



EXECUTIVE CHAMBERS

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SENATE COMMITTEE ON WAYS AND MEANS
Senator David Y. Ige, Chair
Senator Michelle N. Kidani, Vice Chair

February 28, 2012
9:00 a.m. Room 211

Testimony on SB 2306, SD 1
Relating to Long Term Care

Presented by Beth Giesting, Healthcare Transformation Coordinator

Chair Ige, Vice Chair Kidani, members of the Committee, the Office of the Governor appreciates the intent of SB 2306, SD 1. We agree that long term care is an important consideration for any effort to transform our healthcare system, and that the magnitude, policy, and resource needs for long term care warrant significant attention beyond the scope of our office's capacity. Accordingly, we support the creation of a deputy healthcare transformation coordinator for long term care services provided funds are appropriated for the position that do not adversely affect the priorities in the executive budget.

Thank you for the opportunity to offer our comments.



SENATE COMMITTEE ON WAYS AND MEANS
Senator David Ige, Chair

Conference Room 211
February 28, 2012 at 9:00 a.m.

Supporting SB 2306 SD 1: Relating to Long-Term Care

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 40,000 people. Thank you for this opportunity to testify in support of SB 2306 SD 1, which creates the position of Deputy Healthcare Transformation Coordinator to coordinate all state activities on long term care. The bill also creates a Long Term Care Task Force to determine the feasibility of consolidating the functions related to long term care under a single executive department or division.

This bill is one of many that are designed to strengthen the infrastructure that cares for the elderly or reduces elder abuse. Hawaii's elderly population is growing faster than even the national average. Since statehood, the proportion of elderly to Hawaii's total population has increased three-fold, from roughly 5% in 1960 to 15% in 2009. By comparison, the nation's population stands at 13%. Between 1990 and 2009, the number of elderly aged 75 and older increased 115% in Hawaii compared to 44% nationally. By 2030, the elderly population will represent 20% of the population in Hawaii.

There is a clear relationship between age and the prevalence of chronic conditions and level of disability, so the elderly are the heaviest users of health care resources. Hawaii's existing resources are not sufficient to satisfy the current high demand for care for the elderly, which is increasing further as the population ages.

A related issue is elder abuse. As elders become more physically frail, they are less able to stand up to bullying and/or to fight back if attacked. They may not see or hear as well or think as clearly as they used to, leaving openings for unscrupulous people to take advantage of them. A stronger infrastructure that cares for the elderly will reduce elder abuse.

For the foregoing reasons the Healthcare Association of Hawaii supports SB 2306 SD 1.

Hawai'i Alliance for Retired Americans

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HGEA Retirees
HSTA – Retired
ILWU Retirees
Kokua Council
Machinists Union Retirees
UPW Retirees
ADA/Hawaii
Hawaii Family Caregivers Coalition
Kupuna Education Center*

(Submitted by email to: WAMTestimony@Capitol.hawaii.gov. February 23, 2012)

Comment of Al Hamai on SB2306, SD1, Relating to Long Term Care

Decision Making Of Senate Ways and Means Committee

February 28, 2012, 9:00 a.m. Conference Room 211

Chair David Y. Ige, Vice Chair Michelle N. Kidani and Members of the Committee,

HARA believes that approving SB2306, SD1 is a major step to achieve the goal of consolidating state long-term care programs and services under a single executive department. We believe that such consolidation will mean not only greater administrative supervision over various programs and services but also greater ease for the consumers of long term care services and their families to access the services and programs that are available.

We urge your Committee to approve SB2306, SD1.

Mahalo and Aloha.

HARA is a strong voice for Hawaii's retirees and seniors; a diverse community-based organization with national roots; a grassroots organizer, educator, and communicator; and a trusted source of information for decision-makers.

From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: robertscottwall@yahoo.com
Subject: Testimony for SB2306 on 2/28/2012 9:00:00 AM
Date: Sunday, February 26, 2012 11:21:00 AM

Testimony for WAM 2/28/2012 9:00:00 AM SB2306

Conference room: 211
Testifier position: Support
Testifier will be present: Yes
Submitted by: Scott Wall
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Submitted on: 2/26/2012

Comments:

The need for long term care facilities is not limited to the frail and the elderly. The mental health community, as well as the taxpayers, are in desperate need for a long term care facility to house mental health patients who no longer need to be in an acute care hospital but still need twenty-four seven supervision.

There is a great difference between no longer being a danger to yourself or others and being well. This is the area where there is a need for long term care.

When a consumer is discharged simply because he is no longer a danger but isn't well enough to make the rational decision to request to go into a group home the chance that he will be either arrested or simply re-admitted into a hospital is very great.

The cost of jail is \$50,000 a year. Hospitalization is \$1,200 a night. If there were a supervised place that a patient could be discharge to until they were well enough to be placed in a group home and then transitioned back into independant living the chances of sucessful recovery improve dramatically.

Without a holistic treatment plan the odds that of recidivism or re-hospitalization are huge. Either way the consumer is likely to be on either SSI or SSDI and the taxpayer is going to pick up the tab.

Doesn't it make sense to choose the route that gives the patient the greatest chance of recovery and cost the taxpayer the least ammount of money?