

HB607 HD1

Measure Title: RELATING TO KUPUNA CARE.

Report Title: Kupuna Care; Caregivers; Executive Office on Aging; Appropriation (\$)

Description: Requires the Executive Office on Aging to establish the Kupuna Caregivers Program to assist community members who are providing care for elders to stay in the workforce. Clarifies the kupuna service and support options provided by area agencies on aging within the program. Appropriates funds for establishing and implementing the program. (HB607 HD1)

Companion: SB534

Package: Kupuna Caucus

Current Referral: CPH/HMS, WAM

Introducer(s): TAKAYAMA, AQUINO, BELATTI, CACHOLA, CREAGAN, DECOITE, EVANS, GATES, HAR, HASHEM, ICHIYAMA, KEOHOKALOLE, LOPRESTI, LOWEN, MCKELVEY, MIZUNO, MORIKAWA, NISHIMOTO, SAY, SOUKI, TAKUMI, THIELEN, TODD, WOODSON, Oshiro

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Testimony in SUPPORT of HB0607, HD1
Relating to Kupuna Care

COMMITTEE ON HUMAN SERVICES
SENATOR JOSH GREEN, CHAIR
SENATOR STANLEY CHANG, VICE CHAIR

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
SENATOR ROSALYN H. BAKER, CHAIR
SENATOR CLARENCE K. NISHIHARA, VICE CHAIR

Testimony of Terri Byers
Director, Executive Office on Aging
Attached Agency to the Department of Health

Hearing Date: March 20, 2017,
2:50 p.m.

Room Number: 016

1 **EOA's Position:** The Executive Office on Aging (EOA), an attached agency to the Department
2 of Health supports this measure, provided that its enactment does not reduce or replace priorities
3 within the Administration's budget request.

4 **Fiscal Implications:** This measure appropriates funds for fiscal year 2017-2018 and fiscal year
5 2018-2019.

6 **Purpose and Justification:** As Hawaii's aging population continues to grow, the need for long
7 term services and supports will continue to increase. As stated in Section 1 of the measure,
8 unpaid caregiving is on the rise. Caregiving places burdens on families financially, emotionally
9 and physically which over time leads to chronic stress.

1 HB0607, HD1 establishes the Kupuna Caregiver program, clarifies kupuna care services and
2 supports provided through the Aging and Disability Resource Center (ADRC), amends the
3 Kupuna Care program, Section 349-3.1 to be consistent with the Kupuna Caregiver program, and
4 appropriates funding for the establishment and implementation of the Kupuna Caregivers
5 program. This measure builds upon the ADRC infrastructure and allows caregivers who are
6 employed to remain in the workforce by providing financial assistance of up to \$70 per day to
7 cover costs for transportation and assisted transportation services, personal care services, respite
8 care, adult day care, and chore or homemaker services that would have normally been provided
9 by the caregiver for the care recipient. Eligibility is modeled after the Kupuna Care program
10 with the additional requirement that qualified caregivers must be employed.

11 EOA supports the intent of the bill as we feel it would be a huge step in providing support to
12 caregivers. The funding for the Kupuna Caregiver program is not a part of the Administration's
13 budget request. Should there be a surplus of funds available for these measures, we would be
14 supportive as it is consistent with EOA's goals and objectives.

15 **Recommendations:** EOA respectfully requests your consideration of amendments to be
16 incorporated into the bill. EOA proposes merging the definitions that were included in Section
17 349-3.1 Kupuna Care Program with Section 2, Kupuna Caregiver Program. The purpose is to
18 establish the Kupuna Caregiver program first and then amend Kupuna Care program as needed
19 for consistency with the establishment of the Kupuna Caregiver program. We are also proposing
20 amendments to the bill to clarify the references in the bill for qualified caregiver and care
21 recipient. The qualified caregiver is the individual who provides care for a care recipient and is
22 employed at least thirty hours per week from one or more employers. The care recipient is the

1 older adult who meets the eligibility requirements as outlined in this bill. Based on these rules
2 and for consistency between the Kupuna Care program and the Kupuna Caregiver program,
3 references to “participants” and “individuals” have been changed to “care recipient”.

4 EOA is also requesting consideration of language to be inserted stating that the office shall
5 establish the Kupuna Caregiver program pending the availability of state funds.

6 Finally, we recommend changing bill text stating that EOA “may adopt rules” to “shall adopt
7 rules” for the Kupuna Caregiver program for consistency with Kupuna Care program and
8 because the subject matter can be addressed in greater detail through administrative rules.

9 The summary of suggested amendments and formatting of HB0607, HD1 is attached for
10 reference.

11 Thank you for considering our suggested amendments and for the opportunity to testify.

HOUSE OF REPRESENTATIVES
TWENTY-NINTH LEGISLATURE, 2017
STATE OF HAWAII

H.B. NO. ⁶⁰⁷
H.D. 1

A BILL FOR AN ACT

RELATING TO KUPUNA CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the State must find
2 new ways to accommodate a broader range of home- and community-
3 based long-term care options for Hawaii's rapidly growing
4 elderly population. According to 2015 population data from the
5 department of business, economic development, and tourism, there
6 are 236,914 persons, or 16.5 per cent of the population, 65
7 years and over in Hawaii. The percentage of this population is
8 projected to rise to 19.4 per cent by 2020 and 23 per cent by
9 2030.

10 The legislature further finds that family caregivers play a
11 major role in the State's health care system by providing long-
12 term care to the elderly. According to AARP, there are 154,000
13 unpaid family caregivers in Hawaii, with the average caregiver
14 being a 62-year-old married woman who cares for an elderly
15 parent or husband while still working. Caregiving for an
16 elderly family member takes a toll on caregivers, and care
17 recipients often worry they will become a burden on family

1 members. Numerous studies show that caregivers report higher
2 levels of psychological distress, and caring for elderly family
3 members over extended periods of time without compensation can
4 lead to chronic stress. In some instances, adult children who
5 work on the mainland may have to return home to live, and
6 abandon careers in the process, in order to care for their
7 parents at home, which is the only alternative to expensive
8 institutional care. If the children already live in Hawaii,
9 they often have to quit their jobs to stay home to care for
10 their aging parents, which may result in financial disaster for
11 the family and a loss of tax revenue for the State. While
12 caregivers play a critical role in helping others, it is
13 imperative that caregivers take care of themselves and have the
14 necessary support and services to sustain their own health as
15 well as the health of the family member for which they are
16 caring.

17 The purpose of this Act is to:

18 (1) Direct the executive office on aging to establish the
19 kupuna caregivers program to assist community members
20 who are providing care for elders to stay in the
21 workforce;

1 (2) Clarify the kupuna services and supports provided by
2 area agencies on aging within the kupuna care program;
3 and

4 (3) Appropriate funds for the establishment and
5 implementation of the kupuna caregivers program.

6 SECTION 2. Chapter 349, Hawaii Revised Statutes, is
7 amended by adding a new section to be appropriately designated
8 and to read as follows:

9 "§349- Kupuna caregivers program. (a) The executive
10 office on aging shall establish the kupuna caregivers program
11 pending the availability of state funds. The program shall
12 provide additional assistance to a qualified caregiver who meets
13 the requirements of this section.

14 (b) The program shall be coordinated and administered by
15 the executive office on aging and implemented through the area
16 agency on aging.

17 (c) The kupuna caregivers program shall award an
18 allocation of funds, a ~~voucher~~ of a maximum of \$70 per day to
19 cover costs for the following services that would otherwise be
20 performed by the qualified caregiver for the care recipient:

21 (1) Transportation/Assisted Transportation;

22 (2) Personal care;

23 (3) Respite care;

1 (4) Adult day care; or
2 (5) Chore and homemaker services,
3 provided that the allocated funds ~~voucher~~ shall be issued
4 directly to the service provider upon request and invoice for
5 services rendered.

6 (d) The director ~~may~~ shall adopt rules pursuant to chapter
7 91 necessary for the purposes of this section.

8 (e) As used in this section, and to add consistency to
9 Section 349-3.1 unless the context otherwise requires:

10 "Activities of daily living" shall be as defined in section
11 349-3.1. means the following activities that individuals perform
12 as a part of daily living, that include eating, dressing,
13 bathing, toileting, transferring in and out of bed or chair, and
14 walking.

15 "Adult day care" shall be as defined in section 349-3.1 or
16 "adult day health" means personal care for dependent elders in a
17 supervised, protective, and congregate setting during some
18 portion of the day. Services offered in conjunction with adult
19 day care or adult day health typically includes social and
20 recreational activities, training, counseling, and services such
21 as rehabilitation, medication assistance, and home health aide
22 services for adult day health.

1 "Aging and disability resource centers" shall be as defined
2 in section 349-3.1. ~~means an entity established by the State as~~
3 ~~part of the state system of long term care, serving as a highly~~
4 ~~visible and trusted source where people of all incomes and ages~~
5 ~~can get information on the full range of long term support~~
6 ~~options, and a single point of entry for access to public long-~~
7 ~~term support programs and benefits.~~

8 "Area agency on aging" means an agency designated by the
9 executive office on aging to develop and administer their area
10 plan for a comprehensive and coordinated system of services.

11 "Assisted transportation" means assistance with
12 transportation, including escort, for a person who has
13 difficulties, cognitive or physical, using regular vehicular
14 transportation.

15 "Attendant care" means stand-by assistance, supervision, or
16 cues, for example, verbal prompts for medication, bathing,
17 eating, grooming, and dressing, and may include other activities
18 to help maintain the independence of a care recipient at home.
19 Attendant care shall not include physical contact in support.
20 For example, weight-bearing assistance with transfers, washing,
21 bathing, and dressing.

22 "Care coordination" means a person-centered, assessment-
23 based, interdisciplinary approach to integrating health care and

1 social support services that are tailored to an individual's
2 needs and goals across all care services.

3 "Care recipient" means an individual who:

4 (1) Is a citizen of the United States or a qualified
5 alien; provided that for the purposes of this paragraph,

6 "qualified alien" means a lawfully admitted permanent resident
7 under the Immigration and Nationality Act;

8 (2) Is sixty years of age or older;

9 (3) Is not covered by any comparable government or private
10 home-and community-based care services;

11 (4) Does not reside in a long-term care facility, such as
12 an intermediate care facility, assisted living facility, skilled
13 nursing facility, hospital, community care foster family home,
14 adult residential care home, or expanded adult residential care
15 home; and

16 (5) Has impairments of at least:

17 (A) Two activities of daily living;

18 (B) Two instrumental activities of daily living;

19 (C) One activity of daily living and one instrumental
20 activity of daily living; or

21 (D) Substantive cognitive impairment requiring
22 substantial supervision because the individual behaves in a

1 manner that poses a serious health or safety hazard to the
2 individual or another person.

3 "Case management" means assistance in the form of access or
4 care coordination where an individual is experiencing diminished
5 functioning capacities, personal conditions, or other
6 characteristics that require services by formal service
7 providers or family caregivers. Activities of case management
8 may include assessing needs, developing care plans, authorizing
9 and coordinating services, and providing follow-up and
10 reassessment, as required.

11 "Chore" shall be as defined in section 349 3.1. means
12 assistance such as heavy house work, yard work, or sidewalk
13 maintenance for a person.

14 "Coach" means an individual who:

- 15 (1) Helps care recipient understand the program of
16 participant-directed supports;
17 (2) Develops and implements a spending plan to describe
18 how the care recipient will spend his/her budget; and
19 (3) Evaluates whether the participant-directed program is
20 meeting the care recipient's needs.

21 "Family caregivers" shall be as defined in section 349-3.1.

22 "Home delivered meals" means meals provided to a care
23 recipient in his/her place of residence; provided that the meal

1 is served through a program administered by the state unit on
2 aging or an area agency on aging and meets all of requirements
3 of the Older Americans Act of 1965 as amended, and all the state
4 and local laws.

5 "Homemaker" shall be as defined in section 349-3.1. means
6 assistance with preparing meals, shopping for personal items,
7 managing money, using the telephone, or performing light
8 housework.

9 "Instrumental activities of daily living" shall be as
10 defined in section 349-3.1. means the following instrumental
11 activities that individuals perform as a part of daily living:
12 preparing meals, shopping for personal items, medication
13 management, managing money, using the telephone, performing
14 light and heavy housework, and making use of available
15 transportation.

16 "Kupuna care core services" means services consisting of:

- 17 (1) Adult day care;
18 (2) Attendant care;
19 (3) Case management;
20 (4) Chore;
21 (5) Homemaker;
22 (6) Home delivered meals;
23 (7) Personal care;

1 (8) Transportation; or

2 (9) Assisted transportation.

3 "Person-centered plan" means a plan developed by a care
4 recipient with the assistance of a coach that allows he/she to
5 establish goals, skills, and knowledge necessary to work towards
6 the desired outcomes and identifies practical steps to
7 achievement of the goals; provided that family and friends may
8 provide assistance in developing a care recipient's plan if
9 he/she chooses to include them.

10 "Person-centered planning" means a process, directed by the
11 care recipient, intended to identify his/her strengths,
12 capacities, needs, and desired outcomes.

13 ~~"Personal care" shall be as defined in section 349-~~
14 ~~3.1.means personal assistance, stand-by assistance, supervision~~
15 ~~or cues.~~

16 "Qualified caregiver" means an individual who meets the
17 following requirements:

18 (1) Provides care for a care recipient; and

19 (2) Is employed at least thirty hours per week from one or
20 more employers.

21 ~~"Respite care" shall be defined pursuant to the Older~~
22 ~~Americans Act, as amended, as means services that which offer~~
23 ~~temporary, substitute supports, or living arrangements for care~~

1 recipients in order to provide a brief period of relief or rest
2 for caregivers. For example, (1) In-home respite personal
3 care, homemaker, and other in-home respite; (2) respite provided
4 by attendance of a care recipient at a senior center or other
5 nonresidential program; and (3) institutional respite provided
6 by placing the care recipient in an institutional setting such
7 as a nursing home for a short period of time as a respite
8 service to the caregiver; and (4) any combination of services to
9 assist the qualified caregiver as deemed appropriate by the area
10 agency on aging.

11 "Respite care" includes:

12 (1) In-home respite (personal care, homemaker, and other
13 in home respite);
14 (2) Respite provided by attendance of the care recipient
15 at a senior center or other nonresidential program;
16 (3) Institutional respite provided by placing the care
17 recipient in an institutional setting such as a
18 nursing home for a short period of time as a respite
19 service to the caregiver; and (for grandparents caring
20 for children) summer camps.

21 "Transportation" shall be as defined in section 349 3.1."
22 means transportation from one location to another with a vehicle
23 and does not include any other activity.

1 SECTION 3. Section 349-3.1, Hawaii Revised Statutes, is
2 amended to read as follows:

3 "[~~+~~]**§349-3.1**[~~+~~] **Kupuna care program.** (a) The executive
4 office on aging [~~may~~] shall establish the kupuna care program
5 pending the availability of state funds. The program shall
6 provide [~~affordable and quality home and community based~~
7 ~~services.~~] long-term services and supports to address the needs
8 of Hawaii's older adults and their desire to remain in their own
9 homes and communities as they age.

10 (b) The program [~~may be provided in every county as a~~
11 ~~function of the aging and disability resource centers.~~] shall be
12 coordinated and administered by the executive office on aging
13 and implemented through the area agencies on aging.

14 (c) Kupuna care shall be delivered through two distinct
15 service options: traditional service delivery or participant-
16 directed services and support, —Based on an individual support
17 plan, for each eligible participant care recipient; may access
18 kupuna care services and supports through one of two delivery
19 options, traditional service delivery or participant directed
20 services and support; provided that:

21 (1) Traditional service delivery shall be provided by a
22 service provider organization or person who provides services to
23 clients under a formal contractual arrangement with the

1 executive office on aging or area agency on aging who shall
2 deliver to each ~~participant~~ care recipient one or more kupuna
3 care core services to address the ~~participant's~~ care recipient's
4 specific needs that have been identified ~~through the~~ in his/her
5 person-centered planning; and

6 (2) Participant-directed services and support shall
7 address the ~~participant's~~ care recipient's assessed needs that
8 have been identified through the person-centered planning
9 process and documented in the support plan. Participant-
10 directed services and support shall consist of long-term
11 services and supports that a ~~participant~~ care recipient uses to
12 maintain the ~~participant's~~ independence in the community, and in
13 which the ~~participant~~ care recipient determines what mix of
14 services and support will address their needs ~~works best for the~~
15 ~~participant~~. The ~~participant~~ care recipient shall have
16 decision-making authority over the ~~participant's~~ his/her
17 budgeted dollar amount to purchase and manage the ~~participant's~~
18 needed services and supports based upon ~~on the~~ ~~participant's~~
19 his/her person-centered support plan. Participant-directed
20 services and support shall provide the ~~participant~~ care
21 recipient with a coach to assist the ~~participant~~ care recipient
22 with using the services and support in a manner that best
23 supports the ~~participant~~ care recipient's ability to maintain

1 independence and enable a quality living experience in the
2 community.

3 (d) To qualify for the kupuna care program, an individual
4 shall qualify as a care recipient pursuant to section 349- (e).

5 ~~(1) Be a citizen of the United States or a qualified~~
6 ~~alien; provided that for the purposes of this paragraph,~~
7 ~~"qualified alien" means a lawfully admitted permanent resident~~
8 ~~under the Immigration and Nationality Act;~~

9 ~~(2) Be sixty years of age or older;~~

10 ~~(3) Not be covered by any comparable government or private~~
11 ~~home and community based care services;~~

12 ~~(4) Not reside in a long-term care facility, such as an~~
13 ~~intermediate care facility, assisted living facility, including~~
14 ~~all the care programs of assisted living, skilled nursing~~
15 ~~facility, hospital, community care foster family home, adult~~
16 ~~residential care home, or expanded adult residential care home;~~

17 ~~and~~

18 ~~(5) Have impairments of at least:~~

19 ~~(A) Two activities of daily living;~~

20 ~~(B) Two instrumental activities of daily living;~~

21 ~~(C) One activity of daily living and one instrumental~~
22 ~~activity of daily living; or~~

1 ~~_____ (D) Substantive cognitive impairment requiring~~
2 ~~substantial supervision because the individual behaves in a~~
3 ~~manner that poses a serious health or safety hazard to the~~
4 ~~individual or another person.~~

5 (e) An The-area agency on aging, through the aging and
6 disability resource center or other entity designated by the
7 executive office on aging, shall conduct an intake and
8 assessment of individuals seeking long-term services and
9 supports to determine eligibility for the program. The intake
10 and assessment shall include the following:

11 (1) A statewide uniform intake process developed with and
12 adopted by the executive office on aging to preliminarily
13 determine eligibility for public funded services and supports,
14 including kupuna care services; and

15 (2) If warranted necessary, an assessment of the eligible
16 individual care recipient utilizing a statewide uniform
17 comprehensive in-home assessment. Upon completion of the in-
18 home assessment, the individual care recipient develops a
19 written individualized person-centered support plan, with
20 participation from family, friends, and others, if the
21 individual care recipient desires that such additional
22 assistance. The support plan identifies all the services and
23 supports needed or currently used to meet the individual care

1 recipient's needs, both formal and informal, including those
2 provided by other programs such as medicaid or private pay paid
3 programs. The plan shall be reviewed with the individual care
4 recipient to confirm that it is the plan the individual care
5 recipient desires.

6 (f) The An AAA area agency on aging shall use the
7 assessment data and individual's support plan to confirm kupuna
8 care eligibility, then authorize and coordinate services and
9 supports. The An AAA area agency on aging shall directly
10 authorize and allot kupuna care services, and shall not delegate
11 the service authorization function to its subcontractors.

12 (g) An individual is shall be determined to be ineligible
13 for kupuna care services when:

14 (1) The An individual does not meet the eligibility
15 requirements specified;

16 (2) The An individual's need is not substantiated through
17 an in-home assessment;

18 (3) The An individual leaves the State or the individual's
19 whereabouts are unknown; or

20 (4) The An individual refuses services.

21 (h) The AAA area agency on aging shall provide an
22 individual with written notice of the disposition of the request
23 for kupuna care services.

1 (i) An individual who has been determined ineligible for
2 kupuna care services has shall have the opportunity to grieve
3 the disposition of the service as follows:

4 (1) If an individual is not satisfied with the authorizing
5 AAA's decision, the person has the right to appeal to the
6 executive office on aging director within ninety days after the
7 notice date of the AAA's written decision.

8 (2) The executive office on aging director's decision will
9 be issued in writing and is final. appeal the decision to the
10 director of the executive office on aging within ninety days
11 after the date of notice of the area agency on aging's written
12 disposition. The director of the executive office on aging's
13 decision on the appeal shall be issued in writing and shall be
14 final.

15 (j) Prior to termination of kupuna care services, service
16 providers shall notify the appropriate contracting area agency
17 on aging of the date and reason for termination. Termination of
18 kupuna care services may occur if the participant care
19 recipient:

20 (1) Moves and the provider is unable to locate the
21 participant care recipient;

22 (2) Is transferred to another area agency on aging;

23 (3) Dies;

1 (4) No longer needs kupuna care services and supports;

2 (5) Is uncooperative with the service provider;

3 (6) Is non-compliant with the basic requirements of the
4 program;

5 (7) Engages in behavior that threatens or demonstrates
6 violence toward the service provider;

7 (8) Decides the participant care recipient no longer needs
8 or wants a particular service;

9 (9) Uses comparable services from other programs; or

10 (10) Has a communicable disease that threatens the safety
11 and welfare of the service provider.

12 (k) All area agencies on aging shall record all consumer
13 data, assessments, and service delivery within a statewide
14 consolidated database.

15 ~~[(c)] (l) As used in this section, unless the context~~
16 ~~otherwise requires:~~

17 ~~—— "Activities of daily living" means the following activities~~
18 ~~that individuals perform as a part of daily living: eating,~~
19 ~~dresssing, bathing, toileting, transferring in and out of a bed~~
20 ~~or chair, and walking.~~

21 ~~—— "Adult day care" or "adult day health" means personal care~~
22 ~~for dependent elders in a supervised, protective, and congregate~~
23 ~~setting during some portion of a day. Services offered in~~

1 ~~conjunction with adult day care/adult day health typically~~
2 ~~include social and recreational activities, training,~~
3 ~~counseling, and services such as rehabilitation, medication~~
4 ~~assistance, and home health aide services for adult day health.~~

5 ~~—— "Aging and disability resource centers" means an entity~~
6 ~~established by the State as part of the state system of long-~~
7 ~~term care, serving as a highly visible and trusted source where~~
8 ~~people of all incomes and ages can get information on the full~~
9 ~~range of long term support options, and a single point of entry~~
10 ~~for access to public long-term support programs and benefits.~~

11 ~~—— "Area agency on aging" means a state agency designated to~~
12 ~~develop and administer the area plan for a comprehensive and~~
13 ~~coordinated system of aging services.~~

14 ~~—— "Assisted transportation" means assistance and~~
15 ~~transportation, including escort, to a person who has cognitive~~
16 ~~or physical difficulties using regular vehicular transportation.~~

17 ~~—— "Attendant care" means stand by assistance, supervision, or~~
18 ~~cues, and may include other activities to help maintain the~~
19 ~~independence of an individual at home. Attendant care shall not~~
20 ~~include providing hands-on-the-body support, including but not~~
21 ~~limited to weight bearing assistance with transfers; washing,~~
22 ~~bathing, or grooming a participant's body; or guiding a~~

1 ~~participant's limbs or implements to assist with feeding or~~
2 ~~dressings.~~

3 ~~—— "Care coordination" means a person centered, assessment~~
4 ~~based, interdisciplinary approach to integrating health care and~~
5 ~~social support services that are tailored to an individual's~~
6 ~~needs and goals across all care services.~~

7 ~~—— "Case management" means assistance either in the form of~~
8 ~~access or care coordination in circumstances where an individual~~
9 ~~is experiencing diminished functioning capacities, personal~~
10 ~~conditions, or other characteristics that require the provision~~
11 ~~of services by formal service providers or family caregivers.~~

12 ~~Activities of case management may include assessing needs,~~
13 ~~developing care plans, authorizing and coordinating services~~
14 ~~among providers, and providing follow up and reassessment, as~~
15 ~~required.~~

16 ~~—— "Chore" means assistance such as heavy housework, yard~~
17 ~~work, or sidewalk maintenance for a person.~~

18 ~~—— "Coach" means an individual who:~~

19 ~~—— (1) Helps the self directing participant understand the~~
20 ~~program of self-directed supports;~~

21 ~~—— (2) Develops and implements a spending plan to describe~~
22 ~~how the participant will spend the participant's budget; and~~

1 ~~—— (3) Evaluates whether the self direction program is~~
2 ~~meeting the participant's needs.~~

3 ~~—— "Family caregivers" means a spouse, adult child, other~~
4 ~~relative, partner, or friend who has a personal relationship~~
5 ~~with, and provides a broad range of unpaid assistance for an~~
6 ~~older adult with a chronic or disabling condition.~~

7 ~~—— "Home delivered meals" means a meal provided to a qualified~~
8 ~~individual in the individual's place of residence; provided that~~
9 ~~the meal is served in a program administered by the executive~~
10 ~~office on aging or an area agency on aging and meets all of the~~
11 ~~requirements of the Older American Act of 1965, as amended, and~~
12 ~~all state and local laws.~~

13 ~~—— "Homemaker" means assistance with preparing meals, shopping~~
14 ~~for personal items, managing money, using the telephone, or~~
15 ~~doing light housework.~~

16 ~~—— "Instrumental activities of daily living" means the~~
17 ~~following instrumental activities that individuals perform as a~~
18 ~~part of daily living: preparing meals, shopping for personal~~
19 ~~items, medication management, managing money, using the~~
20 ~~telephone, performing light housework, performing heavy~~
21 ~~housework, and making use of available transportation.~~

22 ~~—— "Kupuna care core services" means services consisting of:~~

23 ~~—— (1) Adult day care;~~

1 ~~—— (2) Attendant care;~~

2 ~~—— (3) Case management;~~

3 ~~—— (4) Chore;~~

4 ~~—— (5) Homemaker;~~

5 ~~—— (6) Home delivered meals;~~

6 ~~—— (7) Personal care;~~

7 ~~—— (8) Transportation; or~~

8 ~~—— (9) Assisted Transportation.~~

9 ~~—— "Nutrition and meal delivery" means the delivery of a meal~~
10 ~~to a qualified individual at the individual's place of~~
11 ~~residence.~~

12 ~~—— "Person-centered plan" means a plan developed by a~~
13 ~~participant with the assistance of a coach that allows the~~
14 ~~participant to establish goals, skills, and knowledge necessary~~
15 ~~to work toward the desired outcomes and lays out practical steps~~
16 ~~to the achievement of the goals; provided that family members~~
17 ~~and friends may provide assistance in developing a participant's~~
18 ~~plan if the participant chooses to include them.~~

19 ~~—— "Person-centered planning" means a process, directed by the~~
20 ~~participant, intended to identify the strengths, capacities,~~
21 ~~preferences, needs, and desired outcomes of the participant.~~

22 ~~—— "Personal care" means personal assistance, stand by~~
23 ~~assistance, supervision, or cues.~~

1 ~~_____ "Transportation" means transportation from one location to~~
2 ~~another with a vehicle and does not include any other activity.~~

3 ~~{(d)}~~ (m) (1) The director shall adopt rules pursuant to
4 chapter 91 necessary for the purposes of this section."

5 SECTION 4. There is appropriated out of the general
6 revenues of the State of Hawaii the sum of \$ _____ or so much
7 thereof as may be necessary for fiscal year 2017-2018 and the
8 sum of \$ _____ or so much thereof as may be necessary for
9 fiscal year 2018-2019 for the establishment and implementation
10 of the kupuna caregivers program.

11 The sums appropriated shall be expended by the executive
12 office on aging for the purposes of this Act.

13 SECTION 5. Statutory material to be repealed is bracketed
14 and stricken. New statutory material is underscored.

15 SECTION 6. This Act shall take effect on July 1, 2075.

16

Report Title:

Kupuna Care; Caregivers; Executive Office on Aging; Appropriation

Description:

Requires the Executive Office on Aging to establish the Kupuna Caregivers Program to assist community members who are providing care for elders to stay in the workforce. Clarifies the kupuna service and support options provided by area agencies on aging within the program. Appropriates funds for establishing and implementing the program. (HB607 HD1)



March 19, 2017

TIM VANDEVEER
CHAIR

MARGARET WILLE
SEAN SMITH
Legislative Affairs Committee Co-Chairs

SUPPORT FOR HB 607 HD1 - Relating to Kūpuna Care
Monday, March 20, 2017 - 2:50 pm State Capitol, Conference Room 016

COMMITTEE ON HUMAN SERVICES

Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Submitted on Behalf of the Democratic Party of Hawai'i

The Democratic Party of Hawai'i (DPH) supports HB 607 HD1 "Relating to Kūpuna Care". This legislation would create a long-term the kūpuna caregivers program, which would provide support for working caregivers that also take care of their aging loved ones. Unlike other programs, this bill focuses on providing respite care for working caregivers who typically have no other financial or emotional support. **The DPH supports the above legislation based on our Platform and Resolutions and corresponding economic and healthcare priorities including "the development of long-term care financing solutions, better pay and working conditions for all health care providers".**

This bill will provide the needed respite care that our kūpuna caregivers deserve and the support our working families and businesses need.

Respectfully submitted,

/s/ *Tim Vandever* (tim@hawaiidemocrats.org)
Chair of the Democratic Party of Hawai'i

/s/ *Margaret Wille* (margaretwille@mac.com)
/s/ *Sean Smith* (simashang@yahoo.com)
Legislative Committee Co-chairs

DEMOCRATIC PARTY OF HAWAI'I

PO Box 2041 Honolulu, HI 96805 1 (808) 596-2980 1 www.hawaiidemocrats.org 1 info@hawaiidemocrats.org



March 20, 2017

To: Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair and
Members of the Committee on Human Services

To: Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair and
Members of the Committee on Commerce, Consumer Protection and Health

From: Jeanne Y. Ohta, Co-Chair

RE: HB 607 HD1 Relating to Kupuna Care
Hearing: Monday, March 20, 2017, 2:50 p.m., Room 016

POSITION: SUPPORT

The Hawai'i State Democratic Women's Caucus writes in support of HB 607 HD1 Relating to Kupuna Care which establishes a program that supports our working caregivers who struggle to care for their loved ones while holding down their jobs and other personal responsibilities.

This proposal provides for a much less expensive option than a nursing home which can cost more than \$100,000 per year. HSDWC supports this program which will assist Hawaii's 154,000 caregivers, most of whom are women. Programs that support caregivers and allow them to remain in the workforce are important to women remaining financially self-sufficient. Many women by necessity must leave and return to the workforce multiple times during their careers. Their pay and retirement benefits are affected by these caregiver responsibilities, putting their own incomes during retirement at risk.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls.

We respectfully request that the committee pass this measure and thank the committee for the opportunity to provide testimony.

ALAN ARAKAWA
Mayor



DEBORAH STONE-WALLS
Executive on Aging

PHONE (808) 270-7755

FAX (808) 270-7935

E-MAIL: mcoa.adrc@mauicounty.gov

CAROL K. REIMANN
Director
Housing & Human Concerns

JAN SHISHIDO
Deputy Director
Housing & Human Concerns

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

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

Senate Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Senate Committee on Human Services

Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

HB607, HD1 RELATING TO KUPUNA CARE

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

Monday, March 20, 2017; Conference Room 016, 2:50 p.m.

MCOA's Position: Maui County Office on Aging (MCOA) is in **strong support** of HB 607, HD1 that expands Kupuna Care services to include a Kupuna Caregivers Program.

Purpose and Justification: Area Agencies on Aging (AAA) in all counties have implemented the Kupuna Care Program throughout the State for almost two decades. Services provided through Kupuna Care have benefited recipients and allowed individuals to remain living independently in the community rather than needing to live in institutional settings. While Kupuna Care has changed the lives of many seniors, AAA staff members have expressed the desire for a vehicle by which to better assist family caregivers. As the needs of frail seniors increase over time, family caregivers (most often women) are forced to either place their loved one in an institution or resort to leaving the workforce. The loss of employment not only brings short-term financial

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

hardship, but also results in long-term reduction of retirement and Social Security benefits. The Kupuna Caregivers Program would serve to assist these family caregivers by allowing them to maintain employment with the assurance that their loved one is safe.

Although Maui County has traditionally received additional funding that allowed assistance for family caregivers through a Line Item, the other Hawaii counties have had no vehicle by which to provide caregiver services other than the Federal Older Americans Act Title III-E funds. These funds are limited. Therefore, the amount of assistance that each Area Agency on Aging is allowed to provide is quite small. The Kupuna Caregivers program would allow more flexibility for the Area Agencies on Aging to ensure that the day-to-day needs of caregivers are consistently met, thereby allowing those caregivers to remain active workforce contributors. Expanding Kupuna Care to include the needs of caregivers makes practical sense in the overall system of service delivery designed to allow seniors to live in the community rather than face institutionalization.

Thank you for the opportunity to provide testimony regarding this matter.

The Twenty-Ninth Legislature
Regular Session of 2017

THE SENATE

Committee on Human Services

Senator Josh Green, Chair

Senator Stanley Chang, Vice Chair

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair

Senator Clarence K. Nishihara, Vice Chair

State Capitol, Conference Room 016

Monday, March 20, 2017; 2:50 p.m.

**STATEMENT OF THE ILWU LOCAL 142 ON H.B. 607, HD1
RELATING TO KUPUNA CARE**

The ILWU Local 142 **supports** H.B. 607, HD1, which requires the Executive Office on Aging to establish the Kupuna Caregivers program to assist community members who are providing care for elders to stay in the workforce and clarifies the kupuna service and support options provided by Area Agencies on Aging within the Kupuna Care program. Also appropriates funds to establish and implement the Kupuna Caregivers program.

H.B. 607, HD1 is an attempt to provide respite and financial assistance to family caregivers by establishing a Kupuna Caregivers program that will allow family caregivers and kupuna themselves to access funds to pay for certain services—e.g., transportation, personal care services, respite care, adult day care, chore and homemaking services. The funds, available through an appropriation, may be expended only through a voucher issued directly to a service provider, but not to a family caregiver. Nevertheless, the funding will support family caregivers by providing services to their kupuna and allowing them to continue working at their jobs.

This bill is far different than the bill introduced last year to establish a fund with a half percent surcharge on the general excise tax (GET) that would be used to pay benefits directly to family caregivers. That proposal would have assured greater sustainability of funds, particularly since at least one-third of the GET is paid by visitors who will never claim a benefit from the fund.

We supported last year's bill—and still do. However, we also support H.B. 607, HD1 with the hope that it is but a first step toward a program that eventually will provide meaningful help to those struggling with the costs of providing in-home care to loved ones needing long-term services and supports.

Something needs to be done to address the issue of long-term care and its costs. Hawaii's elder population continues to grow faster than younger populations. Many of the elderly are or will be in need of long-term care in one form or another. Most people cannot afford the cost of institutional care but, more importantly, they prefer to remain in their own homes.

Family caregivers caring for elderly relatives to avoid institutionalization do so at great sacrifice to their own financial well-being, now and into the future. They need help so they can continue to earn a living or, if they must stay at home with their loved ones, be provided with financial support.

H.B. 607, HD1 offers help to pay for services provided by others. However, as with the bill last year, \$70 a day does not go very far. It may pay for adult day care or a couple of hours for a professional caregiver to come to the home, but most people need a lot more services that will cost a lot more money.

Nevertheless, we are well aware that we must start somewhere to tackle the issues brought on by the “silver tsunami.” H.B. 607, HD1 is a reasonable start.

The ILWU urges passage of H.B. 607, HD1 to recognize the huge costs borne by family caregivers—costs that could easily be transferred to taxpayers if family caregivers were not available. Those caregivers who spoke at a recent rally in support of the Kupuna Caregiver bills in the House and Senate (the Star-Advertiser featured them in a front page article) were extremely eloquent as they shared their heart-wrenching stories. Please consider them as you make your decision on H.B. 607.

Thank you for the opportunity to offer testimony on this important issue.



1124 Fort Street Mall, Suite 205
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www.mentalhealthhawaii.org

Helping Hawai'i Live Well

To: Chairs Baker and Green, Vice Chairs Nishihara and Chang
Senate Committee on Commerce, Consumer Protection and Health
Senate Committee on Human Services

From: Trisha Kajimura, Executive Director

Re: TESTIMONY IN SUPPORT OF HB 607 HD1 RELATING TO KUPUNA CARE

Hearing: Monday, March, 2017, 2:50 pm, Conference Room 016

Thank you for hearing **HB 607 HD1**, which creates the Kupuna Caregivers program. This bill will provide the needed respite care that our kupuna caregivers deserve and the support our working families and businesses need.

This legislation would create a long-term kupuna caregivers program, which would provide support for working caregivers who also take care of their aging loved ones. Unlike other programs, this bill focuses on providing respite care for working caregivers who typically have no other financial or emotional support. As so many of us know, the desire to spend time caring for our aging parents and grandparents is often in competition with our need to continue participating in the workforce to be able to provide for our families.

By providing a care benefit of \$70 per day, this bill establishes a much needed "care floor," ensuring that working families would have access to resources to provide care at home. This fund is not meant to cover a stay in a long-term care facility like a nursing home, which we know is often much more expensive than home care. Instead, it would allow for support at home with activities of daily living, like hiring home care aides for a few hours or providing transportation services. It may not sound like much to some people, but this sort of respite care is a lifeline for family caregivers!

Kupuna and caregivers are both at-risk for mental health issues due to aging and high levels of stress. The Kupuna Caregivers program supports the mental health of our working and caregiving families.

Thank you for considering my **testimony in support of HB 607 HD1**. Please contact me at trisha@mentalhealthhawaii.org or (808)521-1846 if you have any questions.

TO : SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION
AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

SENATE COMMITTEE ON HUMAN SERVICES
Senator Josh Green, Chair
Senator Stanley Chang, Vice-Chair

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

SUBJECT: HB 607 HD1 Relating to Kupuna Care

HEARING: Monday 2:50 pm, March 20, 2017
Conference Room 016, Hawaii State Capitol

POSITION: The Hawaii Family Caregiver Coalition **strongly supports HB607 HD1** which proposes offering community supports and services to employed family caregivers through benefits available under the Kupuna Care Program and providing an appropriation for this purpose to the Executive Office on Aging.

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 of family caregivers and improving the ability of 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.
- The majority of family caregivers are also in the workforce and their employment is necessary to support the needs of their families as well as to assure that they will have sufficient social security and savings to support themselves in retirement.
- Research in Hawaii as well as nationally has shown that employed caregivers suffer an extraordinary level of stress in trying to balance the obligations or work and eldercare. Consequently, many employed caregivers have reduced productivity at work and many have to limit their hours or drop out of the workforce due the demands of caring.
- Employers are also adversely affected by the strains their employees experience due to the difficulty of balancing work and caregiving. Besides lowered productivity, other costs are high absenteeism and the eventual loss of valued employees and the associated costs of having to hire replacements.
- The Kupuna Care Program administered by the Executive Office on Aging through the County AAA's, is a highly successful program in offering home and community services and supports to the frail elderly and disabled. Procedures for securing contracts with service providers, for administrating the funds, and for collecting systematic data for monitoring, evaluating and planning, have been developed.

- HB 607 HD1 proposes to provide home and community-based services to employed family caregivers through the Kupuna Care program in order to alleviate some of the burden of care and to enable them to continue their employment. This proposal is a cost-effective way to assist employed caregivers without having to create a new program. At present, few supports for family caregivers are offered through the Kupuna Care program. This bill would extend the Kupuna care benefits to assist employed caregivers.
- By providing a care benefit of \$70 per day, this bill establishes a much needed “care floor,” ensuring that working families would have access to resources to provide care at home. It would allow for support at home with activities of daily living, like hiring home care aides for a few hours or providing transportation services. It may not sound like much to some people, but this sort of respite care is a lifeline for family caregivers!

The Hawaii Family Caregiver Coalition urges passage of HB 607 HD1 to address the serious costs of balancing work and caregiving experienced by a significant number of family caregivers as well as by employers of family caregivers.

Thank you for allowing me to offer testimony.

alzheimer's association®

ALOHA CHAPTER

1130 N. Nimitz Highway Suite A-265, Honolulu, Hawaii 96814
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Honorable Senator Rosalyn Baker, Chair
Committee on Commerce, Consumer Protection and Health
Hawaii State Capitol
415 South Beretania Street, Room 230
Honolulu, HI 96813

Honorable Senator Josh Green, Chair
Committee on Human Services
Hawaii State Capitol
415 South Beretania Street, Room 407
Honolulu, HI 96813

RE: HB 607, HD1 Relating to Kupuna Care

On behalf of the Alzheimer's Association, Aloha Chapter, I am pleased to extend our full support for House Bill 607, HD1, which provides funding for a Kupuna Caregivers Program. Through this funding, caregivers, including those who provide care for individuals with Alzheimer's disease or a related dementia, will be awarded a voucher to cover costs for services such as transportation, personal care services, respite care, adult day care, etc.

Although the Alzheimer's Association provides numerous services to family caregivers, there are still many services that are needed beyond what we provide. And despite the growing number of individuals affected by the disease (26,000 individuals with the disease and the 64,000 caregivers of someone with the disease) in the state of Hawaii, there is still a substantial lack of support and resources for these families. According to the most recent results of the Hawaii 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey, more than 40% of Alzheimer's and dementia caregivers provide at least 20 hours of care per week. 74.5% of those individuals manage household care such as cleaning or cooking and 72% manage personal care such as feeding or bathing.

Furthermore, the level of intense care that is provided has also lead to numerous negative effects on the caregiver. Results of the Hawaii 2015 BRFSS indicated that the impact of Alzheimer's and dementia caregiving lead to 8.5% of those caregivers having frequent poor physical health and 12.7% of those caregivers reported a history of depression.

The proposed Kupuna Caregivers Program will help alleviate such issues by providing much needed services and support to families affected by the disease. Respite and assistance with daily living activities is critical to the long term success of caregiving for someone with Alzheimer's or a related dementia, which may last as long as 18 years.

I appreciate the opportunity to comment on this legislation.

With best regards,



Christine Payne
Executive Director

***American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section***



TO: Sen. Josh Green, Chair
Sen. Rosalyn Baker, Chair

DATE: Monday, March 20, 2017
TIME: 2:50 PM
PLACE: Conference Room 016

FROM: Hawaii Section, ACOG
Dr. Greigh Hirata, MD, FACOG, Chair
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chair
Dr. Cynthia Goto, MD, FACOG, Legislative Committee Member
Lauren Zirbel, Community and Government Relations

Re: HB 607 Relating to Kupuna Care

Position: Support

Dear Members,

The Hawaii Section of the American Congress of Obstetricians and Gynecologists (HI ACOG) supports HB 607.

As a Section of the Nation's leading group of physicians dedicated to improving health care for women, HI ACOG represents over 160 obstetrician/gynecologist physicians in our state. Our organization calls for quality health care appropriate to every woman's needs throughout her life and for assuring that a full array of clinical services be available to women without costly delays or the imposition of cultural, geographic, financial or legal barriers.¹

By 2020, nearly 300,000 people will be age 65 or older in Hawaii.² Our 'ohana honor our elders who wish to age at home but the burden on caregivers is significant including financial and emotional stress. According to AARP, the average caregiver is a 62-year-old married woman who cares for an elderly parent or husband while still working. Working women may neglect their own health while caring for their children and their parents. They may quit their job to become caregivers for their families, which jeopardizes their own access to health care.

HB 607 would provide some respite and support for caregivers who are in the workforce and trying to do the best they can to manage care for their families. HI ACOG is committed to facilitating both access to and quality of women's health care, including caregivers and their elderly parents.

Thank you for the opportunity to testify.

¹ The American College of Obstetricians and Gynecologists, *Access to Women's Health Care*, Statement of Policy, Reaffirmed July 2016

² Department of Business, Economic Development, and Tourism, Population and Economic Projections for the State of Hawaii to 2040

From: [HMS Testimony](#)
To: [CPH Testimony](#)
Subject: FW: Testimony in Support of HB 607 HD 1
Date: Friday, March 17, 2017 9:35:10 AM

From: Anthony Lenzer [mailto:tlenzer@hawaii.rr.com]
Sent: Thursday, March 16, 2017 4:35 PM
To: HMS Testimony <HMSTestimony@capitol.hawaii.gov>
Subject: FW: Testimony in Support of HB 607 HD 1

To: [Committees on Human Services and Commerce, Consumer Protection, and Health](#)
From: Anthony Lenzer, PhD
Re: [Support for HB 607 HD 1](#)
Hearing: Monday, March 20, 2017, 2:50 p.m.
Conference Room 016, State Capitol

Chairs Green and Baker and Committee Members:

My name is Anthony Lenzer, and I am a member of the legislative committee of the Policy Advisory Board for Elder Affairs (PABEA). This Board advises the Executive Office on Aging (EOA) on aging issues, and advocates on behalf Hawaii's kupuna and their families. My testimony reflects the views of PABEA and not necessarily those of the Executive Office on Aging.

PABEA strongly supports House Bill 607 HD 1, which creates a Kupuna Caregivers Program within the Executive Office on Aging. This program is designed to help employed caregivers of elderly family members obtain necessary services, which will help them remain effective members of Hawaii's workforce. These services include transportation, personal care, respite care, adult day care, and chore/homemaking services. Qualified caregivers will receive vouchers for up to \$70 per day for agencies to provide such services. The program will be administered by the Area Agencies on Aging, through their Aging and Disability Resource Centers.

This program is vitally important for three reasons:

- (1) over one-fifth of Hawaii's population is now aged 60+, including over 34,000 persons age 85+. The percent of residents aged 85+ is expected to double in the next 30 years. (a) These "oldest old" are most likely to have multiple chronic illnesses and/or disability, and be most in need of help in order to remain at home;

- (2) family members, friends, and other unpaid caregivers provide most of the assistance to frail elders. An AARP study found 154,000 unpaid elder caregivers in Hawaii, and AARP's 2014 study of 1,000 registered voters aged 45+ found that 53% were providing or had provided care for an elderly loved one (b). National data indicates that the typical long-term family caregiver is a 49 year old woman who is caring for her

mother, for twenty hours/week, while trying to keep up with work and other household responsibilities
(c). Many studies have documented the physical, emotional, and financial stresses associated with caregiving, especially when few workers (nationally, only 13%) have paid family leave (d):

-

and (3) while some state, federal, and county funds are available to assist frail elders, there is little money for the caregivers themselves. The situation has been described by one County Executive on Aging as follows: “Unless a County receives funding from their County Council, our options to provide caregiver-specific services are limited. For Maui County, we can use approximately 10% of our overall Federal funding (Title III E) for services such as Family Caregiver Support, Training, and Counseling, Adult Day Care Respite, In-Home Respite, and support for Grandparents Raising Grandchildren (not to exceed 10% of Title III E). Without additional County funding, our ability to actively serve family caregivers would be, therefore, quite limited.”(e)

In summary, the Kupuna Caregivers bill is needed because: Hawaii's growing older population, and the increasing number of oldest old persons require a variety of services to remain at home, and these are primarily provided by unpaid family caregivers; family caregivers are typically employed and have other responsibilities in addition to elder care; and there are few sources of financial support for the services which will help caregivers continue to assist their loved ones, while meeting other responsibilities.

Please support House Bill 607 HD 1. Thank you for the opportunity to present this testimony.

Notes:

(a) Yahirun, J. & Zan, H. (2016). Hawaii's Older Adults: A Demographic Profile. Honolulu, HI: University of Hawai'i, Center on the Family

(b) Binette, Joanne. (September 2014, updated October 28, 2014). 2014 Hawaii Caregiving Survey: Opinions and Experiences of Hawaii Registered Voters Age 45 and Older. Washington, DC: AARP Research

(c) PBS Newshour. (January 6, 2014). One of the hardest part-time jobs you will ever have—and the pay? Nada.

(d) US Bureau of Labor Statistics. (2014). Employee benefits survey. Table 32, Leave benefits, Access, Civilian Workers, National compensation survey, March, 2014. Washington, DC: US Bureau of Labor Statistics.

(e) 1/19/17 email from Deborah Stone-Walls, Maui County Executive on Aging. Subject: Update on 1/17/17 Mtg. with Sen. Baker regarding the Kupuna Caregivers Program



HAWAII APPLESEED

CENTER FOR LAW & ECONOMIC JUSTICE

Testimony of Hawai'i Appleseed Center for Law and Economic Justice
Supporting HB 607, HD 1 Relating to Kupuna Care
Senate Committees on Commerce, Consumer Protection and Health and on Human Services
Scheduled for hearing Monday, March 20, 2017, 2:50 PM, Conference Room 016

Dear Chairs Baker and Green, Vice Chairs Nishihara and Chang, and Members of the Committee:

Thank you for the opportunity to testify in SUPPORT of **HB 607, HD 1**, which would fund up to \$70 a day for the respite that working family caregivers need in order to stay active in the workforce while caring for their kūpuna at home.

By 2020, nearly 300,000 people will be age 65 or older in Hawai'i. Because the demographic makeup of our state is changing, we need to change the way we provide care for our kūpuna.

Ninety percent of people over age 65 would prefer to remain stay in their homes as long as possible. Our extended 'ohana are often loving caregivers, but providing that care can often create financial and emotional stress. According to a recent MetLife survey, the cost of home health aide and homemaker services are significantly higher in Hawai'i than the national average.

When the caregiver is working full-time, adding care duties adds heavy personal strain for the caregiver. As a result, many caregivers make the difficult decision to leave their job or reduce their work hours to care for an aging family member. HB 607, HD 1 would create a fund to help caregivers provide care for our kūpuna. By ensuring that working caregivers have basic support and assistance to care for their aging loved one, it would enable more of our seniors to age at home.

This program is not intended to cover a stay in a long-term care facility like a nursing home or an assisted living home. Instead, it could help pay for a home care aide for a couple of hours, transportation to adult day care or adult day health, or chore and homemaking services. This program will help make long-term care for our kūpuna more affordable and provide the helping hand caregivers so desperately need.

Supporting home caregiving means Hawai'i can honor the wishes of our seniors, improve their health outcomes, and reduce the cost of long-term care for both family caregivers and the state.

Hawai'i Appleseed Center for Law and Economic Justice Hawaii Appleseed is committed to a more socially just Hawai'i, where everyone has genuine opportunities to achieve economic security and fulfill their potential. We change systems that perpetuate inequality and injustice through policy development, advocacy, and coalition building.



CARING ACROSS GENERATIONS

Chairs Baker and Green
Vice Chairs Nishihara and Chang
Senate Committee on Commerce, Consumer Protection and Health
Senate Committee on Human Services

March 20, 2017

TESTIMONY IN SUPPORT OF HB 607, HD1 RELATING TO KUPUNA CARE

Caring Across Generations in strong support of House Bill 607, House Draft 1.

Caring Across Generations is a national movement of families, caregivers, people with disabilities and aging Americans working to transform the way we care in this country, calling for policy solutions that enable all of us to live and age with dignity and independence. Caring Across Generations has worked with partners in Hawai'i for years in support of legislation that will help make quality long-term care accessible to everyone, and we believe that this bill is an important step toward that goal.

There is little disagreement that the lack of long-term care coverage is a critical issue facing our country. For the vast majority of families without private long term care insurance, the only choices available are to either spend down their life savings in order to qualify for Medicaid, or to rely on unpaid family caregivers. Neither choice is sustainable. In Hawai'i, the issue is even more devastating as our cost of home health care is on average \$10,000 more than on the continental U.S. To adequately meet the care needs of families, and of the direct care workforce, we need new caregiving infrastructure.

House Bill 607 and the creation of the Kupuna Caregivers program will provide the needed respite care that our kūpuna caregivers deserve and the support our working families and businesses need. Study after study shows that the value of unpaid, and often under-recognized, family care is astronomical, and when family caregivers are forced to leave the workforce to provide care for an aging loved one, they risk their own retirement security. No one should be forced to choose between earning a living to provide for their family or leaving a job to provide long term care. **Our own research showed that 1 in 5 people indicated that they or**

someone in the household has had to leave a job or the workforce to help care for an aging loved one.

The benefit offered in this legislation will help ensure that aging adults in Hawaii will have access to the care they need, in a setting where they are already comfortable. And, importantly, family members in the workforce will be able to continue working, which improves their economic security and also stabilizes the workforce for business owners.

Care is a universal issue, and anyone in this room who is not currently providing some form of care to a family member has almost certainly done so in the past...or will do so in the future. Caring Across Generations urges this committee to support House Bill 607, House Draft 1 and help ensure that all families have the support they need to provide the care our kūpuna deserve.

Thank you for considering my testimony.

Sincerely,

Pedro Haro
Community Organizer, Hawaii
Caring Across Generations
pedro@caringacross.org



CATHOLIC CHARITIES HAWAII

TO: Senator Josh Green, Chair Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair Senator Clarence K. Nishihara, Vice Chair
Committee on Human Services Committee on Commerce, Consumer Protection & Health

FROM: Terrence L. Walsh, Jr., President and Chief Executive Officer

DATE: Monday, March 20, 2017 (2:50 p.m., Room 016)

RE: **HB 607, HD1, Relating to Kupuna Care**

Catholic Charities Hawai'i (CCH) is a tax exempt, non-profit agency that has been providing supportive home and community based services to elders since 1973 and currently serves over 4,000 elderly individuals each year. We are an experienced provider of Kupuna Care funded Transportation and Homemaker Services on Oahu. We also have over 300 employees, with a number who are providing, or have provided, caregiving for elderly relatives.

As a service provider, we are aware that family caregivers play an absolutely critical role in making it possible for frail elders to remain at home and out of institutional settings. And as an employer, we recognize that caregiving, on top of working full-time and sometimes also providing care for younger family members, places tremendous stress and strain on employees, which impacts their ability to remain physically well and mentally focused at work.

Therefore, Catholic Charities Hawai'i supports the intent of the proposed Kupuna Caregiver Program because we believe that all efforts to provide assistance and relief to caregivers are worthy of consideration.

We would like to offer the following comments and recommendations based on our experience, and our desire to ensure program success.

COMMENTS:

- 1) **Capacity of the Area Agencies on Aging (AAA's) to Implement a New Program:** The Executive Office on Aging and the Area Agencies on Aging (AAA's) are still fine tuning the Aging and Disability Resource Center (ADRC) processes. The AAA's, as the designated ADRC's, also will have significant roles in the No Wrong Door project and are likely to see increased demand once the No Wrong Door system begins to function. They need to succeed in these already defined roles. Their current capacity to successfully launch another new program, the proposed Kupuna Caregiver program, needs to be considered.
- 2) **Caregiver Needs are Diverse so Solutions Need to be Flexible:** The traditional service delivery system of the established Kupuna Care program provides very defined services that require in home assessment and authorization by the ADRC before a contracted provider agency is able to deliver the service. This has been a matter of frustration for some caregivers whose needs were urgent or

outside the defined services allowable in Kupuna Care. The proposed Kupuna Caregiver program has the potential, if structured appropriately, to provide ease of access to services so that caregivers can get the help WHEN they need it and HOW they need it.

- 3) **Kupuna Care Services Currently Provides Relief for Working Caregivers:** Please be aware that there are already caregivers whose elderly relatives are receiving Kupuna Care funded services so that the caregivers do not have to take off extra time from work. For example, Kupuna Care Transportation, which helps elders get to medical appointments during normal work hours. They would still benefit from additional support through the Kupuna Caregiver program, although due to limited resources, consideration must be given to whether an elder/caregiver can receive services from both the existing Kupuna Care and the proposed Kupuna Caregiver programs.
- 4) **The Role of the Spousal or NonWorking Caregiver:** While the impact of caregiving on the workplace is an important consideration, we also wish to acknowledge that many of the elders we provide services for have caregivers who are elderly spouses or adult children who are retired, some of whom have retired for the specific purpose of providing care. Once the Kupuna Caregiver program has been established, we hope that consideration will be given to allow these caregivers to also find relief through the program in the future.
- 5) **Kupuna Care Administrative Rules Needed:** The extensive detail in this bill regarding the Kupuna Care program puts into statute largely what is currently being done with Kupuna Care funds. We hope that administrative rules will follow to provide further clarity and guidance on the implementation of this program.
- 6) **Recognition of a Workforce Shortage:** There is a shortage of available workers. This is being seen in both government and private sector. Service providers and government are struggling to meet the needs in our community as a result. Help is needed to encourage people to enter the field and funders must understand that the profile (and wage) of the direct care worker must be raised. We need a trained, reliable workforce to serve this vulnerable population of homebound elders.

RECOMMENDATIONS:

SECTION 2: KUPUNA CAREGIVER PROGRAM (proposed)

- 1) **Page 3, lines 13-15:** “(b) The program shall be coordinated and administered by the executive office on aging and implemented through the area agency on aging.”
 - i) **Edit section to read: “(b) The program may be coordinated and administered by the executive office on aging and implemented through the area agency on aging, or may delegate the program development and implementation, including any service authorization and voucher payment system, to subcontractors.”**
 - ii) **Consider modelling the program like the State’s Coordinated Statewide Homeless Initiative (CSHI), currently managed by master contractor, Aloha United Way, in partnership with provider agencies. Provider agencies did intake and handled applications, AYW had final approval authority, provider agencies paid out to vendors.**

Rationale: CSHI was able to help over 1,400 households out of homelessness in a ten (10) month period. The ability of CSHI to quickly assess at-risk and homeless eligibility and make payments to vendors helped to reduce the flow of families into homelessness. By using a similar model, the proposed Kupuna Caregiver program could keep elders out of institutionalization and keep their caregivers in the workplace.

- 2) **Page 4, lines 4-5:** “provided that the voucher shall be issued directly to the service provider.”
i) **Edit section to ADD the following: “Service providers shall have all required licenses or certifications, and be a registered business in the State of Hawaii.”**

Rationale: This will ensure that vouchers will be issued to legal entities/businesses, NOT directly to private individuals.

- 3) **Page 6, lines 4-8:** definition of a “Qualified caregiver”
i) **Edit section to ADD: “(3) Does not have sufficient financial resources, or access to sufficient financial resources of the elder, to pay for the eligible service without incurring undue hardship.”**

Rationale: Until or unless the program can be sufficiently funded, the recommended funding of \$600,000 would provide financial support for 33+ caregivers (\$70/ day x 260 work days/year). There may need to be some way to prioritize those in greatest (or most urgent) need.

- 4) **Page 6, line 16-17:** “(2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program;”

- i) **Edit section to read: “(2) Respite provided by attendance of the care recipient at a ~~senior center~~ an adult day care center or other nonresidential program**

Rationale: Senior centers generally do not have the staff:participant ratios to make it an appropriate place for short term respite.

- 5) **Clearly define that the proposed Kupuna Caregiver program is not being made part of the existing Kupuna Care Program.**

Rationale: Because of the fine tuning that AAA’s are still doing w/ the ADRC processes, and the role that the ADRC’s will play in the No Wrong Door system, it would be best to keep the new program separate. This will enable the proposed program the opportunity to develop quickly and responsively outside of the established but complex ADRC processes. Additionally, it is important to preserve the existing funding for the existing Kupuna Care services which thousands of seniors rely upon each year.

SECTION 3: KUPUNA CARE PROGRAM (existing)

- 1) **Page 8, starting on line 11:** Defining Participant-directed services and support.
i) **Edit section to allow a caregiver to make decisions, purchase and manage the budgeted dollars for an eligible elder.**

Rationale: This allows the Participant-Directed option to be an alternative for caregivers who are caring for a Kupuna Care eligible elder, who by definition, must be frail or have cognitive impairment.

2) Page 14, starting on line 12: Defining “Adult day care” or “adult day health”

i) MOVE definition to Kupuna Caregiver section.

Rationale: While Adult day care would be allowable under both Kupuna Caregiver and Kupuna Care, Adult day health is not a core service of the Kupuna Care program.

Catholic Charities Hawai`i appreciates this opportunity to provide testimony. We are grateful to the Legislature and the community for acknowledging and supporting the invaluable role of caregivers in helping frail elders remain in their homes and out of institutional care.

For more information or questions, please contact Diane Terada, Division Administrator, at 527-4702. Thank you.



March 20, 2017 at 2:50 PM
Conference Room 016

Senate Committee on Commerce, Consumer Protection, and Health
Senate Committee on Human Services

To: Chair Rosalyn H. Baker
Vice Chair Clarence K. Nishihara

Chair Josh Green
Vice Chair Stanley Chang

Re: Testimony in Support
HB 607 HD 1, Relating to Kupuna Care

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

The Healthcare Association of Hawaii would like to thank the committees for the opportunity to **support** HB 607 HD 1. This legislation seeks to provide financial support to individuals who need long-term care services and their families. We appreciate the intent of this measure, which is to help Hawaii residents and their caregivers access needed services that might otherwise be unaffordable. Health care costs continue to rise while wages have not generally kept up, putting many families in difficult situations. This legislation recognizes this dynamic and strives to provide some relief by helping to pay for needed caregiver services. The measure's focus on strengthening the state's healthcare workforce is also much appreciated.

This measure will not only benefit seniors, but also young adults and the families of every individual who might need long-term care services. As a result, we humbly ask for your support of this measure. Thank you for your consideration of this matter.

March 20, 2017 at 2:50pm
Conference Room 016

Senate Committee on Human Services
Senate Committee on Commerce, Consumer Protection, and Health

To: Senator Josh Green, Chair (HMS)
Senator Stanley Chang, Vice Chair (HMS)
Senator Rosalyn H. Baker, Chair (CPH)
Senator Clarence K. Nishihara, Vice Chair (CPH)

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

Re: HB607, HD1 – Testimony in Support

My name is Michael Robinson, Vice President, Government Relations and Community Affairs at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care. Its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox – specialize in innovative programs in women's health, pediatric care, cardiovascular services, cancer care, bone and joint services and more. Hawai'i Pacific Health is recognized nationally for its excellence in patient care and the use of electronic health records to improve quality and patient safety.

I am writing in support of HB607, HD1 which requires the Executive Office on Aging to establish the Kupuna caregivers program to assist community members providing care for elders to stay in the workforce. This bill clarifies the Kupuna service and support options provided by area agencies, and appropriates funds for establishing and implementation of the Kupuna Caregivers program.

Family caregivers play a major role in the State's health care system by providing long-term care to the elderly. According to the AARP, there are 154,000 unpaid family caregivers in Hawai'i. Numerous studies show that caregivers report higher levels of psychological distress and that caring for elderly family members over extended periods of time without compensation can lead to chronic stress. Family caregivers play a critical role in health care delivery and it is of equal importance that they take care of themselves and have necessary supports and services to maintain their independence.

Hawai'i Pacific Health supports HB 607, HD1. Thank you for the opportunity to testify.

Testimony: Lawrence H. Nitz. HB 607—Relating to Kupuna Care

I am a professor of political science at the University of Hawaii at Manoa. Over the past 27 years I have worked extensively on the problems of funding long-term care (or long-term services and supports). This bill is a first attempt to provide some of the most important support for Hawaii's working people who are providing care for their elders.

Kupuna Caregivers, the title of the program expansion sponsored by the bill, helps the most fragile of our caregivers—those who must give care and still maintain a full-time job. The goal is by providing a subsidy to secure a few extra hours of care, the full-time family worker can continue in his or her career, without the risk of performing poorly, having to leave work early, arrive for work late, or feel forced to take an early retirement. Of course, in fact, most of these folks who must reduce work hours or retire early. The proposed benefit, up to \$70 per day for additional services, directly addresses the full-time worker/caregiver's need to continue a career and still provide responsible care for a family member of other elder.

Who is eligible? This is a two-part question. First, the ultimate beneficiary is a Hawaii resident who meets the standards of care for Hawaii's Kupuna Care program: two ADL's, one ADL and IADLs, and so on. The second part is that the caregiver must be fully employed (Using a standard of 30 hours per week).

The program is a testbed—the average median number of days of home care used by American elders is about 89 days. (This is not a feature of the bill, just an estimate of how far the funding would reach if everyone used the median number of days of services.) At this level of usage, the program could initially accommodate about 900 users. A larger scale may be reasonable as the usage is established. The program is framed as an expansion of the services of Kupuna Care, using the same local counseling and administrative skills as those involved in delivering our existing Kupuna Care services.

Finally, this proposal follows the key discoveries by Johannes Geyer and Thorben Korfhage of the German Institute for Economics, a national research center. That supplying a block of “helper time” as a service, rather than a monetary payment creates a dramatic increase in the labor force participation of the caregiver. And, for German policy, as for ours in Hawaii, keeping people in the labor force is an economic benefit for the state, as well as the person using the assistance benefit. More work hours and lower risk of retiring early; protection of the caregiver's own retirement benefits.

The implications of informal caregiving not only involve burdensome financial costs but also include negative health effects on over-stressed caregivers. Studies show that caregiving for an older, disabled parent or parent-in-law negatively affects the mental and physical health of caregivers, especially among those caring for patients with cognitive or behavioral illnesses such as dementia and Alzheimer's disease. Many informal, unpaid caregivers struggle to manage multiple social roles such as work, family, and caregiving for elderly parents. The time constraints and physical strain of dealing with multiple roles results in “chronic stress” which increases levels of psychological distress and deteriorates caregivers' health over time (Kohl 2015).

For the society, reducing work hours or leaving the labor force has negative effects on tax revenues (no income tax on money not earned), lost retirement benefits and lower Social Security contributions. Leaving the labor force or retiring early creates higher risks of having to make transfer payments to these caregivers when they are older (increased welfare expenditures of various kinds for those who left careers for caregiving.) Providing a few hours of extra care, however, reduces these losses by keeping caregivers in the labor force, earning and building their own retirement support.

At this point, the Germans have already laid the foundation so that Hawaii can move forward.

Citations:

Johannes Geyer; Thorben Korfhage (2015): Long-term care reform and the labor supply of household members: Evidence from a quasi-experiment. DIW Discussion Papers, No. 1500.

Johannes Geyer; Peter Haan; Thorben Korfhage (2015): Indirect fiscal effects of long-term care insurance. DIW Discussion Papers, No. 1520.

Kohl, Noreen. 2015. Policy Note. "The Need for Formal Long-Term Care Supports and Services: Implications of Informal Caregiving." Long-Term Services and Supports Feasibility Study, Department of Political Science, University of Hawai'i at Manoa.

March 19,2017

Hearing Date : March 20, 2017, 2:50pm, Room 016

Senate Committees on Human Services,
Senate Committee on Commerce, Consumer Protection, and Health

RE: HB607,HD1 - Relating to Kupuna Care

Most distinguished Chair Senator Josh Green, Committee on Human Services
and
Most distinguished Chair Senator Rosalyn Baker, Commerce, consumer Protection and Health

I STRONGLY SUPPORT HB607, HD1

AND request the members of the Committees on Human Services and Committee on Commerce, Consumer Protection and Health recommend the establishment of a Kupuna Caregiver Program.

As the Hawaii population ages, there is an intrinsic need for caregivers.
In-home care with caregivers vs. assisted or nursing care is preferred by seniors...and in fact is a cost saving benefit for the individual and the state.

A majority of caregivers in Hawaii are family members with jobs.
Seniors have needs during all hours of the day.
Contracted workers are needed to fill this need while the caregiver (family member) is employed in a job and unable to take time to fulfill a basic need of assisted living for his/her relative.

A \$70 voucher system, as proposed by HB 607, administered by the State's Office on Aging, is needed.

These facts of Senior Living in Hawaii are constant:

- Hawaii's life expectancy is longer than any other state
- Assisted-Living care costs increase annually
- Current family-caregivers who are working need to remain healthy and on the job.

There is a real need to support the Kupuna Caregiver Program.

Please vote affirmatively on HB607,HD1 to allow the successful 'Aging in Place' of Hawaii Seniors.
Thank you for the opportunity to testify in support of this bill.

Respectfully submitted,
Christine Olah
Honolulu Resident

**Written Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection and Health
& Senate Committee on Human Services**

March 20, 2017 at 2:50 pm

by

Brendon Friedman, DNP, MBA, APRN-Rx, FNP-BC

Family Nurse Practitioner, Assistant Professor, & Private Practice Business Owner

HB 607, HD 1 RELATING TO KUPUNA CARE

Dear Chairs Baker & Green, Vice Chairs Nishihara & Chang, and members of the Senate Committee on Commerce, Consumer Protection and Health; and Senate Committee on Human Services. Thank you for this opportunity to provide testimony in strong support for HB 607, HD 1 Relating to Kupuna Care.

This bill will provide the needed respite care that our kupuna caregivers deserve and the support our working families and businesses need.

This legislation would create a long-term the kupuna caregivers program, which would provide support for working caregivers that also take care of their aging loved ones. Unlike other programs, this bill focusing on providing respite care for working caregivers who typically have no other financial or emotional support.

By providing care benefit of \$70 per day, it establishes a much needed “care floor,” ensuring that working families would have access to resources to provide care at home. This fund isn’t meant to cover a stay in a long-term care facility like a nursing home. Instead, it would support assistance with daily living, like hiring home care aides or installing equipment like walkers and ramps for a few hours. It’s respite care, which is a lifeline for many caregivers.

I know that like so many of us living here, you probably know someone that has needed long-term care. As legislators, we have elected you to be leaders to the people of Hawaii. We are asking you, now, to lead on care.

Thank you for the opportunity to testify in strong support of HB 607, HD1.

Mahalo Nui,

Brendon Friedman

2838 E. Manoa Rd., Honolulu, HI 96822

Aloha Chair Geen, Vice Chair Chang, Chair Baker, Vice Chair Nishihara and committee members.

I am a senior citizen and a resident of House District 19 and Senate District 9. I am a member of AARP, Kokua Council, the Hawaii Alliance of Retired Americans and the Legislative Committee of PABEA.

I'm testifying in strong support of HB607, HD1, requiring the Executive Office on Aging to establish the Kupuna Caregivers program to assist working caregivers to be able to remain in the workforce.

In Hawaii, many caregivers are faced with leaving the workforce early in order to stay home to care for their loved ones. This program would provide a modest amount of money for caregivers to obtain some help so that they can continue their own careers and not have to sacrifice their own retirement and Social Security. Likewise, those they care for would be able to remain at home and avoid costly nursing home care.

Please fund HB607, HD1, to help caregivers to provide for their kupuna but not put their own retirement in jeopardy by leaving the workforce early.

Thank you for the opportunity to testify.

Barbara J. Service

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2017

COMMITTEE ON HUMAN SERVICES

Senator Josh Green, Chair
Senator Stanley Chang, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

DATE: Monday, March 20, 2017
TIME: 2:50 P.M.
PLACE: Conference Room 016
State Capitol
415 South Beretania Street

SUPPORT FOR HB 607, HD1 (HSCR 842) Kupuna Care

Dear Committee on Human Services, Chair Green, and Vice-Chair Chang;
Committee on Commerce, Consumer Protection and Health, Chair Baker, and Vice-Chair Nishihara

My name is Barbara Yee. Thank you for the opportunity to speak as a private citizen who moved back to Hawaii to live with and provide care for my frail 91 year old father. Of my faculty and staff over 50%+ are dealing with the challenges of caring for their frail relatives. I am also a gerontologist, Professor and Chair of Family and Consumer Sciences. Hawaii is experiencing a caregiving and gerontological crisis. The Gray tsunami is already here. Every citizen of this state has, had, or will have an elderly relative, friend, or neighbor who will need a great deal of help to cope with the physical, emotional or cognitive frailties of aging. Hawaii families highly desire to take care of their frail relatives themselves, but put their families and the State of Hawaii in economic peril. For the large majority of Hawaii's citizens, quitting their job or jobs, will put their families in financial jeopardy. Financial and other caregiver support services will help families. Creative elder care strategies, with the development of a gerontological professional and workforce infrastructure is badly needed in Hawaii. The Center on Aging will provide the infrastructure needed to address this Gray tsunami in education and training of aging workforce, provide research and evaluation strategies for high performing aging services, and provide consultation for the aging networks in Hawaii.

Hawaii needs to IMMEDIATELY prepare 2-4 future generations of gerontological professionals. There is already massive retirements in the aging workforce and Hawaii is NOT prepared. As important, our elderly caregivers are not prepared for the enormous responsibility for our parents, grandparents, and elderly relatives, or neighbors who need our support each and everyday. I strongly urge you to provide family caregiver financial support and caregiver services to address the needs of kupuna and their families.

Respectfully,
Barbara Yee
Honolulu, HI 96816

House Committee on Human Services
Representative Dee Morikawa, Chair
Representative Chris Todd, Vice Chair
House Committee on Finance
Representative Sylvia Luke, Chair
Representative Ty J.K. Cullen

Kirsten M.O. Tsuda
91-1133 Kamaaha Loop #1B
Kapolei, HI 96707

March 19, 2017

Support for House Bill 607 (2017), relating to Kupuna Care.

I support House Bill 607 (17), which would authorize the executive office on aging to establish the kupuna caregivers program to assist community members who are providing care for elders to stay in the workforce.

I am a lifelong resident, active voter in the State of Hawaii on Oahu and a student enrolled in the Myron B. Thompson School of Social Work at the University of Hawai'i at Mānoa. As a student who is studying human services, I am concerned with the upcoming boom in our elderly population and how it will affect us all.

As my grandmother feel deeper into the stages of dementia, she could no longer be left alone. My father had to quit his job in order to stay with her, as her wish was to never be put in a care home or nursing facility. My father was one of the 154,000 unpaid caregivers in Hawaii. I witnessed him succumb to the burden of caregiving, so my mother and I helped out as much as possible which was never really enough. When my grandmother declined to the point where she needed Hospice, my father felt relief in one way and grief in another. Assistance was needed long before this time so his struggle could have been avoided.

My husband's grandfather has also been diagnosed with dementia and has recently gotten worse. He cannot be left alone, but my mother-in-law works full time. My husband's aunt had to move here from Guam to help take care of Grandpa. She had to quit her job as well, but moreover she left her own family behind. Aunty Liz has no income and relies heavily on the help of my mother-in-law. The most important issue for Aunty Liz is being away from her family. If this bill were passed, she would possibly be able to move back home.

Programs that help caregivers will be of the utmost importance in a very short time. Many of us want to provide the care for our kupuna, but cannot afford to do so or simply lack the resources. Kupuna caregiving is a challenging task for anyone, this Act will be one way to make it easier for those who provide this care. Again, I fully support House Bill 607 and Thank You for this opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 18, 2017 7:44 PM
To: CPH Testimony
Cc: ktessier@hawaii.edu
Subject: *Submitted testimony for HB607 on Mar 20, 2017 14:50PM*

HB607

Submitted on: 3/18/2017

Testimony for CPH/HMS on Mar 20, 2017 14:50PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Tessier	Individual	Support	No

Comments:

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

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TO: Senator Josh Green, Chair – Committee on Human Services
Senator Rosalyn Baker, Chair - Committee on Commerce, Consumer Protection,
and Health

DATE: Monday, March 20, 2017
TIME: 2:45 P.M.
PLACE: Conference Room 016

Re: HB 607 HD1 Relating to Kupuna Care

Position: Support

Dear Senator Green, Senator Baker, and Committee Members,

I am writing to support HB 607 HD1 to create a Kupuna Caregivers program.

As a physician, there are times when patients delay their own health care and needs because they are too busy taking care of their elders or family to come in for their own care. Working mothers put aside their own needs to care for their children and their parents.

As a caregiver for my parents, I experience the emotional and physical stresses placed on families who are doing their best to provide the love and support our parents deserve. Please help us, the caregivers, by providing a little more support, so we can create and enjoy our final moments of joy with our loved ones.

Thank you for the opportunity to testify.

Sincerely,

Cynthia Goto, M.D.



January 8, 2017 | 64° | Check Traffic

Editorial | Island Voices

Caregivers need the help of legislators

By Dr. Cynthia Goto

Posted January 08, 2017

January 8, 2017

I watch my parents with a deep sadness as the sun sets on their long and useful lives. My mother, 85, once a nurse, has just joined my father, 95, once a doctor, on the terrible journey with Alzheimer's. I used to be a partner in my father's OB/GYN practice. Now I am a partner in helping my parents manage the pain of their decline. I feel lucky that as a doctor, I can make a significant contribution to overseeing their care.

My father's hospice services are covered by Medicare. Their ongoing daily care is not — and it is expensive. Fortunately they can still afford to pay for 24 hour caregiving assistance.

I often wonder how other families manage. I hope our legislators are wondering too. Every one of our elected representatives must have someone in their immediate or extended family who is struggling with caring for their aging loved ones. Self-interest, if not a sense of moral urgency, should prompt legislators to begin to address the growing challenge of seniors unable to fend for themselves.

Some will say that we should not look to the government to solve all our problems; that we should each plan for our later years. And they are right. But life is neither simple nor predictable. The people left coping with life's surprises are more often than not, the women of the family.

Among my patients and my friends and family, I see many other women in my situation: struggling with the emotional toll of caring for their elders.

For many, the toll is also financial, as they cut short their careers and deplete their savings, trying to do what is best for their family members.

As they become consumed by the demands of caregiving, I see how they juggle the multiple roles that fall to women, taking on more and more while doing less and less

to care for themselves.

Patients will tell me they cannot come to an appointment, for instance, because the grandchildren have just been left in their care. Women are the connectors that bring and hold families together. They provide a largely invisible, and not fully acknowledged infrastructure for family cohesion for which they are not compensated financially. The more stress we put on that family infrastructure, the more fragmented and insecure families become.

This is a societal problem, not just an individual challenge. Sooner or later, each of us will face that challenge.

As a community, we have not done a good enough job of anticipating the needs of seniors. But it is never too late to start. Let's not let the perfect be the enemy of the good.

Legislators can start by creating some form of public assistance so that family caregivers — most of them women — get some respite from their labor of love. Neighbors can offer a ride to the hospital. Friends can bring a hot meal. Family members can take turns carrying out the multitude of little tasks that help keep things humming. It takes a village.

Involve the seniors wherever possible. This Christmas, I had my mother help me fold napkins for the table. I asked if there was anything missing in the preparations. "Yes," she said. "Candles. We always have candles." So my nephew went in search of candles. On another occasion my mother asked me who I was. When I said my name, she responded: "I have a daughter by that name."

We take each day as it comes, the tears along with the joy of catching a glimpse of our loved ones in the shell of the persons we now care for. We can do more to help alleviate the pain. I pray legislators appreciate the urgency and take that first step forward.

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COMMITTEE ON HUMAN SERVICES

Senator Josh Green, Chair

Senator Stanley Chang, Vice Chair

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Clarence K. Nishihara, Vice Chair

March 18, 2017

TESTIMONY IN SUPPORT OF HB607 HD1 RELATING TO KUPUNA CARE

Dear Chairs Green and Baker, and Vice-Chairs Chang and Nishihara,

My name is Henry W. Leung. I grew up in Pālolo Valley and am a graduate student at UH Mānoa. I am writing to testify in strong support of House Bill 607.

This bill, and the creation of the Kupuna Caregivers program, will provide a breakthrough intervention in what is increasingly becoming a crisis in homecare for our elders, both regionally and nationally. Although I have no family in the state of Hawai‘i who would immediately benefit from this program, I do have family on the mainland whom I anticipate caring for in the coming years. The state of Hawai‘i has an opportunity to be the leader in a nationwide issue which affects all generations of the family. Care is a universal issue.

I hope you will support HB607 HD1 and help our elders to acquire the care that they need and deserve. Thank you for considering my testimony.

Sincerely,

Henry W. Leung
2732 Kolo Pl. Apt 304
Honolulu, HI 96826

March 18, 2017

Testimony Presented Before the
Senate Human Services Committee and the Senate Commerce
and the Consumer Protection and Health Committee
Monday, March 20, 2017 at 2:50 pm

RE: Legislative Testimony in Support of SB534 and companion bill HB607

To Senate Human Services Committee and the Senate Commerce and the Consumer Protection and Health Committee:

Aloha and thank you for the opportunity to submit my personal testimony in strong support of SB534, relating to Kupuna Care.

Planning the care for our elders plays an important role in Hawai'i's community. As a doctoral student in the Department of Sociology at the University of Hawai'i at Mānoa, focusing on Social Gerontology, the issue of aging and poverty is an extremely alarming issue not only for our state, but for the rest of our country as well. Hawai'i is in a very unique situation given that we are leading the United States with the highest life expectancy rates. However, we also have to face the reality on how to better address the needs of our kupuna.

By requiring the Executive Office on Aging to establish the kupuna caregivers program and appropriating funds to assist community members who are providing care for elders to stay in the workforce, this would alleviate a great deal of time, stress, and resources from family members and other support networks. This would allow caregivers to manage and live a better quality of life, not only for our elders but also for the entire family. Taking important time off work is a difficult situation for the person working and also creates hindrances at their respective jobs, which eventually affects the employer. More importantly, this program would allow our elders and their family to live a life with dignity and the respect they deserve! As a local woman, this is the way to live PONO.

By passing this bill into law, Hawai'i would lead the way for other states to follow suit in terms of implementing best practices for establishing a Kupuna Caregivers program. Thank you for taking the time to consider my testimony.

Sincerely,



Joy Lacanienta

TO: Senate Joint Committee on Human Services and Commerce, Consumer Protection and Health, Sentors Josh Green and Rosalyn Baker, Chairs

Date: Monday, March 20, 2017, State Capitol Conference Room 016, 2:50 p.m.

RE: HB 607 HD1 RELATING TO KUPUNA CARE

To Chairs Green and Baker and Members of the Committees,

I am writing in support HB 607 SD1, Relating to Kupuna Care because Hawaii's caregivers need our assistance in order to care for their loved ones at home while being able to keep a job to support themselves. My name is Paul Nishimura and I am a 59 year old resident of Waipahu. This program allows caregivers to hire a trained health professional to assist with day to day care while they are working.

Often times, people who are stretched both physically and financially end up needing care. We need to make sure that caregivers have the resources, if they need them, to make choices that will improve the quality of life for everyone involved. I urge you to appropriate funds to establish this program.

Thank you for this opportunity to submit testimony.

Paul Nishimura
Waipahu

Chairs Baker and Green

Vice Chairs Nishihara and Chang

Senate Committee on Commerce, Consumer Protection and Health

Senate Committee on Human Services

March 20, 2017

TESTIMONY IN SUPPORT OF HB 607, HD 1, RELATING TO KUPUNA CARE

Dear Chairs Baker and Green, Vice Chairs Nishihara and Chang and Members of the Committees,

My name is Roseanne Sakamoto. I strongly support HB 607 and the creation of the Kupuna Caregivers program. This bill will provide the needed respite care for our kupuna caregivers and help to our kupuna.

As a caregiver, I know how beneficial this bill would be to myself and those similarly situated. Despite fine elderly care facilities, our kupuna generally wish to remain living in the comfort of their own home, which they are most familiar with, where their loved ones are near. \$70/day is not always possible to afford, to bring in a care provider or to attend day care daily. \$70 goes a long way in improving our loved one's quality of life, simply from their knowing their safety is assured if home help or day care is selected. If used for day care, it would provide the caregiver eight hours of respite. This enables a caregiver to continue working while providing them respite, i.e., peace of mind that comes from knowing their loved one is being looked after and cared for in a safe environment. Conversely, it permits our loved ones to be experienced others at day care, allows them to socialize, engage in exercises and activities. Their mood is lighter due to the mental stimulation a different environment provides. Seeing the improvement in our loved one's life from attending day care provides the caregiver a positive boost as well. \$70/day can turn things around for both the caregiver and elder they care for in so many ways.

Please vote YES to this bill to support our caregivers, kupuna and families. Home care, or aging in place, for our kupuna is common to all of us who live in Hawaii—Asians, Pacific-Islander, Polynesian, Hispanics, and universal – as wouldn't we all want to be at home where we can be near our loved ones.

Thank you for considering my testimony.

Roseanne Sakamoto

P.O. Box 142

Kahuku, HI 96731

Chairs Baker and Green
Vice Chairs Nishihara and Chang
Senate Committee on Commerce, Consumer Protection and Health
Senate Committee on Human Services

March 20, 2017

TESTIMONY IN SUPPORT OF HB 607, HD 1, RELATING TO KUPUNA CARE

Dear Chairs Baker and Green, Vice Chairs Nishihara and Chang and Members of the Committees,

My name is Clementina D. Ceria-Ulep, and I am the Co-Chair of the Faith Action for Community Equity (FACE) Long-Term Care Taskforce. I am writing to express my support for **House Bill 607**, House Draft 1 and the creation of the Kupuna Caregivers program. This bill will provide the needed respite care that our kupuna caregivers deserve and the support our working families and businesses need.

My mother who gave birth to 11 children will turn 85 and my father a farmer and construction worker will turn 87 this year. My brother Joe, who retired from the Army is their caregiver. When he goes on vacation to de-stress, my brother and sisters and I who live on Oahu relieve him. This means that for 2-3 days in a week or two, I go over and sleep at my parents home—go over at 9 p.m. after settling my own family the night before and then go home at 4 a.m. to prepare my family and I for work the following day. If my parents need to go to the doctor, and they usually want to go to the doctor together, what I think would take 3 hours would often turn to 6 hours because mom needs a walker or wheelchair to get around. So, simple things like getting in and out of the house, in and out of the car, in and out of the doctor's office take twice as long because they are not as mobile anymore. By the end of the week, I'm exhausted!

But, how about others who do it day in and day out? There is a custodian at the University of Hawaii at Manoa. Daily, in the morning and evening she drives all the way to Wahiawa to prep her mother for the day and evening respectively. We have a church member who used to be a leader of FACE but no longer since she became a caregiver for her husband who has dementia and mother who is in her 90s, she is not working any more either. Another member can no longer participate in church activities because she cares for her mother who is also in her 90s. At our Kupuna Caregivers Rally on 2/7/17, Darlene Rodriguez related how she stopped working to care for her mother putting herself at risk for the future while Mr. Mitchell neglected his health and sold his business to care for his wife with Alzheimer's and mother. All of these individuals would benefit from the Kupuna Caregivers Program.

Since FACE came into being in 1996, 21 years ago, this has been an issue that our members have raised. Every 3-5 years when FACE conducts its Listening Process among its members, long-term care, caring for our elders has been a priority and last year was no different. A Listening Process involves one-to-one conversations about issues of concern to a church, synagogue, housing unit, etc.

I have been a champion for this issue in FACE for 21 years—educating family, friends, organizations, & the public of it. I have chaired many committees, taskforces, holding countless meetings and providing numerous presentations about it. Why do I do it? Because of the sufferings that I have seen patients, family and friends go through; and I want to see them relieved. Because I want to make sure that if I need care when I grow old, it would be there. More importantly however, I want to do it because it is the right thing to do, it is part of my

being and my culture. As a child, our (my brothers and sisters and I's) caretakers were our grandparents when our parents worked. My grandmothers taught me how to clean the house, & cook. In my Filipino culture, we are taught to respect and take care of our elders. This value of caring for our kupuna is common to all of us who live in Hawaii—Asians, Pacific-Islander, Polynesian, Hispanics, and so on. So, I ask you all Committee members to support this bill because it represents Hawaii—our value of caring for one another and our kupunas! Let's make it happen this year.

Thank you for considering my testimony.

Sincerely,

Clementina D. Ceria-Ulep

Clementina D. Ceria-Ulep

211 Hoomalu Street; Pearl City, HI 96782

From: [Vicki Franco](#)
To: [CPH Testimony](#); [HMS Testimony](#)
Subject: Hearing for the Senate: HB607 HD1 March 20, 2:50 pm in Rm 016
Date: Friday, March 17, 2017 6:54:27 PM

COMMITTEE ON HUMAN SERVICES

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Monday, March 20, 2017
2:50 P.M.
Conference Room 016

RE: HB 607, HD1 - RELATING TO KUPUNA CARE.

Requires the Executive Office on Aging to establish the Kupuna Caregivers Program to assist community members who are providing care for elders to stay in the workforce. Clarifies the kupuna service and support options provided by area agencies on aging within the program. Appropriates funds for establishing and implementing the program. (HB607 HD1)

To: Senator Josh Green, Chair

Senator Rosalyn H. Baker, Chair

Aloha,

I am a member of AARP in Hawaii. AARP advocates and provides information on issues that matter to our kupuna and their families, including affordable, accessible, quality health care, financial resiliency, and livable communities.

I **strongly support** HB 607, HD1 which establishes a program that supports working caregivers who struggle to care for their loved ones while holding down their jobs and other personal responsibilities.

This proposed program provides a care benefit of \$70 per day which will allow families to obtain services such as home care or adult day care that will safely supervise a family member at home or in a community setting. This is much less expensive than a nursing home which costs \$141,000 annually (private room rate).

AARP fully supports this program which will assist Hawaii's 154,000 caregivers whom many

are still in the workforce, continue to care for our kupuna in their homes and communities.

Thank you for the opportunity to testify.

Victoria Franco

Manoa Resident

From: [Paola Rodelas](#)
To: [CPH Testimony](#); [HMS Testimony](#)
Subject: Testimony to SUPPORT HB607 HD1
Date: Friday, March 17, 2017 5:22:11 PM

Aloha, Chairs Baker and Green, Vice Chairs Nishihara and Chang and Members of the Committees:

I strongly support HB607 HD1 and the creation of the Kupuna Caregivers Program. Unlike other programs, this bill would provide respite care for working caregivers who typically have no other financial or emotional support. By providing care benefit of \$70 per day, it establishes a much needed “care floor,” ensuring that working families would have access to resources to provide care at home.

My husband and I moved to Hawai'i four years ago because his grandfather passed away and his grandmother is the only one left in the family living here. This program would greatly help families like ours.

Thank you for your consideration.

Warm regards,

--

Paola Rodelas
808-333-4782

From: [Dawn Webster](#)
To: [CPH Testimony](#)
Subject: In support of HB607 March 20th Hearing
Date: Sunday, March 19, 2017 12:48:47 AM

Dear Chair Baker, Vice Chair Nishihara, Committee Members:

I write in strong SUPPORT of HB607. It's a bill that is good not just for kupuna and their caregivers, but for businesses and for the state as a whole. Each of us will someday have reason to be grateful for this bill.

Now more than ever, as the Trump administration unveils one policy after another that really exacerbates the pain of the most vulnerable amongst us, leadership at the state level is critical.

We are all grateful that the Kupuna Caregivers Assistance bill continues to make progress through the legislature. We ask that you stay resolved to pass this bill this session. We have little time to waste.

Our response as a state has lagged the growth in the need among seniors and their families for some relief from the crushing weight of reduced income and the escalating cost of care. The demographics tell us that the need for a solution to the numbers of elderly people needing help at home with some of the activities of daily living is only growing.

This bill does not attempt to address the entire challenge of taking care of our kupuna in a manner consistent with our values. But it is a good faith step towards acknowledging the enormous contribution of unpaid family caregivers and gives them some relief.

We respectfully ask that your actions as our representatives speak clearly for the values we share as a community.

Gratefully,

DAWN MORAIS WEBSTER P h.D.

1, Keahole Place, #3501, Honolulu, HI 96825
www.dawnmorais.com

808-383-7581

From: [Amelia Jodar](#)
To: [CPH Testimony](#); [HMS Testimony](#)
Subject: Testimony in Support of HB 607, HD 1, Relating to Kupuna CARE
Date: Sunday, March 19, 2017 6:45:20 AM

Chairs Baker and Green Vice Chairs Nishihara and Chang

Senate Committee on Commerce, Consumer Protection and Health

Senate Committee on Human Services

March 20, 2017

TESTIMONY IN SUPPORT OF HB 607, HD 1, RELATING TO KUPUNA CARE

Dear Chairs Baker and Green, Vice Chairs Nishihara and Chang and Members of the Committees,

My name is Amelia Jodar, and I am writing to express my support for **House Bill 607**, House Draft 1 and the creation of the Kupuna Caregivers program. This bill will provide the needed respite care that our kupuna caregivers deserve and the support our working families and businesses need.

This legislation would create a long-term the kupuna caregivers program, which would provide support for working caregivers that also take care of their aging loved ones. Unlike other programs, this bill focusing on providing respite care for working caregivers who typically have no other financial or emotional support.

By providing care benefit of \$70 per day, it establishes a much needed “care floor,” ensuring that working families would have access to resources to provide care at home. This fund isn’t meant to cover a stay in a long-term care facility like a nursing home. Instead, it would support assistance with daily living, like hiring home care aides or installing equipment like walkers and ramps for a few hours. It’s respite care, which is a lifeline for many caregivers.

I know that like so many of us living here, you probably know someone that has needed long-

term care. As legislators, we have elected you to be leaders to the people of Hawaii. We are asking you, now, to lead on care.

Thank you for considering my testimony.

Sincerely,

Amelia Jodar

87-238 Hakimo Rd.

Waianae, HI 96792

From: [Robert H Stiver](#)
To: [CPH Testimony](#)
Subject: Testimony in support of HB 607, for the hearing on March 20, 2017, at 2:50pm, Room 016
Date: Saturday, March 18, 2017 10:50:22 PM

Dear Chairs Baker and Green, Vice Chairs Nishihara and Chang, and Members of the Committees:

This is my testimony in support of HB 607, HD 1, the Kupuna Caregivers Assistance Act.

I write in fervent support of this legislation of compassion and recognition that caregiving is an ever-present and growing phenomenon in our community. I have myself been personally touched by the caregiving experience: Masako Stiver, my wife of 49 years, passed away on August 19, 2016, after 35 years of always-worsening physical and emotional health. Had I had, during my working years, the support intended by HB 607, both Masako and I would have benefitted. I know that I am not alone; surely you also know, whether from a personal, family, neighbors, or friends perspective.

Thank you for taking note of my position. Your "Yes" vote to advance this legislation will be greatly appreciated!

Sincerely, Robert H. Stiver, 98-434 Hoomailani Street, Pearl City 96782