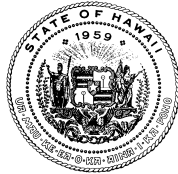




SB 296

Measure Title:	RELATING TO CAREGIVING.
Report Title:	Kupuna Caucus; Human Services; Hospitals; Caregivers; Training
Description:	Requires hospitals to provide patients the opportunity to designate a caregiver upon entry to a hospital. Establishes hospital requirements regarding caregivers, including designation of a caregiver, notification to a caregiver, and a discharge plan for patients. Provides hospitals, hospital employees, and consultants or contractors that have a contractual relationship with a hospital with immunity regarding caregiving. Effective 7/1/16.
Companion:	
Package:	Kupuna Caucus
Current Referral:	HSH/HTH, JDL
Introducer(s):	CHUN OAKLAND, GALUTERIA, IHARA, English, Keith-Agaran, Ruderman, Shimabukuro, L. Thielen



STATE OF HAWAII
DEPARTMENT OF HEALTH

P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony Commenting On Senate Bill 0296

Relating to Caregiving

SENATOR SUZANNE CHUN OAKLAND, CHAIR, and SENATOR JOSH GREEN, CHAIR

SENATE COMMITTEES ON HUMAN SERVICES AND HOUSING and ON HEALTH

Hearing Date: Tuesday, February 3, 2015

Room Number: Conference Room 016

Fiscal Implications: The mandate required on hospitals by this bill would require the department to perform enforcement activities. Although the bill does not require the department to adopt regulations, any complaint from any patient or family member on any real or perceived lack of compliance by any hospital on any part of this bill concerning any patient discharge to home would require the department to conduct a complaint investigation. These activities would require additional department resources which are not part of the governor's budget proposal.

Department Testimony: Thank you for the opportunity to provide Comments on SB 296.

During the 2014 legislative session, HCR 78 was passed that requested DOH to convene a Working Group to study the similar subject matter contained in this bill and to submit a report to the 2015 Legislature. DOH was a member of the Working Group. The department feels that the process established by the legislature to request a Working Group study and report and for the legislature to review the report should be followed. This will help to ensure the integrity of the legislatively-requested process and help to maintain the public's trust.

As a result, the department believes the legislature should review the Working Group's report in its entirety and consider all its findings, conclusions, and recommendations before proceeding on this bill, especially since this bill only reflects the sentiment of a minority of the Working Group. For

1 example, the draft report identifies five recommendations based on twenty findings. Four of the
2 recommendations were unanimously agreed upon by the Working Group, and a small minority
3 disagreed on the primary recommendation. However, this bill only addresses the one disputed
4 recommendation and ignores the other four including the recommendation for the Group to continue to
5 meet. By examining the report, the legislature could find that those four recommendations could be a
6 more prudent next step. The bill also appears to downplay the Group's twenty findings.

7 Further, the report includes an assessment of the Group's review of hospital readmissions data
8 relative to national data and of other facts and testimony of multiple stakeholders including possible
9 supporters and opposers of this current bill. For example, the bill cites the Hawaii Health Information
10 Corporation's (HHIC) data of 5,500 readmissions but the report puts this figure into perspective locally
11 and nationally. Locally, these readmissions made up 4.6% of all hospital discharges, and nationally for all
12 Medicare fee-for-service readmissions, Hawaii had a 2.6% readmission rate compared with a national
13 median of a 4.5% readmission rate. The bill also incorrectly states that each readmission in Hawaii
14 lasted thirty days, which is factually inaccurate, and the bill identifies \$239 million in costs for
15 readmissions and that 56% of Hawaii's hospitals were penalized for excessive readmissions. In the
16 context of this bill, these figures give an inflated impression.

17 The report also identifies the Medicare certification and Joint Commission accreditation
18 requirements that are currently followed by Hawaii's hospitals. These requirements are the same or
19 very similar to the requirements contained in SB 296. For example, the report will cite Medicare's
20 conditions of participation (CoP) and the Joint Commission's (JC) standards on discharge planning.
21 Medicare requires in-hospital education or training to the patient for self-care or to the patient's family

1 or other support person(s) who will be providing care in the patient's home, and the JC's standards
2 require the involvement of the patient or the patient's family in discharge planning.

3 As a result, the department hopes these comments provide your committees and the legislature
4 with a prudent rationale for the need to review the Working Group's report in its entirety as part of its
5 careful deliberation. The HCR 78 report is nearly completed and will be submitted to the Legislature
6 within the next several days.

7 Thank you for the opportunity to provide Comments on SB 296.

8 **Offered Amendments:** None

From: [Anthony Lenzer](#)
To: [HSH Testimony](#)
Subject: Testimony in Support of SB 296
Date: Sunday, February 01, 2015 8:47:57 AM

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

Committee on Health
Sen. Josh Green, Chair

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

Subject: Support for SB 296

Hearing: Tuesday, February 3, 2015, 1:20 p.m.
Room 016, State Capitol

The Policy Advisory Board for Elder affairs (PABEA) strongly supports Senate Bill 296, which provides recognition for family caregivers along with training needed to provide post –hospital, in-home care for a family member. For persons not familiar with PABEA, its role is to advise the Executive Office on Aging (EOA), and to advocate on behalf of Hawaii's older citizens. We do not, however, speak for the EOA.

Senate Bill 296 (the CARE Act) has three basic elements: (1) the name of a family caregiver is recorded when a family member is admitted to a hospital; (2) the caregiver is notified when the person is to be discharged to another facility or back home; and (3) the hospital must provide an explanation and a demonstration of the medical and nursing tasks that the family will need to perform at home for the discharged family member. Significant involvement of family caregivers is critical to proper care at home, and to reduce unnecessary hospital readmissions. According to the Hawaii Health Information Corporation's September 2014 report, there were approximately 5,530 potentially preventable 30-day hospital readmissions in Hawaii in 2013, with associated charges of nearly \$240 million. The most common cause of readmission for both Medicare and Medicaid patients in 2013 was infections, which are often associated with improper wound care. Patients discharged from hospitals today frequently require complex in-home care, which family members may not be prepared to offer without proper training. A 2014 AARP

Hawaii study found that 95% of those surveyed support requiring hospitals to provide this sort of information and training. Furthermore, competent in-home care is in the interest of the hospitals themselves, as both Medicare and the Affordable Care Act provide incentives for hospitals to reduce readmissions.

Senate Bill 296 thus serves the best interests of hospital patients, family members, and the hospitals themselves. The need for this legislation is very real now, and will become increasingly important in the future as Hawaii's aging population grows in numbers and longevity. Thank you for the opportunity to testify in support of this important legislation.

ALAN ARAKAWA
Mayor

JO-ANN T. RIDAO
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

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Senate Committee on Human Services and Housing

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

Senate Committee on Health

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

SB 296 RELATING TO CAREGIVING

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

Tuesday, February 03, 2015; Conference Room 016; 1:20 pm

MCOA's Position: Maui County Office on Aging (MCOA) is in **strong support** of SB 296 that addresses a variety of issues regarding hospital coordination with caregivers upon hospital discharge of a loved one.

Purpose and Justification: MCOA actively participated in the Hawaii Family Caregivers Working Group Convened Pursuant to HCR 78, Session Laws of Hawaii 2014. The Working Group meetings, while quite informative, did not result in an overall consensus regarding the issues of caregiver notification regarding discharge information and/or instruction upon the discharge from the hospital of a loved one. That being said, all involved parties actually demonstrated agreement on the majority of aspects relating to this subject.

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

To promote and protect the well-being of the Older Americans in Maui County.

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, MCOA has had a CCTP Coach conducting active outreach in the hospital for the last three years. Therefore, 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.

According to the Hawaii Health Information Corporation Insight #2 of September, 2014, there were approximately 5,500 30-day readmissions in Hawaii in 2013 with associated charges of nearly \$240 million. While we have no means by which to determine the extent to which caregiver designation, documentation, notification, training and discharge planning engagement would directly affect the number of 30-day readmissions, we certainly can surmise that full engagement of the caregiver would have some positive effect.

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.

Throughout the Hawaii Family Caregivers Working Group meetings, the most notable hospital objection to a measure requiring caregiver inclusion appeared to be concerns regarding liability. The language of SB 296 follows language of a similar bill that passed in New Jersey and should sufficiently address those concerns.

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

Bernard P. Carvalho, Jr.
Mayor

Nadine K. Nakamura
Managing Director



Ludvina K. Takahashi
Executive on Aging

AGENCY ON ELDERLY AFFAIRS

County of Kaua'i, State of Hawai'i

4444 Rice Street, Suite 330, Lihue, Hawai'i 96766
TEL (808) 241-4470 FAX (808) 241-5113

To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Kealoha Takahashi of County of Kaua'i, Agency on Elderly Affairs and I am writing in **STRONG SUPPORT** of SB 296, Relating to Caregiving.

This bill is urgently needed. Hawaii leads the nation with its people having the longest life expectancy. Longevity can be a double-edge sword. As people age, their risk for developing chronic diseases and hospitalization also increases. Furthermore, the discharge of patients from acute care hospitals back to home could turn problematic when the family caregiver is unprepared and untrained to provide the after-care at home. Often times, the family caregiver must assist the patient with medication management, wound dressing changes and other medical procedures which may be overwhelming and stressful to the untrained lay person. Without adequate follow-up care, there is another risk for patients to be readmitted to the hospital.

According to Hawaii Health Information Corporation (HHIC), there were approximately 5,500 30-day hospital "potentially preventable" readmissions in Hawaii in 2013, with associated charges of nearly \$240 million. Among these readmissions, Medicare patients made up the largest share at 55% and associated charges (60%). (Medicare patients are mostly over age 65 years old) These readmissions could have been preventable and may have resulted due to a deficiency quality care in the initial admission, inadequate discharge planning, or lack of post discharge follow up or coordination. Engaging the caregivers in the patient's discharge planning, and arming them with the information they need to help care for their loved ones upon discharge, could help reduce these preventable readmissions and their associated costs.

The magnitude of this issue, and the potential savings to the state, add to the urgency with which Hawaii should address hospital discharges and seek to better prepare family caregivers for their role in that process and its aftermath. The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;

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- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loves ones go into the hospital and as they transition home. Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

Kealoha Takahashi
Executive on Aging



February 3, 2015

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

Senate Committee on Health
Senator Josh Green, Chair

Re: **SB 296, RELATING TO CAREGIVING**

Chair Chun Oakland, Chair Green, and members of the committees:

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

AARP Hawaii strongly supports SB 296, Relating to Caregiving.

SB 296 is a common sense bill. It would provide family caregivers with the needed instructions and training to enable them to perform the medical tasks that fall upon them once their loved ones are discharged from the hospital. The bill recognizes the critical role of the family caregiver in our community healthcare system and the need for the hospitals to support and work with them. As noted in further detail below, such a common sense legislative solution is supported by between 86% and 95% of Hawaii registered voters aged 45 and older. The bill provides these three pro-active actions:

- Designates a caregiver on record: Provides an opportunity for a patient to designate a family caregiver and have that caregiver's name documented in the hospital medical records;
- Gives prior notification of discharge: Notifies the family caregiver prior to the patient being discharged by the hospital; and
- Provides caregiving instructions prior to discharge: Provides an explanation and live or recorded instruction of the medical after-care tasks that the family caregiver will have to provide for the patient at home.

While some hospitals may already provide some level of support, not all do. This bill is intended to provide a minimum, consistent level of support to all family caregivers from all hospitals throughout the state. This is especially important because family caregivers become the default providers for complex chronic care in homes.

This is a \$240 million problem

Once, caregiving was the problem of only a few family caregivers. Today, those few Hawaii family caregivers have increased to 247,000.

Once, we had no way of measuring how big the problem we're trying to solve had become. Today, we know that there were 5,500 potentially preventable hospital readmissions in Hawaii in 2013, with associated charges of nearly \$240 million.¹ That is a cost all of us will have to bear.

Hawaii's population is the oldest in the nation and getting older and the need for caregivers is only going to grow. And with \$240 million in readmissions costs, we literally cannot afford to wait.

In 1980, the population of Hawaii residents ages 60+ was 115,000 (12% of the population). By 2010 that population had grown to 277,000 (21% of the population). By 2035 that number is projected to grow to over 474,400 or almost 30% of Hawaii's population.²

To put that in starker perspective, over a thirty-year period (1980-2010), the older adult population increased by approximately 139.8% while the total population increased by only 34.2%.³ The population of residents ages 85+ increased by 431.5% in that same thirty-year period.⁴

This means that the need for family caregivers is only going to grow in the years to come. Since the challenge the state faces is therefore only going to get larger, we need to act now.

This bill can help solve the problem

SB 296 should help manage health care costs in large part because it has the potential to help reduce costly and preventable hospital readmissions. It can do this by arming family caregivers with the information they need to provide after-care for their loved ones. This should, in turn, reduce readmissions rates.

¹ Figures are from the Hawaii Health Information Corporation (HHIC) Insight #2, September 2014 (the "HHIC Report"). That report defines readmission as a subsequent hospital admission within 30 days following an original admission. It further notes that readmissions are limited to those considered "potentially preventable."

² Hawaii State Plan on Aging, October 11, 2011 – September 30, 2015, Executive Office on Aging.

³ Id.

⁴ Id.

We are not suggesting that SB 296 will eliminate *all* of these potentially preventable readmissions. Even if it only reduced preventable readmissions by 10%, however, that's still a significant savings of almost \$24 million.

These costs are borne by all payers in the healthcare system (Medicare, private insurance, self-pay, etc.), According to the HHIC report, a large percentage – 22 percent, or over \$52 million – are paid by the state's Medicaid/QUEST program.

The magnitude of this issue, and the potential savings to the state, add to the urgency with which Hawaii should address hospital discharges. A good first step is to better prepare family caregivers for their role in that process.

This bill takes advantage of lessons learned in other states

SB 296 addresses concerns raised during the debate over SB 2264 last year. These concerns included discussion over whether it would increase the hospitals' liability and whether it would require an appropriation.

First, to the extent negligence actions can *already* be brought against hospitals relating to discharges, this bill does not change the liability landscape in any meaningful way.

Second, since last year two states – Oklahoma and New Jersey – have passed their own versions of this bill. Nine more states have introduced or pre-filed similar legislation this year. Learning especially from what happened in New Jersey, SB 296 includes a limitation of liability provision based on New Jersey's bill (A2955/S2127), which passed the legislature unanimously and was signed by Gov. Chris Christie in November 2014. The limited liability wording in SB 296 (which is based in part on the New Jersey law) provides:

Nothing in this chapter shall be construed to give rise to a private cause of action against a hospital, hospital employee, or a consultant or contractor that has a contractual relationship with a hospital.

[and]

A hospital, hospital employee, or a consultant or contractor that has a contractual relationship with a hospital shall not be held liable for the services rendered or not rendered by the caregiver to the patient at the patient's residence.

We note that the New Jersey Hospital Association was involved in developing their substantially similar limitation of liability wording and took a "neutral" position on the bill overall.

Third, appropriations were not requested in either New Jersey or Oklahoma. In those states the hospitals were able to incorporate any changes into their existing protocols.

The people of Hawaii overwhelmingly support the provisions of this bill

In a survey⁵ conducted between August and September 2014, Hawaii residents showed that they overwhelmingly support the three basic elements of this bill:

- 95% support requiring hospitals to explain and demonstrate medical and nursing tasks that family caregivers will need to perform after the patient returns home;
- 94% support requiring hospitals to keep a family caregiver informed of major decisions, like transferring or discharging the patient; and
- 86% support requiring hospitals and care facilities to record the name of a patient's family caregiver in the medical record upon admission.

Technical correction

Page 2 of the bill on lines 15-16 contains a technical error. Instead of “there were approximately five thousand five-hundred hospital readmissions, each lasting thirty days,” it should read “there were approximately five-thousand five-hundred thirty-day readmissions in Hawaii.”

Conclusion

We urge you to support our 247,000 caregivers statewide through the passage of SB 296.

As the Honolulu Star Advertiser recently wrote,⁶ “[t]he sense of urgency is obvious—better care improves the quality of life for patients and for the people taking care of them. The financial stakes are high, too, in terms of overall health care costs and in the cost of fines incurred by hospitals that are penalized if too many Medicare patients are quickly readmitted for potentially preventable reasons.”

This common sense legislative solution could ensure that there is a consistent, minimum level of support that is provided to unpaid family caregivers throughout the state. We respectfully urge your support.

Thank you for the opportunity to testify.

⁵ AARP Hawaii conducted a telephone survey of 1,000 Hawaii registered voters age 45 and older between August 28 and September 9, 2014.

⁶ Honolulu Star Advertiser, “From Hospital to Home,” by Christine Donnelly, February 1, 2015.



**Testimony to the Senate Committee on Human Services and Housing and
Committee on Health
Tuesday, February 3, 2015 at 1:20 P.M.
Conference Room 016, State Capitol**

RE: SENATE BILL 296 RELATING TO CAREGIVING

Chairs Chun Oakland and Green, Vice Chairs Green and Wakai, and Members of the Committees:

The Chamber of Commerce of Hawaii ("The Chamber") **opposes** SB 296, which requires hospitals to provide patients the opportunity to designate a caregiver upon entry to a hospital and establishes hospital requirements regarding caregivers, including designation of a caregiver, notification to a caregiver, and a discharge plan for patients. Also provides hospitals, hospital employees, and consultants or contractors that have a contractual relationship with a hospital with immunity regarding caregiving.

The Chamber is the largest business organization in Hawaii, representing over 1,000 businesses. Approximately 80% of our members are small businesses with less than 20 employees. As the "Voice of Business" in Hawaii, the organization works on behalf of members and the entire business community to improve the state's economic climate and to foster positive action on issues of common concern.

Although we support this measure's intent to support caregivers, SB 296 burdens hospitals with many new responsibilities, placing hospitals in precarious legal situations. We believe that there are alternative solutions to support caregivers without creating legal liabilities for hospitals. Some alternatives are:

- 1) Continue to enhance caregiver support programs and initiatives that provide information, services, and supports, from listening to concerns to offering assistance in navigating online resources, as well as connecting the caregiver to wider resources both hospitals as well as the community. Include an aggressive outreach and public education campaign;
- 2) Provide adequate support for programs that help keep seniors living at home;
- 3) Help protect our elders from fraud and financial exploitation;
- 4) Support housing options that allow our elders to age in place and be an active part of a community; and
- 5) Support volunteer models that build social networks for our elders, which also include intergenerational interaction.

Thank you for the opportunity to testify.

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

SENATE COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

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

SUBJECT: SB 296 Relating to Caregiving

HEARING: 1:20 pm Tuesday, February 3, 2015
Conference Room 016, Hawaii State Capitol

POSITION: The Hawaii Family Caregiver Coalition **strongly supports SB 296** which requires hospitals to give patients the opportunity designate a caregiver, enter the caregiver's name in the medical record, notify the caregiver prior to the patients transfer or discharge, consult with the caregiver about the discharge plan, and instruct the caregiver in after-care tasks:

RATIONALE:

I am offering testimony on behalf of the Hawaii Family Caregiver Coalition (HFCC), which is a coalition of agencies and individuals committed to addressing the needs and improving the ability family caregivers to provide quality care for their frail and disabled loved ones.

- 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.



HAWAII HEALTH SYSTEMS

C O R P O R A T I O N

Quality Healthcare For All

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

Senate Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

February 3, 2015
Conference Room 016
1:20 p.m.
Hawaii State Capitol

Testimony Opposing Senate Bill 296 Relating to Caregiving.

Requires hospitals to provide patients the opportunity to designate a caregiver upon entry to a hospital. Establishes hospital requirements regarding caregivers, including designation of a caregiver, notification to a caregiver, and a discharge plan for patients. Provides hospitals, hospital employees, and consultants or contractors that have a contractual relationship with a hospital with immunity regarding caregiving.

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

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony in **OPPOSITION** to SB 296 that places the responsibility for tracking and training of home caregivers on hospitals. While HHSC supports the intent of the bill to provide a safer environment for newly discharged patients and support for the loved ones who care for them at home, the bill is overly burdensome as written.

Those who provide unpaid assistance to medically complex and frail individuals face many challenges. Patients who require multiple medications, devices, diets and other specialized treatment are challenging, and volunteer caregivers can be overwhelmed by complex and changing regimens.

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www.hhsc.org <<http://www.hhsc.org>>

While well intentioned, this measure assumes that this complex societal problem is the result of a failure of hospitals to identify and train caregivers. Yet is unclear how many caregivers remain unidentified under current hospital practices. The assumption that current discharge practices are insufficient is not supported by any data except 30 day readmission rates to the hospital. Not only are re-admission rates relatively low in Hawaii hospitals, but they are driven in large part by patients who don't have caregivers or regular medical providers, the homeless being the extreme example. Included are many who lack home and community supports in general rather than a failure of caregiver training. In fact, many overwhelmed caregivers help people who are rarely in the hospital, but they are still medically complex, fragile and difficult to care for.

Mandating hospitals to do more may appear to be a remedy but it is unlikely to have a significant effect. While there are instances where a hospital might do a better job of providing discharge instructions, they cannot cover every change in regimen that will happen post-discharge. Once the patient is back in the care of their primary care provider and array of specialists; regimens change. Expecting that hospitals can efficiently provide more training that will significantly reduce the challenges caregivers face is not realistic.

Hospital personnel are expert in acute care. They are not experts in long term care or home health. Additional resources would certainly be needed to fulfill the requirements of this measure and could be costly. The possible tasks that the caregivers would need to be trained in are very broad and would require the employment of additional training personnel at a time when HHSC struggles to afford needed clinical staff for patient care. Hospitals face significant challenges in providing acute care beds for sick and injured patients waiting to be admitted; adding additional requirements without sufficient quantification of the need and exact deficiencies to be addressed is unwise.

We respectfully request that the Committee defer this measure and allow the Task Force established last legislative session to do further work in identifying community solutions to support caregivers.



HAWAII MEDICAL ASSOCIATION

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Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

TO:

COMMITTEE ON HUMAN SERVICES AND HOUSING

Senator Suzanne Chun Oakland, Chair

Senator Josh Green, Vice Chair

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Glenn Wakai, Vice Chair

DATE: Tuesday, February 03, 2015

TIME: 1:20 pm

PLACE: Conference Room 016

FROM: Hawaii Medical Association

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

Re: SB 296 RELATING TO CAREGIVING

Position: Opposition

This measure requires hospitals to provide patients the opportunity to designate a caregiver upon entry to a hospital, establishes hospital requirements regarding caregivers, including designation of a caregiver, notification to a caregiver, and a discharge plan for patients. This measure provides hospitals, hospital employees, and consultants or contractors that have a contractual relationship with a hospital with immunity regarding caregiving.

HMA believes that these mandates may interfere with the patient physician relationship and have unintended negative consequences. Due to this the HMA can not support this measure.

Thank you for the opportunity to testify.

Officers

*President - Robert Sloan, MD, President-Elect – Scott McCaffrey, MD
Immediate Past President – Walton Shim, MD, Secretary - Thomas Kosasa, MD
Treasurer – Brandon Lee, MD Executive Director – Christopher Flanders, DO*



Tuesday, February 3, 2015 – 1:20 p.m.
Conference Room #016

The Senate Committee on Human Services and Housing and Senate Committee on Health

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

Senator Josh Green, Chair, HTH Committee
Senator Glenn Wakai, Vice Chair, HTH Committee

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Testimony in Opposition**
SB296: Relating to Caregiving

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

Thank you for the opportunity to testify in **opposition** to SB296. We recognize the very important role that caregivers play along the healthcare continuum, and applaud their selfless commitment to caring for patients, who are often their loved ones. However, we feel this bill is unnecessary and is problematic for the following reasons:

1. The Family Caregivers Working Group (Working Group), which is only halfway through the first year of a two-year process, has not yet released their report.

While we await the release of the initial report to the legislature, it is worth noting that the Working Group, among its many preliminary recommendations, voted 16-8 in favor of NOT introducing legislation on this matter this year. HAH and several of its members served as active participants in the Working Group during the legislative interim, and we are puzzled as to why one of the group's key recommendations was so willfully ignored. The Working Group should be allowed to continue its deliberations through the full two-year period that was envisioned by this legislative body when it passed House Concurrent Resolution 78 last session.

2. Discharge planning is already mandated and highly regulated by the federal Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (the national agency that handles hospital accreditation).

Accordingly, Hawaii hospitals already have these actions in their comprehensive discharge policies, and healthcare providers in our community take this responsibility very seriously. They ensure that patients' family members and caregivers receive aftercare instructions and information for patients being discharged. This is evident in part by Hawaii hospitals' low patient readmission rates (six percent in Hawaii versus nearly 11 percent nationwide); in fact, many of our hospitals rank in the top ten percent in the country for the conditions tracked that result in preventable readmissions.

3. The new mandates outlined in this bill will result in increased costs for all hospitals.

Hospitals will need personnel and administrative resources in the form of additional nurses, discharge planners, social workers, case managers and education materials to fulfill the mandates proposed in this bill. The financial challenges facing the Hawaii Health Systems Corporation will clearly be exacerbated if this bill were to become law.

4. The liability language, which appears to be modeled after the New Jersey law, does not provide sufficient protection to Hawaii hospitals.

We continue to have major concerns about placing standards of care in statute, which may interfere with clinical best practices, and with requiring our frontline staff to train lay caregivers on increasingly complex tasks that historically have been the responsibility of medical professionals. The legal duties imposed on hospitals relating to specific caregiving training create substantial risk and uncertainty for our members.

During the deliberations on a similar measure last session, the Senate Judiciary and Labor Committee (SB2264 SD2 SSCR 2701) shared such concerns, noting that:

“ placing caregiver requirements in statute, even if these requirements are permissively phrased in the statute, may impose substantial liability on hospitals under this measure because “[g]enerally, a standard of conduct may be determined by reference to a statute”. *Ono v. Applegate*, 62 Haw. 131, 137 (1980).

While the liability language in this bill purports to protect hospitals, we remain convinced that such language will still not prevent the filing of potentially costly and time-consuming lawsuits. We would be interested to hear the position of the Department of the Attorney General on this matter.

5. Rather than mandating standards of care in statute, the focus should be on identifying the best and most cost-effective way to provide long term services and supports to Hawaii’s caregivers.

We remain convinced that the real problem is not the hospital’s discharge procedures, but rather the lack of community-based resources for the caregiver community to get what they need to help their loved ones age in place. Agencies such as the Aging and Disability Resources Centers (ADRC), which serve as the single entry point for information about long-term care options, are in need of additional resources to continue their work in communities across the state. They have a track record of engaging lay caregivers and hospital staff to improve care at home after discharge. For that reason, we support SB964, Relating to Aging, which appropriates funds for the Kupuna Care program and ADRCs.

In a time of unprecedented change in healthcare, HAH is committed to working with all stakeholders toward a healthcare system that offers the best possible quality of care to the people of Hawaii. We stand by our offer to work with the proponents of this bill through the Working Group and HAH's Quality and Transitions of Care committees to bring together frontline staff and lay caregivers to identify issues they are currently facing and to develop workable solutions.

Thank you for the opportunity to testify in opposition to SB296. We respectfully request that the committee **hold** this bill and allow the Working Group to continue its deliberations.

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: barbarajservice@gmail.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Monday, February 02, 2015 8:44:56 AM

SB296

Submitted on: 2/2/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara J. Service	Kokua Council	Support	Yes

Comments: My name is Barbara Service and I reside in the 9th Senatorial District and the 19th Representative District. On behalf of Kokua Council, I strongly urge your support of SB296, relating to caregivers. From Sunday's Star Advertiser, "there is little argument that it is in the best interest of patients and hospitals alike to boost the competency of unpaid caregivers." This seems to be a win-win proposition; caregivers are supported, elderly patients are receiving appropriate care and hospitals are less likely to incur fines for unnecessary readmissions. SB296 would ensure that caregivers are made a part of the hospital record, that they are informed when their loved ones are being discharged and, most importantly, that they are provided with the instruction and demonstration of the procedures they are being asked to perform. Most hospitals already provide adequate instruction at discharge, but there needs to be a mandate to insure that this is done consistently. Please strongly support SB296.

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



THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Paula Yoshioka and I am a Senior Vice President at the Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving. I would also like to join the Healthcare Association of Hawaii in providing further comments.

The patients and families that come into our hospital are in need of acute care services. Once patients no longer need acute care services, we work with them and their loved ones to develop individualized, appropriate discharge plans to help them in their recovery.

In summary, I am opposed to this bill because it would:

- Not solve the real issue that robust community-based services are needed in order to support patients in their homes to assist in their recovery after an acute episode;
- Not reflect the reality of how hospitals provide the highest quality of care for their patients; and
- Add costs to the hospital and the health care system as a whole by creating unnecessary and onerous regulations and requirements.

I share your commitment to making sure that patients and their designated caregivers are actively engaged in the discharge planning process. I ask that you consider my experience as front-line provider in the hospital as you consider this legislation.

Thank you for taking the time to consider my experiences at Queen's.

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

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Tina Donkervoet and I am the Director of Care Coordination and Patient Flow at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

As a provider with the Queen's Health Systems, I strive every day to fulfill the mission of our hospital by providing high-quality care. The patients and families that come into our hospital are in need of acute care services. Once patients no longer need acute care services, we work with them and their loved ones to develop individualized, appropriate discharge plans to help them in their recovery.

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THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Dr. Shari Kogan and I am the Medical Director for geriatric services at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

As a provider with the Queen's Health Systems, I strive every day to fulfill the mission of our hospital by providing high-quality care. The patients and families that come into our hospital are in need of acute care services. Once patients no longer need acute care services, we work with them and their loved ones to develop individualized, appropriate discharge plans to help them in their recovery.

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THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Shannon Oesch and I am a Manager of Social Work at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

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THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Kristen Collat and I am the Manager of Case Management Services at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

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THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Joan Maeshiro and I am a nurse practitioner with the house call program in the geriatric services unit at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

As a provider with the Queen's Health Systems, I strive every day to fulfill the mission of our hospital by providing high-quality care. The patients and families that come into our hospital are in need of acute care services. Once patients no longer need acute care services, we work with them and their loved ones to develop individualized, appropriate discharge plans to help them in their recovery.

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THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Jessica Ackerman, and I am a nurse practitioner in geriatric services at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

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THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Florence Agos and I am a nurse manager at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

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THE QUEEN'S HEALTH SYSTEMS

SB 296, Relating to Caregiving
Senate Committee on Human Services and Housing
Senate Committee on Health
February 3, 2015, 1:20 PM

Dear Chairwoman Chun Oakland, Chairman Josh Green, and Members of the Senate Committees on Human Services and Housing, and Health:

My name is Cindy Kamikawa and I am a Senior Vice President and the Chief Nursing Officer at The Queen's Health Systems. I would like to take this opportunity to provide my statement in opposition to SB 296, relating to caregiving.

As a provider with the Queen's Health Systems, I strive every day to fulfill the mission of our hospital by providing high-quality care. The patients and families that come into our hospital are in need of acute care services. Once patients no longer need acute care services, we work with them and their loved ones to develop individualized, appropriate discharge plans to help them in their recovery.

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From: **Fred** Opaski@aol.com
Subject:
Date: February 2, 2015 at 10:09 AM
To:

Testimony of Fred Rohlfing, former state senator.

I appear today in support of SB 296

My wife, PATRICIA died in HONOLULU three years ago due to failure to receive appropriate emergency treatment at Kapiolani Hospital. We were on a Christmas trip from Maui when she came down with congestion and abdominal pain. Over my objections she was prematurely discharged at 4 AM to return to our hotel in Waikiki. My son Fritz and I took her to a Kapahulu clinic from which she was transferred to Kuakini Hospital. She underwent two surgeries at Kuakini neither saved her. Cause of death: Ischemia, sepsis, septic shock.

Since that day I have fought to find a way to help patients who are faced with similar situations.

As I am a member of a state medically connected commission (State Health Coordinating Council) I sought the help of my fellow commissioners and requested an audience for me and my family with the Governor. One of the proposals I made then was to provide patient advocates at hospital emergency rooms statewide. (I had read up on the patient advocate program in Washington state).

I formed a committee to support my efforts called the PATTY SANTOS ROHLFING Patient advocate emergency services support committee and we contacted SENATOR Josh GREEN who introduced SB 666 IN 2013. The bill successfully passed both houses WITHOUT A NEGATIVE VOTE but foundered in conference when a language difference was not cured before an arbitrary time limit was imposed,

In addition on the House side last session Rep Dellas Belatti introduced HOUSE concurrent resolution 122 which called for a study of these issues. Along with two others I was appointed as one of three community members appointed to the task force, the remaining 25 or so members being all from the hospital/medical community.

This session we have introduced a new proposal that fits BEAUTIFULLY into the preventative side of the AARP bill. It is HB 1147. In fact joining these two bills would make sense. Later in the session you should take a look at a merger of the various pieces of legislation now pending to make a comprehensive move toward patient rights.

This legislature has the opportunity to show outstanding leadership in the field of patients rights by passing SB 296, HB 1147, and implementing the program set forth in HR 122.
My wife, Patty is smiling.

From: [Aaron Landry](#)
To: [HTH Testimony](#); [HSH Testimony](#)
Subject: Testimony of Support: SB 296
Date: Monday, February 02, 2015 9:41:35 AM

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

Committee on Health
Senator Josh Green, Chair

Testimony in support of SB 296

Aloha,

Recently, my grandfather passed away. In the years previous to this, he was using a combination of institutional caregiving and caregiving from members of my family as he needed constant, around the clock attention for his condition.

His care from members of my family was only possible because my uncle and aunt had – thankfully at the time – flexible work schedules, and were financially able to manage fewer work hours on a temporary basis.

I do not believe most families are as fortunate as mine was. If my relatives were in a less flexible situation, my grandfather would have been in much more institutional care, which would have been significantly more expensive. Alternatively, if my families' employers were not as flexible, they could have been out of work as well. I am incredibly thankful, and privileged, that we were able to make things work the way they did. I recognize that I'm in the minority.

When I was shown this bill and read through it, I believe this makes a ton of sense and should be a win-win for everyone who needs long term care – for families as well as our healthcare system. Thank you for considering this bill. I support SB 296.

Mahalo for this opportunity to testify.

Aaron Landry
1296 Kapi'olani Blvd #2103
Honolulu, HI 96814
aaronlandry.com

From: [Aletia Point Du Jour](#)
To: [HSH Testimony](#)
Subject: Testimony in Support of SB 296, Relating to Caregiving
Date: Monday, February 02, 2015 12:45:07 PM

Chair Chun Oakland, Chair Green, and the members of the committees,

Re: SB 296, relating to caregiving

Chair Chun Oakland, Chair Green and Committee Members:

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of SB 296, relating to caregiving.

Aletia Point Du Jour

Waialae Resident

From: [AARP](#) on behalf of [Ana Lupe de la Pena](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 1:26:27 PM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

I was a caregiver and I believe that we are not receive the respect and support to assist the senior citizen

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. Ana Lupe de la Pena
PO Box 711839
Mountain View, HI 96771-1839

From: [AARP](#) on behalf of [Ann Mello](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 11:55:50 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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This hits close to home, because my mom was hospitalized for three weeks in October. The day before she got sick, she was 100% independent. She was able to do everything on her own, she was driving, cooking, shopping, working, and taking care of herself. After three weeks in the hospital, they decided she was well enough to go home. When they released her, she could barely walk. The hospital sent her directly home with zero instructions or information on how to take care of her. We had to carry her into the house because she could barely walk. Not only was she not ready to be discharged from hospital to home, but we had no idea how to take care of her. It is very important to provide caregivers instructions and assistance.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Ann Mello
47-874 Ahilama Rd
Kaneohe, HI 96744-5000

From: [AARP](#) on behalf of [ARDIS SIMER](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 7:30:29 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

I am caring for my mom at home and its not easy so any updates or guidance I can get will be greatly appreciated I was my moms only hope to come home to ohana my oldest son takes care of her weekdays n I step in when im done with my full time job

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Miss ARDIS SIMER
1865 Lanikeha Pl
Pearl City, HI 96782-1405

To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

Thank you very much for opportunity to submit in writing my STRONG SUPPORT of SB 296, Relating to Caregiving. 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.

This bill is urgently needed. Hawaii leads the nation with its people having the longest life expectancy. Longevity can be a double-edge sword. As people age, their risk for developing chronic diseases and hospitalization also increases. Furthermore, the discharge of patients from acute care hospitals back to home could turn problematic when the family caregiver is unprepared and untrained to provide the after-care at home. Often times, the family caregiver must assist the patient with medication management, wound dressing changes and other medical procedures which may be overwhelming and stressful to the untrained lay person. Without adequate follow-up care, there is another risk for patients to be readmitted to the hospital.

Hospital readmission is very costly to our health care system. According to Hawaii Health Information Corporation (HHIC), there were approximately 5,500 30-day hospital "potentially preventable" readmissions in Hawaii in 2013, with associated charges of nearly \$240 million. Among these readmissions, Medicare patients made up the largest share at 55% and associated charges (60%). (Medicare patients are mostly over age 65 years old) These readmissions could have been preventable and may have resulted due to a deficiency quality care in the initial admission, inadequate discharge planning, or lack of post discharge follow up or coordination. While this is not a complete panacea to preventing readmissions, engaging the caregivers in the patient's discharge planning, and arming them with the information they need for the patient's after care, could at least help minimize them and improve quality outcomes.

While the hospitals claim to already engage the family caregivers in the discharge planning and after care discussion, this is not being done consistently as evident by my own personal experience with my father's abrupt discharge and transfer from a major private hospital to a nursing care facility in 2013. I was given only ten minutes advance notification of this decision and without any consultation or discussion with the hospital staff. After much confusion and distress over the next few hours, we learned that the hospital made a grievous error in transferring my dad. This transfer was based on a previous physician order prior to my father suffering a major stroke in the hospital the day before. Had the hospital contacted me sooner, we could have clarified the physician's order and reconfirm the status of my father's critical condition, and this error would have been avoided. My father never woke up and died 5 days later.

The magnitude of this issue adds to the urgency with which Hawaii should address hospital discharges and seek to better prepare family caregivers for their role in that process and its aftermath. The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home. Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

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

From: [AARP](#) on behalf of [Bruce Bottorff](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 1:53:56 PM

Jan 30, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

Aloha Committee Members,

I know a number of family caregivers in Hawaii who will benefit from this legislation. Too often, they are on their own to cope with complex medical tasks which they have little or no knowledge of how to provide.

This bill will create a uniform standard for instructing family caregivers in the care needed to provide their loved ones in the home.

Thank you very much for your attention.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mr. Bruce Bottorff
1200 Queen Emma St Apt 1920
Honolulu, HI 96813-6311

February 2, 2015

To: Committee on Human Services
Senator Suzanne Chun-Oakland, Chair

Committee on Health
Senator Josh Green, Chair

Date: February 2, 2015

From: Carl Takamura

Re: **SB 296, RELATING TO CAREGIVING**

Chair Chun-Oakland, Chair Green, and members of the committees:

I would like to add my voice to the many others across our state who strongly support SB 296, that will recognize and assist the unpaid family caregivers who give unselfishly of their time, money, and energy to keep their loved ones safe and out of costly institutions.

A recent AARP Hawaii survey of 1,000 Hawaii registered voters found overwhelming support (over 86%) for the provisions of SB 296 which would ensure that caregivers are given the information and support they will need to care for their loved ones upon discharge from a hospital. These commonsense provisions are so clearly needed for both the discharged patients quality of life and the caregivers peace of mind that it is difficult to understand the vehement opposition of the healthcare institutions whose primary concern should be the well being of their patients.

I will not repeat the many compelling arguments for passing this bill, except to ask that you ask yourself how you would want to be treated as a patient or a caregiver if you were about to be discharged from a hospital.

Thank you for your consideration.

From: [AARP](#) on behalf of [Carol Pohina](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 9:25:26 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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PLEASE PASS THIS VERY IMPORTANT BILL

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Carol Pohina
87-117 Linakola St
Waianae, HI 96792-3145

From: [AARP](#) on behalf of [Carolyn Czechanski](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 8:25:47 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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These challenges affect all of us at some time in our lives, It is crucial that we all support one another in any way we can to protect the quality of life, not only of those who need care but for those who lovingly and tirelessly give that care.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. Carolyn Czechanski
PO Box 223528
Princeville, HI 96722-3528

From: [AARP](#) on behalf of [Celeste Magnani](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 10:55:34 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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Our Kupuna have done so much to get us here, let's do what we can for them, when they need us!

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Celeste Magnani
91-1180 Mikohu St Apt 41b
Ewa Beach, HI 96706-3836

To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Chalintorn N. Burian, Ph.D. and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving, which the legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

I am a family caregiver and I know how important it is for caregivers to get the training needed to care for their loved ones. My personal experience strongly demonstrates the fact that when family caregiver is properly identified and trained by the hospital, the well-being of the patient, upon and after discharge from the hospital, will be tremendously enhanced.

About 10 years ago, when my husband was admitted to a hospital for a surgery, he lost so much blood that his system shut down, and he ended up with an acute renal failure. After 3 weeks of a very excellent professional work by the nephrologist and hospital staff, he slowly recovered. At the time that he was ready to be discharged from the hospital, only 20% of his kidneys was functioning. Before he was discharged, I, as the identified caregiver, was trained by the hospital staff and a nutritionist, on how to provide him with proper care and special dietary (which was quite complicated) that would help his kidneys to continue to mend themselves. I was also giving reading materials for references. Knowing the seriousness of my role, I followed the instruction strictly. My husband's kidney condition improved. He never had to be readmitted to the hospital for this ailment. He never needed a kidney dialysis. At present, 10 years after the incident, his kidneys function at 50% of their capacity. But he feels normal, as I continue to watch his special diet. My husband and I are so grateful that the hospital took the responsibility to advise, train and enable a caregiver like me to deal with my loved one. I understand that not all hospitals are as diligent and responsible. I hope the approval of the CARE Act will be an instrument for caregivers to take better care of their loved ones. By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home.

This CARE Act bill is urgently needed for Hawaii. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs.

As a family caregiver, I know how hard it is to balance my activities, my family, and caring for my loved ones. This bill will ensure that the hospital has to give me and other caregivers enough training, like what I was fortunate to receive as described in the situation above, so that the well-being of patients will be greatly enhanced.

Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

Chalintorn N. Burian, Ph.D

Paauilo-Mauka

Phone: (808) 775-1064

To: Senate committee on Human Services and Housing
Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Most Honorable Chair Chun Oakland, Chair Green, and members of the committees:

My name is Christine Olah and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving, referred to as "The Care Act."

As we discuss the need for SB 296, please keep in mind the substantial number of Hawaii Residents whose lives will be touched by its passage. Count among them the patient (of all ages), the caregiver and the family, and the entire community of our State.

There's a good reason why we are known as the State of Aloha. The passage of this bill affirms our true interest in caring for others in a respectful way. And, with passage, decrease preventable hospital readmissions and give families the needed support during very stressful times of hospitalization.

Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

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

To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Christy Nishita and I am Interim Director of the University of Hawaii Center on Aging. I am writing personal testimony in strong support of SB 296, Relating to Caregiving.

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

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

This bill is urgently needed. According to Hawaii Health Information Corporation (HHIC), there were approximately 5,500 30-day hospital “potentially preventable” readmissions in Hawaii in 2013, with associated charges of nearly \$240 million. Among these readmissions, Medicare patients made up the largest share at 55% and associated charges (60%).

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act supports family caregivers when their loved ones go into the hospital and as they transition home. Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

Christy Nishita

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: conniefive@yahoo.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Monday, February 02, 2015 12:57:56 PM

SB296

Submitted on: 2/2/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

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

Comments: regarding this bill, I am a senior resident living with two senior residents. My husband and I...but mostly me, take care at home of our 99 year old father in law. It is stressful at best, and the Oliva Ohana, four generations support this bill, Kapuna Care, and certainly the imperative that hospitals give to caregivers all information pertinent to the well being of a patient. In this particular case, my father in law is charming and kind, nods when appropriate and could convince anyone that he comprehends conversations. This is a false assumption. He is almost totally demented and is 100% incapable of understanding and following thru on instruction, medical or otherwise. I am the caregiver.....hospitals should inform me of any appropriate action or there could be severe medical consequences. I love my father in law.....if information for his care is not given to me, then no action will be taken. Please consider ALL THE SENIORS, of which I am one. Our numbers are growing, and this bill would mandate better care and less re-admissions in the future.

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

From: [AARP](#) on behalf of [DAVELYN WALKER](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Monday, February 02, 2015 12:31:25 PM

Feb 2, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

PLEASE SUPPORT SENATE BILL 296. THERE WAS NO ONE TO GUIDE ME OR HELP ME WHEN I TOOK CARE OF MY MOM. IT WAS SO HARD. EVEN NOW THAT SHE HAS PASSED SINCE, OCTOBER 2009, I STILL FEEL THE SADDNESS OF HAVING NOT BEING ABLE TO TAKE BETTER CARE OF HER AND SENDING HER TO A CARE FACILITY.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. DAVELYN WALKER
98 Todd Ave
Hilo, HI 96720-4849

From: [AARP](#) on behalf of [Deborah Ward](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 3:24:52 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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As the caregiver for my husband, who became paralyzed after an accident two years ago, I desperately need the support this bill would provide!

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Deborah Ward
PO Box 918
Kurtistown, HI 96760-0918

To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Eduardo Fabregas and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving.

My wife Marivil and her brother are caregivers and I know how important it is for caregivers to get the training needed to care for their loved ones.

This bill is urgently needed. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs.

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home.

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

Since I am aware of the toll it takes for my wife's family to care for their mother, without the proper training from the medical professionals on proper care it would have been impossible to properly care for my mother in law. This bill will ensure that the hospital has to give me enough training so that I won't feel like I'm on my own. at the very least establish a guideline for hospitals and their staff a standard to follow prior to the release of a patient from their care.

Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

Eduardo R Fabregas

171 Kaulani Drive
Makawao, HI 96768

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

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and Members of the Committees:

My name is Esther Ueda, and I am writing in SUPPORT of SB 296, Relating to Caregiving.

I am not a family caregiver, but I have many friends and family members who are or have been Caregivers in the past, and I feel it is really important for these family caregivers to get some training to care for their loved ones. It is very costly to obtain professional care, and many family members have to do the best they can do without professional help.

This bill would help to make sure that steps are followed in the hospital discharge process, to assist family caregivers in this area.

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

In summary, I support SB 296 that will help to ensure that the hospital has to give family caregivers training so they can better care for their loved ones.

Thank you for allowing me to submit this testimony.

Sincerely,

Esther Ueda
Pearl City, Hawaii

From: [Francis Nakamoto](#)
To: [HSH Testimony](#)
Subject: Care Act SB 296
Date: Friday, January 30, 2015 9:56:13 PM

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

Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Francis M. Nakamoto and I am writing in support of SB 296, Relating to Caregiving.

I had the opportunity to interview a dozen caregivers, including my brother, who gave unselfishly of himself to care for my mother who passed away last year at the age of 96. These caregivers provide essential services and protection for our kapuna, often without any formal training or assistance. Hospitals that treat then discharge patients as soon as possible, rely on caregivers to follow through to assist our kapuna in their recovery but hospitals are inconsistent in providing adequate instruction to caregivers on the proper care of still sick or injured seniors who are literally thrown out to make room for other patients before full recovery.

One of the priorities the State Legislature can set for itself that doesn't cost the taxpayers a dime but can result in millions of dollars of savings for patients, their families and hospitals, is passage of the Care Act bill, SB 296. One very simple and common sense part of the bill would require hospitals to provide caregivers important instructions on properly caring for their loved ones once they are discharged to their care. The result will be better recoveries, a lot less suffering and less readmissions because improperly cared for patients fail to recover.

You would think that everyone would be in favor of it, but unfortunately that is not the case. The hospital lobby opposes it due to perceived concerns about legal liability. New Jersey addressed these concerns last year when it passed its version of the Care Act, shielding hospitals from liability "for the services rendered or not rendered

by the caregiver.” It passed unanimously and was signed into law by Governor Christie, no rabid proponent of excessive government regulation. We can do that in Hawaii to assuage the worries of the hospitals.

At a time when U.S. taxpayers spend \$17 billion in Medicare funds alone each year on unnecessary readmissions (Hawaii had 5,500 unnecessary readmissions in 2013 alone), and hospitals are penalized for high rates of readmissions under the Affordable Care Act, this should be a no-brainer.

Please support passage of the Care Act in this session. Elderly persons are suffering and dying due to the inaction of the legislature last year. Let’s give caregivers the necessary knowledge and skills to do their uncompensated work well and save lives and money.

Respectfully submitted,

Francis M. Nakamoto

1829 Ala Noe Place

Honolulu, Hawaii 96819

--

Francis M. Nakamoto

1829 Ala Noe Place

Honolulu, Hawaii 96819

Tel. (808) 833-6357

Cell (808) 721-4860

From: [AARP](#) on behalf of [Geraldine Johnson](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Monday, February 02, 2015 11:31:09 AM

Feb 2, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

I've been a caregiver for three years. When I first started I had no idea what to do. Luckily I had a good support group and was able to get on with Hospice, but not all caregivers are able to do that. It would really be helpful if I could have had some instruction on what to do in the beginning. Please vote yes on Senate Bill 296.

Geraldine Johnson
674 Kalanipuu St.
Honolulu, HI 96825

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Geraldine Johnson
674 Kalanipuu St
Honolulu, HI 96825-2421

From: [Gertrude Hara](#)
To: [HSH Testimony](#)
Subject: SB 296 - The Care Act - My Testimonial
Date: Saturday, January 31, 2015 12:55:44 PM

My name is Gertrude Hara-Williams. I was a family being an only daughter caregiver to both of my parents, here in Honolulu - Kalihi area.

This Care Act is absolutely important to every family to learn and experience in being a caregiver. Either in their home, care facility or foster home care. To be able to see, communicate with person(s) abilities, one to one basis and be attentive for caring someone in need. For me was able to have assistance at St Francis Hospital (at that time) for my father, and Liliha Healthcare while my mother had throat cancer.

Mostly for my part received a great understanding with their social workers. While working at that time, was a very heavy burden for me to take care of them 24/7. Nurses at both areas, treated them with utmost less work but seen both parents almost every week, or as much as I can during the week. But when my father passed away at St Francis - ICU room, arrived to be with him and spoke to him and felt for me at ease. Doctors took care of him and thanked his doctor for everything...brought them manapua too. Months passed and my mother had gone. While at Liliha Healthcare, St Francis Hospice took care of her and handled everything for me. For me, not to worry they will do and they did. Was what a relief off my shoulders and both are in peace with each other.

Believing this Care Act - SB 296, to please pass and this concerns every family as well. In knowing the language, knowledge, services, understanding, communication and balance in every family household to get involved...for the better of family caregivers that I support this bill.

Gertrude Hara-Williams
Ala Moana

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: mauicrowe@gmail.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Monday, February 02, 2015 9:57:46 AM

SB296

Submitted on: 2/2/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

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

Comments: Give hospital staff and caregivers the ability to properly respect our Kupuna. In the long run, save money for the hospital and for Kupuna.

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

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Janice S. Bond, and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving.

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

This bill is urgently needed. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs.

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home.

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

Thank you for allowing me to testify in strong support of SB 296.

Sincerely,
Janice S. Bond

Janice S. Bond
3920 Hunakai St.
Lihue, HI, 96766

From: jeanhnl@hawaiiintel.net
To: [HSH Testimony](#)
Subject: Re: SB 296 (Care Act) & SB914 (10% increase to Kupuna Care)
Date: Saturday, January 31, 2015 5:16:43 PM

Please support SB296 (the Care Act) as it is imperative that the caregiver's name be on record and must be informed when the patient is being released. I cannot state how important that the caregiver given information and instructions regarding the patient. It is critical for he/she to have specifics to better care for the patient.

Thank you for your consideration and hopefully, the Committee will support this vital bill for patient care.

May I also ask for your support of SB 914 which will increase by 10% to Kupuna Care.

Respectfully submitted,

Jean Ishikawa

From: [AARP](#) on behalf of [Jean Simon](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 7:24:02 PM

Jan 30, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

I'm caring for 2 seniors with dementia. Please support this bill.
Thank you.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Jean Simon
4944 Kilauea Ave
Apt 2
Honolulu, HI 96816-5718

From: [AARP](#) on behalf of [jennire ipac](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 7:55:28 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

Please allow families to keep them home

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. jennire ipac
PO Box 264
Elele, HI 96705-0264

From: [Jim Crowe](#)
To: [HSH Testimony](#)
Subject: Please support SB 296 - Kupuna care
Date: Sunday, February 01, 2015 11:50:13 AM

Please support S B 296.

I am in my eighties and because of the frailties of aging can not drive. My wife is in her mid seventies and is dealing with bi-polar depression.

How's this? We alternate being caregivers as well as count on some assistance from our grown children.

Support us and the thousands of kupuna in Hawaii. Not only for our sake but also for your sake.

Because when you do you will be responding to the better-angels-of-your-nature

From: [AARP](#) on behalf of [Joan Hiyakumoto](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 4:54:27 PM

Jan 30, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

I am a caregiver for my oldest son who was severely injured in an accident.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Joan Hiyakumoto
PO Box 330203
Kahului, HI 96733-0203

From: [AARP](#) on behalf of [Joan Riggs](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 3:23:41 PM

Jan 30, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

Please vote YES

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. Joan Riggs
1157 Lunaai St
Kailua, HI 96734-4542

From: [AARP](#) on behalf of [Julie mcGovern](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 10:25:33 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

I have been the sole caregiver for my disabled mother for 11 years. I need help and support services badly!

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Julie mcGovern
91-269 Ewa Beach Rd
Ewa Beach, HI 96706-2935

From: [AARP](#) on behalf of [Kat Smith](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Sunday, February 01, 2015 6:27:41 AM

Feb 1, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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Let their children CARE for them AT HOME. Like it should be.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Kat Smith
Kam
Kaneohe, HI 96744

From: [Ken Takeya](#)
To: [HSH Testimony](#)
Subject: Support for SB 296, relating to Caregiving
Date: Friday, January 30, 2015 7:28:42 PM

To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Ken Takeya and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving.

I am a family caregiver and I know how important it is for caregivers to get the training needed to care for their loved ones.

-

This bill is urgently needed. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs.

-

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home.

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

As a family caregiver, I know how hard it is to balance work, my family, and caring for my wife. When I bring my wife home from the hospital, I want to feel more confident that I know how to care for her. This bill will ensure that the hospital has to give me enough training so that I won't feel like I'm on my own. My wife was discharged from the hospital two years ago and was re-admitted a week later because I did not know how to care for her properly. I have since learned what to ask the next time she is admitted but how many other caregivers will have to learn the hard way like we did. It not only cost the hospital system time and money but it cost us an extra \$2500 for the ambulance, ER, and all the tests and X-rays.

Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

Ken Takeya
1447 Akeke Pl.
Kailua, HI 96734
(808) 262-1067
takeyak001@hawaii.rr.com

Senator Suzanne Chun Oakland, Chair of the Committee on Human Services and Housing
Senator Josh Green, Chair of the Committee on Health
The Senate, The Twenty-Eighth Legislature

Kristen Benevides
University of Hawaii Manoa
2430 Campus Rd
Honolulu, HI. 96822

Tuesday February 3, 2015

In favor of SB 296

Introduction

Kristen Benevides

Myron B Thompson School of Social Work

I am testifying and in support of SB 296 Relating to Caregiving, I am providing comments supporting my position on the bill.

Content

The majority of older Americans prefer to live independently at home. Most seniors who receive assistance at home rely exclusively on unpaid family caregivers for help. Most patients do not have a home visit follow up from a health care professional after discharge from the hospital. According to AARP, almost half of family caregivers perform medical or nursing tasks for their family members who have multiple chronic physical and cognitive conditions. Most family caregivers report they receive little or no training to perform these tasks, resulting in hospital readmissions (AARP). Health care trends—including medical advances, shorter hospital stays, limited discharge planning and transitional care, fewer Medicare home health visits, and expansion of home care technology—are placing increasingly complex and costly responsibilities for the care of frail older people and persons with disabilities on family caregivers. Failures of care coordination occur when patients experience care that is fragmented and disjointed, resulting in unnecessary hospital readmissions. Nearly one-fifth of fee-for-service Medicare beneficiaries discharged from the hospital are readmitted within 30 days (Health Affairs). Facilities need to provide live or video instructions of medical tasks to family caregiver's in order to reduce readmission rates and healthcare costs.

Closing

I support SB 296 because I am a caregiver for my grandmother whose wish is to age in place.

From: [AARP](#) on behalf of [Kristina Pikunas](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Monday, February 02, 2015 11:00:59 AM

Feb 2, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

As a psychologist, I frequently hear about the impact of caregiver stress from physical to mental and even its intergenerational transmission. The passage of this Bill would help !

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Dr. Kristina Pikunas
438 Hobron Ln
Ste 307
Honolulu, HI 96815-1229

Larry Geller
Honolulu, HI 96817

SB296
HSH/HTH
Tuesday, February 3, 2015
1:20 p.m.
Room 016

COMMITTEE ON HUMAN SERVICES AND
HOUSING

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

COMMITTEE ON HEALTH

Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

February 1, 2015

Re: SB296 Establishes hospital requirements regarding caregivers, including designation of a caregiver, notification to a caregiver, and a discharge plan for patients

In Support

Dear Senator Chun Oakland, Senator Green, Senator Wakai and members of the Committees:

This bill should be a significant first step to improving quality of life for patients requiring home care after hospital discharge, and as you have heard in other testimony, should reduce the costs of hospital readmissions.

Providing instruction to caregivers as needed should be a social, legal, political, and ethical responsibility. Holding that liability issues prevent medical staff from providing adequate care to a patient in Hawaii doesn't cut it. This bill provides liability protections and should reverse the situation in a socially desirable way--given the protections intended by this bill, a hospital should be inclined to avoid liability by providing the best instruction to caregivers that it can.

I worked for more than 20 years for General Electric, considered to be one of the best managed companies in the world. Before moving to Hawaii I was senior vice president and director of a joint venture company in Japan. **At every step up the corporate ladder, GE provides a clear statement of the job responsibilities and provides appropriate training. And so the manager is equipped to succeed.** I can't imagine putting someone in a situation where they have a job to do and withholding needed information from them.

Let's turn the tables on this state of affairs.

Since the state and the health care system benefit by lowering the costs of re-admission, hospitals might be sure that programs are in place to provide appropriate instruction in a case-by-case basis, including accommodating the need for language translation and assessing the caregiver's readiness and ability to carry out the instructions.

Many caregivers find the responsibility thrust upon them--they are not trained in caregiving, and may not even be fully aware or accepting of the magnitude of the task ahead of them. Hospitals can be sure that caregivers are connected with resources that will assist their effort and benefit the patient. They can make use of language interpreters and social service staff as appropriate. It can be done. It's not rocket science.

--Larry Geller

(snip: Star-Advertiser 2/1/2015)



COURTESY PHOTO

"Res ipsa loquitur, the thing speaks for itself. The hospitals have had the opportunity to do the right thing on their own, and they haven't."

Fran Miller
Visiting professor at
the University of
Hawaii Richardson
School of Law

Date: February 2, 2015
To: Senator Chu- Oakland
From: Ms. Laurel Leslie
RE: The Care Act SB 296

Thank you for the opportunity to submit written testimony in strong support of SB 296 relating to the Care Act. My name is Laurel Leslie and I am retired school teacher. The passage of this bill is important to me because I am a caregiver.

The Care Act, as proposed by the AARP team seems to be a reasonable solution to the issues that face caregivers today. At this point in time, too many caregivers are not supported by anyone except those that are being care for. In the meantime, hospital administrators and insurance company executives are enjoying a lavish lifestyle with compensation that is far and above the norm without clear responsibility.

It is reasonable to require hospitals to provide medical training to caregivers when a patient is discharged. If they are providing this now (as they state they are) this part of the Care Act should written to confirm they are doing what they say they are currently doing. Surprisingly this continues to be an issue in the Care Act. Hospitals may not like to take any responsibility (read: legal liability), but if they accept the current language proposed in the Care Act, most would agree their legal responsibility is clearly defined, and clearly relieves hospitals of any responsibility.

Ask any parent who has guided teenagers though a growth process, and they will tell you that any rules that are imposed are resisted. Hospital administrators seem to be going through this growth process in which they must accept certain restrictions that must be accepted for the good of all. It is time to accept growth along with responsibility.

Please support the Care ActSB 296 as proposed by AARP.

Sincerely.

Ms. Laurel Leslie
223 Aikapa St.
Kailua, HI 96734
eztoget2@outlook.com

From: [AARP](#) on behalf of [Leslie von Arnswaldt](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Sunday, February 01, 2015 4:57:45 AM

Feb 1, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

As a 71 year old, I would like to be assured that when/if the time comes when I no longer can care for myself, that a member of my family will have the skills to care for me.

Mahalo.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mr. Leslie von Arnswaldt
PO Box 7740
Hilo, HI 96720-8949

From: [AARP](#) on behalf of [Linda Neuman](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Monday, February 02, 2015 7:00:36 AM

Feb 2, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

I am a NA instructor and I support caregiver instruction it will enhance our society and provide safe dignified lives for our Kapuna.

Linda Neuman RN., BSN

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. Linda Neuman
PO Box 1336
Kilauea, HI 96754-1336

From: LKSodetani@aol.com
To: [HSH Testimony](mailto:HSHtestimony@capitolhawaii.gov)
Subject: Fwd: SB 296, Relating to Caregiving
Date: Monday, February 02, 2015 1:37:17 PM

From: LKSodetani@aol.com
To: HSHtestimony@capitolhawaii.gov
Sent: 2/2/2015 1:03:26 P.M. Hawaiian Standard Time
Subj: Fwd: SB 296, Relating to Caregiving

From: LKSodetani@aol.com
To: HSHtestimony@capitolhawaii.gov
Sent: 2/2/2015 1:00:30 P.M. Hawaiian Standard Time
Subj: RE: SB 296, Relating to Caregiving

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

My name is Lloyd Sodetani, a retired veteran and an advocate of disabled veterans.

I am writing in support of SB 296 as it relates to Caregiving.

I have been a family caregiver many times for my grandparents, parents and mother-in-law. Each time, the tasks of a caregiver became more complex and required better understanding of the procedures to provide the quality of care that is desired for our loved ones.

Hiring a professional or outside source was not an option, as my grandparents and parents preferred family members providing for their personal needs. For many in such need of services is also not an option as financially, it is not affordable.

It was shocking to read in yesterday's STAR-ADVERTISER that the cost of readmission to hospitals was \$239 million in 2013. Much of this can be prevented by providing designated caregivers proper information and training prior to discharge of patients which should result in substantial cost savings.

The issue of liability should not be a factor as the bill appears to eliminate that concern for the hospitals and facilities providing the service. Are there ongoing lawsuits currently, without the passage of the bill? Will there be an increase or cause to file lawsuits because of the law? The likelihood of lawsuits occurring because of this law is remote and would be absolute nonsense, unless the service facility was negligent.

For many of us veteran advocate volunteers to assist our disabled veterans properly, such training will be most welcomed.

I strongly urge you to pass this bill.

Mahalo for allowing me to submit this testimony.

Respectfully,

Lloyd K. Sodehani
1885 Main Street, Suite 604
Wailuku, HI 96793

From: [AARP](#) on behalf of [Lynda Sasaki](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 3:23:37 PM

Jan 30, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

We have been in this predicament more times than we'd like with elder parents who try as much as possible to stay independent. It has been and can be a real challenge to take care of your elder parents when both spouses have to work to make ends meet.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. Lynda Sasaki
2707 Kekuanoni St
Honolulu, HI 96813-1116

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: lkakatsu@hawaii.rr.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Thursday, January 29, 2015 5:58:15 PM

SB296

Submitted on: 1/29/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

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

Comments: I strongly support the passage of SB 296 requiring hospitals to provide patients to designate a caregiver upon entry to a hospital and to provide caregiver's training on the discharge plan for the patient. An excellent model is the Rehabilitation Hospital of the Pacific. I was a patient there and without the caregiver training provided to my spouse, I would not have been able to transition well on my daily personal care needs and rehabilitation needs. The caregiver training is essential for the patient to not be re-admitted to the hospital. For the caregiver, it gives them the tools and confidence in providing care to their loved one. Thank you for the opportunity to testify in strong support of SB 296. Lynn Murakami-Akatsuka

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: Senator Suzanne Chun-Oakland, Senator Josh Green
and members of the Human Services and Housing Committee

Regarding: Testimony in support of SB 296, Relating to Caregiving
Hearing on Tuesday, February 3, 2015, 1:20 pm, Conference room 016

Family caregivers have increased home care in areas that would be considered medical or nursing support. Some of those procedures include giving medicine and monitoring changes in the patient due to medication, caring for wounds, using nebulizers and other medical equipment. To perform these tasks adequately and with confidence, family caregivers require training. This is, at a minimum, the sharing of information and knowledge that would better ensure that procedures in the hospital are followed by care in the home that enhances healing and prevents unnecessary recidivism. The care of a patient doesn't stop at the hospital curbside if the outcome of in- hospital medical procedures is patient healing and wellness. The family caregiver can be a critical and competent partner in this process.

I support SB 296 as a member of a caregiving family and of PABEA. I understand 95 percent of Hawaii residents support the basic elements as stated in this bill (survey conducted in August 2014). I hope Hawaii will be at the forefront of addressing this issue and join Oklahoma and New Jersey in passing the Care Act.

Submitted Respectfully,

Maeona (Mae) Mendelson, MSW, PhD
Member PABEA

February 1, 2015

From: [Margaret Elcock](#)
To: [HSH Testimony](#)
Subject: SB 296, Relating to care giving
Date: Sunday, February 01, 2015 10:32:03 AM

Chair Chun Oakland, Chair Green, and members of the Committees,

My name is Margaret Elcock and I am writing in strong support of SB 296, Relating to care giving. I am a caregiver who cares for my husband who suffers from Alzheimer's Disease.

I realize how important it is for caregivers the training they need to take care of there loved ones. It is much cheaper for every one to care for loved ones at home rather than in Hospital.

Thank you for allowing me to testify in strong support of SB 296

Sincerely,

Margaret H Elcock

Hilo

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

Senator Josh Green, Chair of the Committee on Health

Members of the Committee on Human Services and Housing

Members of the Committee on Health

Date: February 3, 2015

Place: Conference Room 016

Time: 1:20 pm

Subject: Testimony in support of SB296 - Relating to Caregiving

Chair Chun Oakland, Chair Green, and Members of the Committees,

Thank you for the opportunity to submit my testimony in STRONG SUPPORT of SB296 - Relating to Caregiving.

My name is Maria Raiza Morales. I am an undergraduate student from the School of Social Work at University of Hawaii at Manoa, and a resident of Ewa Beach.

I am also a current intern student at Project Dana, and part of my practice is to help facilitate the caregiver support group the agency provides. During group sessions, the caregivers have expressed the difficulties they went through during their care recipient's entry and stay in the hospital as well as the transition from the hospital. Such difficulties can be access to medication, medical coverage, medication management, operating assistive devices, preparing special diets, and arranging living space to fit the care recipient's condition. Additionally, the caregivers themselves, whose health and physical conditions have decreased due to caregiving responsibilities, have experienced these difficulties personally. This is phenomenon, of caregivers taking on the dual role of caregiver and care recipient, is something we increasingly observe in our support group.

Therefore, caregivers in our state are in need of more support from the medical community. The passage of this bill eases the difficulties the caregivers and care recipients face during hospitalization and providing after care at home. Easing these difficulties decreases the care recipient's risk of readmission or entry to a institutional facilities. For caregivers who have become care recipients, their difficulties on transitioning from the hospital to their home can translate to difficulties in their recovery. Their recovery, in turn, affects their ability to continue their caregiving role.

Please support Hawai'i's care recipients, their caregivers, their family, and ultimately, our citizens.

Maria Raiza Morales

Ewa Beach Resident

From: mak221@aol.com
To: [HSH Testimony](#)
Subject: Testimony in STRONG SUPPORT of SB296
Date: Monday, February 02, 2015 12:03:54 PM

Honorable HSH Committee Chair and Members:

Today is February 2, 2015.

My name is Mark Koppel, 31-392, Hakalau 96710

I am writing in STRONG SUPPORT of the CARE Act, SB296

As Hawai'i's hospitals admit, we have a problem with patients returning to hospitals within 30 days of discharge because of inadequate care instructions for their named care-givers.

None of us want to return to a hospital. And, of course, the risk of acquired disease increases.

Hospitals are penalized financially and in ratings if patients return prematurely. Finally, for re-hospitalized Medicaid patients, the State must pay half of the additional costs.

Any training a hospital might be required to do would not only save lives, but save money for the hospitals and the State.

New Jersey has already passed this law, and nine states and Puerto Rico have introduced this bill this year. Hawai'i should not fall behind.

It is evident to me and my o'hana that this is a win-win situation for patients, hospitals and the State.

It is the right thing to do.

I strongly urge you to pass SB296

Mahalo

Mark Koppel

From: [Pointdujour, Aletia](#)
To: [HSH Testimony](#)
Cc: aimmato@yahoo.com
Subject: Testimony in Support of SB 296, Relating to Caregiving
Date: Monday, February 02, 2015 12:33:05 PM

Chair Chun Oakland, Chair Green, and the members of the committees,

I am submitting this testimony on behalf of Masato Inaba.:

My name is Masato Inaba and I am in strong support of SB 296, relating to caregiving.

Sincerely,
Masato Inaba
1556 Piikoi St. #1804
Honolulu, HI

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: mayuyehara@hotmail.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Monday, February 02, 2015 11:05:10 AM

SB296

Submitted on: 2/2/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

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

Comments: As a past caregiver for my husband, I know I would have been better prepared to care for him after a hospital stay if I had been given more help and training. I muddled through but with trepidation not really knowing if I was doing the right thing. My only gauge was his level of pain and sense of well-being. Knowing that I was doing the right thing would have made the experience less stressful for me.

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

From: [AARP](#) on behalf of [Melissa Bojorquez](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Sunday, February 01, 2015 8:59:30 PM

Feb 2, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

It is vitally important that collaborative efforts are made between the multiple care providers and commitment to improve communication between care providers. Empowering caregivers and their families is absolutely critical.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. Melissa Bojorquez
1245 Kuala St
Ste 106
Pearl City, HI 96782-3900

From: [AARP](#) on behalf of [Michael Singleton](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 2:23:55 PM

Jan 30, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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M Singleton

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mr. Michael Singleton
91-247 Kaukolu Pl
Ewa Beach, HI 96706-4988

To: Senate committee on Human Services and Housing, Senator Suzanne Chun
Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Michele Paularena and I am writing in **STRONG SUPPORT** of SB 296, Relating to Caregiving.

I am a family caregiver and I know how important it is for caregivers to get the training needed to care for their loved ones.

This bill is urgently needed. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs.

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home.

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

As a family caregiver, I know how hard it is to balance my work, my family, and caring for my spouse. When I bring my husband from the hospital, I want to feel more confident that I know how to care for him. This bill will ensure that the hospital has to give me enough training so that I won't feel like I'm on my own.

Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

Michele Paularena
Kahului

From: [Midori Kiso](#)
To: [HSH Testimony](#)
Subject: SB296
Date: Sunday, February 01, 2015 11:55:54 AM

To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair
Senate committee on Health, Senator Joshua Green, Chair

Date: Monday, February 2, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Midori Kiso and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving.

I am a former family caregiver for many years and now a volunteer trying to help various caregivers who need more assistance and support. I know how important it is for caregivers to get the training needed to care for their loved ones.

This bill is urgently needed. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs.

By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home.

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks - such as medication management, injections, and wound care - that the family will perform at home.

As a former family caregiver, I know how hard it is to balance work, family duties, and caring for aging patients/husbands. I recall that having my loved ones hospitalized, discharged, and readmitted repeatedly without so much instruction/training used to make me feel stressed out, confused, and alone. I want all family caregivers to feel more confident as they perform duties of daily caregiving. This bill will ensure that the hospital has to give us caregivers enough training so that we won't feel isolated and lost.

Thank you for allowing me to testify in strong support of SB 296.

Sincerely,

Midori Kiso
Moiilili

From: mangomitch8@hawaii.rr.com
To: [HSH Testimony](#)
Subject: sb296 care act
Date: Monday, February 02, 2015 12:58:37 PM

I am asking you to pass the care act, sb 296
I am a senior and help other seniors who need your help

MAHALO
Mitch SKAGGERBERG. MAUI

From: [AARP](#) on behalf of [Niue Suschnigg](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 10:54:33 PM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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With the passing of family & friends it only seems right to have them at peace where they are most comfortable which is the HOME with love ones surrounding them. I can't afford it with the cost of living in Hawaii, we barely make ends meet. We should be given an option with tools to help educate us to give better care for our love ones. We reach out to you for support to make this possible. We all will reach this age and I pray that my children will do everything to make my wishes to be at ease and have the resources to do it.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. Niue Suschnigg
PO Box 190
Kaaawa, HI 96730-0190

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

Senator Josh Green, Chair of Committee on Health
Senator Glenn Wakai, Vice Chair of Committee on Health
Members of the Committee on Health

DATE: Tuesday, February 3, 2015
PLACE: State Capitol Conference Room 016
TIME: 1: 20 pm
SUBJECT: Testimony in support of SB 964 - Relating to Aging
Testimony in support of SB 296 - Relating to Caregiving

Chairs Chun-Oakland and Green and Committee Members of Human Services and Committee Members on Health

Thank you for the opportunity to submit a written testimony in **STRONG SUPPORT OF SB 964 - Relating to Aging AND SB 296 - Relating to Caregiving**

As Administrator of Project Dana, a volunteer caregivers program, I am in strong support of SB 964 and SB 296 as they promote aging in place in Hawaii's community.

SB 964 Relating to Aging: Funding for Kupuna Care program, Aging and Disability Resource Center, Alzheimer's disease and related dementia services coordinator, fall prevention and early detection services for the elderly, senior centers to promote healthy aging, and Alzheimer's disease and related dementia public awareness campaign are necessary to allow older adults to live independently.

SB 296 – Relating to Caregiving: A post discharge care plan for patients by hospitals to include obtaining caregiver information and basic training for family caregivers promotes quality living and reduces readmissions.

Please support SB 964 – Relating to Aging and SB 296- Relating to Caregivers

Thank you very much,

Rose Nakamura,

Project Dana

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

Date: February 3, 2015, State Capitol Conference Room 016, 1:20pm

Re: SB 296 - Relating to Caregiving

Chair Oakland and Committee Members:

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of SB 296 Relating to Caregiving, known as the CARE Act. My name is Ramon Sumibcay. I am a registered nurse and an advocacy volunteer for AARP. The passage of this bill is vital as:

The bill recognizes that the 247,000 unpaid caregivers in Hawaii are also part of the health care system as they continue to provide post-hospitalization care. It is also recognized that with our elderly population rapidly increasing, they are also have multiple chronic illnesses. Unfortunately, not all patients being discharged from the hospitals have strong support system. These patients may not be insured or not even entitled for Medicaid benefits.

Patients who are discharged to caregivers with no or little instructions to perform the medical tasks are put at risks of being re-admitted. The bill is mandating that caregivers have to be identified upon admission and be instructed upon discharge. This process could save all the heartburns of readmission, unnecessary trips to the ER for the caregivers and patients and minimize unnecessary increase in healthcare expenditures. In fact, a report published by the Hawaii Health Information in September 2104 showed that in 2013, there were approximately 5,500 300-day preventable hospital readmissions. The cost of these readmissions and other associated charges amounted to almost \$239 million. Also, this caregiving initiative has been overwhelmingly supported by registered voters in Hawaii. A survey conducted between August and September 2014 showed 86%-95% support and 58%-79% strong support to the CARE Act.

And lastly, the CARE Act has been modified to address the liability issue as one of the opposing views from the hospital associations in Hawaii. Under the CARE Act, a hospital or any its employee shall not be held liable for any services rendered or not rendered to the patient by the caregiver at home.

I urge you to support caregivers with the passage of the SB 296.

Sincerely,

Ramon Sumibcay, RN

From: [AARP](#) on behalf of [robbie agnew](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Sunday, February 01, 2015 1:28:47 PM

Feb 1, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

i am a full time caregiver i have worked 24/7 for the last 2 years. no respite no days off help

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. robbie agnew
77-345 Emalia Pl
Kailua Kona, HI 96740-9727

From: [AARP](#) on behalf of [Robin Stevens](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Monday, February 02, 2015 11:34:06 AM

Feb 2, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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As someone who suffers from multiple debilitating Autoimmune Diseases, this bill could not only help me, but so many others who could benefit from caregivers. Not everyone wants to spend their last days in a hospital. Loved ones deserve to spend their last days in peace and harmony. In familiar surroundings and with loved ones. Please pass this bill. This is a blessed act that these caregivers are trying to perform selflessly. It is beautiful.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Robin Stevens
1185 Olapa Ln
Wahiawa, HI 96786-7088

From: [AARP](#) on behalf of [roud elena](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 3:41:25 PM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

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Please help!!!!

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mrs. roud elena
809 Kiaala Pl
Honolulu, HI 96825-3022

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: aieaoahu@yahoo.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Sunday, February 01, 2015 11:56:41 AM

SB296

Submitted on: 2/1/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

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

Comments: To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair Senate committee on Health, Senator Joshua Green, Chair Date: Tuesday, February 3, 2015 Re: SB 296, Relating to Caregiving Chair Chun Oakland, Chair Green, and members of the committees: My name is Roy Kunimune and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving. I know how important it is for caregivers to get the training needed to care for their loved ones. This bill is urgently needed. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs. By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when their loved ones go into the hospital and as they transition home. The legislation features three important provisions: • The name of the family caregiver is recorded when a loved one is admitted into a hospital; • The family caregiver is notified if the loved one is to be discharged to another facility or back home; and • The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home. I know how hard it is to balance work, family, and caring for parents. This bill will ensure that the hospital has to give many care givers enough training so that they won't feel like I'm on my own. Thank you for allowing me to testify in strong support of SB 296. Sincerely, [Roy Kunimune] [Aiea, Hawaii]

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

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: shirl72025@hawaii.rr.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Monday, February 02, 2015 8:05:16 AM
Attachments: [FW- RE-SB296 2](#)

SB296

Submitted on: 2/2/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Shirlee M. Shumway	Individual	Support	No

Comments: I am 86 yrs and have needed my family as caregivers more than once in the last 3 years, It takes a toll on them and I support SB296. Instructions for care would be of great help .

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

Date: Tuesday, February 3, 2015

Re: SB 296, Relating to Caregiving

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Sophia Tang and I am writing in STRONG Support of SB 296, Relating to Caregiving.

I am a caregiver for mom ever since she started dialysis in 2003 and I know how important it is for caregivers to get the training needed to care for their loved ones.

This bill is URGENTLY needed! I have had received clear instructions from hospitals with the information I need to help care for dialysis patients like mom, including specific foods like star fruit on a DO NOT EAT list and what food groups interfere with certain medications. I do believe that getting the specific information and instructions from the hospital ensured the kind of care mom needed and I needed as her caregiver, thus reducing the times she has had to be re-admitted -- like the time blood was shooting out when her dialysis access was not dressed properly after discharged from the hospital.

By ensuring pertinent information and common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when someone like mom goes into the hospital and as they transition back home.

The legislation features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and
- The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the family will perform at home.

As a family caregiver, I know how hard it is to balance work-related travel, business, and caring for mom. When I bring mom from the hospital, I need instructions for her medications for one, among all medical needs of her successful recovery. This bill will ensure that the hospital will give me the information, training and instructions I need to perform the necessary steps and care in accordance with the doctor's orders and the consistent, hospital's discharge procedures so that I won't feel like I'm on my own.

Thank you for allowing me to testify in STRONG Support of SB 296.

Sophia Tang
Downtown Honolulu/Zip: 96813

January 30, 2015

To: The Senate Committee on Human Services and Housing

The Senate Committee on Health

I support the passage of the Care Act SB 296.

Family caregiving saves the State government millions of dollars by not having the patient being taken care of in an institution or having to be taken care of by paid staff in an institution and/or in the home. It is so important that family caregivers be given every support to take optimal care of their loved ones who are discharged from the hospital.

This bill will help both hospitals and patients because it sets a set of standards that all hospitals will follow. Included are having the caretaker on record in hospital, notifying caretaker of transfer or discharge of patient, and most importantly, giving clear explanations and live instructions of medical tasks; many of which are complex and complicated.

This bill will optimize continuous care of patient upon discharge. Thus preventing costly rehospitalization. SB 296 will also prevent further deterioration of patient health which increases human suffering and creates future need for treatment. Hospitals are now overly busy and understaffed. Why not support family caregivers to prevent further rehospitalizations? It's a win-win situation for both patients and family caregivers and hospitals.

Please pass SB296.

Sylvia Ching

1611 Miller St., #304

Honolulu, Hawaii 96813

Phone: 523-1798

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: tjdavies@juno.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Monday, February 02, 2015 12:35:17 PM

SB296

Submitted on: 2/2/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
T.J. Davies	Individual	Support	No

Comments: To: Senate committee on Human Services and Housing, Senator Suzanne Chun Oakland, Chair Senate committee on Health, Senator Joshua Green, Chair Date: Tuesday, February 3, 2015 Re: SB 296, Relating to Caregiving Chair Chun Oakland, Chair Green, and members of the committees: My name is T. J. Davies Jr. and I am writing in STRONG SUPPORT of SB 296, Relating to Caregiving. I am a extended family caregiver and I know how important it is for caregivers to get the training needed to care for their loved ones. This bill is urgently needed. In 2013 there were over 5,500 preventable hospital readmissions in Hawaii adding up to almost \$240 million in readmission costs. Arming caregivers with the information they need to help care for their loved ones when they are discharged from the hospital could help lower these costs. By ensuring common-sense steps are followed in the hospital discharge process, the CARE Act helps family caregivers when the patient goes into the hospital and as they transition home. The legislation features three important provisions: • The name of the caregiver is recorded when a patient is admitted into a hospital; • The caregiver is notified if the patient is to be discharged to another facility or back home; and • The facility must provide an explanation and a demonstration of the medical tasks – such as medication management, injections, and wound care – that the caregiver will perform at home. As a caregiver, I know how hard it is to balance work, family, and caring for extended family. When I bring a patient from the hospital, I want to feel more confident that I know how to care for them. This bill will ensure that the hospital gives me enough training so that I won't feel like I'm on my own. Thank you for allowing me to testify in strong support of SB 296. Sincerely, T. J. DAVIES JR. Kokua Council for Senior Citizens HARA Legislative Committee Kakaako (District 23 / Senate District 12)

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

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From: [AARP](#) on behalf of [VERONICA SWIFT](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Saturday, January 31, 2015 8:55:38 AM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

As a person that cared for my Mom & Dad, younger sister with down syndrome (still caring) I fully support any action that will help caregivers with the resources we need.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. VERONICA SWIFT
370 Ulupaina St
Kailua, HI 96734-2412

From: [Virginia Halliday](#)
To: [HSH Testimony](#)
Subject: SB 296 Relating to Caregiving
Date: Sunday, February 01, 2015 12:25:07 AM

To: Chairmain Chun Oakland and Chair Joshua Green and members of the Committee,

I am writing to let you know that I am in favor of SB 296 requiring that hospitals give instruction to Caregivers. My reason is, if my husband or I get sick and have to go to the hospital we will have to be the Caregiver for each other as we have no relatives in Hawaii. Both of us would need training to care for whomever needs it so we would not end up back in the hospital. So I am asking you to please support this bill so it will pass as I would need my husband's help as well as he would need mine. We would certainly be the Caregiver for each other. I am on the Big Island in Senator Joshua Green's district. Thanks for taking to read my email.

Sunny Aloha,
Virginia Halliday

From: [AARP](#) on behalf of [wendy conol](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Sunday, February 01, 2015 10:28:38 AM

Feb 1, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

They need to be where they feel loved but also familiar and comfortable with their surroundings so they can have peace of mind.

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Miss wendy conol
RR 3 Box 1360
Pahoa, HI 96778-7522

From: [AARP](#) on behalf of [Yisrael D/ Gorali](#)
To: [HSH Testimony](#)
Subject: Please vote YES on Senate Bill 296!
Date: Friday, January 30, 2015 11:55:07 PM

Jan 31, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees
HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost \$240 million in Hawaii in 2013. The time to act is now!

.

i AM 79 YRS OLD & MY WIFE IS A FULL TIME cARE GIVER
yISRAEL d. gORALI
A DISABLED vETERAN

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Mr. Yisrael D/ Gorali
PO Box 7155
02-1029 Kahali Blvd-29
Ocean View, HI 96737-7155

TESTIMONY OF PROFESSOR FRANCES H. MILLER

RE SB 296, RELATING TO CAREGIVING

Committee on Human Services and Housing

Senator Suzanne Chun Oakland, Chair

Committee on Health

Senator Josh Green, Chair

Chair Chun Oakland, Chair Green, and members of the committees:

My name is Frances Miller, and I have been a Visiting Professor of Law teaching Health Care Regulation & Finance at the William S. Richardson School of Law, University of Hawaii at Manoa, for the past eight years. I am also Professor of Law Emerita at Boston University School of Law, where I have taught Health Care Regulation & Finance, Antitrust & the Health Industry and Food & Drug Law for more than three decades. I have studied, taught and written about the subject of medical malpractice litigation throughout my teaching career, and was briefly a malpractice litigator defending health care providers before that.

My testimony is directed to fears expressed by some opposed to passage of SB 296 that this bill will expose hospitals to increased malpractice liability. They assert that if hospitals take on the responsibility for training unpaid family or friend caregivers and anything goes wrong, the hospitals will be sitting ducks for increased malpractice liability. The short answer to that assertion is that the current standard of care regarding hospital discharge is for hospitals to train both patients and their caregivers in post-discharge care anyway, as buttressed by Medicare's well-known reimbursement penalties for certain hospital readmissions within 30 days of discharge. This bill thus requires little more than what hospitals ought to be doing anyway, but what is not uniformly occurring in Hawaii at the present time.

Moreover, Section 6 in S.B. 296 contains an explicit limitation on hospital liability. Section 6 provides in Part (a) that "Nothing in this chapter shall be construed to give rise to a private cause of action against a hospital . . .", and goes on in Part (b) to say "a hospital . . . shall not be held liable for the services rendered or not rendered by the caregiver to the patient at the patient's residence." The legislative intent that the bill not give rise to increased hospital liability could not be more clear. In the case of *Mendes v. Hawaii Insurance Guaranty Association*, 950 P. 2d 1214 (1998), the Hawaii Supreme Court construed similar language immunizing the Hawaii Insurance Guaranty Association from liability in performing its statutory

obligations to bar the plaintiff's claims against it for tortious conduct. Exactly the same rationale applies here. I see no reason why Hawaii courts could interpret the statutory immunity provided in Section 6 any differently from the way the Supreme Court interpreted it in *Mendes*.

Opponents of the bill have cited tort litigation settlement statistics to imply that medical malpractice litigation against hospitals is almost always settled in this state.¹ The truth of the matter regarding medical malpractice litigation against Hawaii hospitals over the past thirty years is otherwise. The library staff at Richardson Law School has compiled a list for me of all the medical malpractice claims against hospitals it could find from publicly available sources for the past thirty years (198 cases).² The best information it could find reveals that payouts in the form of jury verdicts, arbitration awards, settlements/*et al.*, may have occurred in about 59 of those 198 cases. My preliminary analysis of our data reveals that that means money potentially changed hands from hospitals to injured patients in only 30% of the recorded claims against those institutions – very far from the 90% settlement rate for tort claims put forth by opponents of this legislation.

The Hawaii hospital litigation statistics found by the Richardson librarians correlate with the data in Massachusetts showing that most medical practice litigation is simply abandoned (including against hospitals).³ The national data show roughly the same thing.⁴ Moreover, the

¹ “Over 90% of tort cases are settled. When there is a settlement the defendant in the case almost always pays a settlement to the plaintiff.” Paragraph 2, page 2 of *Notes on Liability Impact of Caregiver Legislation* (SB 2264 2014), prepared on information and belief by Gary Slovin, Esq., for the Hawaii Hospital Association.

² Hawaii hospital liability data was compiled from the following sources: Neal Seamon, ed., *Personal Injury Judgments Hawaii*, 1985-date; WestlawNext's case evaluator (compiles verdict trends, excerpts from verdicts and court documents, and medical and expert information into a single custom report); WestlawNext's Jury Verdicts and Settlements database (Jury verdicts, settlements, judgments and arbitrations from U.S. state and federal court cases). We also used a similar case evaluator on Lexis Advance, but it didn't give us as much data as Westlaw.

³ “Approximately 70 percent of all malpractice claims brought against US doctors and hospitals fail, in the sense that the patient recovers nothing.” Dwight Golann, *Dropped Medical Malpractice Claims: Their Surprising Frequency, Apparent Causes, and Potential Remedies*, 30 Health Affairs 1343 (2011), 1343.

⁴ Studdert DM, Mello MM, Brennan TA. *Medical malpractice*. N Engl J Med. 2004;350(3):283–92.

landmark Harvard Medical Practice Study of more than 30,000 hospital admissions in the state of New York⁵ (as well as other national studies)⁶ show:

1. Fewer than 1 in every 8-10 *chart demonstrated* instances of medical malpractice ever results in a claim
2. Of those few claims filed, patients receive compensation about half the time
3. Fewer than 5% of cases filed ever go to trial
4. Doctors win 4 out of 5 cases that ever end up in court

I cite the forgoing to show that although Hawaii may indeed differ from the mainland in some respects, the data on the results of hospital malpractice claims do not support the assertion that hospitals would be a vulnerable target for litigation if SB 296 passes.

Thank you for taking these facts into consideration in your deliberations.

⁵ *Patients, Doctors, and Lawyers: Medical Injury, Malpractice Litigation and Patient Compensation in New York: The Report of the Harvard Medical Practice Study to the State of New York*, Cambridge, Harvard University (1990)

⁶ *See generally*, Tom Baker, *The Medical Malpractice Myth*, Univ. of Chicago Press (2005), and references cited therein.

From: mailinglist@capitol.hawaii.gov
To: [HSH Testimony](#)
Cc: sburley@hawaii.rr.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM
Date: Sunday, February 01, 2015 8:16:26 PM

SB296

Submitted on: 2/1/2015

Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

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

Comments: Please say YES to SB296 because it will insure the caregiver knows the status of the patient at all times. the caregiver's name and contact information should be in the patient's medical and no action (released and sent home in a taxi) without the caregiver's knowledge. My wife was almost sent home in a taxi when I stopped to visit her. the hospital did not notify me of their action until I showed up as a visitor.

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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