

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: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 15, 2015 6:57 PM
To: HLTtestimony
Cc: marvshel@gmail.com
Subject: Submitted testimony for SCR107 on Apr 17, 2015 11:00AM

SCR107

Submitted on: 4/15/2015

Testimony for HLT/HUS on Apr 17, 2015 11:00AM in Conference Room 329

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

Comments: We really need SCR 107 to pass because, as a caregiver, I know how important it is for the hospital to give clear directions when a patient is discharged. It could be a matter of life or death. Mahalo, Michele Paularena Kahului

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: mak221@aol.com
Sent: Wednesday, April 15, 2015 3:24 PM
To: HLTtestimony
Subject: I STRONGLY SUPPORT SCR 107

Honorable Committee Chair Suzanne Chun Oakland and Committee Members,

I am writing in STRONG SUPPORT of SCR 107. The Care-Givers Bill was not given a fair hearing this session. Many of us feel the Family Caregivers Working Group was unfairly dominated by hospital representatives, rather than caregivers, who face this problem on a daily basis. Its end-date of June 2016 is much too far away. This issue is a very simple one that needs solution now.

We want to make sure patients leave hospitals 1. With a caregiver 2. Who has been given proper instructions on how to care for this patient.

The issue is really that simple. Studies show that without this training, patients are more likely to return to hospitals within 30 days than patients whose caregivers received instructions. Hospitals and taxpayers get penalized when this happens.

The only explanation I can think of for hospital opposition is that they fear they will have to hire new staff to instruct caregivers.

Even if they do, *which I doubt*, hospitals will save money when patients don't return to the hospitals. Hospitals are being foolish on this, and the patients, caregivers and taxpayers of Hawai'i need to call them on this. The Caregiver Act is a win-win for all.

This is why we need a properly constituted committee and hearings on the issue.

In summary, I ask for your STRONG SUPPORT OF SCR 107.

Mahalo for your attention to this issue.

Mark A. Koppel
Umauma

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 15, 2015 9:26 PM
To: HLTtestimony
Cc: sburley@hawaii.rr.com
Subject: Submitted testimony for SCR107 on Apr 17, 2015 11:00AM

SCR107

Submitted on: 4/15/2015

Testimony for HLT/HUS on Apr 17, 2015 11:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Stewart Burley	Individual	Comments Only	No

Comments: Please continue the progress of SCR107 in order to help caregivers get the proper information they need from hospitals when patients are released to the caregiver. Mahalo!

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

To: House Committee on Health, Representative Della Au Belatti, Chair
House Committee on Human Services, Representative Dee Morikawa, Chair

Re: SCR 107, 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)

Chair Belatti, Chair Morikawa and Committee members:

My name is T. J. Davies and I am a resident of Kakaako. I am 80 years old, retired, and disabled and Strongly Support **SCR 107, Family Caregivers Working Group**.

Hawaii's 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 an annual average of over \$5,000 on out-of-pocket expenses.

When their loved ones are discharged from the hospital, many Family 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 has twice as many hospital representatives as Family Caregiver advocates. It also has an end date of June 2016 that is way too far into the future.

This Resolution addresses many of the challenges that exist with the current **Family Caregivers Working Group** by providing an even balance of working group members between **Family Caregiver** advocates and hospitals and ensures that this new working group ends before the start of the next Legislative session.

Mahalo for the opportunity to testify in Strong Support of **SCR 107, Family Caregivers Working Group**.

T. J. Davies, Volunteer
Kokua Council for SeniorCitizens
H.A.R.A. Legislative Committee
AARP Chapter 60, Waikiki
Senate District 26 / House District 43

909 Kapiolani Blvd # 601
Honolulu, HI 96814-2132
808-593-1026

creagan1 - Dannah

From: Midori Kiso <midori.kiso@gmail.com>
Sent: Wednesday, April 15, 2015 11:41 PM
To: HLTtestimony
Subject: In support of SCR 107 and HCR 145

House Committee on Human Services,
Representative Dee Morikawa, Chair

Dear Representative Dee Morkawa:

I am a resident of Moiliili and have been a former caregiver to my husband for many years. I write to you asking for you and your committee's support of both the HCR 145 and SCR 107 resolutions on which hearings are scheduled on April 16 and 17 respectively. Please help convene the family caregivers working group to examine and assess legislation relating to the role of caregivers of patients discharged from hospitals.

Thank you for your attention.

Sincerely,

Midori Kiso
Moiliili, Honolulu

From: Mary Wahlman <mfinwahl@hawaiiantel.net>
Sent: Thursday, April 16, 2015 9:48 AM
To: HLTtestimony
Subject: support of SRC 107

I'm emailing regards HCR 145. This is a resolution for the family caregivers working group that was originally set up with a remarkably imbalance on the side of hospital representation. Also, this working group has an ending date of June 2016. Are we hoping some caregivers and patient's in need of care pass out of existence with such a long date? (Sor ry, editorial comment—I plead guilty.)

Please consider the that there are greater than 247,000 families in Hawaii providing care to an elder or health compromised person. That these caregivers are forced by circumstances not of their choosing but out of necessity to provide at least 20 hours/week in unpaid care. The cost that these caregivers also must absorb in out-of-pocket expenses is estimated at around \$5000/yr. Just transpose those figures in care cost to our government's indigent, can Medicaid accommodate this, or can our state's?

Our State's caregivers are meerly asking assistance with the C.A.R.E. act passage to assure that they will get more information upon discharge of their loved one from an institution to assure that that person will not need re-admission for the same problem—this is beneficial to that institution as Medicare will be penalizing for that instance in the very near future—in some states that penalty is already being assessed!

I support the resolution, I support a shorted time expiration and I support a more equitable balance of the family caregivers working group.

Thank you for your earnest consideration, Mary Wahlman, AARP volunteer

Date: April 16, 2015

To: Representative Belatti Health Committee

Representative Morikawa Human Services Committee

From: Ms. Laurel Leslie

RE: In support of SCR 107

Family Caregivers working group relating to the roles of caregivers & patients discharged from hospitals

Representative Belatti

Representative Morikawa

Thank you for this opportunity to present a request for your support of SCR 107.

Last year when this resolution convened a working group to discuss this issue, the group was weighed against a fair assessment of the problem. This resolution raises many questions that cannot be resolved when a group is not evenly balanced.

There are many challenges that should be discussed between caregiver advocates and hospitals to ensure a fair discussion. When my mother was discharged from the hospital, her caregiver was not provided with any information relating to her care. This became a bigger problem for both my mother and my father, who was her caregiver.

I strongly support the legislation that was introduced to provide family caregivers with the information they need from hospitals. I will continue to support that legislation in the future. In the meantime we need to pass this resolution because my family knows from past experience that hospitals do not provide any information when it is needed the most.

Sincerely

Ms. Laurel Leslie

223 Aikapa St.

Kailua, HI 96734

To: Committee Chair on Health Representative Chair Della Au Belatti

Date: April 17, 1100 AM, House Conference, Rm 329

Re: SCR 107, 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.

Chair Belatti,

Thank you very much for the opportunity to hear my **STRONG SUPPORT** to the resolution. I am a registered nurse and an Advocacy Volunteer for AARP.

I have been supporting the CARE Act that was introduced two years. Although it did not pass, I truly believe that passing legislation will benefit thousands of family caregivers in Hawaii.

Family caregivers play significant role in the delivery of healthcare services. It is very important when patients go back to their places of residence that the identified caregivers, whether a family member or a friend, are well-informed about the after-care or post-hospitalization care of that patient discharged from the hospital. By doing so, the re-admission rates to the hospitals could be lowered to a great extent, saving those much needed tax dollars.

Last year, a working group was created to address the issues of family caregiving. It was unfortunate that there was no equal representation from the hospital systems and the family caregiving advocates.

Mahalo.

Ramon Sumibcay