DAVID Y. IGE
GOVERNOR

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

State of Hawaii
DEPARTMENT OF HEALTH
1250 Punchbowl Street
Honolulu, HI 96813-2416
doh.testimony@doh.hawaii.gov

WRITTEN TESTIMONY ONLY

Testimony in SUPPORT of HB2252
RELATING TO DISCHARGE PLANNING

REP. DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH
Hearing Date: February 3, 2016 Room Number: 329

Fiscal Implications: Additional unbudgeted resources may be required for complaint investigations.

Department Testimony: The Department of Health (DOH) is required by state law to investigate complaints from patients or caregivers, as defined in this proposal, regarding real or perceived lack of compliance by licensed health facilities to their statutory obligations. There are an estimated 90,000 discharges annually from Hawaii's 14 hospitals, and while rates of readmission are comparatively low, it is difficult to predict and quantify the impact to department operations.

The department commits to ongoing involvement in our community's dialogue, particularly in light of recently proposed federal regulations for hospital discharge planning.

Offered Amendments: N/A

DAVID Y. IGE
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The department commits to ongoing involvement in our community's dialogue, particularly in light of recently proposed federal regulations for hospital discharge planning.

Offered Amendments: N/A

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 3, 2016

The Honorable Della Au Belatti, Chair
House Committee on Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Belatti and Members of the Committee:

SUBJECT: HB 2252 Relating to Discharge Planning

The State Council on Developmental Disabilities (DD) **SUPPORTS the intent of HB 2252**. The purpose of this bill is to complement the Federal discharge planning requirements that hospitals follow by allowing admitted inpatients to designate a caregiver, provide written and oral instructions to designated caregivers prior to discharge, and requiring hospitals to notify designated caregivers prior to a patient's discharge or transfer.

We have one suggestion for your consideration with regard to the section, "Designation of a caregiver," page 5, lines 12-15: "A hospital shall make reasonable attempts to notify the patient's caregiver of the patient's discharge to the patient's residence as soon as practicable." We feel that the current language may be too vague and result in unintended misinterpretation. We suggest that a timeframe be established such as, "A hospital shall notify the patient's caregiver at least 36 hours prior to the anticipated patient's discharge to the patient's residence as soon as practicable." Having a timeframe would provide consistency in notification of a patient's discharge.

The Council supports initiatives that enable and support caregivers to provide competent post-hospital care to family members and other loved ones after discharge from the hospital.

Thank you for the opportunity to submit testimony **supporting the intent of HB 2252.**

Sincerely,

Waynette KY Cabral
Waynette K.Y. Cabral, MSW
Executive Administrator

Josephine C. Woll
Josephine C. Woll
Chair

HAWAII HEALTH SYSTEMS
CORPORATION

"Quality Healthcare for All"

House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

February 3, 2016
Conference Room 329
10:00 a.m.
Hawaii State Capitol

Testimony Supporting House Bill 2252, Relating to Discharge Planning (Hospital Discharge Planning; Caregiver Designation; Health Care)

Linda Rosen, M.D., M.P.H.
Chief Executive Officer
Hawaii Health Systems Corporation

The Hawaii Health Systems Corporation (HHSC) **supports** HB2252. Lay caregivers play an important but often highly challenging and stressful role in supporting the health of their loved ones. Hospitalized patients can benefit when their lay caregiver is identified and receives appropriate information and instructions prior to discharge. This measure will assist patients and their caregivers in the transition from the hospital back to the community setting. We hope that further work can be done to develop community supports for lay caregivers as the hospital discharge process cannot provide all the information and instruction caregivers need to address the challenges and stresses they face in the home setting.

Thank you for the opportunity to testify.

ALAN ARAKAWA
Mayor

CAROL K. REIMANN
Director
Housing & Human Concerns

JAN SHISHIDO
Deputy Director
Housing & Human Concerns

DEBORAH STONE-WALLS
Executive on Aging

PHONE (808) 270-7755

FAX (808) 270-7935

E-MAIL: mcoa.adrc@mauicounty.gov

COUNTY OF MAUI
DEPARTMENT OF HOUSING AND HUMAN CONCERNS
MAUI COUNTY OFFICE ON AGING
AN AREA AGENCY ON AGING

J. WALTER CAMERON CENTER
95 MAHALANI STREET, ROOM 20
WAILUKU, HAWAII 96793

House of Representatives Committee on Health

Representative Della Au Belatti, Chair
Representative Richard P. Creagan, Vice Chair

HB2252 RELATING TO DISCHARGE PLANNING

Comments of Deborah Stone-Walls
Executive on Aging, Maui County Office on Aging (MCOA)

Wednesday, February 03, 2016; Conference Room 329; 10:00 am

MCOA's Position: Maui County Office on Aging (MCOA) supports the intent of HB 2252 that requires hospitals to adopt and maintain discharge policies, consistent with recent updates to federal regulations, to ensure that patients continue to receive necessary care after leaving the hospital.

Purpose and Justification:

MCOA has actively partnered with Maui Memorial Medical Center and Kula Hospital since 2012 in a Community-Based Care Transitions Program (CCTP). The Maui community has worked very collaboratively through the Maui Care Transitions Partnership to reduce all cause, all condition readmissions in Maui County. This partnership consists of the hospitals and a variety of community agencies, health care providers, medical professionals, and pharmacists. A small portion of this collaboration has been the implementation of the CCTP intervention with the majority of impact upon reduction of readmissions deriving from the collaboration in establishing effective community-wide protocols.

Through CCTP, we have built and maintained an effective partnership that centered on the needs of elders and caregivers during the hospital-to-home transition period. We have had the opportunity of observing hospital procedures with regards to caregivers and hospital discharge of a loved one.

As MCOA appreciates the efforts MMMC puts forth to work closely with seniors and their caregivers both during hospital stays and upon discharge, we believe that there exists a need to establish consistent discharge routines across the state. Having seen the positive impact of enacting effective practices on the rate of hospital readmissions, MCOA supports the formalization of best practices statewide.

The population of Hawaii is aging rapidly and many elders experience chronic health conditions that do or will necessitate a hospital stay. This fact coupled with penalties imposed on hospitals for readmissions within a 30-day period necessitates the need for action that empowers caregivers to increase ability to be active partners in helping to avoid unnecessary readmissions.

The Centers for Medicare and Medicaid Services (CMS) introduced ***proposed*** changes in November 2015 that will potentially increase hospital responsibility to ensure safe and effective discharge planning upon patient transition from hospital to home. Although these proposed changes will impact patients directly, the regulations do not **require** caregiver inclusion.

MCOA could fully support HB2252 with the following or very similar revisions:

1. Page 2, Lines 15-20: The purpose of this Act is to complement the federal discharge planning requirements that hospitals follow by ***requiring hospitals to allow*** ~~allowing~~ admitted inpatients to designate a caregiver, provide written and oral instructions to designated caregivers prior to discharge, and requiring hospitals to notify designated caregivers prior to a patients discharge or transfer.
2. Page 4, Lines 9-12: “Patient” means an individual admitted to a hospital for inpatient treatment ~~who has been evaluated by the hospital as likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning~~.

MCOA holds the position that **all** patients should be offered the opportunity to designate a caregiver and receive adequate discharge planning rather than the hospitals simply deciding which patients are allowed that opportunity.

Thank you for the opportunity to present testimony regarding this measure.

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Della Au Belatti, Chair, Committee on Health
The Honorable Richard P. Creagan, Vice Chair, Committee on Health
Members, Committee on Health

From: Paula Yoshioka, Senior Vice President, The Queen's Health Systems
Date: February 1, 2016
Hrg: House Committee on Health; Wednesday, February 3, 2016 at 10:00am in Room 329

Re: **Support with Comments for HB 2252, Relating to Discharge Planning**

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (QHS). I would like to express my **support** for HB 2252, Relating to Discharge Planning. This bill requires hospitals to adopt and maintain discharge policies, consistent with recent updates to federal regulations, to ensure that patients continue to receive necessary care after leaving the hospital.

At QHS, we are dedicated to providing the highest quality care for our patients. QHS is committed to ensuring that our patients and their designated caregivers are actively engaged in the discharge planning process and agree that this is important for patients to be able to manage their post-discharge care at home or in the community.

We concur with the testimony provided by the Healthcare Association of Hawaii (HAH) and agree that this bill represents a deliberative process led by the chairs and the members of the Hawaii Legislative Family Caregivers Working Group during the legislative interim to provide comprehensive recommendations that address some of the root issues facing family caregivers.

We would like to respectfully request an edit be made to subsection (c) on page 6, lines 5-7, as follows:

> (c) The discharge policy or policies shall incorporate nationally-recognized, established [evidence-based practices] guidelines or practices, including but not limited to:

This amendment would address concerns regarding the phrase "evidence-based practices." Typically, discharge planning policies are not written using evidence-based practices in the traditional clinical or medical sense of the phrase. Instead, we would recommend that hospitals follow nationally-recognized, established guidelines or practices when crafting their individual policies, such as those provided by The Joint Commission or Medicare. This will also provide more flexibility to rural and critical access hospitals, who may want to follow nationally-recognized guidelines that are more appropriate for their facilities and patient population.

Thank you for your time and attention to this important issue.

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.

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-5900

Healthcare Association
of Hawaii

February 3, 2016 at 10:00 AM
Conference Room 329

House Committee on Health

To: Chair Della Au Belatti
Vice Chair Richard P. Creagan

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: Testimony in Support
HB 2252, Relating to Discharge Planning

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 180 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

The Healthcare Association of Hawaii would like to thank Chair Baker and Vice Chair Kidani for the opportunity to provide our **support** with comments on HB 2252. This legislation would require hospitals to allow patients to designate a caregiver and provide designated caregivers the opportunity to participate in discharge planning and receive instruction prior to the patient's discharge from a hospital.

Ensuring that patients and the family members that care for them receive high quality services is a priority for our hospital members, who are tasked with taking care of loved ones during the worst of times. Engaging caregivers in a patient's discharge planning process is essential to successfully transitioning a patient back home. However, discharge planning is just one part of an entire system of services that helps patients and their families following a stay at the hospital. Home- and community-based programs and services are absolutely critical to enabling seniors to stay in their homes and providing relief to caregivers.

We believe that this bill represents a deliberative process led by the chairs and the members of the Hawaii Legislative Family Caregivers Working Group (LFCWG) during the legislative interim to provide comprehensive recommendations that address some of the root issues facing family caregivers. It will support the transition of a patient from the hospital back home and help caregivers feel more integrated in the discharge planning process.

However, we are concerned that there needs to be continued focus on preserving and expanding long-term support and funding programs, services and policies that enable seniors to age in place. This would include support for wrap-around services that allow seniors to heal and stay in their homes, such as meal delivery and transportation services, respite services, and a more specialized labor force that includes nascent occupations such as community health workers.

It is also important to note that this legislation will create new state-based mandates for hospitals to follow related to discharge planning. This is a continued concern for HAH, since there are already strict, comprehensive guidelines required by the Medicare program related to discharge planning that our hospitals follow. Additionally, Hawaii hospitals are preparing to implement new requirements recently proposed by Medicare, which make it clear that the federal government wants to expand the role of caregivers in discharge planning. Those new requirements are estimated to cost hospitals $23 million annually in nursing costs alone.

In the past, our members have been particularly concerned about mandates that would allow a patient to designate any number of caregivers, change their designated caregiver at any time, provide live or recorded instructions at the caregiver's discretion, and require providers to start documenting a huge amount of information. These provisions would have delayed discharge, increased costs, and taken time away from direct patient care.

This bill addresses and resolves the most constraining provisions of past legislation, including those referenced above. Overall, any state-based mandates should remain flexible enough to be adaptable to changing federal requirements and to avoid any conflicting directives. With these concerns in mind, HAH can support the language in this bill, with amendments, because it is complementary to the comprehensive and expanding federal requirements on discharge planning.

HAH would respectfully ask that an edit be made to subsection (c) at page 6, lines 5-7, as follows:

> (c) The discharge policy or policies shall incorporate nationally-recognized, established [~~, evidence-based practices,~~] guidelines or practices including but not limited to:

This amendment would address concerns regarding the phrase "evidence-based practices." Typically, discharge planning policies are not written using evidence-based practices in the traditional clinical or medical sense of the phrase. Instead, we would recommend that hospitals follow nationally-recognized, established guidelines or practices when crafting their individual policies, such as those provided by The Joint Commission or Medicare. This will also provide more flexibility to our rural and critical access hospitals, who may want to follow nationally-recognized guidelines that are more appropriate for their facilities and patient population.

Thank you very much for the opportunity to testify on this measure.

55 Merchant Street
Honolulu, Hawaiʻi 96813-4333

HAWAIʻI PACIFIC HEALTH
Kapiʻolani · Pali Momi · Straub · Wilcox

www.hawaiipacifichealth.org

February 03, 2016 at 8:30am
Conference Room 329

House Committee on Health

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

From: Michael Robinson
Vice President – Government Relations & Community Affairs

Re: Testimony in Support – HB 2252

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

HPH is writing in **support** of HB 2252 which requires hospitals to adopt and maintain discharge policies, consistent with recent updates to federal regulations, to ensure that patients continue to receive necessary care after leaving the hospital.

HB 2252 reflects the discussions that occurred during the Legislative Family Caregivers Workgroup that met from August 2015 through December 2015. We support this bill as it recognizes the practical realities that our hospitals must consider when ensuring appropriate discharge planning from our facilities. Additionally this bill provides the flexibility to enable health care facilities to better respond to the unique needs of the population they serve which differ.

We are pleased to see the findings from those workgroups translated into actionable and sensible legislation that will facilitate and compliment the existing work done by our hospitals in order to better ensure that appropriate discharge planning occurs.

Thank you for the opportunity to testify.

Re: HB 2252 – RELATING TO DISCHARGE PLANNING

Representative Au Belatti and members of the Committee:

My name is Bill Staton and I'm representing Concerned American Veterans, a 501(c)19 Veterans Service Organization. We are very disturbed by the numerous changes in providing acute health care that have cut costs by discharging patients quicker and sicker with little to no concern for the impact on their loved ones. As you're reading this, a patient is arriving home with caregiving needs (wounds, tubes, medications, dietary and/or hygiene needs) that no one has been enabled to address.

Hospitals follow the requirement to plan for this discharge, tell the patient what needs to be done at home, investigate the community services available in their area, and possibly arrange for a health care professional to check in on them periodically BUT the person the Patient has identified as their caregiver knows nothing. Hospitals leave that information sharing task to the Patient - the only person in this scenario who can't walk to the exit and is too medicated to drive themselves home.

The unnecessary impact, stress, and panic that ensue in the immediate minutes, hours, and subsequent days and weeks is unacceptable.

HB 2252, nor any other state of federal pending or proposed bills, as currently written fail(s) to provide a consistent opportunity for patients and their caregivers to receive and understand needed discharge instructions. The definition of Patient needs to be changed to require all acute care facilities to allow every patient and their caregiver(s) to opt in for after care instructions.

While this is SOP for our Veterans in military and VA hospitals, it's a standard of care lacking in other hospitals in Hawaii. To ensure that the Patient's medical needs are addressed, the definition of "patient" needs to be clearly expanded to include their designated caregiver. This is simply the natural step to ensure Patient care is a priority and not just a technicality.

I've participated in discharge planning years ago as the Staes's Veterans Representative on Maui. While HIPPA requirements curtailed the continuation of community involvement, the balance of that coordinated effort continues today. As does the responsibility to inform the Patient of that plan and its implications for their ongoing care upon discharge. Consequently, we're not asking for anything that costs the hospital additional time or money, nor places on them any additional liability.

We are asking that nothing delays your efforts to ensure that Patients' caregivers are clearly recorded in their charts so that they can be advised of any relocations, discharges, etc. and given the opportunity to be present when the discharge plans are disclosed. This will enable them to hear and ask questions of the most informed medical staff so that they can do their best to care for their loved one when those medical staff are not at hand.

The appropriateness of what's being required at discharge is not the issue at this time because the reality is what it is. We are asking that you eliminate any further delays in getting caregivers the information they desperately need to give the care to their loved ones the minute they get home...not waiting days or weeks for some agency to step in. If this bill is about improving health and safety, the patient should determine whether their caregiver needs instruction – and everybody's knowledge and comfort level is different. Thank you for the opportunity to testify. I hope you will modify the definition of patient to include everybody admitted to the hospital.

Grateful to serve with Aloha,
Bill Staton
Concerned American Veterans
(808) 269-2982

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 01, 2016 2:09 PM
To: HLTtestimony
Cc: kasato@hgea.org
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Randy Perreira	Hawaii Government Employees Association	Comments Only	No

Comments: The HGEA would like to provide comments on S.B. 2397. Please see attached PDF for full testimony.

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.

From:	Anthony Lenzer <tlenzer@hawaii.rr.com>
Sent:	Monday, February 01, 2016 12:05 PM
To:	HLTtestimony
Subject:	HB 2252

To: Rep. Della Au Belatti, Chair, Rep. Richard P. Creagan, Vice Chair
House Committee on Health
From: Anthony Lenzer, PhD
Re: Comments on HB 2252
Hearing: Wednesday, Feb. 3, 2016, 10:00 a.m.
Conference Room 329

Representatives Belatti, Creagan, and Members of the Committee:

I am testifying today on behalf of the Hawaii Family Caregiver Coalition, a membership organization whose goal is to improve the quality of life of those who give and receive care in Hawaii. HFCC is also a member of the CARE Act Coalition, an organization dedicated to improving after hospital care of patients in Hawaii. Senate Bill 2397 contains important provisions relating to caregivers of hospitalized patients. It provides opportunities for some patients to identify caregivers and have information about those caregivers inserted in their hospital records. It also provides opportunities for such caregivers to be notified before patients are discharged from the hospital, as well as offering needed instructions on aftercare of patients when they return from the hospital to their homes. This is critically important, as family caregivers provide the great majority of care services for such patients. Furthermore, patients are being discharged with increasingly complex needs, which most caregivers are unprepared to meet. Failure to provide appropriate aftercare often means that patients become ill again, and must be rehospitalized. This represents not only great stress for the patient and family, but also increased and often unnecessary costs. It is therefore critical that caregivers receive appropriate instruction, which we understand is the intent of this bill.

However, I would recommend that the definition of patients in the bill be revised in such a way as to allow all hospitalized patients to nominate a caregiver, to notify such caregivers about discharge plans, and to provide caregiver instruction. As written, the bill leaves it to the discretion of the hospital to identify those patients who will need aftercare instructions for their caregivers. This may leave out many families who feel the need to participate in the discharge planning process although not so identified by the hospital. For example, a given patient may be seen by the hospital to have fairly straightforward aftercare needs, but the caregiver may have trouble comprehending instructions, either through language difficulty or for other reasons. Hence my recommendation that all and patients be given the opportunity to identify a caregiver to participate in post hospital planning.

Thank you for the opportunity to testify on this important legislation.

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HOUSE OF
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"Neighbors Helping Neighbors"

P.O. Box 3208 Wailuku, HI 96793
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FAX TRANSMITTAL

DATE: 2-1-2016

TO: Representative Au Belatti **FAX NUMBER:** 800-535-3859.

FROM: **Candice Carter, Executive Director**

PHONE: **(808) 249-2545**

FAX: **(808) 249-2547**

EMAIL: **lori@nahoaloha.org**

Number of Pages (including transmittal sheet): 2

Instructions/Message:

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2016 FEB -1 P 3: 15

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"Neighbors Helping Neighbors"

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February 3, 2016

Representative Au Belatti, Chair
House Committee on Health

Re: HB2252, Relating to Discharge Planning

Na Hoaloha – Maui Interfaith Volunteer Caregivers, is a Maui non-profit serving 465 clients in Maui County. We are unable to be present at the hearing and appreciate the opportunity to provide these comments.

Na Hoaloha provides services for homebound frail elders and to family caregivers. Our mission is to "provide compassionate care to seniors and persons with disabilities to help them remain independent and to enhance their quality of life."

We work closely with family caregivers and understand the ongoing stress they experience by providing the 24/7 care for their loved one. It's unimaginable to add uncertainty and confusion to their already difficult lives by not ***giving all patients and their caregivers the information they need to be safe***. Caregivers have told us they feel guilty and responsible when their loved-one is readmitted to the hospital because they weren't given the information they needed to provide the care at home. One of our caregivers told us her father was discharged from the hospital with an open wound and she was never given care instructions resulting in his death. Caregivers are not medical technicians. They need your help by giving them the information they need to keep their loved-one safe at home.

We are asking you to amend the language in HB 2252 allowing all patients and their caregivers to opt in for after care instruction.

We appreciate the opportunity to provide these comments and respectfully ask you to amend the language to help all patients and their caregivers.

Respectfully,

Candice Carter
Executive Director

AARP
Real Possibilities

February 3, 2016

House Committee on Health
Representative Della Au Belatti, Chair

Re: **<u>HB2252, RELATING TO DISCHARGE PLANNING</u>**

Chair Belatti and Members of the Committee:

My name is Gerry Silva, and I am State President for AARP Hawaii. AARP is grateful to have this opportunity to testify on HB2252 on behalf of our nearly 150,000 members in Hawaii and in support of family caregivers across the state. Family caregivers are the backbone of the long-term services and supports system in Hawaii, but their contributions are frequently unrecognized and largely unsupported. Approximately 154,000 unpaid family caregivers in the state are caring for a relative or loved one, helping them to live independently in their own homes. These caregivers provide services valued at approximately $2.1 billion annually.

When someone is released from the hospital, it is most often their family members and friends who are on the front lines, helping to carry out discharge instructions and provide the after-care necessary to keep their loved ones healthy and safe at home. In many cases, family caregiver help is the only option for those who want to return to their homes, as community resources may not be readily available or are too costly. Caregiver help is crucial to preventing hospital readmissions and keeping their loved ones out of costly nursing homes. Despite their importance, family caregivers are often left out of crucial discharge planning discussions and receive little or no training on the medical and nursing tasks they will perform when their loved ones return home.

AARP has been heavily involved now for many years in raising the profile of this issue and helping to develop legislative solutions. Hawaii was actually the first state in the country to introduce legislation to address this problem back in January 2014. Since that time, 18 states and Puerto Rico have enacted similar laws and at least 20 more states are considering related bills this year. In the majority of states that introduced this type of bill through 2015, state hospital associations have either outright supported the bills or have taken a neutral position. Some of these bills have already taken effect in states across the country and hospitals are successfully incorporating the provisions into their procedures. No state, whether or not they passed this type of legislation, has had a financial appropriation attached to the bill.

We were active participants in the task forces created by resolution in 2014 and 2015, and mobilized our volunteer advocates and research resources to further advance the issue. We note that the latest Legislative Family Caregivers Working Group report showed that legislators were in agreement on the following: 1) hospitals should provide patients the opportunity to designate a caregivers; 2) hospitals should notify a patient's caregiver when the patient is discharged from the hospital; 3) caregivers should be provided a consistent level of instructional support regardless of the patient's hospital.

Based on our learnings, and taking into account the comments of Hawaii's hospitals and other stakeholders, we helped develop SB2208 and HB1879, which were included as part of the Kupuna Caucus package and introduced this session. While we still feel that those bills provide the most needed supports for family caregivers, and we hope that they will be heard, we are encouraged by the emergence of this bill, HB2252, and its companion bill, SB2397, which seek to address many of the same concerns. We thank the sponsors of these bills and the others involved in their development for their thought and attention to this important matter.

AARP is willing to support HB2252 with the following revision:

- We recommend that the definition of "patient" be amended to read as follows: "'Patient' means an individual admitted to a hospital for inpatient treatment who**: (a) has chosen to receive discharge planning after being informed of the option by the hospital, which option shall be expressly provided to all inpatients; or (b)** has been evaluated by the hospital as likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning."

As it stands now, the definition of "patient" simply codifies existing hospital discharge standards from the Conditions of Participation established by the federal Centers for Medicare & Medicaid Services. These are the same standards that have left too many willing family caregivers out of discharge planning discussions and unprepared for the aftercare they will provide at home. We believe that HB2252 should improve on existing standards and our proposed revision will ensure that patients are able to choose when they would like a family caregiver involved in their discharge process and not leave that determination solely to the hospitals. Any legislative solution in this area must put the needs and perspective of patients and their family caregivers at the forefront. AARP's goal is to make sure as many family caregivers as possible have the opportunity to participate in discharge planning and instruction to better keep their loved ones safe at home. This is a key feature of the Kupuna Caucus bills, and must be included in this bill to truly address the needs of all family caregivers in Hawaii.

Thank you again for this opportunity to testify. We sincerely hope that 2016 will be the year that Hawaii's legislature acts to give Hawaii's family caregivers these basic supports to make their big responsibilities a little bit easier.

The Twenty-Eighth Legislature
Regular Session of 2016

HOUSE OF REPRESENTATIVES
Committee on Health
Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair
State Capitol, Conference Room 329
Wednesday, February 3, 2016; 10:00 a.m.

STATEMENT OF THE ILWU LOCAL 142 ON H.B. 2252 RELATING TO DISCHARGE PLANNING

The ILWU Local 142 wishes to offer comments on H.B. 2252, which requires hospitals to adopt and maintain discharge policies, consistent with recent updates to federal regulations, to ensure that patients continue to receive necessary care after leaving the hospital.

The ILWU is a member of the coalition that supports the CARE Act, which has been considered by the Legislature in the past two legislative sessions. Despite legislative working group efforts, no agreement has yet been reached on language to satisfy all parties. This bill, however, comes very close—with the exception of the definition of "patient."

We respectfully suggest that the definition of "patient" be amended to read: *"Patient" means an individual admitted to a hospital for inpatient treatment."* With this definition, any patient who has been admitted for inpatient treatment will have the opportunity to designate a caregiver, and that caregiver shall be notified of any plan to discharge the patient. If after-care instruction is needed, the caregiver may receive these instructions. A patient who does not wish to designate a caregiver has the right to decline the offer to designate one.

In our view, there are common-sense reasons for designating a caregiver when the patient is frail elderly, seriously ill or disabled, and incapable of caring for himself or herself. And there are also legal concerns that hospitals rightly have about liability if they are required to provide after-care instructions. But H.B. 2252 and other bills dubbed "the CARE Act" address these concerns by including language to shield hospitals from liability.

The ILWU believes it is time to come to an agreement and move forward. We appreciate your consideration of suggested language to amend the definition of "patient" and remove the appearance of hospitals exercising discretion that may deny patients the right to a designated caregiver's support.

Thank you for the opportunity to share our views and concerns.

February 3, 2016

Committee on Health
Rep. Della Au Belatti, Chair

Testimony regarding: **HB 2252, RELATING TO DISCHARGE PLANNING**

Chair Belatti and members of the Committee:

As a geriatric physician, I am very well acquainted with the challenges that caregivers face when asked to provide homecare for someone who has been hospitalized.

I previously submitted testimony the CARE Act as part of the Kupuna Caucus legislation, and still feel it is a good piece of legislation that only asks that a hospital develop a process to ask EVERY adult patient if they have someone to help should they need it when they return home. If so, the hospital staff can offer to discuss the discharge plans with that caregiver, in order to explain what care is needed.

Caregiver involvement at discharge is recommended by the medical/geriatric research as one of the most powerful ways to improve patient safety, reduce re-admissions, and reduce caregiver burden. This is why 18 states have passed this legislation in the last 2 years, with 20 additional states introducing legislation similar to the CARE Act bill **HB1879** (companion bill SB2208) in 2016 which is part of the Kupuna Caucus legislative package.

HB 2252 does come close to achieving most of the same features of HB1879.

However, I agree with the Hawaii Care Act Coalition's position that the definition of "patient" should be changed. "'Patient" means an individual admitted to a hospital for inpatient treatment who**:** (a) has chosen to receive discharge planning after being informed of the option by the hospital, which option shall be expressly provided to all inpatients; or (b) has been evaluated by the hospital as likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning."

As a physician I don't believe it should be left to the discretion of the hospital staff to decide on a case by case basis who might need a caregiver's help at discharge. It is far safer to develop a process that ensures that every patient be asked if they had someone to help them if needed after returning home.

For example, delirium is very common (in some studies it occurs in 50% of hospitalized adults over 65 years old) and is also very rarely identified by hospital staff because symptoms wax and wane. If a staff member (physician, nurse, or discharge planner) happens to meet with a patient when they seem to be lucid and "decides" they won't need help with their medications at home, then they may have missed the crucial need to explain discharge instructions to the caregiver. The patient with delirium will not likely remember the instructions.

It is also crucially important to find out if a patient does NOT have anyone to help at home. This information guides health professionals as to whether additional resources or a different discharge plan is in that patient's best interest. If you don't ask, you won't know.

Finally, I would dispute the 23 million dollar figure cited in the bill's preamble as to the cost of nursing time required to involve caregivers in discharge planning instructions. It was erroneously based on 2 million OUTPATIENT visits in an interview by the Hawaii Healthcare Association in a Pacific Business News article and not INPATIENT discharges where major illnesses frequently involve significant changes in the care plan at time of discharge.

Any assertion that discharge planning is an additional cost to a hospital should be questioned. If a patient presses the nurse "call button" in the hospital, there is a cost to that time spent walking to the room and addressing the patient need. Hospitals don't "charge" for that service, it is incorporated in the overall cost of care for the patient's hospital stay. We take for granted that this would be included in quality hospital care. Asking if someone has a caregiver at home, and involving them in the explanations of what is needed after discharge is very similar to this. It is an expected and crucial part of providing good medical care.

It is in fact how we will want to be treated when we are patients or caregivers.

Laurel Coleman MD
Geriatric Medicine
PABEA member, Kaua'i
Member, CARE Act Coalition

This testimony is also submitted on behalf of PABEA (Policy Advisory Board for Office of Elder Affairs).

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 01, 2016 12:16 PM
To: HLTtestimony
Cc: lkakatsu@hawaii.rr.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252

Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn Murakami-Akatsuka	Individual	Support	No

Comments: I strongly support the passage of HB 2252 to help Hawaii residents and their caregivers to receive proper discharge plans and followup assistance from the hospitals. Thank you for the opportunity to testify.

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 Belatti, Chair
Representative Richard P. Creagan, Vice Chair

FROM: Eldon L. Wegner, Ph.D.,
Hawaii Family Caregiver Coalition (HFCC)

SUBJECT: HB 2252 Relating to Hospital Discharge

HEARING: 10:00 am Wednesday, February 3, 201
Conference Room 329, Hawaii State Capitol

POSITION: I **strongly supports HB 2252** which requires hospitals to give patients the opportunity designate a caregiver, enter the caregiver's name in the medical record, notify the caregiver prior to the patients transfer or discharge, and provide instructions to the caregiver on the care of the patient after being discharged to home.

RATIONALE:

This proposed bill addresses would improve the ability family caregivers to provide quality care for their frail and disabled loved ones after being discharged from the hospital to home.

- 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, including performing complex medical procedures. 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 addresses the fears of hospitals for incurring liability and is a sensible approach to making it feasible to arrange for the needed training of caregivers.

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

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 01, 2016 11:46 AM
To: HLTtestimony
Cc: marseel@aol.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn	Individual	Support	No

Comments: Representatives, I am strongly in support of this measure which will assist families in discharging their considerable responsibilities in caring for family members who return to their homes following hospitalization. I have had many families relate their experiences about the hardships they face during this difficult time. My own experiences convinced me years ago of the inadequacy of the current process when I saw what my mother went through in her 80s when my father was hospitalized a number of times..each discharge leaving him more disabled than the last. She was not prepared for the care required, had little to no instruction and was expected to complete tasks that included lifting, tolieting, feeding, bathing and incision care to name only a few. How can we continue to allow this to burden our families? Our goal is to make sure as many family caregivers as possible have the opportunity to participate in discharge planning and instruction to better keep their loved ones safe at home. This is a key feature of the Kupuna Caucus bills, and must be included in this bill to truly address the needs of all family caregivers in Hawaii. By simply designating a caretaker and providing instruction if desired as called for in this bill is a great start to alleviating these problems. Thank you for your consideration of this important measure. Marilyn R Seely

3920 Hunakai St.
Lihue, Hawaii 96766
February 1, 2016

Della Au Belatti, Chair
House Committee on Health

Re: **HB 2252 – RELATING TO DISCHARGE PLANNING**

Chair Bellati and members of the Committee:

My name is Janice S. Bond and I'm a resident of Lihue, Kauai. Thank you for allowing me to submit comments on HB2252. As currently written, the bill does not provide a consistent opportunity for patients and their caregivers to receive needed instructions. The definition of Patient needs to be changed to allow all patients and their caregivers to opt in for after care instructions.

My son was diagnosed with necrotizing faciitis and was in a coma for six days then transferred to an Oahu hospital for several months where he suffered multiple complications. I was told to bring a suitcase when they were releasing him to put in his wound care supplies. I did not have written instructions so contacted a CNA friend to provide support when he was home. If this bill is about improving health and safety, the patient should determine whether their caregiver needs instruction – everybody's knowledge and comfort level is different.

Thank you for the opportunity to testify. I hope you will modify the definition of patient to include everybody admitted to the hospital.

Mahalo,

Janice S. Bond

Janice S. Bond

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 01, 2016 5:12 PM
To: HLTtestimony
Cc: joyamarshall0416@gmail.com
Subject: *Submitted testimony for HB2252 on Feb 3, 2016 10:00AM*

HB2252
Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Marshall	Individual	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.

To: House Committee on Health
Representative Della au Belatti, Chair

Date: Wednesday, February 3, 2016
Time: 10:00 a.m.
Location: Conference Room 329

Re: HB2252, Relating to Discharge Planning

Chair Baker and Members of the Committee:

My name is Esther Ueda, and I am writing to provide comments on SB 2397, Relating to Discharge Planning.

I have assisted in various aspects of caregiving and also have many friends and family members who are currently caregivers or have been caregivers in the past. Based on my experience, I feel it is really important for family caregivers to get some training to care for their loved ones.
It is very costly to obtain professional care, and many families try to do the best they can without professional help or with limited professional help.

This bill would help to make sure that_steps are followed in the hospital discharge process, to assist family caregivers in getting proper training to help care for loved ones after they are discharged from the hospital.

I support the bill, but feel that the definition of Patient as provided in this bill could create some problems in caregivers getting the proper training that is needed.

I recommend that the bill be amended to expand the definition of Patient to include all persons entering the hospital, to at least give them the option of getting some training, before discharge of a family member.

In summary, I support HB2252 with the proposed amendment to the definition of "Patient. "

Thank you for allowing me to submit this testimony.

Sincerely,

Esther Ueda
Pearl City, Hawaii

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 3:03 PM
To: HLTtestimony
Cc: mamaupin@hotmail.com
Subject: *Submitted testimony for HB2252 on Feb 3, 2016 10:00AM*

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin	Individual	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.

February 2, 2016

Committee on Health
Representative Della Au Belatti, Chair

RE: HB 2252, Relating to Discharge Planning

Chair Belatti and Members of the Committee:

Thank you for this opportunity to add my voice to the many others who are urging this committee to enact legislation that will support caregivers across the state of Hawaii. Like them, I believe that it is critically important that caregivers be give the opportunity to be informed and supported in providing the care that their loved ones will need when they are discharged from a hospital, not only to ensure their continued recovery, but to also prevent the need for readmission to the hospital.

While the Kupuna Caucus bill is preferable, HB 2252 does address many of the same issues facing caregivers when a patient is discharged from a hospital. However, HB 2252 only applies to patients unilaterally selected by the hospital and thus does not provide every patient with the opportunity to designate a caregiver and include their caregiver in discharge planning. HB 2252 should be revised to ensure that all patients, not the hospitals, be allowed to decide to whether or not to designate a caregiver to be included in his or her discharge planning.

It is past time for Hawaii to join with the 18 states and Puerto Rico who have already adopted similar legislation. It is important to note that no state has had to attach financial appropriation to their bill. The provisions of HB 2252 are simple, straight-forward and require no state funding, and with the important revision noted previously, should be passed by this committee.

Thank you for the opportunity to share my comments with you.

Carl Takamura

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 01, 2016 4:31 PM
To: HLTtestimony
Cc: tomikiso@msn.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
MIDORI KISO	Individual	Comments Only	No

Comments: The House Health Committee hearing for the companion bill – HB2252 – Chair Representative AuBelatti and committee members: My name is Midori Kiso, and I'm the former primary caregiver for two of my late husbands who suffered from senile dementia and Parkinson's Disease respectively. As I recall my days of caregiving I note that, as currently written, this bill does not provide a consistent opportunity for patients and their caregivers to receive needed instructions. A more consumer-based bill should give all hospital inpatients and their designated caregivers an opportunity to receive aftercare instructions prior to discharge. The definition of Patient needs to be changed. Hawaii needs to expand and build on existing standards by requiring hospitals to allow patients an opportunity to designate a family caregiver to be included in the discharge discussion and receive instruction in the aftercare tasks they perform at home. The bill should be broadened to allow patients themselves to decide whether their caregiver will be instructed in the care needed after discharge — not just the hospitals. Thank you for this opportunity to testify. Midori Kiso Moilili, Honolulu

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 8:08 AM
To: HLTtestimony
Cc: fmnhawaii@gmail.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Francis Nakamoto	Individual	Comments Only	Yes

Comments: Under current Federal regulations, hospitals ultimately decide whether or not a patient may designate an individual as his or her unpaid family caregiver once the patient is discharged from the hospital. If the hospital decides no caregiver is necessary, it need not involve the caregiver in discharge planning or inform the caregiver of the impending discharge or transfer of the patient from the hospital and need not provide instruction and training to prepare the caregiver to safely and effectively care for the patient once they are home. Caregiving is not only about feeding, bathing and clothing patients. Frequently, caregiving involves inserting IVs, wound care to prevent infections, cleaning and inserting feeding tubes, among other complex medical tasks. That is a fact of life that cannot be ignored. Unfortunately, there is simply enough community-based resources, insurance coverage or financial wherewithal to hire home nursing care professionals to provide the necessary care or even the training of the caregivers who ultimately bear the responsibility to the patients. HB2252, SB2397, is certainly a step in the right direction, but it defines the term “patient” in such a limited way to perpetuate the hospital’s sole discretion to decide for the patient, whether or not the patient and the caregiver believe in their own judgment that they need to involved in discharge planning, be forewarned of discharges or transfers, and, especially, getting the training they need to provide the crucial care the patient needs once out of the hospital. No one is better aware of their own needs for counseling, instructions and training as the caregiver and the patient. Hospital staffs do not have that capability to assess their needs in a reliable way. Yet, under current rules, there is no duty to hospitals to allow--if not facilitate--this valuable involvement in the planning and execution of this critical responsibility, unless the hospital, in its imperfect and exclusive judgment, decide it should. Patients should be allowed to make that decision, along with the caregiver, since they know best whether it is needed. The definition of “patient” in HB2252, SB2397, allows only the hospital to determine whether the “patient is not likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning”. Once that determination is made, the patient is foreclosed from involving the caregiver so that the caregiver can adequately prepare to competently care for the patient once he or she is alone with the patient, without any assistanc. They must struggle alone until professional home care professional can be enlisted, if ever and if the patient can afford it or have it covered by insurance or federal assistance. I strongly urge this committee to revise the definition of patient to allow for more flexibility and more empowerment to the patient in making this critical decision. This will lead to much better outcomes for patients, less anxiety and stress for our non-professional, unpaid caregivers and the likelihood of less readmissions due to better and more informed care at home following hospital discharges.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 7:55 AM
To: HLTtestimony
Cc: PC70@cornell.edu
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Callahan	Individual	Comments Only	No

Comments: • My name is Pat Callahan and I'm a resident of Kailua KOna. • Thank you for allowing me to submit comments on HB2252. • As currently written, the bill does not provide a consistent opportunity for patients and their caregivers to receive needed instructions. The definition of Patient needs to be changed to allow all patients and their caregivers to opt in for after care instructions. • Personal story of the need for CARE Act or to illustrate why the definition of Patient needs to change. • If this bill is about improving health and safety, the patient should determine whether their caregiver needs instruction – everybody's knowledge and comfort level is different. • Thank you for the opportunity to testify. I hope you will modify the definition of patient to include everybody admitted to the hospital.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 1:43 AM
To: HLTtestimony
Cc: vicki.franco@gmail.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Vicki Franco	Individual	Comments Only	No

Comments: My name is Vicki Franco a resident of Manoa, and I am a family caregiver. As currently written, this bill does not provide a consistent opportunity for the patient and their caregiver to receive needed instructions for at home care upon discharge. The definition of Patient needs to be changed to allow the patient and their caregiver to opt in for after care instructions from the hospital. Anyone who has ever had their parent hospitalized then act as the family caregiver for this parent at discharge is thankful to a hospital that clearly offers to instruct them on some of those difficult duties that are required of them. Unfortunately the duties are more sophisticated today and without this instruction proper care of the family member is unlikely. Medication management, injections, feeding tubes, oxygen tanks, etc. are only a few duties or tasks that may be part of the at home care today. Instructions to the family caregiver, who would be the person who would actually be administering the in home care needs to be provided to allow for a safe and healthy recovery for their parent. If the intent of the proposed legislation is to improve health and safety for those discharged from the hospital, it would work better if the patient determines whether their caregiver needs instruction – everybody’s knowledge and comfort level is different. I hope you will modify the definition of patient to include everyone admitted to the hospital. Thank you for this opportunity to testify.

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 02, 2016 1:06 AM
To:	HLTtestimony
Cc:	sarahyuan@gmail.com
Subject:	Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Yuan	Individual	Comments Only	No

Comments: Aloha Representatives: Thank you for considering the hospital discharge planning bill HB 2252 to address the need for allowing hospital inpatients to designate a caregiver and involving designated caregivers in discharge planning. As it is currently written, this bill only applies to certain inpatients who “have been evaluated by the hospital as likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.” I respectfully suggest that the definition of patients be broadened to also include all inpatients who have chosen to receive discharge planning after being informed of the option by the hospital. The standard of care will improve when no family caregiver is deprived of the opportunity to participate in discharge planning and to receive instruction in the aftercare tasks they will perform at home. In the past four years, more than one third of the states have passed similar laws that apply to all inpatients rather than selective patients as determined by the hospitals--none of these bills asked for a state appropriation. I appreciate the opportunity to share my view via this testimony.

TO: House Health Committee
(Rep. Della Au Belatti, Chair)

DATE: February 1, 2016

RE: HB 2252 – Relating to Discharge Planning

VIA THE WEB TO: http://www.capitol.hawaii.gov/submittestimony.aspx

Aloha Representative Belatti and Committee Members:

My name is Claire Santos and I'm a registered nurse, healthcare advocate and volunteer member of the Hawaii CARE Act Coalition.

As a healthcare professional and former Medicare & Medicaid case manager, I am submitting comments regarding HB 2252 because I have seen the negative change in the hospital discharge planning process in recent years. There was a time when patients and their choice of caregivers were invited to participate in discharge planning and hands-on training in post-discharge healthcare protocols. This is a standard of practice for registered nurses that includes documented verbal understanding and successful return demonstration of procedures by the patient and/or caregiver before hospital discharge can be effected. Unfortunately, in recent years the process has been thinned-out or obliterated altogether by employer-mandated processes. This flies in the face of patient-centered care and patient safety, and has implications with standards set by Medicare/Medicaid and the Patient Protection and Affordable Care Act (Obamacare).

I would add that the definition of "patient," as stated in the current bill, requires adjustment because the current definition would allow hospitals to decide which patients may designate a caregiver – a concept that is not in keeping with self-direction, autonomy or patient-centered care, all of which are industry standard. The designation of a named caregiver must be the patient's choice without question – the patient never gives up the right to make decisions about her or his own body except under very extreme circumstances.

I'm hopeful that HB 2252 will create a Hawaii industry standard that corrects these serious deficiencies and makes quality discharge instruction a priority.

Since 2012, 18 states and Puerto Rico have passed laws allowing patients to designate caregivers, giving caregivers the opportunity to receive after-care instructions to keep their loved ones safe at home after discharge. At least 20 more states are considering related bills this year. None of the bills passed in any other state has called for a state appropriation. Let's return the decision-making to the patient where it belongs.

Thank you for this opportunity to present my comments today.

Sincerely,

Claire P. Santos, MS, RN

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 01, 2016 10:11 PM
To: HLTtestimony
Cc: barbarajservice@gmail.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara J. Service	Individual	Comments Only	No

Comments: I am a senior citizen and a resident of House District 19 and Sentae District 9. I am a member of the CARE Coalition and an active member of AARP, Kokua Council and the Hawaii Alliance of Retired Americans. I would like to provide comments re: HB2522. I am concerned about the proposed bill for the following reasons. It references proposed changed to Title 42 CFR Sec. 482.43 which were proposed in November 2015 and won't take effect, if approved, until 2018. Secondly, the definition of "patient" appears to be based solely on the hospital's evaluation of the situation, regardless of the patient'sdesires. While there are some good points, especially with regard to caretakers, I'm concernrd that the manner in which "patient" is defined will restrict caregiver involvement. Thank you for the opportunity to testify.

From:	mailinglist@capitol.hawaii.gov
Sent:	Monday, February 01, 2016 7:53 PM
To:	HLTtestimony
Cc:	marvshel@gmail.com
Subject:	Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

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

Comments: Re: HB2252 – RELATING TO DISCHARGE PLANNING COMMITTEE ON HEALTH Representative Della Au Belatti, Chair Representative Richard P. Creagan, Vice Chair My name is Michele Paularena, and I'm a resident of Kahului and a member of the CARE Act Coalition. As currently written, the bill does not provide a consistent opportunity for patients and their caregivers to receive needed instructions. The definition of Patient needs to be changed to allow all patients and their caregivers to opt in for after care instructions. If the intent of the proposed legislation is to improve health and safety for those discharged from the hospital, it would work better if all caregivers are given an opportunity to be instructed in the care that needs to be provided at home. Thank you for this opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 01, 2016 4:54 PM
To: HLTtestimony
Cc: adeleonmaui@yahoo.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/1/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
adele rugg	Individual	Comments Only	No

Comments: Aloha .. i humbly ask that you review this bill .. as it does not provide a consistent opportunity for patients and their caregivers (i am a caregiver) to receive needed instructions upon discharge from the hospital .. the definition of 'patient' needs to be changed to allow all patients and their caregivers to opt in for after-care instructions .. mahalo nui loa for your kokua .. adele rugg - resident of Kihei Maui ..

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 9:13 AM
To: HLTtestimony
Cc: raymond.boland@noaa.gov
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Raymond Boland	Individual	Comments Only	No

Comments: Chair Belatti and Committee Members, My name is Raymond Boland and I’m a resident of Kaneohe, Hawaii. Thank you for allowing me the opportunity to submit comments on HB 2252 Relating to Discharge Planning - and for scheduling a hearing for this bill. The seemingly simple steps in this bill will do some good for caregivers and those they are helping by easing the burden of care and also increasing patient safety. However, I believe that all would be best served by a broader definition of patient. I'm concerned that the way this bill defines the “Patient,” will result in many family caregivers who need discharge instructions, not receiving them. Every situation is different. Some patients are more able than others. Some caregivers are more able than others. We should offer an opportunity for all patients and their caregivers to receive hospital discharge instructions. If they don’t feel they need them, they can opt out. When it comes down to it, a patient is someone’s wife, husband, parent, auntie, uncle, brother, sister, child or friend. I urge you to think about what you would want for yourself or someone you love if you were in the hospital – and modify the definition of patient. Thank you for allowing me the opportunity to comment.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 9:08 AM
To: HLTtestimony
Cc: sophyst@icloud.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

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

Comments: Aloha Representative Au Belatti: My name is Sophia Tang, and I am a caregiver for mom since 2001. I am submitting comments on HB2252 to request that the definition of "patient" be re-written. If not re-written, it would remain status quo. We need a bill to improve health & safety that includes everybody admitted to the hospital. The patient should make the decision whether one's caregiver needs instruction when they're discharged from the hospital. Also, the "patient" should be based solely on the hospital's evaluation, regardless of the patient's needs, desires or preferences. Thank you for the opportunity to testify. Sophia Tang Caregiver in Honolulu 808-561-0430

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 9:28 AM
To: HLTtestimony
Cc: sophyst@icloud.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

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

Comments: Aloha Representative Au Belatti: This a correction to the original testimony submitted: Also, the "patient" should NOT be based solely on the hospital's evaluation, regardless of the patient's needs, desires or preferences. Thank you for the opportunity to testify and to make correction to the original testimony. Sophia Tang A Caregiver in Honolulu 808-561-4370

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.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 9:06 AM
To: HLTtestimony
Cc: pure.interiors@hawaii.rr.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252
Submitted on: 2/2/2016
Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Laurie Kaneshiro	Individual	Comments Only	No

Comments: Chair Belatti and members of the Committee: My name is Laurie Kaneshiro and my Husband and I were caregivers for my Mother who had Parkinson's and Father-In-Law who was blind. Both passed in 2012, but this bill, with comments submitted, would have been extremely helpful to our family. Thank you for allowing me to submit comments on HB2252 relating to discharge planning. This topic is so near and dear to my heart as we went through many challenges in our caregiving duties. We were in the emergency room more times than we care to count. It is so important for the caregiver to receive the information that the patient receives because we are the people who deal with the day to day tasks to help our loved ones. Most of the time, if the patient receives the information it doesn't properly get conveyed to the caregiver and many times is not remembered by the patient. My Father-In-Law was 97 years old and could remember only the things he liked to do. I am submitting comments on this bill and feel the "patient" (page 4) should be changed to allow patients to also have their caregivers instructed in the care needed after discharge. So many times the hospital doesn't understand the family/caregiver/patient dynamics and we the caregivers are instrumental in providing the care after discharge from the hospital so our loved ones can have a full and safe recovery at home. Thank you for the opportunity to testify. I hope you will modify the definition of "patient" to include caregivers of everybody admitted to the hospital. Aloha, Laurie Kaneshiro

House Committee on Health
Della Au Belatti, Chair

Re: Comments on HB 2252 – RELATING TO DISCHARGE PLANNING

DATE: Wednesday, February 03, 2016
TIME: 10:00 a.m.

Honorable Chair Au Belatti and members of the Committee:

My name is Simone C. Polak, and I'm a resident of Maui. My comments are based on my personal experiences as a caregiver to my life partner Leticia who at age 43 was diagnosed with Multiple Myeloma, an incurable blood cancer. From 2008 until her death in 2012, Leticia was hospitalized numerous times on Maui and on Oahu. Some hospitals provided excellent discharge/immediate after care instructions - others not so much!

As such, while I am grateful that this bill addressing Discharge Planning has been introduced, I fear that the current definition of "patient" in this bill will simply result in maintaining the status quo where patients and caregivers are at the mercy of each hospital regarding discharge/aftercare instructions. This is so because each hospital will be left to evaluate whether the patient is "likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning" which I believe is a fuzzy, subjective standard. This bill unnecessarily creates a two (2) tier system: patients who are considered "worthy" of adequate discharge planning and those who are not. I believe that this is wrong.

If the intent of the proposed legislation is to improve health and safety for those discharged from the hospital, it would work better if all caregivers are given an opportunity to be instructed in the care that needs to be provided at home. This clear and objective standard would truly promote uniformity in the State as to the minimal requirements involving the caregiver in the discharge process and post discharge care.

Thank you for this opportunity to submit my comments.

Aloha,
Simone C. Polak
Wailuku, Maui, HI 96793
808-264-1501

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 02, 2016 9:24 AM
To: HLTtestimony
Cc: ghissourosala@yahoo.com
Subject: Submitted testimony for HB2252 on Feb 3, 2016 10:00AM

HB2252

Submitted on: 2/2/2016

Testimony for HLT on Feb 3, 2016 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ghissou Rosala	Individual	Comments Only	No

Comments: This is an attempt to help families and caregivers to be more helpful for patients who need assistance after hospital discharge. It is obvious that in-home care is more efficient when patient's situation is discussed with whom ever is going to give care to individual patient at home.

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.

Committee on Commerce, Consumer Protection and Health
Representative Au Belatti

Re: HB2252 - RELATING TO DISCHARGE PLANNING

Chair Baker and members of the Committee:

My name is Susan Ventura and I'm a resident of Wailuku, Maui. As currently written, the Bill does not provide a consistent opportunity for patients and their caregivers to receive needed instructions. The definition of Patient needs to be changed to allow all patients and their caregivers to OPT IN for after care instructions.

If the intent of the proposed legislation is to improve the health and safety of those discharged from a hospital, it wold work better if all caregivers are given an opportunity to be instructed in the care that needs to be provided at home.

Thank you for this opportunity to testify.

Re: HB 2252 – RELATING TO DISCHARGE PLANNING

Representative Au Belatti and members of the Committee

My name is Lena Staton. I am a Hawaii resident and caregiver to a long time friend who is now suffering from terminal bone cancer.

This friend has no family here in Hawaii. I've had to pick my friend up after surgery not knowing if he was in need of further assistance, or what kind of needs he had to help his recovery. In his medicated state (instructed not to drive) I'm not even sure if he received instructions for care or if he did, did he comprehend them. Any Caregiver Bill needs to require that both patient and caregiver receive after care instructions upon discharge.

Recently, my husband was operated on for 5 hernias. He was sent home with narcotic pain medication, 7 wounds, a catheter, and a foley bag to utilize until his next check up, which was scheduled for a week after his discharge. If I wasn't given the thorough after-care instructions on how and what to do for my husband, I would have faced a lot of anxiety at home. I am squeamish and would be a very bad nurse, but with the after-care instructions I could care for my husband at home with confidence and compassion.

As it is currently written, this does not provide consistent opportunity for patients and their caregivers to receive needed instructions. Furthermore, the definition of Patient needs to be changed to allow all patients AND their caregivers to opt in for after care instructions.

Thank you very much for your time in considering support of the Care Act. I hope you will modify the definition of patient to include everybody admitted to the hospital.

State of Hawai`i
Twenty-Eighth Legislature 2016

Testimony on HB2252
February 2, 2016

House Committee on Health
Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice-Chair

Representative and Chair Au Belatti, Representative and Vice Chair Creagan, and Members of the Committee:

My name is Colette Browne, and I have had the distinct privilege of serving as chair the Gerontology Program the Myron B. Thompson School of Social Work at the University of Hawaii for the past 25 years. I have also had the privilege of more than 30 years of professional social work and public experience in gerontology and have worked and or been affiliated with two major health care centers in Hawai`i. However, today I am testifying as a private citizen who has experienced firsthand the challenges and heartbreak associated with caring for an 92 year old mother and a 69 year old sister who have experienced numerous hospitalizations over the past few years

I speak today against HB2252as currently written. In reading this bill, I believe it will not deliver what Hawaii caregivers had hoped for, and that is to provide families with the opportunity for instruction upon their loved one's impending discharge.

I can share with you that even with my background, and even at the best hospitals, an admission can be overwhelming to an elder and family. The elder is faced with declining health, and hopes to be able to go home, to "age-in-place." From the family's perspective, we come face-to-face with numerous and varied professionals who seem to use their own language and terminology, and rarely have time to talk with you about the patient's diagnosis or prognosis. An impending discharge often brings not anticipation but fear—what has to be done to keep my mother—or father—safe and healthy as they transition from hospital to home? How will I know what to do? Who can help? As for this list of services I have just been given –what does this mean? How do I carry out the after care instructions if I'm the one who has to do it?

HB2252 does not give patients and their caregivers the option to receive discharge instructions if they need it. Under this bill, who gets discharge instructions is still a unilateral decision whereby only the hospitals determine who receives after care instructions and the patient's desire to have his family caregiver included can be disregarded.

In contrast, effective and efficient patient care must require that the patient—not the hospital—designate the family caregiver who will receive this opportunity. Hospital re-admissions are costly for everyone—not only economically but also emotionally. Providing ALL patients and their caregivers with the opportunity to receive instruction on post hospital care not only makes sense—it is the right thing to do, and embodies the true meaning of aloha for our kupuna, their families, and our community. If this bill was amended to offer the opportunity to receive discharge instructions to all patients and their caregivers, it would then advance our goal of having patient-centered care.

Thank you for giving me this opportunity to provide this testimony on HB2252.

Colette V. Browne
7805 Makaaoa Place
Honolulu, HI 96822