

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

LINDA ROSEN, MD, MPH
DIRECTOR OF HEALTH



WESLEY LUM, PH.D., MPH
DIRECTOR

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STATE OF HAWAII
EXECUTIVE OFFICE ON AGING
NO. 1 CAPITOL DISTRICT
250 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813-2831

Committee on Finance

HCR78, PROPOSED HD1, REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS THE ROLE OF CAREGIVING FOR PATIENTS RELEASED FROM HOSPITALS AND THE OVERALL CIRCUMSTANCES OF PATIENTS RELEASED FROM HOSPITALS AS WELL AS THE RESOURCES IN THE COMMUNITY NEEDED AND AVAILABLE TO ASSIST THEM.

Testimony of Wes Lum
Director, Executive Office on Aging
Attached Agency to the Department of Health

Wednesday, April 2, 2014; Conference Room 308

3:30 p.m.; Agenda #3

EOA's Position: The Executive Office on Aging (EOA) supports this measure.

Purpose and Justification: Care transitions occur when a patient moves from one health care provider or setting to another. Nearly one in five Medicare patients discharged from a hospital - approximately 2.6 million seniors nationwide - is readmitted within 30 days, at a cost of over \$26 billion every year. Hospitals have traditionally served as the focal point of efforts to reduce readmissions by focusing on those components that they are directly responsible for, including the quality of care during the hospitalization and the discharge planning process. EOA is committed to a care transition model that meaningfully engages and solicits patient input and participation and maximizes the opportunity for older adults to return home with appropriate services upon discharge. Thank you for the opportunity to testify.



Wednesday – April 2, 2014 – 3:30pm
Conference Room 308

The House Committee on Finance

To: Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
Representative Aaron Ling Johanson, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: Testimony in Support

HCR 78, Proposed HD1: Requesting the Department of Health to Convene a Caregivers Working Group to Examine and Assess the Role of Caregiving for Patients Released From Hospitals and The Overall Circumstances of Patients Released from Hospitals and the Overall Circumstances of Patients Released from Hospitals as well as the Resources in the Community Needed and Available to Assist Them.

The Healthcare Association of Hawaii (HAH) is a 130-member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing more than 21,000 people statewide.

HAH is in support of drawing wisdom and resources from the entire continuum of care to develop a comprehensive assessment of the current needs of Hawaii patients discharged from hospitals, and the full array of community resources that are available to assist them.

The hospital members of HAH are willing to review their role with regard to the training of caregivers, and are agreeable to working with AARP and other appropriate community organizations to assess this matter and develop solutions.

HAH respectfully requests amendments to HCR 78, Proposed HD1, to add the following representatives to the existing list of working group participants:

1. A representative from the Healthcare Association of Hawaii
2. A Representatives from each O'ahu hospital facility
3. A representative from each HHSC region

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, American Association for Homecare and Council of State Home Care Associations

4. A representative from Kokua Mau
5. A representative from Hospice Hawaii
6. A representative from the Hawaii Long Term Care Association

In a time of unprecedented change in healthcare, HAH is committed to working with providers across the continuum of care and other community stakeholders toward a healthcare system that offers the best possible quality of care to the people of Hawaii.

Thank you for the opportunity to testify in support of HCR 78, Proposed HD1.

841 Bishop St., Suite 301
Honolulu, Hawaii 96813



Telephone: 808 926-1530
Contact@HEECoalition.org

Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
Representative Aaron Johanson, Vice Chair

April 2, 2014

Dear Chair Luke, Vice Chairs Nishimoto and Johanson, and Committee Members:

This testimony is submitted in support for HCR78, relating to mandatory Kindergarten.

The Hui for Excellence in Education (HE'E) is a diverse coalition of over 40 parent and community organizations dedicated to improving student achievement by increasing family and community engagement and partnerships in our schools. Our member list is attached.

The Coalition supports mandatory Kindergarten for our students. The Coalition in recent years has supported Early Learning legislation, as our members believe that the earlier a child is exposed to school, the better outcomes for student achievement. We believe that mandatory Kindergarten will help consistency from a pre-Kindergarten program to a Kindergarten program. We have heard from school administrators that while most children enroll in Kindergarten, because it is not mandatory, some families will not feel compelled to send their children to school on consistent basis. Along with the support for mandatory Kindergarten, we also recommend an outreach program be implemented to educate families about the importance of daily attendance.

Thank you for the opportunity to testify and for your consideration. Our support of this bill represents a 75% consensus or more of our membership.

Sincerely,

Cheri Nakamura
HE'E Coalition Director

HE'E Member List

Academy 21
Academy 21
After-School All-Stars Hawaii
Alliance for Place Based Learning
*Castle Complex Community Council
Center for Civic Education
Coalition for Children with Special Needs
*DOE Windward District
*Faith Action for Community Equity
Fresh Leadership LLC
Girl Scouts Hawaii
*Good Beginnings Alliance
Harold K.L. Castle Foundation
*Hawaii Appleseed Center for Law and Economic Justice
Hawai'i Athletic League of Scholars
*Hawai'i Charter School Network
*Hawai'i Nutrition and Physical Activity Coalition
*Hawaii State PTSA
Hawai'i State Student Council
Hawai'i State Teachers Association
Hawai'i P-20
Hawai'i 3Rs
Head Start Collaboration Office
It's All About Kids
*INPEACE
Joint Venture Education Forum
Junior Achievement of Hawaii
Kamehameha Schools
Kanu Hawai'i
Keiki to Career
Kupu A'e
*Leaders for the Next Generation

Learning First
McREL's Pacific Center for Changing the Odds
Our Public School
*Pacific Resources for Education and Learning
*Parents and Children Together
*Parents for Public Schools Hawai'i
Punahou School PUEO Program
Teach for America
The Learning Coalition
US PACOM
University of Hawai'i College of Education
YMCA of Honolulu
Voting Members (*)



HAWAI'I PACIFIC HEALTH

55 Merchant Street
Honolulu, Hawai'i 96813-4333

Kapi'olani • Pali Momi • Straub • Wilcox

808-535-7401
www.hawaiipacifichealth.org

Wednesday, April 2, 2014; 3:30 pm
Conference Room 308

The House Committee on Finance

To: Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
Representative Aaron Johanson, Vice Chair

From: Virginia Pressler, MD, MBA
Hawai'i Pacific Health

Re: HCR 78, Proposed HD1: Requesting the Department of Health to Convene a Caregivers Working Group to Examine and Assess the Role of Caregiving for Patients Released from Hospitals and the Overall Circumstances of Patients Released from Hospitals as well as the Resources in the Community Needed and Available to Assist Them

Testimony in Support

My name is Virginia Pressler, MD, MBA. I am the Executive Vice President and Chief Strategic Officer for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-government employer. It is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I write in support of HCR 78, Proposed HD1 relating to the convening of a caregiving working group. We recognize the important role caregivers fulfill, and for this reason, our hospitals take necessary steps to include the patient, patients' family members, and caregivers in discharge planning. In light of the evolving responsibilities caregivers have come to assume, forming a working group to examine and assess patients' needs relative to caregivers is timely.

As the situation and resources may vary on each island, as well as at each hospital, we suggest expanding the working group to include the following:

- A) A representative from the Healthcare Association of Hawaii;
- B) Representatives from each O'ahu hospital facility;
- C) A representative from each HHSC region;
- D) A representative from Kokua Mau;
- E) A representative from Hospice Hawaii;
- F) A representative from the Hawaii Long Term Care Association.



Inclusion of the above representatives will enable the working group to fully examine the caregiving issue. We respectfully ask that this committee adopt our suggestion.

Thank you for the opportunity to provide this testimony.

finance1

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, April 01, 2014 2:23 PM
To: FINTestimony
Cc: mayuyehara@hotmail.com
Subject: Submitted testimony for HCR78 on Apr 2, 2014 15:30PM

HCR78

Submitted on: 4/1/2014

Testimony for FIN on Apr 2, 2014 15:30PM in Conference Room 308

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

Comments: All of my experiences with hospitals and rehab institutions have been positive and I really valued the information and instruction given to me upon my and my husband's discharges. I would have asked if it were not automatically provided. But I understand that my experiences are not always the norm. And volunteer caregivers in most cases will not ask. That is why requiring medical institutions to provide information and instruction to ALL patients and their unpaid caregivers upon release is imperative so that these volunteers can provide proper in-home care and thereby lessen the need for re-admission. The emphasis is on unpaid caregivers because those who are paid are trained professionals and understand how to care for the patient.

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: HOUSE COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair

FROM: Eldon L. Wegner, Ph.D., Chair, Advocacy Committee
Hawaii Family Caregiver Coalition

HEARING: 3:30 pm Wednesday April 2, 2014
Conference Room 308, Hawaii State Capitol

SUBJECT: HCR 78 HD 1

POSITION: The Hawaii Family Caregiver Coalition **supports the intent** of HCR 78 HD 1 **but wishes to suggest the measure be amended** to create dialogue on the issues raised in SB2264 (the Care Act), which would require hospitals to give patients the opportunity designate a caregiver, enter the caregiver's name in the medical record, notify the caregiver prior to the patients transfer or discharge, consult with the caregiver about the discharge plan, and instruct the caregiver in after-care tasks .

RATIONALE:

The Hawaii Family Caregiver Coalition represents more 25 organizations who serve family caregivers. Our role is to education and advocate for measures which will support family caregiving in Hawaii and will increase the quality of care and the quality of life for caregivers and the family members they care for.

Shortcomings of current wording: . The role of hospital discharge planning must be addressed. Hospitals have largely dismantled discharge planning in an effort at cost savings at a time of fiscal challenges. Consequently, patients are discharged sooner and sicker, resulting in high readmission rates. Hawaii's hospitals experience an unacceptable rate of penalties for these readmissions.

- A 2012 survey by the AARP Public Policy institute and the United Hospital Fund determined that almost half (46%) of family caregivers performed medical/nursing tasks ranging from managing multiple medications, helping with assistive mobility devices, preparing food for special diets, providing wound care, using monitors, and operating specialized medical equipment. Three out of four (78%) family caregivers who provided medical/nursing tasks were managing medications, including intravenous fluids and injections. Almost half were administering 5 to 9 prescription medications a day.

Medical care is becoming more holistic, fostering more coordination among multi-disciplinary teams and empowering consumers to have more control over decisions which affect them and over their care. Including family caregivers in the planning of discharge arrangements, giving them a voice in such arrangements, and providing them with adequate training to provide the quality of care needed during the vulnerable post-hospital stage, is sensible and sensitive to the caregiver, and likely to result in superior outcomes.

This resolution should be bringing persons from the affected parties together to work towards practical and collaborative proposals to address how these recommendations can be realized. Thank you for allowing me to testify.



Wednesday, April 2, 2014
3:30 PM
Conference Room 308

TESTIMONY TO
THE HOUSE COMMITTEE
ON FINANCE

RE: HCR 78 – Supporting Mandatory Kindergarten

Chair Luke, Vice Chairs Nishimoto and Johanson, and members of the Committee:

My name is Robert Witt, Executive Director of the Hawaii Association of Independent Schools (HAIS), which represents 99 private and independent schools in Hawaii and educates over 33,000 students statewide.

HAIS is in strong support of HCR 78, a resolution that will serve to enhance school readiness for all children, putting them on an equal playing field for future success in school and beyond. This will also set a much-needed precedent for the entire country by making kindergarten mandatory.

The passage of this resolution will support the children of our most at-risk families; those who are most likely to enter school without the necessary foundational skills for learning that were missed by not attending preschool, as well as those who choose not to attend preschool and kindergarten at all.

We cannot stress the importance of establishing preventative measures in education that will save on remedial costs later in a child's life.

Thank you for the opportunity to testify in strong support of this resolution.



THE QUEEN'S HEALTH SYSTEMS

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-5900

H.C.R. 78, Proposed HD1

Requesting the Department of Health to Convene a Caregivers Working Group to Examine and Assess the Role of Caregiving from Patients Released From Hospitals and the Overall Circumstances of Patients Released from Hospitals as well as the Resources in the Community Needed and Available to Assist Them.

House Committee on Finance

April 2, 2014; 3:30 p.m.

The Queen's Health System supports the convening of a task force to examine the role, circumstances, and resources available to Caregivers in Hawaii. We appreciate the committee's leadership and look forward to working with interested stakeholders.

We ask consideration that the following members be added to the task force:

- A) A representative from the Healthcare Association of Hawaii
- B) A representative from each O'ahu hospital facility
- C) A representative from each HHSC region
- D) A representative from Kokua Mau
- E) A representative from Hospice Hawaii
- F) A representative from the Hawaii Long Term Care Association

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

alzheimer's association®

ALOHA CHAPTER

1050 Ala Moana Blvd. Suite 2610, Honolulu, Hawaii 96814
Phone: 808.591.2771 Fax: 808.591.9071 www.alz.org/hawaii

April 1, 2014

Board of Directors

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Wendy Takeshita Wong

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Suzie Neufeldt

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Michael F.K. "Mike" Buck

Honorable Sylvia Luke, Chair
Committee on Finance
State House of Representatives
Hawaii State Capitol, Conference Room 306
415 South Berentania Street
Honolulu, HI 96813

RE: HCR 78, HD1

Members

Craig K. Nakamoto

Adele Rugg

Chad Young

Dear Chairwoman Luke and Committee Members:

Thank you for the opportunity to testify in support of HCR 78, HD1, which requests that the Department of Health convenes a caregivers working group to examine and assess the role of caregiving for patients released from hospitals.

Honorary Directors

Patricia L. Blanchette, MD, MPH

Paul Brown

Although SB 2264 did not get approved, we believe that there were many portions of the bill that would have been beneficial to family caregivers. We believe that the creation of a working group may assist with addressing some of the issues raised by all concerned.

Executive Director/CEO

Christine Payne

I appreciate the opportunity to comment on this legislation. Thank you for your time and consideration.

Hawaii County Office

1055 Kino'ole St., Suite 103

Hilo, Hawaii 96720

808.981.2111 p

808.964.5238 f

With best regards,



Kauai County Office

4303 Rice Street, C2

Lihue, Hawaii 96766

808.245.3200 p

808.245.9900 f

Christine Payne
Executive Director and CEO
Alzheimer's Association, Aloha Chapter

Maui County Office

270 Ho'okahi Street, Suite 311

Wailuku, Hawaii 96793

808.242.8636 p

808.242.8639 f

To: Sylvia Luke, Committee Chair

Date: Wednesday, April 2, at 3:30 p.m. in the State Capitol Conference Room 308

Re: HCR 78 Proposed HD1 - Relating to Caregiving

Chair and Committee Members:

Thank you for the opportunity to submit testimony in STRONG SUPPORT of HCR 78 HD1 Relating to Caregiving. My name is Toni Hathaway and I am a geriatric social worker who has worked with elders and their family caregivers for over 30 years. I have also been a caregiver to my husband, mother, and father. I live in the Moilili area. I am sure you are aware of the growing number of elders and family caregivers in Hawaii. From personal experience, I know that family caregivers are expected to provide a high level of care to their elders upon discharge from the hospital including in my case giving injections and giving IV medications and fluids through a Hickman Catheter. I urge you to support this resolution on behalf of the well being of our elders and family caregivers to amend it as follows to direct the caregiver working group to specifically address and make recommendations relating to:

- Requiring hospitals to allow a patient an opportunity to designate a caregiver in the patient's medical record;
- Requiring hospitals to notify caregivers prior to a patient's discharge
- Requiring hospitals to instruct the caregiver in certain after-care tasks upon a patient's discharge

Family caregivers are in urgent need of more information, options, and training before their loved ones leave the hospital.

Mahalo and please support HCR 78 HD1-Relating to Caregiving.

Toni Hathaway

LATE

Aloha,

We would have preferred that the CARE Act had been passed, we urge the passage of HCR 78 after it amended to direct the caregiver working group to specifically address and make recommendations relating to the following issues that are vital to caregivers and loved ones prior to discharge to the patient's home:

- The hospitals should be required to allow the patient an opportunity to designate a caregiver in the patient's medical record.
- The hospitals should also be required to notify caregivers in writing prior to a patient's discharge.
- Finally the hospitals should be required to instruct the caregiver in certain after-care tasks upon a patient's discharge.

I have spent a great deal of time being cared for in hospital beds during the last year and my wife/caregiver has had a difficult time determining just what care I needed upon discharge. In my case, I went home wearing a catheter and neither of us were certain how that device had to be cared for. As a consequence, I was readmitted due to an infection that required another month long stay. This was dangerous, frustrating, expensive and probably totally unnecessary. Had we received the needed instruction it is probable that no further hospital admission would have been needed. My wife and I are both college educated and readily able to follow instructions but without those instruction, all the education is fruitless. Please take steps to insure that hospitals assist caregivers and patients successfully negotiate the turbulent waters often encountered after discharge by requiring the three steps listed above.

Mahalo for your kokua,
Marv and Michele Paularena
Kahului, Hawai'i

HARA

Voice of Hawaii's Seniors

*Hawaii Alliance for Retired Americans, An Affiliate of the Alliance for Retired Americans
1953 South Beretania Street, Suite 5C, Honolulu, Hawaii 96826*

LATE

Submitted by email to: FINtestimony@capitol.hawaii.gov

Testimony of Al Hamai in support of HCR78, Relating to Caregiving

House Committee on Finance

April 2, 2014, 3:30 p.m. Conference Room 308

Chair Sylvia Luke, Vice Chair Scott Y. Nishimoto, Vice Chair Aaron Ling Johanson, and Committee Members,

HARA supports HCR78, proposed HD1, requesting the department of health to convene a caregiver working group to examine and assess the role of caregiving for patients released from hospitals and the overall circumstances of patients released from hospitals as well as the resources in the community needed and available to assist them.

HARA is disappointed that your Committee did not approve SB2264, as amended, which required hospitals to allow patients to designate a caregiver, to include the designated caregiver in the patient's medical record, to notify the caregiver prior to the patient's transfer or discharge, to consult with the caregiver about the patient's discharge plan, and to instruct the designated caregiver in after-care tasks.

HARA earlier supported S.B. 2264, SD2, HD1 because it was intended to support the family caregivers by ensuring that hospitals recognize their essential role in the care of the hospital's discharged patients. This proposal appears to be medically sound and right thing to do to reduce the number of patients who need to be readmitted to the hospital.

We hope that the proposed working group will devote sufficient time to study this issue and then recommend significant proposals that will appropriately recognize the value of the family caregivers and their need to be consulted in the discharge plan of their patients and as necessary, provide such training to the caregivers to care for their discharged patients.

We urge your Committee to adopt HCR78. Mahalo and Aloha.

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

HARA Affiliates: HGEA Retirees, HSTA-Retired, ILWU Retirees, UPW Retirees, AFT Retirees, Kokua Council, Hawaii Family Caregivers Coalition, Kupuna Education Center.

LATE

To: Representative Sylvia Luke, Chair of the House Finance Committee
Members of the House Finance Committee

Date: Wednesday, April 2, 2014

Time: 3:30 p.m.

Place: State Capitol, Conference Room 308

Subject: Testimony for House Concurrent Resolution (HCR) 78, Proposal HD 1

As Administrator of Project Dana, I am in strong support of House Concurrent Resolution 78, Proposal HD 1.

Family Caregivers are under great emotional stress and burden when their loved ones are discharged from hospitals and return home. Much support to lay caregivers is essential to provide quality caregiving. Adequate discharge plans, instructions and training to designated lay caregivers after hospital care are much needed to provide long-term support at home. HCR 78, Proposal HD1 should be amended to direct the caregiver working group so that a caregiver is designated in the loved ones medical record, caregivers are notified to a patient's discharge, and adequate and needed instructions are given to caregivers upon discharge of their loved ones.

Thousands of dollars could be saved as well as unnecessary re-entry to hospitals by passage of House Concurrent Resolution (HCR) 78, Proposal HD1.

Please support House Resolution Concurrent 78, Proposal HD1.

Thank you very much.

Rose Nakamura

Project Dana

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, April 01, 2014 3:44 PM
To: FINTestimony
Cc: maucrowe@gmail.com
Subject: Submitted testimony for HCR78 on Apr 2, 2014 15:30PM

LATE

HCR78

Submitted on: 4/1/2014

Testimony for FIN on Apr 2, 2014 15:30PM in Conference Room 308

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

Comments: Please support HCR78. In the long run it will help hospitals by reducing the number of quick-return patients. Mostly though, it is humane to help lift suffering for elder patients by supplying their caregiver with a few minutes of instruction about proper care. I am a senior citizen of Hawaii and am a caregiver for my senior citizen wife. Please do the right thing by providing specific help to us, as I know you want to do.

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

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From: mailinglist@capitol.hawaii.gov
 Sent: Tuesday, April 01, 2014 8:08 PM
 To: FINTestimony
 Cc: deborah.arendale@mauicounty.gov
 Subject: Submitted testimony for HCR78 on Apr 2, 2014 15:30PM

HCR78

Submitted on: 4/1/2014

Testimony for FIN on Apr 2, 2014 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Arendale	Maui County Office on Aging	Support	No

Comments: MCOA supports this resolution and requests that it include the major provisions of the CARE Act. Legislation such as this is necessary because many caregivers are tasked with the responsibility of performing tasks after a loved one's hospitalization ranging from the very simple to the medically complex, often with little or no training. Re-hospitalization may occur if these tasks are not performed correctly. Also, caregivers may experience additional levels of stress unnecessarily. This stress could be minimized if proper instruction were provided by medical personnel. MCOA requests that the HCR be amended to include instructions for the a caregiver working group to address the following requirements for hospitals: to allow patients the opportunity to designate a caregiver in the patient's record; to notify caregivers prior to a patient's discharge; and to instruct the caregiver in the provision of certain post-discharge tasks. MCOA would be more than willing to participate on a caregiver working group if so requested. Thank you for the opportunity to testify.

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From: Anthony Lenzer <tlenzer@hawaii.rr.com>
Sent: Wednesday, April 02, 2014 8:27 AM
To: FINTestimony
Subject: FW: Testimony in Support of HCR 78 Proposed HD 1

To: Finance Committee – this copy corrects typos.
T.L.

From: Tony Lenzer <Tlenzer@hawaii.rr.com>
Date: Wednesday, April 2, 2014 8:24 AM
To: Jessica Mabanag <Jessica.Mabanag2@doh.hawaii.gov>
Cc: Steve Tam <STam@aarp.org>
Subject: FW: Testimony in Support of HCR 78 Proposed HD 1

From: Tony Lenzer <Tlenzer@hawaii.rr.com>
Date: Wednesday, April 2, 2014 8:22 AM
To: <FINtestimony@capitol.hawaii.gov>
Subject: Testimony in Support of HCR 78 Proposed HD 1

To: Chair Luke and Members of the House Finance Committee

From: Anthony Lenzer, PhD, Chair, PABEA Legislative Committee

Re: HCR 78, HD 1

Hearing: Wednesday, April 2, 2014, 3:30 p.m.

PABEA is very concerned about the situation of caregivers faced with the responsibility of post hospital care for loved ones when they lack adequate knowledge or preparation for the tasks involved in such care. For this reason, PABEA strongly supported Senate Bill 2264 the CARE act, a bill which required hospitals to help caregivers become properly prepared for such responsibilities. PABEA was disappointed that this act did not move forward. That said, we strongly support the current resolution, which convenes a caregiver working group to examine the role of caregivers; the status of caregiver training; and the role of hospitals in helping caregivers with their post hospital responsibilities.

However, we believe that the resolution would be greatly strengthened by amendments which would direct the caregiver working group to address and make recommendations regarding the following:

- 1 requiring hospitals to allow the patient to designate a caregiver in his or her medical record
- 2 requiring hospitals to notify caregivers prior to a patient's discharge
- 3 requiring hospitals to instruct caregivers in certain aftercare tasks following a patient's discharge

We believe these amendments are important to provide specific direction for future legislation regarding this matter. Thank you for the opportunity to testify.

LATE

From: Anthony Lenzer <tlenzer@hawaii.rr.com>
Sent: Wednesday, April 02, 2014 8:22 AM
To: FINTestimony
Subject: Testimony in Support of HCR 78 Proposed HD 1

To: Chair Luke and Members of the House Finance Committee

From: Anthony Lenzer, PhD, Chair, PABEA Legislative Committee

Re: HCR 78, HD 1

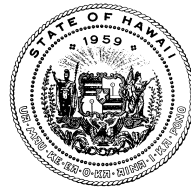
Hearing: Wednesday, April 2, 2014, 3:30 p.m.

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However, we believe that the resolution would be greatly strengthened by amendments which would direct the caregiver working group to address and make recommendations regarding the following:

- 1 requiring hospitals to allow the patient to designate a caregiver in his or her medical record
- 2 requiring hospitals to notify caregivers prior to a patient's discharge
- 3 requiring hospitals to instruct caregivers in certain aftercare tasks following a patient's discharge

We believe these amendments are important to provide specific direction for future legislation regarding this matter. Thank you for the opportunity to testify.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

LATE

House Committee on Finance

**HCR 78, PROPOSED HD 1, REQUESTING THE DEPARTMENT OF HEALTH
TO CONVENE A CAREGIVERS WORKING GROUP TO EXAMINE AND
ASSESS THE ROLE OF CAREGIVING FOR PATIENTS RELEASED FROM
HOSPITALS AND THE OVERALL CIRCUMSTANCES OF PATIENTS
RELEASED FROM HOSPITALS AS WELL AS THE RESOURCES IN THE
COMMUNITY NEEDED AND AVAILABLE TO ASSIST THEM**

**Testimony of Linda Rosen, M.D., M.P.H.
Director of Health**

Wednesday, April 2, 2014

1 **Department's Position:** SUPPORT.

2 **Fiscal Implications:** N/A.

3 **Purpose and Justification:** The Department of Health (DOH) supports HCR 78, PROPOSED HD1, as
4 a way of encouraging better discharge planning and instruction for caregivers. DOH is agreeable to
5 chair the Caregivers Working Group made up of hospitals, caregiver organizations, and other state and
6 community stakeholders in an effort to identify the means to better prepare patients and their designated
7 lay caregivers for care needs at home following discharge from an acute hospital, and to provide a
8 written report to the 2015 Legislature.

9 Thank you for the opportunity to testify in support of HCR78, PROPOSED HD1.



To: Committee on Finance
Representative Sylvia Luke, Chair

Date: April 2, 2014, Conference Room 308, 3:30 p.m.

Re: HCR 78, Proposed HD 1
TESTIMONY IN Support

Chair Luke and Members of the Committee:

My name is Stuart Ho, and I appear here on behalf of AARP Hawaii, and on behalf of its 150,000 members in Hawaii.

Specifically, I appear in support for HCR 78, HD 1 Proposed, that requests the Department of Health to convene a caregivers working group to examine and assess the role of caregivers; the status of caregiver training; the role of hospitals in training caregivers; and the role of other affected parties.

AARP has been strongly advocating this legislative session for support to caregivers. AARP believes that family caregivers must be involved in every step of the health care process. That's why we introduced the CARE Act, SB 2264, that would have helped family caregivers when their loved ones go into the hospital – and as they return home.

While our preference is the enactment of SB 2264 as originally introduced, HCR 78, Proposed HD 1, is a step in the right direction, as it addresses the need to help caregivers and loved ones that are discharged from the hospital and return home.

AARP is requesting that HCR 78, Proposed HD1 should be amended to:

1. Direct the caregivers working group to examine and assess the current hospital admission and discharge plans and procedures in all Hawaii hospitals and the extent to which:
 - a. Hospitals include family caregivers on the patient's medical record;
 - b. Patient discharge plans specify after-care tasks performed by caregivers;
 - c. Hospitals notify family caregivers prior to discharge;
 - d. Hospitals consult with family caregivers regarding patients' discharge plans; and
 - e. Hospitals provide family caregivers with instruction in after-care tasks.
2. Add the following members to the caregiver working group:
 - a. The Governor or his designee

- b. A member of the State Senate
 - c. A member of the State House of Representatives
3. Add the Governor as a recipient of the family caregivers working group report.
4. Specify that the family caregivers working group report should include at a minimum:
- a. A plan to correct any deficiencies in current practices for family caregiver involvement in patient admission and discharge;
 - b. Recommendations for specific legislative and/or regulatory approaches relating to: designation of caregivers on medical records; discharge plans that include after-care tasks; notification of caregivers prior to discharge; consultation with caregivers regarding discharge plans; and hospital instruction to caregivers on after-care tasks.

I have enclosed a draft with AARP proposed amendments to HCR 78.

Thank you for the opportunity to address you.

HOUSE CONCURRENT RESOLUTION

REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A FAMILY CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS THE ROLE OF CAREGIVING FOR PATIENTS RELEASED FROM HOSPITALS AND THE OVERALL CIRCUMSTANCES OF PATIENTS RELEASED FROM HOSPITALS AS WELL AS THE RESOURCES IN THE COMMUNITY NEEDED AND AVAILABLE TO ASSIST THEM.

WHEREAS, many patients who are released from their hospital care require ~~continued~~ complex care at home; and,

WHEREAS, such care often requires a high level of skill; and,

WHEREAS, increasingly, because of costs and other factors untrained family caregivers are often called upon to provide such care; and,

WHEREAS, the AARP Public Policy Institute estimates that in 2009, there were 247,000 family caregivers in Hawaii, and that the 162,000,000 hours of unpaid care the family caregivers provided would be valued at \$2,000,000,000; and,

WHEREAS, the American Association of Retired Persons (AARP) believes that ~~volunteer~~ family caregivers require more training than they are receiving to take care of the patients they have volunteered to care for; and,

WHEREAS, hospitals are under increased pressure from the federal government to avoid readmission of patients within thirty days of their release; and,

WHEREAS, hospitals do presently provide discharge plans for all patients ~~that~~ which may involve family caregivers; and,

WHEREAS, hospitals do not uniformly provide all patients with the opportunity to designate a family caregiver in the patient's medical record, notify the family caregiver prior to the patient's discharge or transfer to another facility, discuss the patient's discharge plan with the family caregiver, or instruct the family caregiver in after-care tasks described in the discharge plan; and,

WHEREAS, there may be other resources already in the community or that need to be developed in the community to help meet this need; and,

WHEREAS, the hospital members of the Healthcare Association of Hawaii (HAH) are willing to review their role with regard to the designation, notification, involvement and training of family caregivers; and,

WHEREAS, hospitals have concerns regarding the possible liability they may incur if they undertake more intensive training of family caregivers; and,

WHEREAS, AARP and HAH are agreeable to working with each other and its—their members and other appropriate entities and persons in the community to assess this matter and develop solutions; now, therefore,

BE IT RESOLVED by the House of Representatives of the Twenty-Seventh Legislature of the State of Hawaii, the Senate concurring, that the Department of Health, is requested to convene a family caregivers working group no later than 60 days following the adoption of this Concurrent Resolution, to examine and assess:

(1) the role of caregivers, the state of current practices for family caregiver involvement in patient admission and discharge, including a review of current hospital plans and procedures and the extent to which:

(a) hospitals ask patients to designate family caregivers to be recorded in the patient's medical record upon entry to hospitals;

(b) patient discharge plans specify after-care tasks to be performed by family caregivers;

(c) hospitals notify family caregivers prior to a patient's discharge or transfer to another facility;

(d) hospitals consult with family caregivers regarding patients' discharge plans; and

(e) hospitals provide family caregivers with instruction in after-care tasks described in patients' discharge plans

~~the status of caregiver training, the question of what role hospitals should play in the training of caregivers and the role others might or should play in the training of caregivers to assure the best outcomes for all patients released from hospitals; and~~(2) existing challenges and obstacles to uniformly implementing the above practices set forth in subsections (1)(a-e).

BE IT FURTHER RESOLVED that the Department of Health is requested to invite the participation of:

- (1) The Director of Health, or her designee who shall serve as Chair;
- (2) The Governor, or his designee;
- ~~(23)~~ Two representatives from AARP Hawaii;
- ~~(43)~~ The Director of the Executive Office on Aging, or his designee;
- ~~(54)~~ The Chief of the Office of Healthcare Assurance, or his designee;
- ~~(65)~~ Two representatives from HAH member hospitals;
- ~~(76)~~ One representative from Home Health Care;
- ~~(87)~~ One representative from a Skilled Nursing Facility;
- ~~(98)~~ One representative from each of the County Area Agencies on Aging;
- ~~(109)~~ One representative from the Kokua Council;
- ~~(110)~~ One representative from Ohana Health Plan;
- ~~(121)~~ One representative from the American Cancer Society;
- ~~(132)~~ One representative from Papa Ola Lokahi; ~~and~~
- ~~(143)~~ One representative from an Alzheimer's Disease treatment organization;
- (15) A member of the Senate appointed by the Senate President; and*
- (16) A member of the House appointed by the Speaker.

BE IT FURTHER RESOLVED that the family caregivers working group is requested to submit a written report of its findings and recommendations to the Governor and the Legislature no later than 20 days prior to the convening of the Regular Session of 2015; and

BE IT FURTHER RESOLVED that the family caregivers working group written report is requested to include, at a minimum:

- (1) a plan to correct state-wide and/or hospital-specific deficiencies in current practices for family caregiver involvement in patient admission and discharge, including addressing identified challenges and obstacles and recommending specific legislative and/or regulatory approaches to ensure that:

- (a) hospitals ask patients to designate family caregivers to be recorded in the patient's medical record upon entry to hospitals;
 - (b) patient discharge plans specify after-care tasks to be performed by family caregivers;
 - (c) hospitals notify family caregivers prior to a patient's discharge or transfer to another facility;
 - (d) hospitals consult with family caregivers regarding patients' discharge plans; and
 - (e) hospitals provide family caregivers with instruction in after-care tasks described in patients' discharge plans
- (2) specific recommendations on:
- (a) how best to involve family caregivers from the time of patient intake to patient discharge;
 - (b) how best to record the patient's designation of a family caregiver;
 - (c) how best to notify a family caregiver prior to a patient's discharge or transfer to another facility;
 - (d) the best timeframe for family caregiver designation, notification, involvement and instruction;
 - (e) the best form of family caregiver instruction, including live instruction and the supplemental use of technology such as audio and video resources; and
 - (f) ways to effectively provide information on health care and community resources to family caregivers.

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Healthcare Association of Hawaii, AARP, Director of Health, and the Executive Office on Aging.

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, April 01, 2014 10:08 PM
To: FINTestimony
Cc: pc70@cornell.edu
Subject: Submitted testimony for HCR78 on Apr 2, 2014 15:30PM

HCR78

Submitted on: 4/1/2014

Testimony for FIN on Apr 2, 2014 15:30PM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick and Nancy Callahan	Individual	Support	No

Comments: The Care Act: The HCR should be amended to direct the caregiver working group to specifically address and make recommendations relating to: o Requiring hospitals to allow a patient an opportunity to designate a caregiver in the patient’s medical record; o Requiring hospitals to notify caregivers prior to a patient’s discharge o Requiring hospitals to instruct the caregiver in certain after-care tasks upon a patient’s discharge Please do what you can to pass this resolution.

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

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

The Twenty-Seventh Legislature
Regular Session of 2014

HOUSE OF REPRESENTATIVES

Committee on Finance

Rep. Sylvia Luke, Chair

Rep. Scott Y. Nishimoto, Vice Chair

Rep. Aaron Ling Johanson, Vice Chair

State Capitol, Conference Room 308

Wednesday, April 2, 2014; 3:30 p.m.



**STATEMENT OF THE ILWU LOCAL 142 ON H.C.R. 78
Requesting the Department of Health to convene a caregiving working group
to examine and assess the role of caregiving for patients released from hospitals
and overall circumstances of patients released from hospitals
as well as the resources in the community needed and available to assist them**

The ILWU Local 142 supports H.C.R. 78, which was necessitated due to the failure of S.B. 2264 in this legislative session.

S.B. 2264 was proposed by AARP to require hospitals to allow patients to designate caregivers who would be notified and consulted about discharge planning and would provide care for patients at home that may involve medical care requiring more specialized instruction and training. The goal was to avoid readmission, clearly in the hospital's best interest due to sanctions that could be imposed for readmissions within 30 days. Unfortunately, hospitals balked at this simple proposal due to concerns about liability.

The problem of readmission is, regrettably, very real when a patient, especially one who is elderly and/or disabled, is discharged from the hospital. If the discharge plan is to transfer the patient to a skilled nursing facility or long-term care institution, advance notification at the very least is required. However, if the discharge plan is to return the patient home, and sometimes this is necessary due to cost factors (i.e., patients unable to afford long-term care), the patient may require additional care that the caregiver is not equipped or trained to provide. To ensure the health and safety of the patient, the hospital should provide instruction and training on how to care for the patient at home.

Family caregivers are a resource and an asset to the State. Quite frankly, they save the State money. If not for family caregivers, more elderly and disabled patients would be institutionalized and require Medicaid (i.e., taxpayer) support. Patients who are provided care by family members at home cost the State virtually nothing. Yet family caregivers, who are potentially saving the State millions of dollars, may be sacrificing their own careers or retirement opportunities to provide such care.

Every effort should be made to assist these family caregivers. Involvement in discharge planning, sufficient advance notification of discharge, instruction and training for medical care required at home—these are supports that should, at minimum, be provided in discharge planning for a patient.

In the absence of a bill, a working group should be convened to discuss caregivers and discharge planning and to find solutions to the issues raised by the hospitals. As Hawaii's population ages, long-term care and caregiving will likely become a larger concern and more, rather than less, cooperation and discussion will be needed to address the problems that should not be ignored.

The ILWU urges adoption of H.C.R. 78, proposed HD1. Thank you for considering this testimony.

Aloha Chair Luke and committee members,

LATE

My name is Barbara Service and I reside in Senate District 9, Senate District 19. I am a retired social worker, an AARP volunteer and active in Kokua Council.

I am disappointed that SB2264 SD2 is not going forward. It is very important to patients and to caregivers that hospitals include caregivers, many of whom are unpaid, in discharge planning and appropriate care for their loved ones, upon hospital discharge. Caregivers are not always told, in advance, of the discharge plan and have not been trained in how to perform necessary medical tasks which enable their loved ones to remain in their own homes.

To ensure that hospitals provide the above services, it is necessary to require their compliance with caregiver involvement, advance notice of discharge and appropriate training.

Please amend HCR78, Proposed SD1, to include the above critical elements.

I apologize for submitting late testimony.

Barbara J. Service



American Cancer Society
Cancer Action Network
2370 Nu`uanu Avenue
Honolulu, Hawai`i 96817
808.432.9149
www.acscan.org

LATE

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
Representative Aaron Ling Johanson, Vice Chair
Finance Committee Members

Hearing: April 2, 2014; 3:30 p.m.

HCR 78, HD1 PROPOSED – REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS THE ROLE OF CAREGIVING FOR PATIENTS RELEASED FROM HOSPITALS AND THE OVERALL CIRCUMSTANCES OF PATIENTS RELEASED FROM HOSPITALS AS WELL AS THE RESOURCES IN THE COMMUNITY NEEDED AND AVAILABLE TO ASSIST THEM.

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

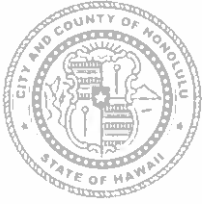
Thank you for the opportunity to provide testimony in support of HCR 78 HD1, proposed draft, which convenes a workgroup to collaborate on the substance of caregiver support from SB 2264.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Caregivers are usually the unpaid loved ones who give the person with cancer physical and emotional care. Caregivers may be spouses, partners, family members, or close friends. Most often, they are not trained for the caregiver job. Many times, they may be the lifeline of the person with cancer.

We appreciate your committee's willingness to continue the discussion of caregiver support and welcome the opportunity to participate in the working group as we have a network of caregivers who could benefit from the recommendations of the group.

Thank you for the opportunity to provide testimony.



CITY COUNCIL
CITY AND COUNTY OF HONOLULU
530 SOUTH KING STREET, ROOM 202
HONOLULU, HAWAII 96813-3065
TELEPHONE: (808) 768-5010 • FAX: (808) 768-5011

ANN H. KOBAYASHI
COUNCILMEMBER, DISTRICT 5
CHAIR, COMMITTEE ON BUDGET
TELEPHONE: (808) 768-5005
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EMAIL: akobayashi@honolulu.gov

LATE

April 2, 2014

The Honorable Sylvia Luke, Chair
and
The Honorable Scott Nishimoto, Vice-Chair
House Committee on Finance
State Capitol
Honolulu, Hawaii 96813

Re: HCR 78, Proposed HD1 - Requesting the Department of Health to Convene a Caregivers Working Group to Examine and Assess the Role of Caregiving for Patients Released from Hospitals and the Overall Circumstances of Patients Released from Hospitals as Well as the Resources in the Community Needed and Available to Assist Them.

Dear Chair Luke, Vice-Chair Nishimoto and members of the House Committee on Finance,

I am submitting this testimony in strong support of HCR 78, Proposed HD1.

I personally prefer the passage of S.B. 2264, SD 2, "Relating to Caregiving," however, this Concurrent Resolution is a step in the right direction. HCR 78 Proposed HD1 attempts to address the need to assist caregivers and loved ones that are discharged from the hospital facility and return home, and establishes a caregivers working group to study this matter and submit findings and recommendations in a written report to the Legislature no later than 20 days prior to the convening of the Regular Session of 2015.

It is my understanding that AARP has submitted proposed amendments to this Concurrent Resolution and I heartily endorse these amendments in particular the changes to the BE IT RESOLVED clauses. The caregivers working group report should include: 1) a plan to correct any deficiencies in current practices for family caregiver involvement in patient admission and discharge; and 2) recommendations for specific legislative and/or regulatory approaches relating to the designation, notification, involvement and training of family caregiver.

Thank you for the opportunity to testify in support of this measure.

Sincerely,

A handwritten signature in cursive script that reads "Ann H. Kobayashi".

Ann H. Kobayashi
Council District V

Testimony of Phyllis Dendle

Before:
House Committee on Finance
The Honorable Sylvia Luke, Chair
The Honorable Scott Y. Nishimoto, Vice Chair
The Honorable Aaron Ling Johanson, Vice Chair

LATE

April 2, 2014
3:30 pm
Conference Room 308

HCR78 Proposed HD1

REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS THE ROLE OF CAREGIVING FOR PATIENTS RELEASED FROM HOSPITALS AND THE OVERALL CIRCUMSTANCES OF PATIENTS RELEASED FROM HOSPITALS AS WELL AS THE RESOURCES IN THE COMMUNITY NEEDED AND AVAILABLE TO ASSIST THEM.

Chair Luke, and committee members, thank you for this opportunity to provide testimony on HCR78 regarding caregiving for patients released from inpatient hospital stays.

Kaiser Permanente Hawaii supports the intent of this measure and offers amendments.

Attached is a proposed redraft of the resolution. It takes out statements that are not correct and also broadens the possible participation to all interested parties. We urge this committee to accept our amendments.

Thank you for your consideration.

HOUSE CONCURRENT RESOLUTION

REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A CAREGIVERS WORKING GROUP TO EXAMINE AND ASSESS THE ROLE OF CAREGIVING FOR PATIENTS RELEASED FROM HOSPITALS AND THE OVERALL CIRCUMSTANCES OF PATIENTS RELEASED FROM HOSPITALS AS WELL AS THE RESOURCES IN THE COMMUNITY NEEDED AND AVAILABLE TO ASSIST THEM.

WHEREAS, many patients who are released from their hospital care require continued care at home; and,

~~WHEREAS, such care often requires a high level of skill; and,~~

WHEREAS, ~~increasingly, because of costs and other factors~~ untrained caregivers are often called upon to provide such care; and,

WHEREAS, the American Association of Retired Persons (AARP) believes that volunteer caregivers require more training than they are receiving to take care of the patients they have volunteered to care for; and,

WHEREAS, hospitals are under increased pressure from the federal government to avoid readmission of patients within thirty days of their release; and,

~~WHEREAS, hospitals do presently provide discharge plans for all patients that do involve caregivers; and,~~

WHEREAS, there may be ~~other~~ resources already in the community or that need to be developed in the community to meet this need; and,

WHEREAS, the hospital members of the Healthcare Association of Hawaii (HAH) are willing to review their role with regard to the training of caregivers; and,

WHEREAS, hospitals have concerns regarding the possible liability they may incur if they undertake more intensive training of caregivers; and,

WHEREAS, AARP and HAH are agreeable to working with each other and its members and other appropriate entities and persons in the community to assess this matter and develop solutions; now, therefore,

BE IT RESOLVED by the House of Representatives of the Twenty-Seventh Legislature of the State of Hawaii, the Senate concurring, that the Department of Health, is requested to convene a caregivers working group to examine and assess the role of caregivers, the status of caregiver training, the question of what role hospitals should play in the training of caregivers and the role others might or should play in the training of caregivers to assure the best outcomes for all patients released from hospitals; and

BE IT FURTHER RESOLVED that the Department of Health is requested to invite the participation of all interested parties including but not limited to representatives of the following:

- ~~(1) The Director of Health, or her designee who shall serve as Chair;~~
- ~~(2) Two representatives from AARP Hawaii;~~
- ~~(3) The Director of the Executive Office on Aging, or his designee;~~
- ~~(4) The Chief of the Office of Healthcare Assurance, or his designee;~~
- ~~(5) Two representatives from HAH member hospitals; the Healthcare Association of Hawaii;~~
- ~~(6) One representative from Home Health Care;~~
- ~~(7) One representative from a Skilled Nursing Facility;~~
- ~~(8) One representative from each of the County Area Agencies on Aging;~~
- ~~(9) One representative from the Kokua Council;~~
- ~~(10) One representative from Ohana Health Plan;~~
- ~~(11) One representative from the American Cancer Society;~~
- ~~(12) One representative from Papa Ola Lokahi; and~~
- ~~(13) One representative from an Alzheimer's Disease treatment organization; and~~

BE IT FURTHER RESOLVED that the caregivers working group is requested to submit a written report of its findings and recommendations to the Legislature no later than 20 days prior to the convening of the Regular Session of 2015; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Healthcare Association of Hawaii, AARP, Director of Health, and the Executive Office on Aging.