

**SB2264**

**SD1**

**LATE**

**TESTIMONY**

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
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**Subject:** \*Submitted testimony for SB2264 on Feb 25, 2014 10:30AM\*  
**Date:** Tuesday, February 25, 2014 9:03:35 AM

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**SB2264**

Submitted on: 2/25/2014

Testimony for JDL on Feb 25, 2014 10:30AM in Conference Room 016

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

Comments:

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**Tuesday, February 25, 2014; 10:30 am**  
**Conference Room 016**

**The Senate Committee on Judiciary and Labor**

To: Senator Clayton Hee, Chair  
Senator Maile Shimabukuro, Vice Chair

From: Virginia Pressler, MD, MBA

Re: **SB 2264, SD1 Relating to Caregiving  
Comments**

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My name is Virginia Pressler, MD, MBA, Executive Vice President and Chief Strategic Officer for Hawai'i Pacific Health (HPH). 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. The system's leading strategic initiatives include women's health, pediatric care, cardiovascular services, cancer care, and bone and joint services. Hawai'i Pacific Health ranks among the top three percent of hospitals nationwide in the adoption of electronic health records, with system-wide implementation that allows its hospitals and physicians to offer integrated, coordinated care throughout the state.

I am writing to provide comments on SB 2264, SD1. We support the intent of SB 2264, SD1 which seeks to prevent hospital readmissions through quality patient care and support by recognizing the importance of direct communication and involvement with the patient's support network upon discharge. However, we are concerned about the risk and uncertainty created by the new requirements imposed on healthcare providers through this bill. Our network of hospitals already has in place comprehensive discharge policies and protocols that ensure patients' family members and caregivers receive critical aftercare instructions and information for the patients being discharged. Our staff ensures that the proper individual is given all necessary information, together with pertinent contact information. Thus, SB 2264 may be duplicative to procedures that are already in place, and may overstep the boundaries of clinical practice.

Thank you for the opportunity to provide these comments.





**S.B. 2264, S.D.1**  
**RELATING TO CAREGIVING**  
**Senate Committee on Judiciary and Labor**  
**February 25, 2014 10:30 a.m.**

The Queen's Health System understands the intent, but cannot support this measure.

When a loved one is in need, the challenges of caregiving often fall to family, friends, and neighbors. Today, caregiving is challenging, especially as we work to keep older adults living independently and safely in their homes and communities. This role can take both an emotional and physical toll. The unpaid contributions of family caregivers to the person being cared for are huge. We support the growing concern and interest in improving family caregivers' experiences and outcomes.

QMC adheres to Centers for Medicare and Medicaid Services Conditions of Participation, Discharge Planning. These are the discharge guidelines and processes that hospitals must have in effect and apply to all patients. Included in this are standards such as early identification of patients in need of substantive discharge planning, timelines and evaluation requirements, and guidelines on the development of discharge plans which requires the inclusion and counseling of patient and family members to prepare them for post-hospitalization.

While well intentioned to bolster caregivers' support and education, as written, this measure creates legal duties on hospitals regarding patient caregiver designation, notice, and after-care instruction. It creates a host of new legal requirements for hospitals—which may create legal liability for hospitals that do not meet such requirements. The statute shifts risk in the caregiving relationship to the hospitals and creates legal uncertainty for hospitals.

While we cannot support the mandates in SB2264, we have reviewed the impressive and diligent research, data, and policy recommendations made by AARP in the area of caregiving. Based on that information, we suggest there may be other options we can work together to support Hawaii's caregivers, such as:

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

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

To: Committee on Judiciary and Labor, Senator Clayton Hee, Chair  
Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.  
Re: SB 2264 SD1 - Relating to Caregiving

Chair Hee and Committee Members:

Thank you for the opportunity to submit written testimony in STRONG SUPPORT of SB 2264 SD1 Relating to Caregiving. My name is Ken Takeya and I am a family caregiver for my wife who has dementia. We live in Enchanted Lakes, Kailua. The passage of this bill is vital as it addresses the many frustrations I have encountered caring for my wife. Being a dementia patient, my wife can't articulate how she feels. After three visits to the emergency room and 3-4 day stay in the hospital for each visit I finally learned how to identify that she was experiencing the same problem with different symptoms. This could have been avoided if I was told what to look out for to begin with. While in the hospital, I have to make sure all their questions are directed to me because my wife does not understand what she is being told or asked. She just smiles and nods her head. During my wife's hospital visits, I have tried to be a patient advocate for other patients by telling their loved ones what questions to ask the medical staff and where to get resource information for their particular situation. The hospital staff is so busy their main focus is to get the patient well enough so they can be discharged.

I have been taking care of my wife for the last 7 ½ years. Of this time, the last 5 years have been as a full time caregiver. The first 2½ years I had a caregiving service come in to take care of her but at \$4000.00 per month it got too expensive so I retired to take care of her. I have some help from my sons and my wife's family so I can get some respite care for what is a 24/7 job. I get up every night every two to three hours to check on my wife or take her to the bathroom. I do not wish this "job" on anybody but everyone should experience it for a week and they will understand how demanding the "job" is. My main goal is to ensure the quality of life for my wife is the best care she can get but it is taking a toll on my family and myself.

Mahalo,

Ken Takeya

To: Committee on Judiciary and Labor, Senator Clayton Hee, Chair

Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.

Re: SB 2264 SD1 - Relating to Caregiving

Chair Hee and Committee Members:

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of SB 2264 SD1 Relating to Caregiving. My name is Ramon Sumibcay. I am a registered nurse and an advocacy volunteer for AARP, The passage of this bill is vital as:

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

Patients who are discharged to caregivers with no or little instructions to perform the medical tasks are put at risks of being re-admitted. The bill is mandating that caregivers have to be identified upon admission and be instructed upon discharge. This process could save all the heartburns of readmission, unnecessary trips to the ER for the caregivers and patients and minimize unnecessary increase in healthcare expenditures.

I urge you to support caregivers by voting yes on SB 2264 SD1.

Sincerely,

Ramon Sumibcay, RN

To: Committee on Judiciary and Labor, Senator Clayton Hee, Chair

Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.

Re: SB 2264 SD1 - Relating to Caregiving

Chair Hee and Committee Members:

Thank you for the opportunity to submit written testimony in STRONG SUPPORT of SB 2264 SD1 Relating to Caregiving. My name is Robin Shumpis and I am a social work student at Hawaii Pacific University and live in the Ewa Beach area. The passage of this bill is vital as:

Unpaid caregivers are not included or even identified in care plan discussions when they have a loved one that is being discharged from a hospital. The amount of involvement, or lack thereof, that the caregivers are given is becoming a problem for the caregivers, as well as the patients themselves. This can be stressful and overwhelming for caregivers because they are often times there is not a clear understanding of the difficult tasks that they are to take control over. By giving the caregivers little to no instruction, there is a large increase in the chance that the patient will have to be readmitted into the hospital for the same reason than before or an even worse scenario. I support this bill because I think the caregivers should be educated and prepared for the responsibilities they are going to be in charge of so that they are not thrown into this blindfolded. The endeavors of caregiving often involve complex, medical tasks that most caregivers have never had experience with or had knowledge about. They still continue to perform these tasks for the well-being of their loved ones simply because they do not have another option; no one else is able to help with or do the caregiving, insurance will not cover it, and the cost of a paid caregiver is too expensive for most to afford. I have seen many cases where caregivers are not confident in their ability to care for their loved ones because of how demanding the tasks are, so in return the caregiving is not as effective as it could be. This is not the way it needs to be and is not a good representation of how to properly be the caregiver for a loved one. I am in support of this bill so that fewer people struggle to help their loved ones in the process of caregiving. I believe that caregiving comes with enough stressors of its own and there should not be any more barricades to providing our loved ones the best way that we can.

I urge you to support caregivers by voting yes on SB 2264 SD1.

Robin Shumpis

Ewa Beach