



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
March 1, 2016

The Honorable Gilbert S.C. Keith-Agaran, Chair
Senate Committee on Judiciary and Labor
and

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services
Twenty-Eighth Legislature
State Capitol State
of Hawaii
Honolulu, Hawaii 96813

Dear Senator Keith-Agaran, Senator Chun Oakland, and Members of the Committees:

SUBJECT: SB 2397 SD1 - Relating to Discharge Planning

The State Council on Developmental Disabilities **SUPPORTS the intent of SB 2397 SD1**. 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 6, lines 2-5: "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 SB 2397 SD1**.

Sincerely,

Waynette K.Y. Cabral, MSW
Executive Administrator

Josephine C. Woll
Chair

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc:
Subject: *Submitted testimony for SB2397 on Mar 1, 2016 08:50AM*
Date: Wednesday, February 24, 2016 2:28:53 PM

SB2397

Submitted on: 2/24/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Bathey Fong	Self-Advocacy Advisory Council	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

To: The Honorable Gilbert S.C. Keith-Agaran, Chair, Committee on Judiciary and Labor
The Honorable Maile S.L. Shimabukuro, Vice Chair, Committee on Judiciary and Labor
Members, Committee on Judiciary and Labor

The Honorable Suzanne Chun Oakland, Chair, Committee on Human Services
The Honorable Gil Riviere, Vice Chair, Committee on Human Services


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

Date: February 26, 2016

Hrg: Senate Committee on Judiciary and Labor and Committee on Human Services Joint
Hearing; Tuesday, March 1, 2016 at 8:50am in Room 016

Re: Support for SB 2397, SD1, Relating to Discharge Planning

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (Queen's). I would like to express my **support** for SB 2397, SD1, 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 Queen's, we are dedicated to providing the highest quality care for our patients. Queen's 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.

In addition, Queen's believes 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.

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



March 1, 2016 at 8:50 AM
Conference Room 016

Senate Committee on Judiciary and Labor
Senate Committee on Human Services

To: Chair Gilbert S.C. Keith-Agaran
Vice Chair Maile S.L. Shimabukuro

Chair Suzanne Chun Oakland
Vice Chair Gil Riviere

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: Testimony in Support
SB 2397 SD 1, 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 the committees for the opportunity to **support** SB 2397 SD 1. 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.

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

March 1, 2016 at 8:50am
Conference Room 016

Senate Committee on Judiciary and Labor

To: Senator Gilbert Keith-Agaran, Chair
Senator Maile Shimabukuro, Vice Chair

Senate Committee on Human Services

To: Senator Suzanne Chun Oakland, Chair
Senator Gil Riviere, Vice Chair

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

Re: Testimony in Support – SB 2397, SD1

My name is Michael Robinson, Vice President, Government Relations and Community Affairs 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.

HPH is writing in **support** of SB 2397, SD1 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.

SB 2397, SD1 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.

TO: Honorable Senator Gilbert Keith – Agaran, Chair
Honorable Senator Maile Shimabukuro, Vice Chair
Members of the Committee on Judiciary and Labor

Honorable Senator Suzanne Chun-Oakland, Chair
Honorable Senator Gil Riviere, Vice Chair
Members of the Committee on Human Services

DATE: Tuesday, March 01, 2016
TIME: 8:50 AM
PLACE: State Capitol, Conference Room 016
SUBJECT: Testimony in support of SB 2397, SD 1, Relating to Discharge Planning

Chairs Keith-Agaran and Chun Oakland and Committee Members of Judiciary and Labor and Human Services

Thank you for the opportunity to submit a written testimony in **STRONG SUPPORT OF SB 2397, SD 1 Relating to Discharge Planning.**

Project Dana is an interfaith volunteer caregivers program that provides support services through a corps of trained volunteers, guided by the principle of “Dana:”, which combines selfless giving and compassion in contributing towards the well-being of the frail elderly, disabled persons and family caregivers. The Project has been humbly serving the statewide community for 27 years.

The volunteers who serve the older population are sensitive to Hawaii’s diverse cultures and traditions. As Administrator of Project Dana, I can attest to the concerns and issues facing the frail elderly and disabled persons. The volunteers from time to time have witnessed the frail elderly who are frequently in and out of the hospitals whose desire is to remain in their homes and live independent lives to the fullest as long as possible.

Project Dana feels that some training be strongly considered to family caregivers when hospitals are in the process of discharging patients, such as medication management, injections, wound care, and special diets. Too often the patient being discharged is not capable of receiving instructions. Training family caregivers before their loved ones are discharged can help alleviate stress and suffering and in some cases save lives.

Please support SB 2397, SD 1 so that instructions or training be provided to family caregivers in order that their loved ones remain in their homes as long as possible.

Thank you very much,
Rose Nakamura
Administrator, Project Dana

The Twenty-Eighth Legislature
Regular Session of 2016

THE SENATE

Committee on Judiciary and Labor

Senator Gilbert S.C. Keith-Agaran, Chair

Senator Maile S.L. Shimabukuro, Vice Chair

Committee on Human Services

Senator Suzanne Chun Oakland, Chair

Senator Gil Riviere, Vice Chair

State Capitol, Conference Room 325

Tuesday, March 1, 2016; 8:50 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON S.B. 2397, SD1
RELATING TO DISCHARGE PLANNING**

The ILWU Local 142 **supports** S.B. 2397, SD1, 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 a coalition that supports the CARE Act, which has been considered by the Legislature the past two legislative sessions. The CARE Act proposes to require hospitals to give a patient admitted to a hospital for inpatient treatment the opportunity to designate a caregiver, to notify the designated caregiver about planning for the patient's discharge, and to provide the caregiver with instructions for any after-care needs at home. Two working groups have met to discuss how to develop a bill that is amenable to all parties.

We believe the language in S.B. 2397, SD1 adequately addresses concerns, particularly with the amendment by the Senate Committee on Commerce and Consumer Protection and Health to simplify the definition of "patient" and remove any concern that hospitals may deny patients the right to a designated caregiver's support.

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 S.B. 2397, SD1 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 urge passage of S.B. 2397, SD1. Thank you for the opportunity to provide testimony on this measure.

February 29, 2016

Committee on Judiciary and Labor
Senator Keith-Agaran, Chair

Committee on Human Services
Senator Chun Oakland, Chair

RE: SB2397 SD1

Chairs Chun-Oakland and Keith-Agaran, and Members of the Committees:

My name is Laurel Coleman, and I am submitting this testimony on behalf of PABEA.

PABEA (Policy Advisory Board for Elder Affairs) has long supported the CARE Act and has continued to advocate for the important role that caregivers play when a patient leaves the hospital. We submitted testimony for the CARE Act when it was submitted with the Kupuna Caucus package of legislation and we continue to support this effort with SB2397 SD1.

All hospitalized patients should have the opportunity to name a caregiver who might help them at home, and if desired by the patient the caregiver should be given the opportunity to receive after-care instructions. Involvement of caregivers has been shown in multiple studies to be crucial for patient safety, avoidance of re-admissions and return ER visits.

Hawai'i should join the 18 other states that have passed the CARE Act, and the 23 other states that are introducing this important legislation. Similar bills in other states have not requested any state appropriation.

PABEA conditionally supports SB2397 SD1 - but ONLY with amendments proposed by AARP - CARE Act Coalition regarding the preamble and Section 2. These amendments are especially important because it should always be up to the patient to decide whether they want to involve a caregiver in their discharge planning/instructions. It should not be decided by the hospital staff on a "case by case basis".

Asking a patient if they have a caregiver at home, and offering to involve the caregiver in an explanation of what is needed after discharge is an expected and crucial part of providing good medical care.

Laurel Coleman MD
Geriatric physician
PABEA member

This testimony is submitted on behalf of PABEA.

Aloha Chairs Keith-Agaran, Chun Oakland and committee members:

I am a senior citizen and I live in House District 19 and Senate District 9.

This testimony in support of SB2397 SD1 is being submitted on behalf of Kokua Council, an non-profit group serving seniors and others who can't or don't advocate for themselves. Kokua Council has been active in Hawaii for more than 40 years.

Kokua Council is pleased that SB2397 SD1 further clarified the vital role of caregivers in discharge planning, in order to enable patients to return to their own homes safely, with reduced chance of being hospitalized. Kokua Council supports the recommended amendments suggested by the CARE Act Coalition, specifically that the purpose of the Act ensures that discharge policies exceed existing or proposed federal requirements regarding caregiver instructions.

Thank you for the opportunity to testify.

Barbara J. Service

Kokua Council

Faith Action for Community Equity, Oahu Chapter

March 1, 2016

Committee on Judiciary and Labor
Senator Gilbert S.C. Keith-Agaran, Chair

Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Judiciary and Labor and Human Services Committees Hearing
Tuesday, March 1, 2016
8:50 a.m., Conference Room 016

RE: SD2397 SD1, RELATING TO DISCHARGE PLANNING

Chair Keith-Agaran, Chair Chun-Oakland and Members of the respective Committees on Judiciary & Labor and Human Services.

My name is Patrick Zukemura, President of Faith Action for Community Equity (FACE), Oahu Chapter, which is part of the Hawaii Care Act Coalition. We appreciate this opportunity to provide testimony in support of SB2397 SD1 with amendments.

We feel that simply meeting the federal standard is not enough. The bill should exceed existing and proposed federal rules related to hospital discharge. We suggest the Committees consider the conditions of participation for hospitals adopted by the Centers for Medicare and Medicaid Services.

We hope you will concur with our suggestions and pass this bill.

Thank you again for the opportunity to provide testimony.



March 1, 2016

Committee on Judiciary and Labor
Senator Gilbert S.C. Keith-Agaran, Chair

Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Re: **SB 2397 SD1, RELATING TO DISCHARGE PLANNING**

Chair Keith-Agaran, Chair Chun Oakland and Members of the Committees:

I am Barbara Kim Stanton, State Director of AARP Hawaii. AARP is grateful to have this opportunity to testify on SB2397 SD1 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.

Since 2014, 18 states and Puerto Rico have enacted laws allowing patients to designate caregivers and giving caregivers the opportunity to receive after-care instructions to keep their loved ones safe at home after discharge. Another 23 state are introducing CARE Act legislation in 2016.

AARP Hawaii is pleased that the preamble of SD1 reflects a balanced view of family caregivers in Hawaii. We are also pleased that the SD1 clarified the legislative intent to ensure that the CARE Act provisions apply to all patients admitted to the hospital for inpatient treatment. Our only remaining recommendation is that the bill's intent be further clarified to exceed existing and proposed federal requirements regarding caregiver instructions.

As such, AARP Hawaii supports SB2397 SB1 with two clarifying technical amendments:

1. We recommend that Section 2(c) be revised to read: "In addition to the requirements of 2(a) and 2(b), [T]he discharge policy or policies shall also include one of the following:
(1) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organizations; or

(2) The conditions of participation for hospitals adopted by the Centers for Medicare and Medicaid Services.”

2. We also respectfully recommend that the preamble be revised for clarity as follows: “The purpose of this Act is to add to the existing requirements and ensure that families are supported by ensuring that all patients in an inpatient hospital designate a caregiver who shall be notified prior to the discharge or transfer of their loved one...”

We are pleased with the progress that has been made to date on an issue of great concern to our community, including members of the Hawaii CARE Act Coalition and AARP. We hope you will concur with these friendly proposed revisions.

Thank you for this opportunity to testify.

To: Senate Committee on Judiciary and Labor
Senator Gilbert S.C., Keith-Agaran, Chair

Senate Committee on Human Services
Senator Suzanne Chun – Oakland, Chair

Date: Tuesday, March 1, 2016
8:50 a.m., Room 016

Re: SB 2397, SD 1– RELATING TO DISCHARGE PLANNING

Chairs Keith-Agaran, Chun-Oakland and members of the Committees:

I am Audrey Suga-Nakagawa, a private consultant with over 25 years of health care administration and geriatric services in Hawaii. I have worked in our public hospital system as well as with the State and county agencies on aging, the University of Hawaii and private nonprofit organizations serving Hawaii's older adults throughout my career. I was also a former family caregiver who took care of both parents for over 10 years until their recent passing. Therefore I am very familiar with our health care system both professionally and personally.

I am pleased that the preamble of SD1 reflects a balanced view of family caregivers in Hawaii and also the legislative intent is clearer to ensure that the CAREAct provisions apply to all patients admitted to the hospital for inpatient treatment. To ensure that the proposed legislation has no further ambiguity, I **support this bill with two more technical recommendations that:**

1. The first sentence in the last paragraph of the preamble should be revised for clarity as follows: "The purpose of this Act is to add to the existing requirements and ensure that families are supported by ensuring that all patients in an inpatient hospital designate a caregiver who shall be notified prior to the discharge or transfer of their loved one..."

2. For additional clarity we recommend that Section 2 (c) be revised to read: "In addition to the requirements of 2 (a) and 2 (b), [T]he discharge policy or policies shall also include one of the following:

- (1) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organizations; or
- (2) The conditions of participation for hospitals adopted by the Centers for Medicare and Medicaid Services."."

The bill should exceed existing and proposed federal rules related to hospital discharge. Simply meeting the federal standard isn't enough, as that is what is required now. Thank you for allowing me to submit my testimony.

Sincerely,

Audrey Suga-Nakagawa
1626 Ala Mahina Place
Honolulu, Hawaii 96819

To: Senate JDL/HMS Committee hearing on the CARE Act Bill

Date: Tuesday, March 1, 2016

Re: SB2397 SD1 Relating to Discharge Planning

Chair Keith-Agaran, Chair Chun Oakland, and Members of the Committees::

Our names are Fredrich J. Burian, and Chalintorn N. Burian, Ph.D. and we are writing in regard to SB2397 SD1, Relating to Discharge Planning.

We would like to request that you support SB2397 SD1 with amendments, as expressed by AARP Hawaii. This bill should exceed existing and proposed federal rules relating to hospital discharge. Simply meeting the federal standard isn't enough, as that is what is required now.

We thank you for the opportunity to testify. We thank you in advance for your kind support.

Sincerely,

Fredrich J. and Chalintorn N. Burian, Ph.D.

Paauilo-Mauka, The Big Island

Phone: (808)775-1064

TO : SENATE COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agraran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

SENATE COMMITTEE ON HUMAN SERVICES

FROM: Eldon L. Wegner, Ph.D.

HEARING: 8:50 a.m. Tuesday, March 01, 2016 February 26, 2016
Conference Room 016, Hawaii State Capitol

SUBJECT: **SB 2397 SD1** Relating to Hospital Discharge Planning

POSITION: I strongly **support SB 2397 SD1** which would require hospitals to request patients to identify their family caregiver, to inform caregivers prior to transferring the patient, and to include the caregiver provide when instructions to 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. 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 included in providing information of 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.

Thank you for giving me the opportunity to submit testimony.

To: Senate Committee on Judiciary and Labor, and Committee on Human Services

Date: Tuesday, March 1, 2016

Time: 8:50 a.m.

Location: Conference Room 016

Re: SB 2397, SD1 Relating to Discharge Planning

Chair Keith –Agaran, Chair Chun Oakland and Members of the Committees:

My name is Esther Ueda, and I am writing in SUPPORT of SB 2397, SD1 Relating to Discharge Planning, with a clarification that the bill would provide discharge services that exceed Federal Standards.

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 instructions to help care for loved ones after they are discharged from the hospital.

In summary, I support SB 2397, SD1 with the proposed amendment..

Thank you for opportunity to submit this testimony.

Sincerely,

Esther Ueda
Pearl City, Hawaii

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc:
Subject: Submitted testimony for SB2397 on Mar 1, 2016 08:50AM
Date: Monday, February 29, 2016 7:52:25 AM

SB2397

Submitted on: 2/29/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

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

Comments: Chair Keith S.C. Keith-Agaran and members of the committee, SB2397, SD1 is vulnerable to misinterpretation. Section __-2, Designation of a caregiver, subsection (c) states: "The discharge policy or policies shall also include one of the following: (1) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organizations; or (2) The conditions of participation for hospitals adopted by the Centers for Medicare and Medicaid Services." As you may be aware, hospitals are governed by federal rules promulgated and enforced by the Centers for Medicare Medicaid Services (CMS). Existing rules allow the hospitals--not the patients or caregivers--to decide whether patients and caregivers will be involved in the discharge process. The proposed CMS rule changes do not change the status quo, which still keeps that decision in the hands of hospitals. Simply stated, the new, yet to be adopted rules, are an improvement, but clearly not "a game changer." Unfortunately, the existing language of SB2397, SD1 still appear to require that the CMS rules apply by requiring hospitals to "include" the rules, in hospital policies, which means that hospitals still decide. HB22542, HD1 is more confusing by requiring "incorporation" of the federal rules. To be sure, it is wholly unnecessary to even mention the CMS rules in the bill since they already, by law, apply. By referring to the rules and requiring its inclusion in policies that hospitals are mandated to adopt and maintain, it implies that they continue to apply in the discharge process, even if it is not the legislature's intention. This creates an unintended and unnecessary ambiguity in the law, which may be taken advantage of in the future to justify the denial to patients and caregivers of the opportunities the legislature professes to grant. This ambiguity may lead to needless denial of patients' and caregivers' rights, future litigation, and, certainly, confusion if improperly exploited by the hospitals. Accordingly, several reasonable amendments should be considered to eliminate the ambiguity. One solution is to simply add clarifying language. Subsection (c) can be amended to state that the enumerated opportunities are "in addition to" existing federal rules, or the rules represent "the minimum standard of care." It should be clear that the bill is granting rights or opportunities to patients and caregivers that exceed existing federal rules. Finally, Subsection (c) can be deleted altogether since it is unnecessary. Any of these amendments would clear up the bill. The only beneficiaries to this ambiguity or "wiggle room" are the hospitals, which has opposed the Kupuna Caucus bill and

which would prefer the status quo. They now support SB2397, SD1, which was apparently drafted by the hospital lobby. This may explain the hospital lobby's change of heart. If, in its wisdom, the legislature decides to pass SB2397, SD1 as is, it should closely monitor how the law is implemented. All hospital policies mandated by this legislation should be provided to the Department of Health or the Legislative Reference Bureau to assure strict compliance. Hospital discharge practices should be monitored to assure that patients are indeed afforded the right to designate a caregiver and caregivers are involved in the discharge planning process, notified of transfers and discharges and given adequate, understandable instructions.

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
To: [JDLTestimony](#)
Cc:
Subject: Submitted testimony for SB2397 on Mar 1, 2016 08:50AM
Date: Saturday, February 27, 2016 4:16:33 PM

SB2397

Submitted on: 2/27/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

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

Comments: Support SB2397 SB1 to add to the existing requirements and ensure families support by that all patients in a inpatient hospital designating a caregiver who which be notified prior to discharge. Additional conditions of hospitals adopted by the Centers for Medicare and Medicaid Services of their loved ones.

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
To: [JDLTestimony](#)
Cc:
Subject: Submitted testimony for SB2397 on Mar 1, 2016 08:50AM
Date: Monday, February 29, 2016 12:20:14 AM

SB2397

Submitted on: 2/29/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

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

Comments: Re: SB2397 SD1, RELATING TO DISCHARGE PLANNING My Name is Kathleen Phillips. I live I Pukalani, Maui, Hawaii. I am part of the Hawaii Care Act Coalition. I am in support of SB2397 SD1with amendments. My support is contingent on the amendments being made. I am a Caregiver for my husband and my 45 year old daughter who had a massive stroke last year. The proposed legislation should give all hospital in-patients and their designated caregivers the opportunity to receive after-care instructions prior to discharge. Patients and their caregivers should have a voice in determining if they need to have instructions explained to them – prior to discharge. It is important that all caregivers be included with the discharge instructions and receive instructions in the aftercare tasks they will perform at home. I have had several occasions that we had problems upon discharge and the aftercare of my family member. I have spoken with several people who share similar discharge concerns. In conclusion, I believe that the bill should exceed the federal standards related to hospital discharge. Simply meeting the federal standard isn't enough, as that is what is required now. Thank you for your help. Kathleen Phillips

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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Committee on Judiciary and Labor
Senator Gilbert S.C. Keith-Agaran, Chair

Committee on Human Services
Senator Suzanne Chun-Oakland, Chair

Re: **SB 2397 SD1– RELATING TO DISCHARGE PLANNING**

Chair Luke and members of the Committee:

I support SB-2397 SD1 with two clarifying technical amendments:

1. The first sentence in the last paragraph of the preamble should be revised for clarity as follows: “The purpose of the Act is to add to the existing requirements and ensure that families are supported by ensuring that all patients in an inpatient hospital designate a caregiver who shall be notified prior to the discharge or transfer of their loved one....”
2. For additional clarity we recommend that Seciton2 (c) be revised to read: “in addition to the requirements of 2 (a) and 2 (b), the {T} the discharge policy or policies shall also include one of the following:
 - (1) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organization; or
 - (2) The conditions of participation for hospitals adopted by Centers for Medicare and Medicaid Services.”

My name is Ken Takeya, I have been a caregiver for my wife the last 13 years. She suffers from a form of dementia so she is unable to speak for herself. During our journey she has visited the emergency room and was admitted to the hospital a few times for various reasons. On two of her visits she was released from the hospital and I was given very few instructions on her care. I was not smart enough to ask the right questions so on both occasions she was re-admitted because I did not know what to look for or do during her recovery at home. Not only was it costly but a waste of time for both the hospital staff as well as us. A hospital visit by a person without dementia can be scary. A person with dementia it can to traumatic because they do not understand what is going on. I now know what questions to ask and what to look out for but it could have been prevented if someone took a little more time prior to her discharge to explain what to do and what to look out for.

As part of the Hawaii CARE Act Coalition, I support the Care Act with the hope that someone else will not have to go through what we experienced. Somehow the compassion for the caregiver and their loved one has been replaced by financial concerns of the hospitals and insurance companies.

Sincerely,

Ken Takeya

From: [Sen. Gilbert Keith-Agaran](#)
To: [Keith Agaran2 - Danielle](#)
Subject: Fwd: SB2397 SD1
Date: Sunday, February 28, 2016 8:56:10 PM

Include in the written testimony.

Begin forwarded message:

Date: February 28, 2016 at 8:32:10 PM HST
To: senbaker@capitol.hawaii.gov, senchunoakland@capitol.hawaii.gov,
senenglish@capitol.hawaii.gov, sengabbard@capitol.hawaii.gov,
sengreen@capitol.hawaii.gov, senhee@capitol.hawaii.gov,
sendige@capitol.hawaii.gov, senkeithagaran@capitol.hawaii.gov,
sennishihara@capitol.hawaii.gov, sentaniguchi@capitol.hawaii.gov
Subject: SB2397 SD1

Aloha Senators,
I am a member of the Hawaii CARE Act Coalition, and on behalf of myself and our over 100 Lahaina-Honolua Senior Citizens Club members, I urge you to support SD2397 SD1 with amendments. Simply meeting the federal standards is not enough. This bill should exceed existing and proposed federal rules related to hospital discharge. Seniors especially need someone else be it a relative or a friend to understand/help with their care after being discharged from a hospital.
Mahalo,
May Fujiwara
May Fujiwara

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc:
Subject: Submitted testimony for SB2397 on Mar 1, 2016 08:50AM
Date: Sunday, February 28, 2016 6:13:13 PM

SB2397

Submitted on: 2/28/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
May Y Uyehara	Individual	Support	No

Comments: As part of the Care Act Coalition, I support the Care Act with amendments, especially with the definition of patient which includes all and anyone admitted to a hospital for care and treatment. But the bill must also clearly state that hospitals need to exceed federal rules to allow all patients to have an active part in the decision as to whether they and their caregiver are given post hospital discharge instructions regarding at-home care. Thank you for this 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.

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From: mailinglist@capitol.hawaii.gov
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Subject: Submitted testimony for SB2397 on Mar 1, 2016 08:50AM
Date: Saturday, February 27, 2016 8:21:20 PM

SB2397

Submitted on: 2/27/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

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

Comments: Aloha, I am a member of the Hawaii CARE Act Coalition. I support SB2397 SB1 with two clarifying amendments: 1. The first sentence in the last paragraph of the preamble should be revised for clarity as follows: "The purpose of this Act is to add to the existing requirements and ensure that families are supported by ensuring that all patients in an inpatient hospital designate a caregiver who shall be notified prior to the discharge or transfer of their loved one..." 2. For additional clarity I recommend that Section 2 (c) be revised to read: "In addition to the requirements of 2 (a) and 2 (b), [T]he discharge policy or policies shall also include one of the following: (1) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organizations; or (2) The conditions of participation for hospitals adopted by the Centers for Medicare and Medicaid Services." I am pleased with the progress that has been made to date on an issue of great concern to our community, including members of the Hawaii CARE Act Coalition. I hope you will concur with these friendly proposed revisions. Thank you for this opportunity to testify.

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc:
Subject: Submitted testimony for SB2397 on Mar 1, 2016 08:50AM
Date: Sunday, February 28, 2016 1:32:48 AM

SB2397

Submitted on: 2/28/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

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

Comments: Aloha Chairs and Members of the JDL/HMS: I support SB2397 SD1 with two clarifying technical amendments that are being proposed by the AARP for this bill. Thank you for the opportunity to testify.

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Committee on Judiciary and Labor
Senator Gilbert S.C. Keith-Agaran, Chair

Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Re: **SB2397 SD1, RELATING TO DISCHARGE PLANNING**

Date: Tuesday, March 1, 2016
Time: 8:50 a.m.

Honorable Chair Keith-Agaran, Chair Chun Oakland, and Members of the Committees:

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 an aggressive form of Multiple Myeloma, an excruciatingly painful, incurable blood cancer. From 2008, until her death in 2012, Leticia was hospitalized numerous times on Maui and on Oahu in acute care facilities. Some hospitals provided excellent discharge and immediate after care instructions to Leticia and I as her caregiver - others not so much!

I am therefore deeply grateful that the Hawaii Legislature has recognized the need for a strong discharge planning bill which will include the patient and caregiver. I am pleased with the progress this bill has made thus far, and I appreciate the revised definition of "patient" to mean "an individual admitted to a hospital for inpatient treatment" under SD1.

With respect to the preamble of the bill, as a former caregiver, I feel that SD1 provides acknowledgment and support of all dedicated caregivers in Hawaii who give so much of themselves for their loved ones! It recognizes the importance of collaboration between inpatient health care professionals and at home caregivers to achieve a successful transition from hospital to home, and provides for a consistent level of instructional support prior to discharge.

However, I also believe that the Preamble should clearly state that the bill's intent is to exceed the current federal discharge requirements. I would humbly suggest that the last paragraph of the preamble be amended as follows "The purpose of this Act is to add to existing federal discharge planning requirements and to ensure that families are supported..." (suggested amended language underlined).

I am in support of SB 2397 SD1, if the suggested clarifying amendment is made.

Thank you for the opportunity to submit written testimony.

Aloha,
Simone C. Polak
Wailuku, Maui, HI 96793

From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc:
Subject: Submitted testimony for SB2397 on Mar 1, 2016 08:50AM
Date: Saturday, February 27, 2016 6:56:24 PM
Attachments: [SB2397 SD1.txt](#)

SB2397

Submitted on: 2/27/2016

Testimony for JDL/HMS on Mar 1, 2016 08:50AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Ventura	Individual	Support	No

Comments: I support SB2397 SD1 with amendments.

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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March 1, 2016

Committee on Judiciary and Labor
Senator Gilbert S.C. Keith-Agaran, Chair

Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Re: **SB 2397 SD1, RELATING TO DISCHARGE PLANNING**

Chair Gilbert S.C. Keith-Agaran, Chair Chun Oakland and Members of the Committees:

My name is Vicki Franco a resident of Manoa, and I am a family caregiver. I am also a member of the Hawaii CARE Act Coalition. This bill should **exceed** existing and proposed federal rules related to hospital discharge. Simply meeting the federal standard isn't enough, as that is what is required now. I am in support of this bill but with amendments. Those amendments to include:

1. Preamble: The first sentence in the last paragraph of the preamble, should read: "The purpose of this Act is to **add to the existing requirements and ensure**
2. Section 2 (c): be revised to read: **"In addition to the requirements of 2 (a) and 2 (b)...."**

Eighteen states across the national have passed this bill and 23 others have introduced it this year. Hawaii has the largest population of persons 85 years and old in the country but yet we lag behind to pass a bill that will help this population and others that are admitted to the hospital. Hawaii needs to pass this bill this legislative session.

My support is contingent on the amendments being made. Thank you for this opportunity to testify.

Respectfully submitted by,

Vicki Franco – Manoa Resident