

SB2397

Measure Title: RELATING TO DISCHARGE PLANNING.

Report Title: Hospital Discharge Planning; Caregiver Designation; Health Care

Description: 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. Effective July 1, 2017.

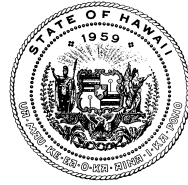
Companion:

Package: None

Current Referral: CPH, JDL

Introducer(s): BAKER, CHUN OAKLAND, ESPERO, KIDANI, TOKUDA, English, Gabbard, L. Thielen

DAVID Y. IGE
GOVERNOR



State of Hawaii
DEPARTMENT OF HEALTH
1250 Punchbowl Street
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VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

**WRITTEN
TESTIMONY ONLY**

**Testimony in SUPPORT of SB2397
RELATING TO DISCHARGE PLANNING**

SEN. ROSALYN BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: February 2, 2016 Room Number: 229

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

2

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

8

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

11

12 **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 2, 2016

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection,
and Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senator Baker and Members of the Committee:

SUBJECT: SB 2397 Relating to Discharge Planning

The State Council on Developmental Disabilities (DD) **SUPPORTS the intent of SB 2397**. 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 SB 2397**.

Sincerely,

Waynette K.Y. Cabral, MSW
Executive Administrator

Josephine C. Woll
Chair

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: laurelmd@me.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Monday, February 01, 2016 5:53:48 AM

SB2397

Submitted on: 2/1/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

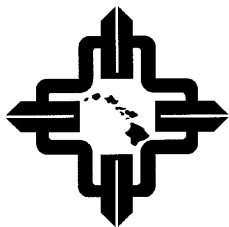
Submitted By	Organization	Testifier Position	Present at Hearing
Laurel Coleman MD	PABEA/ CARE Act Coalition	Comments Only	Yes

Comments: February 2, 2016 Committee on Commerce, Consumer Protection and Health Senator Rosalyn Baker, Chair Testimony regarding: SB 2397, RELATING TO DISCHARGE PLANNING Chair Baker and members of the Committees: 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 SB2208 in 2016. SB2397 does come close to achieving most of the same features of SB2208. 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).

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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HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare for All"

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

February 2, 2016
Conference Room 229
8:30 a.m.
Hawaii State Capitol

Testimony Supporting Senate Bill 2397, 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** SB2397. 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.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

**The Twenty-Eighth Legislature, State of Hawaii
The Senate
Committee on Commerce, Consumer Protection and Health**

**Testimony by
Hawaii Government Employees Association**

February 2, 2016

**S.B. 2397 - RELATING TO
DISCHARGE PLANNING**

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO is providing comments on S.B. 2397, Relating to Discharge Planning. The HGEA fully supports Hawaii's 154,000 family caregivers across the state and was encouraged by the bills introduced this session.

HGEA is part of the coalition with AARP to support the CARE Act that is part of the Kupuna Caucus package introduced this session (S.B. 2208 and H.B. 1879) and feels that the language in those bills addresses the issues for the caregivers. Specifically, the patient will designate the caregiver and together participate in the discharge planning process. S.B. 2397 gives that determination to the hospital and not the patient to evaluate and determine who will be eligible to be included in the discharge planning process.

HGEA is committed to Hawaii's family caregivers, and feels that S.B. 2397 should be broadened to include the patient in the discharge process and not just the hospitals.

Thank you for the opportunity to provide comments on this measure.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Randy Perreira', is written over the typed name.

**Randy Perreira
Executive Director**

ALAN ARAKAWA
Mayor

CAROL K. REIMANN
Director
Housing & Human Concerns

JAN SHISHIDO
Deputy Director
Housing & Human Concerns



DEBORAH STONE-WALLS
Executive on Aging

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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
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Senate Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

SB 2397 RELATING TO DISCHARGE PLANNING

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

Monday, February 02, 2016; Conference Room 229; 8:30 am

MCOA's Position: Maui County Office on Aging (MCOA) supports the intent of SB 2397 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 suggests the following revisions to SB2397:

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.



February 2, 2016 at 8:30 AM
Conference Room 229

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Rosalyn H. Baker
Vice Chair Michelle N. Kidani

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
SB 2397, 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 SB 2397. 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.

**February 02, 2016 at 8:30am
Conference Room 229**

Senate Committee on Commerce, Consumer Protection & Health

To: Senator Roz Baker, Chair
Senator Michelle N. Kidani, Vice Chair

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

Re: Testimony in Support – SB 2397

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 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 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.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair, Committee on Commerce, Consumer Protection, and Health
The Honorable Michelle N. Kidani, Vice Chair, Committee on Commerce, Consumer Protection, and Health
Members, Committee on Commerce, Consumer Protection, and Health

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

Date: January 29, 2016

Hrg: Senate Committee on Commerce, Consumer Protection, and Health; Tuesday, February 2, 2016 at 8:30am in Room 229

Re: **Support with Comments for SB 2397, 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 SB 2397, 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

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



THE QUEEN'S HEALTH SYSTEMS

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.



February 2, 2016

Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair

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

Chair Baker and members of the Committees:

My name is Gerry Silva, and I am State President for AARP Hawaii. AARP is grateful to have this opportunity to testify on SB2397 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, SB2397, and its companion bill, HB2252, 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 SB2397 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 SB2397 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.

From: [Anthony Lenzer](#)
To: [CPH Testimony](#)
Subject: SB 2397
Date: Sunday, January 31, 2016 11:13:43 AM

To: Senator Rosalyn H. Baker, Chair
Committee on Commerce, Consumer Protection, and Health
From: Anthony Lenzer, PhD
Re: Comments on SB 2397
Hearing: Tuesday, Feb. 2, 2016, 8:30 a.m.
Conference Room 229

Senator Baker 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.



1 February 2016

SB2397
Relating to Discharge Planning
Senate Committee on Commerce, Consumer Protection and
Health

Dear Chair Baker, Vice Chair Kidani, and Members of the
Committee,

Faith Action for Community Equity offers this testimony in
support of SB2397 with amendments. As members of the
Hawai'i Care Act Coalition, we recognize the value and
importance of both caregiving and caregivers alike. While we
support the intent of this measure, we ask that the following
amendment be made to Section 2:

"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."

In its current form, the definition of "patient" does not expressly
allow for patients and family caregivers to opt in for after care
instructions.

Thank you for the opportunity to testify in support of SB2397.
Feel free to contact FACE at info@facehawaii.org.

Very Rev. Walter Brownridge
Statewide President

Patrick Zukemura
Oahu President

Napua Amina
Maui President

Keith Webster
Statewide Treasurer

Rev. Piula Ala'ilima
Oahu Representative

Karen Ginoza
Oahu Representative

Kehaulani Filimoe'atu
Maui Representative

Rev. Ed Gazmen
Maui Representative

Thelma Akita-Kealoha
Maui Representative

R. Leotele Togafau
Executive Director

Rev. Tasha Kama
Maui Lead Organizer

Khara Jabola-Carolus
HCIR Lead Organizer

Rev. Stan Bain
HCIR Organizer

Faith Action for Community Equity (FACE) Oahu Chapter

February 2, 2016

Senate Committee on Commerce, Consumer Protection and Health (CPH)
Hearing on February 2, 2016, Conference Room 229
Senator Rosalyn Baker, Chair

RE: SB 2397, RELATING TO DISCHARGE PLANNING

Chair Baker and members of the Committee:

My name is Patrick Zukemura, President of Faith Action for Community Equity (FACE), Oahu Chapter. Working with the Hawaii CARE Act Coalition, FACE supports the intent of SB2397.

As currently written however, 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.

FACE has been involved with the issue of caregiving and long term care from its inception in 1996. We have sponsored Certified Nurse's Assistant trainings, held forums/summits, helped to organize the Wahiawa community to establish a Wahiawa Center for Community Health and is working currently with the Legislature to establish a public long term insurance program for the State.

FACE worked way back when with the City & County of Honolulu to put bus shelters around Oahu to protect our Kupuna and children. The issues we take on come from our grassroots through a listening process of one on ones and "talk stories" with members of our congregations and organizations. These are discussed and voted on by our Task Forces, Steering Committee and Delegated Council. We work on issues that we agree on that will serve the common good for all of Hawaii.

Thank you for the opportunity to provide testimony on this very critical issue.



Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection, and Health
Tuesday February 2

SB2397, Relating to Discharge Planning – COMMENT

Chair Baker and Members of the Committee,

The Hawaii Pacific Gerontological Society (HPGS) is a nonprofit, professional organization dedicated to improving the quality of life of Hawaii's older adults. Currently, more than 400 gerontology educators, medical and social service practitioners, health care providers, agency personnel and organizations from all sectors of the community, older adults, and caregivers make up the membership.

The Kupuna Caucus caregiver bill (SB2208) is the preferred bill for caregivers whose family members are hospitalized. This bill gives all hospital patients and their identified caregivers an opportunity to receive care instructions prior to discharge. Senator Baker's bill should be expanded to allow patients themselves to decide whether their caregiver will be given care instructions needed post-discharge, not just the hospitals. We believe this approach will already build on existing practice by hospitals in Hawaii.

Thank you for allowing me to submit this *comment* on SB2397.

Sincerely,

Percy Ihara
President
Hawaii Pacific Gerontological Society

From: [William Staton](#)
To: [CPH Testimony](#)
Cc: [Mike Covich](#)
Subject: Re: SB 2397 – RELATING TO DISCHARGE PLANNING
Date: Monday, February 01, 2016 11:31:07 AM

Chair Baker and members of the Committee:

My name is Bill Staton and I'm representing Concerned American Veterans, a 501 C19 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.

SB2397, 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: [May Uyehara](#)
To: [CPH Testimony](#)
Subject: Testimony: SB 2397, The Care Act.
Date: Friday, January 29, 2016 11:21:18 AM

My name is May Uyehara and I am a past caregiver and an older adult who is a Waipahu resident of Senate District 17. I am a supporter of Senate Bill 2397 (the Care Act) but am very concerned about the way the word "patient" has been defined. To me a "patient" is anyone who has been admitted to a hospital for medical treatment, not just one who is deemed unlikely to need discharge planning. We who support the Care Act believe that it is the caregiver who will be caring for the patient after discharge who best knows whether he/she needs instruction. If there is no need for discharge planning, there is no need for a caregiver. The fact that the patient has designated a caregiver shows that the patient feels that one is necessary. This caregiver should be the one to determine whether post-discharge care instructions are needed.

These caregivers are family or friends who most likely do not have any medical training, are motivated by love and good intentions and need instruction which may seem basic knowledge to someone who is trained in the medical profession. They need to know that they are doing the right thing in the right way.

I am a 75 year old senior who has been a caregiver and who may need a caregiver in the future. I would like to know that if/when I enter the hospital and designate a caregiver for post-discharge care, that this caregiver will know how to best take care of me. If I am lucky enough to find one capable and confident enough to forego post-discharge care instructions, I want to be the one to opt out. .

I ask that you give the decision for the need for post-discharge care be given to the patient (as I defined the word) and the designated caregiver. Otherwise, the situation will remain at status quo and people will keep slipping through the cracks.

Thank you for the opportunity to testify.

From: [lena.staton@gmail.com](mailto:lana.staton@gmail.com)
To: [CPH Testimony](#)
Date: Monday, February 01, 2016 11:54:14 AM

Chair Baker 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.

I am also in support of AARP's stance that this proposed bill, as it is currently written, 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.

Sent from my iPad

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: aprilmira123@gmail.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 7:34:52 PM

SB2397

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
April Mira	Individual	Support	Yes

Comments: discharge planning is very impotent

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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To: Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair

Date: Tuesday, February 2, 2016
8:30 a.m., Room 229

Re: SB 2397 – RELATING TO DISCHARGE PLANNING

Chair Baker and members of the Committee:

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 am 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 support Senate Bill 2397 with the following recommended revision:

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. If the hospitals are committed to be patient-centered as they profess to be, then all patients should be given the opportunity to participate in the discharge planning and after care instruction, and designate a caregiver to be included as well.

Thank you for allowing me to submit my testimony.

Sincerely,

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

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: barbarajservice@gmail.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 9:50:38 PM
Attachments: [SB2397.docx](#)

SB2397

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: I am a senior citizen and live in House District 19 and Senate District 9. I am in the CARE Coalition and an active member of AARP, Kokua Council and the Hawaii Alliance for Retired Americans. I am concerned about SB2397 for two reasons. First, it references Title 42-CFR Sec. 482-43 which was only recently proposed and will not take effect until October 1, 2018. The changes are about patient preferences, not how much money hospitals will need for implementation. Secondly, the definition of "patient" appears to be based solely on the hospital's evaluation of the situation, regardless of the patient's desires. Much of the content of the bill, as it relates to caregivers, is good but I'm concerned that the manner in which "patient" is defined will restrict the involvement of caregivers. Thank you for the opportunity to testify .

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January 30, 2016

Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair

RE: SB 2397, Relating to Discharge Planning

Chair Baker 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 given 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 (SB 2208) is preferable, SB 2397 does address many of the same issues facing caregivers when a patient is discharged from a hospital. However, SB 2397 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. SB 2397 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 SB 2397 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
To: [CPH Testimony](#)
Cc: chalintornburian@yahoo.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Saturday, January 30, 2016 4:44:19 PM
Attachments: [Testimony SB2397.docx](#)

SB2397

Submitted on: 1/30/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Chalintorn N. Burian	Individual	Comments Only	No

Comments: To: Senate committee on Commerce, Consumer Protection and Health, Senator Roslyn Baker, Chair Date: Tuesday, February 2, 2016 Re: SB 2397, Relating to Discharge Planning Chair Baker 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, Relating to Discharge Planning. 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 allow all patients and their caregivers to opt in for after-care instructions. 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. Please make sure that 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. We thank you for the opportunity to testify. We sincerely hope that you will modify the definition of "Patient" accordingly. Sincerely, Fredrich J. and Chalintorn N. Burian, Ph.D. Paauilo-Mauka, The Big Island Phone: (808)775-1064

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: Senate committee on Commerce, Consumer Protection and Health, Senator Roslyn Baker, Chair

Date: Tuesday, February 2, 2016

Re: SB 2397, Relating to Discharge Planning

Chair Baker 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, Relating to Discharge Planning.

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 allow all patients and their caregivers to opt in for after-care instructions.

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. Please make sure that 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.

We thank you for the opportunity to testify. We sincerely hope that you will modify the definition of "Patient" accordingly.

Sincerely,

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

Paauiilo-Mauka, The Big Island

Phone: (808)775-1064

To: Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair

Date: January 31, 2016

Re: SB 2397, RELATING TO DISCHARGE PLANNING

Most Honorable Chair Senator Rosalyn Baker, and members of the committee:

My name is Christine Olah. I am a resident of Honolulu, Hawaii.

Thank you for the opportunity to testify regarding SB 2397.

Any bill passed by the Hawaii State Legislature relating to ‘discharge planning’ or ‘relating to caregiving’ will affect more than 154,000 caregivers in Hawaii—and just as many residents who are their patients. I have ‘walked the walk’ of a caregiver and feel strongly about the need for best practices being followed for the needs of the patient and the caregiver. Hospitalization of a loved one is a very stressful time in our lives. Legislation carefully crafted will make a big difference in the lives of many families and the reduce re-admissions that are costly for the families and the hospitals.

Therefore,

- Please define a ‘patient’ to include anyone admitted to a hospital for treatment; as currently written the bill does not provide a consistent opportunity for discharge instructions to be given.
- Please provide the opportunity for the patient and the caregiver to obtain care instructions at discharge from the hospital staff...a very needed practice to prevent the stress and cost of a readmission.

Sincerely,

Christine Olah
P.O.Box 3294
Honolulu, HI 96801

TO: Committee on Commerce, Consumer Protections and Health
(Senator Rosalyn Baker, Chair)

DATE: January 31, 2016

RE: SB 2397 – Relating to Discharge Planning

VIA EMAIL TO: CPHtestimony@capitol.hawaii.gov

Aloha Senator Baker 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 support the intent of SB 2397 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 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 autonomy or patient-centered care, both 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 SB 2397 will create an 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

State of Hawai'i
Twenty-Eighth Legislature 2016

Testimony on SB 2397
February 2, 2016

Committee on Commerce, Consumer Protection & Health
Senator Rosalyn Baker, Chair
Senator Michelle Kidani, Vice-Chair

Senator Baker 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 SB2397 as 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?

SB 2397 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 SB2397.

Colette V. Browne
7805 Makaaaoa Place
Honolulu, HI 96822

From: [David Wilson](#)
To: [CPH Testimony](#)
Subject: TESTIMONY FOR CAREACT
Date: Saturday, January 30, 2016 4:17:29 AM

Aloha, Our names are David and Ellen Wilson and we are residents of Maui and caregivers for my Mother Alice Wilson who is 89 years old and is paraplegic, with 2 catheters 1 foley and 1 super pube and has 3 subcutaneous ulcer sores and mid stage dementia. We have had several experiences with her in and out of the hospital getting out without proper instructions. We have also heard some worse stories of our other fellow caregivers who were not properly informed and either ended up back in the hospital or even worse case scenarios. 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.

Very Sincerely,
Much Aloha,
David and Ellen Wilson

Sent from my iPhone

TO : SENATE COMMITTEE ON CONSUMER PROTECTION AND HEALTH
Senator Rosalind Baker, Chair

FROM: Eldon L. Wegner, Ph.D.
HAWAII FAMILY CAREGIVER COALITION (HFCC)

HEARING: 8:30 am Tuesday, February 2, 2015
Conference Room 309, Hawaii State Capitol

SUBJECT: SB 2397 Relating to Hospital Discharge Planning

POSITION: I strongly **supports SB 2397** which would require hospitals to identify family caregivers, to inform caregivers prior to transferring the patient and to 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. 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.

Thank you for giving me the opportunity to submit testimony.

To: Senate Committee on Commerce, Consumer Protection and Health
Senator Rosalyn H. Baker, Chair

Date: Tuesday, February 2
Time: 8:30 a.m.
Location: Conference Room 229

Re: SB 2397, Relating to Discharge Planning

Chair Baker and Members of the Committee:

My name is Esther Ueda, and I am writing in SUPPORT of 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 SB 2397 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: [Gail Satsuma](#)
To: [CPH Testimony](#)
Subject: Re: SB 2397 – RELATING TO DISCHARGE PLANNING
Date: Monday, February 01, 2016 12:51:04 AM

Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair

Re: SB 2397 – RELATING TO DISCHARGE PLANNING

Chair Baker and members of the Committee:

My name is Gail Satsuma, and I'm a resident of Honolulu. 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.

In August 2014 my mother was discharged from the hospital. She wanted to go home so badly that she did everything the physical therapist asked of her. The doctor discharged her and when my brother and I went to her hospital room, she was so exhausted that I had a meal sent as she did not have lunch. My mother needed oxygen to be discharged and I was not adequately instructed about the usage of an oxygen tank or given guidelines. My brother and I had a horrible time getting the oxygen tank into the car with my mother.

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.

Sincerely,

Gail Satsuma

From: [Gertrude Hara](#)
To: [CPH Testimony](#)
Subject: SB2397 Bill
Date: Friday, January 29, 2016 3:15:50 PM

Chair Baker and members of the Committee:

My name is Gertrude Hara-Williams, and was able to be both of my parents caregiver both were in age of 84 years old upon passing. My father had suffered Advanced Alzheimer's type Dementia. While my mother suffered throat cancer-Advanced Nasopharynx. As of an only child, no other siblings to help me with caregiver for both of them. This gave me an opportunity to handle decisions on my own capabilities, knowledge, and understanding on what it takes to determine myself as a caregiver to both of them. This gave me better understanding on how both were at separate hospitals. At St. Francis Hospital where my father had entered in from his doctor's for ambulance service to take him there and within 6 months he passed. While my mother at Queen's Medical Center then her social worker advised me that she'll be at Liliha Health Care Facility and passed after my Dad died 3 months. For me understood caregiver was necessary and being responsible for both parents. Remind you that, don't drive and handled this by bus and walk to address indicated to meet with their social worker. My needs first thought came in my mind, how important of Patient needs to be in charge prior to both of them passing. This needs to be changed to allow all patients and their caregivers to opt in for after care instructions. It's so much important on how responsible any person are as being a caregivers role. As for me, glad that I took this role for the love of my both parents. In being their for them and with them.

In clarification "patient" this has chosen to receive discharge planning after being informed of the option by the hospital, which option shall be expressly provided to all inpatients. With this the hospital understood that I was the sole patients' s caregiver, including my parents doctors.

Thank you for this opportunity to testify.

To: Committee on Commerce, Consumer Protection and Health,
Senator Rosalyn Baker, Chair

From: Jean Ishikawa

Subject: Submitting Comments - **SB 2397 – RELATING TO DISCHARGE PLANNING**

Although in part I would support SB2397, I feel very strongly that the wording regarding definition of patient must be changed as it is imperative that the patient and caregiver be given the opportunity to receive much needed information and instruction upon discharge.

As a very concerned citizen of Hawai'i nei, if and when myself or any member of my family requires hospital admission - I would want to designate a caregiver; caregiver be notified upon my discharge; and basic information and instruction as to my after care.

Respectfully submitted,

(signed) Jean U. Ishikawa

801 South King Street

Honolulu, HI. 96813

From: [Jean Jeremiah](#)
To: [CPH Testimony](#)
Cc: [McCarter Boland, Jackie](#)
Subject: CPH Testimony
Date: Sunday, January 31, 2016 12:23:51 PM

Aloha Senator Baker,

My name is Jean Jeremiah, Immediate Past President of the Oahu Filipino Community Council; still a current Board voting member.

I am a strong proponent of patient care and safety and I support the intent of Senate Bill 2397. However, it concerns me that way the bill defines "patient" brings restrictions to its coverage. It should be broaden to include anyone admitted to the hospital for treatment. This can improve patient safety and take some of the pressure off unpaid family caregivers. Everybody's ability and comfort level with caregiving is different. The patient should decide whether their caregiver will be instructed in the care needed after discharge – not the hospitals.

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.

Jean Jeremiah
387-5481

From: [Joanne Nishihara](#)
To: [CPH Testimony](#)
Subject: Bill 2397
Date: Monday, February 01, 2016 6:15:52 AM

Chair Baker and Committee members:

My name is Joanne Nishihara and I support SB 2397 as I am caregiver to my mother here on Oahu.

The one thing I would like to see changed in the bill is the definition of "patient" as it should include "all patients and their caregivers be given the opportunity for after care".

There are too many people not getting the basic care they require. Our government, the health care system and caregivers need to work together.

I appreciate that our government is able to start the process in this and hope you see that there are many who are concerned that our elderly can and should be getting the best care possible.

Sincerely,

Joanne Nishihara

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: phillipsa008@hawaii.rr.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 3:07:30 PM

SB2397

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: Chair Baker and members of the Committee: My name is Kathleen V. Phillips and I'm a resident of Pukalani, Maui, Hawaii. I am a caregiver to my 74 year old husband. I also have a 46 year old daughter who recently had a massive stroke. 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 husband was admitted to the hospital several times this past few years and on two occasions I was not included in the after care instructions. After discharge, my husband did not remember the instructions and it made it very difficult for me. Often the patient is under medication that may cause them not to remember pertinent instructions. On one occasion, he got an infection after the operation and discharge. On another discharge, I was told that I would have home health support after discharge. Unfortunately, it took 4 days for them to call me to make a visitation appointment. In the meantime, the caregiver is all alone and stressed. I have spoken with other people and have found that I am not alone with this type of discharge problems. 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. It will help with better patient care and lessen the readmissions. Thank you for this opportunity to testify.

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From: [Kay Smith](#)
To: [CPH Testimony](#)
Subject: SB 23397
Date: Sunday, January 31, 2016 1:29:32 PM

Aloha Senator Rosalyn Baker, Chair, The bill SB 2397 needs to define "Patient" to allow all patients & caregivers to get after care instructions from hospitals when discharged. The patient needs to decide whether their caregiver needs instructions. Mahalo, Kay Smith

From: [McCarter Boland, Jackie](#)
To: [CPH Testimony](#)
Cc: ["Ken Takeya"](#)
Subject: SB2397 - Relating to Discharge Planning Ken Takeya Testimony
Date: Friday, January 29, 2016 3:02:04 PM

Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair

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

Chair Baker and members of the Committee:

As currently written, this 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 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 be 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.

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

Senator Rosalyn H. Baker, Chair
Committee on Commerce, Consumer Protection, and Health

Senate Bill No. 2397
Tuesday, February 2, 2016
8:30 a.m.

Chair Baker, Vice Chair Kidani and members of the Committee:

My name is Lani Nakazawa, and I would like to provide comments on SB 2397. I am testifying as an individual.

I was a caregiver for my mother before her death, and experienced first-hand the need for caregivers to participate in post-discharge planning and instruction discussions. My mother was a registered nurse, but when she was hospitalized, her illness prevented her from being able to handle her post-discharge care alone. This bill addresses the need for caregivers to assist patients in their post-discharge care. However, the definition of “patient” limits this benefit to those selected by the hospital evaluation process. This definition should be amended to include all patients who may need or want caregiver participation. The expanded definition would help patients and caregivers. As a caregiver, I could provide better care when I could participate in discussions with my mother’s treating physicians and hospitals. My mother was also more comfortable because she had a caregiver present to help her understand these discussions.

Thank you for the opportunity to testify.

From: lori@nahoaloha.org
To: [CPH Testimony](#)
Subject: testimony on SB2397
Date: Friday, January 29, 2016 3:53:34 PM

Testimony from Lori Busta, P.O. Box 881038, Pukalani, HI:

This Bill MUST APPLY TO EVERY PERSON DISCHARGED from a medical facility in order to accomplish the “goal of the bill”; which is to MANDATE that the facility discharging ATTEMPT to notify the “designated caregiver” that a person they are caregiving for is being discharged, and in addition, offer appropriate information and instruction to said caregiver and the patient PRIOR TO DISCHARGE.

If the language currently being proposed is accepted without revision, the bill simply WON'T WORK, and the facilities will still be discharging patients to home without proper notification, instruction, and supervision; therefore dramatically increasing the chances of re-admission. Caregivers will still be left out of the loop and patients will remain at high risk for readmission if a staff member “deems that the patient doesn't need any additional instruction/training prior to discharge” – (basically the definition of “patient” currently being proposed in SB2397).

PLEASE DO NOT PASS THIS BILL AS WRITTEN!!!

Mahalo for your consideration.

Lori J. Busta

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lkakatsu@hawaii.rr.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Wednesday, January 27, 2016 10:05:52 AM

SB2397

Submitted on: 1/27/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: I strongly support the passing of bill SB 2397. I have presented testimony in the past legislative sessions to have caregiver education and training provided at the time of the patient's discharge Thank you for the opportunity to testify.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: marseel@aol.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 4:48:57 PM

SB2397

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: Senators, 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 her 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, toileting, feeding, bathing and incision care to name only a few. How can we continue to allow this to burden our families? 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

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From: comtnwmn@aol.com
To: [CPH Testimony](#)
Date: Monday, February 01, 2016 5:27:50 AM

Senator Rosalyn Baker, Chair:

Well, as I understand it, SB 2397 is up for discussion on this day.

I am a senior, actively involved in the Honolulu community. At this time, I do not have family for whom I provide care nor do I need a caregiver (there are those who would dispute the last point, I am certain, citing my mental state as cause for need). Nevertheless, I am not a caregiver nor a care receiver.

I have sat through hearings, I have listened attentively, I have heard the apparent differences and state of confusion of the members of our senate and house. I have attempted to wade through S.B No. 2397, yes, the entire seven pages with a modicum of success.

What I glean from all this, is that this bill needs to, perhaps, better define patient, allow the patient have more voice, not just the hospitals, to determine who receives aftercare instructions. If this is in the ball park, please hit a home run.

Thanks.

Marilyn Yeager
1655 Makaloa St., #2405
Honolulu, HI 96814

Phone 808 944 4656

From: [Mary Wahlman](#)
To: [CPH Testimony](#)
Subject: SB 2397
Date: Sunday, January 31, 2016 11:59:28 PM

The latest version of “the Care Act” SB 2397 appoints the institution as the decision maker of the discharge plan for patients without consistency to all patients. This does not provide all patients the

opportunity for a family member, friend, or some other named person to be privy to the patient’s needs upon discharge. Neither is the physician mentioned-- nor a 3rd party payer. All patients

should have a voice in the plan of discharge, be allowed to express, or name a person or persons that would aid them in their discharge—even if that plan consists of an opt-out statement the patient signs to absolve the discharge plan from fault-- to maintain a continuity of care toward the desired goal of best results attainable. It is also, in the best interests of the institution that a patient not be readmitted for problem related to their initial admission.

I am a voter in district 37 represented by Ryan Yamane. My senate district is 18, senate member: Michelle Kidani. My name is listed in the FROM heading. Please revise to include all patients.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: marvshel@gmail.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 7:27:39 PM

SB2397

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: Committee on Commerce, Consumer Protection and Health Senator Rosalyn Baker, Chair Re: SB 2397 – RELATING TO DISCHARGE PLANNING Chair Baker and members of the Committee: My name is Michele Paularena, and I'm a resident of Kahului. 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.

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From: [Midori Kiso](#)
To: [CPH Testimony](#)
Subject: SB 2397 – RELATING TO DISCHARGE PLANNING
Date: Monday, February 01, 2016 1:16:11 AM

Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn Baker, Chair

Chair Baker and members of the Committee:

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: [May Uyehara](#)
To: [CPH Testimony](#)
Subject: SB 2397 Relating to discharge planning
Date: Monday, February 01, 2016 1:48:40 PM

Forwarded testimony from Nicholas Rudd

Chair Baker and members of the Committee

My name is Nicholas Rudd and I'm an older resident and caregiver for my wife. I live in Kailua Kona, Hawaii and have, in the past month, attended two different Emergency Rooms, one in Kona and the other in Honolulu. At neither hospital was I given care instructions before they discharged my wife. I have read the Bill and as currently written it 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. You will see from my recent experience the need for the CARE Act to have the definition of Patient changed.

If this bill is about improving health and safety, the patient should determine whether their caregiver needs instruction. This is my first experience as a caregiver and instructions on wound dressing would have been most helpful as this is now an ongoing activity for me.

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

From: [Paul Nishimura](#)
To: [CPH Testimony](#)
Subject: Re: SB 2397 - RELATING TO DISCHARGE PLANNING
Date: Friday, January 29, 2016 11:23:32 AM

Re: SB 2397 - RELATING TO DISCHARGE PLANNING

Chair Baker and members of the Committee:

My name is Paul Nishimura and I am a 58 year old resident of Waikēle. I support the intent of SB 2397 but I am concerned at how the Senate Bill defines patient. It lets the hospital decide whether my caregiver and I need instruction on care needed after discharge. The decision on whether instruction is needed should be left up to me if the concern is for my health and comfort. The hospital won't be there to help me at home when I find that I am not comfortable performing the required care.

If I go to the hospital I want assurance that my caregiver and I will be given the opportunity to be instructed on the care that needs to be provided at home. I hope you will modify the definition of patient in the final bill and pass it.

Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: rasumibcay@aol.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Monday, February 01, 2016 3:21:04 PM

SB2397

Submitted on: 2/1/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ramon Sumibcay	Individual	Support	No

Comments: 1 Feb 2016 Senator Baker, Chair Commerce, Consumer Protection and Health Committee Chair Baker and Members of the Committee: Thank you very much for the opportunity to testify is support of the bill. The bill is simply asking hospitals that when patients are admitted to the hospital, a designated caregiver should be identified. This is simply engaging family caregivers and their hospitalized loved ones to be instructed for the after-care needed at home. Although hospitals claim that there is a process of discharge already in place, this bill has been driven by many stories of patients and family caregivers that they were not properly instructed when performing some procedures needed for after-care. Sincerely, Ramon Sumibcay MAJ (ret) US Army

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: raymond.boland@noaa.gov
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Monday, February 01, 2016 8:12:07 AM

SB2397

Submitted on: 2/1/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: Chair Baker and members of the Committees: My name is Raymond Boland and I'm a resident of Kaneohe, Hawaii. Thank you for allowing me the opportunity to submit comments on SB 2397 Relating to Discharge Planning. 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.

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From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: sarahyuan@gmail.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Monday, February 01, 2016 2:30:05 AM

SB2397

Submitted on: 2/1/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: Aloha Senators: Thank you for considering the hospital discharge planning bill SB 2397 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.

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From: [Sophie Tang](#)
To: [CPH Testimony](#)
Subject: SB2397-Relating to Discharge Planning
Date: Monday, February 01, 2016 8:30:33 AM

Dear Senator Baker & Committee Members:

My name is Sophia Tang, and I am a caregiver for mom since 2001. I support the intent of SB2397 but the definition of patient needs to be changed to include everybody.

As 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.

Thank you for the opportunity to testify.

Sophia Tang
Caregiving in Honolulu

Sent from my iPod

From: [Stan Jacobs](#)
To: [CPH Testimony](#)
Subject: Re: SB 2397 – RELATING TO DISCHARGE PLANNING
Date: Monday, February 01, 2016 8:40:24 AM

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

Chair Baker and members of the Committee:

- My name is Stanley Jacobs_ and I'm a senior resident of Honolulu
- 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.

Please change this

Mahalo,

Stan Jacobs

From: [Jacobs, Stan](#)
To: [CPH Testimony](#)
Subject: RE SB 2397
Date: Monday, February 01, 2016 8:44:12 AM

Chair Baker and members of the Committee:

My name is Stan Jacobs and I'm a senior and resident of Honolulu

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.

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.

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

Mahalo,
Stan Jacobs

1001 Bishop Street #2600
Honolulu, Hi. 96813
Direct (808) 697-6427, fax 808-697-6428
Cell 223-2855
ssjacobs@financialguide.com
<http://www.financialguide.com/Stamley-Jacobs>
Assistant: Julie 697-6451
jjoy@financialguide.com

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"To laugh often and much; to win the respect of intelligent people and the affection of children...to leave the world a better place...to know even one life has breathed easier because you have lived. This is to have succeeded."

~Ralph Waldo~



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Committee Members re: SB 2397

As currently written, this bill is not inclusive. Please consider including in the term PATIENT an OPT IN clause that allow for all patients and caregivers to have access to much needed post-hospital instructions.

I have been a caregiver myself and have worked with numerous caregivers and find that neither doctors, surgeons, nor nurses have the time nor inclination to provide detailed instructions. This can be incredibly dangerous, not to mention, negligent on the part of the health care provider and puts the patient and the caregiver at risk.

It is financially advantageous to the state to allow more patients and caregivers the right to decide whether than leaving it into the hands of health care providers who may simply find that it's too much extra work for them to get involved!

Thank you for your consideration,
Sunny Massad, Ph.D.

From: suezv@hawaiiantel.net
To: [CPH Testimony](#)
Cc: jboland@aarp.org
Subject: SB2397 - RELATING TO DISCHARGE PLANNING
Date: Sunday, January 31, 2016 11:43:12 AM

Committee on Commerce, Consumer Protection and Health
Senator Rosalyn Baker, Chair

Re: SB2397 - 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 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: [Vicki Franco](#)
To: [CPH Testimony](#)
Subject: Re: SB 2397 – RELATING TO DISCHARGE PLANNING
Date: Friday, January 29, 2016 8:50:29 PM

Committee on Commerce, Consumer Protection and Health

Senator Rosalyn Baker, Chair

Re: SB 2397 – RELATING TO DISCHARGE PLANNING

Chair Baker and members of the Committee:

My name is Vicki Franco, and I am a resident of Manoa. 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 all family caregivers are given an opportunity to be instructed in the care that needs to be provided at home. I hope you will modify the definition of patient to include everyone admitted to the hospital. Thank you for this opportunity to testify.

Respectfully submitted by,

Vicki Franco – Manoa Resident

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lgimakahahi@yahoo.com
Subject: Submitted testimony for SB2397 on Feb 2, 2016 08:30AM
Date: Sunday, January 31, 2016 2:06:45 PM

SB2397

Submitted on: 1/31/2016

Testimony for CPH on Feb 2, 2016 08:30AM in Conference Room 229

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

Comments: SB 2397 Relating to Discharge Planning My name is Zoe Jarvis and I'm a senior citizen living in Waianae. I would like to call your attention to the CARE Act and request that you reword the bill to provide an opportunity for the Patient and their caregiver to receive needed instructions for care upon discharge. Thank you for the opportunity to provide my testimony.

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