



To: Committee on Health  
Representative Della Au Belatti, Chair

Date: January 24, 2014, Conference Room 329, 9:00 a.m.

Re: **HB 2055 – RELATING TO CAREGIVING**

Chair Belatti and Committee Members:

My name is Steve Tam, Director of Advocacy for AARP Hawaii. AARP is a membership organization of people 50 and older with nearly 148,000 members in Hawaii. AARP fights on issues that matter to Hawaii families, including the high cost of long-term care; access to affordable, quality health care for all generations; providing the tools needed to save for retirement; and serving as a reliable information source on issues critical to Americans age 50+.

**AARP strongly supports HB 2055 - Relating to Caregiving.** This bill requires a hospital to provide the patient with the opportunity to designate a caregiver on hospital medical records; discuss the care plan with a caregiver; provide a caregiver with notice prior to discharge or transfer to another facility; and instruct the caregiver on medical tasks that need to be performed after discharge.

This bill is in recognition of the expanding role of Caregivers. Approximately 247,000 unpaid family caregivers are the backbone and support for Hawaii residents with physical or cognitive limitations. These caregivers provide services that are valued at approximately \$2 billion annually. This bill will also help manage health care costs as it has the potential to reduce costly hospital readmissions which are prevalent and very costly to Medicare programs.

A recent survey by the AARP Public Policy Institute and the United Hospital Fund determined that nearly half or 46% of family caregivers performed medical tasks. The most common medical tasks performed by family caregivers were:

- Medication management – 78% - including administering intravenous fluids and injections, with almost half administering five to nine prescription medications daily.
- Help with assistive mobility devices - 43%
- Preparing food for special diets – 41%
- Wound care – 35%

In summary, as Hawaii's population ages, frail elderly and disabled residents rely heavily on unpaid family caregivers. Family caregivers are now the "new normal" and have become the default providers for complex chronic care in homes. Despite this critical role, family caregivers are often left out of discussions and plans involving a patient's transition from hospitals and back to home.

We urge you to support HB 2055.

Thank you for the opportunity to testify.



HOUSE COMMITTEE ON HEALTH  
Rep. Della Au Bellati, Chair

January 24, 2014 at 9:00 a.m.  
Conference Room 329

**Comments on HB 2055: Relating to Caregiving**

The Healthcare Association of Hawaii (HAH) is a 116 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 nearly 20,000 people statewide. Thank you for this opportunity to testify on HB2055. While HAH and its members strongly support the intent behind HB 2055—which is to promote prevent hospital readmissions through quality patient care and support by recognizing the importance of direct communication and involvement with the patient's support network—HAH has concerns with the new requirements imposed on healthcare providers relating to patient caregivers.

Here, HB 2055, sections -2, -3, and -4, impose legal duties on hospitals regarding patient caregiver designation, notice, and after-care instruction. While the bill creates a host of new legal requirements for hospitals—which may create legal liability for hospitals who fail to meet such requirements—the measure does not specifically address the consequences for healthcare providers who fail to meet the very specific caregiver mandates. To the contrary, however, in section -2(e) & (f) the bill specifically states that it does not impose any legal duty on the patient, the patient's guardian, or any designated caregiver. By imposing legal duties on hospitals without guidance regarding a failure to meet duties under the bill—and by failing to impose bi-lateral legal duties on hospitals, patients, guardians, and caregivers alike—the statute shifts all risk in the caregiving relationship to the hospitals and creates unnecessary legal uncertainty for hospitals.

In a time of unprecedented change in healthcare, HAH is committed to working with providers across the continuum of care toward a healthcare system that offers the best possible quality of care to the people of Hawaii. While HAH's members share the desire of legislators to continually improve the quality and delivery of healthcare, mandating specific practices through legislation generally impedes improvement and innovation in healthcare quality and best practices. Thank you for the opportunity to offer comments on HB 2055.

Sincerely,

George Greene  
President & CEO  
Healthcare Association of Hawaii

TO: HOUSE COMMITTEE ON HEALTH  
Rep. Della Au Belatti, Chair

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

HEARING: 9:00 am Friday, January 24, 2014  
Conference Room 329, Hawaii State Capitol

SUBJECT: HB 2055 Relating to Caregiving

POSITION: The Hawaii Family Caregiver Coalition **strongly supports HB 2055** which requires hospitals to give patients the opportunity designate a caregiver, enter the caregiver's name in the medical record, notify the caregiver prior to the patients transfer or discharge, consult with the caregiver about the discharge plan, and instruct the caregiver in after-care tasks:

RATIONALE:

The Policy Board for Elder Affairs has a statutory obligation to advocate on behalf of the senior citizens of Hawaii. While we advise the Executive Office on Aging, we do not speak on behalf of the Executive Office of Aging.

- Family caregivers are typically not included in the discharge planning of patients from hospitals, and despite the fact that they are often expected to perform complicated and risky medical task, they are not trained for these tasks.
- Hospital readmissions for the same diagnosis within 30 is unacceptably high, including 1 in 8 persons on Medicare. A high number of these readmissions are due to inadequate care following their discharge from the hospital.
- 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.
- Hospitals are at financial risk because such readmissions are often not reimbursed by insurance and are now penalized with fines by the Medicare.
- 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

Thank you for allowing me to testify.

The Twenty-Seventh Legislature  
Regular Session of 2014

HOUSE OF REPRESENTATIVES  
Committee on Health  
Rep. Della Au Belatti, Chair  
Rep. Dee Morikawa, Vice Chair  
State Capitol, Conference Room 329  
Friday, January 24, 2014; 9:00 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON H.B. 2055  
RELATING TO CAREGIVING**

The ILWU Local 142 supports H.B. 2055, which requires hospitals to allow patients to designate a caregiver and to include the designated caregiver in the patient's medical record, notify the caregiver prior to the patient's transfer or discharge, consult with the caregiver about the patient's discharge plan, and instruct the designated caregiver in after-care tasks.

Whenever a person of any age is hospitalized, a plan should be discussed with the patient and his or her family. But when the patient is elderly and cannot fully care for himself, it is imperative that the hospital involve a caregiver in discharge planning. H.B. 2055 will require hospitals to determine who the caregiver is and consult with the caregiver about how the patient will be cared for upon discharge.

Indeed, it is in the hospital's best interest to ensure that the patient is discharged to an environment that will provide care to prevent re-hospitalization. We understand that the Affordable Care Act allows for penalties to be imposed if patients are readmitted too soon after discharge. Hospitals then will have a financial incentive to involve any and all who can care for the patient.

The ILWU urges passage of H.B. 2055. Thank you for the opportunity to share our views on this bill.

**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, January 23, 2014 2:21 PM  
**To:** HLTtestimony  
**Cc:** mendezj@hawaii.edu  
**Subject:** \*Submitted testimony for HB2055 on Jan 24, 2014 09:00AM\*

**HB2055**

Submitted on: 1/23/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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**HB2055**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

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

Comments: This protects the senior citizens ho either living indepentpently and those who don't strong support system. The bill compels hospitals to ensure seniors are discharged from the hospital with proper resources. Caregivers must be trained properly and instructed to perform the medical tasks required for the person. This is one way to avoid costly frequent trips to ER or readmissions.

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