

HB2252 HD1

Measure Title: RELATING TO DISCHARGE PLANNING.

Report Title: Hospital Discharge Planning; Caregiver Designation; Health Care

Description: Requires hospitals to adopt and maintain discharge policies, consistent with recent updates to federal regulations, to ensure that patients continue to receive necessary care after leaving the hospital. (HB2252 HD1)

Companion: [SB2397](#)

Package: None

Current Referral: CPH/HMS, JDL

Introducer(s): BELATTI, CACHOLA, CREAGAN, EVANS, ING, ITO, KOBAYASHI, MIZUNO, MORIKAWA, NAKASHIMA, SAIKI, SAY, SOUKI, TAKAYAMA, TSUJI, Johanson, Luke, McKelvey, Nishimoto, Rhoads



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 17, 2016

The Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection,
and Health

and

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senator Baker, Senator Chun Oakland, and Members of the Committees:

SUBJECT: HB 2252 HD1 Relating to Discharge Planning

The State Council on Developmental Disabilities **SUPPORTS the intent of HB 2252 HD1**. The purpose of this bill is to complement the Federal discharge planning requirements that hospitals follow by allowing admitted inpatients to designate a caregiver, provide written and oral instructions to designated caregivers prior to discharge, and requiring hospitals to notify designated caregivers prior to a patient's discharge or transfer.

We have a proposed amendment for your consideration with regard to the section, "Designation of a caregiver," page 5, lines 12-15: "A hospital shall make reasonable attempts to notify the patient's caregiver of the patient's discharge to the patient's residence as soon as practicable." We feel that the current language may be too vague and result in unintended misinterpretation. We propose that a timeframe be established such as, "A hospital shall notify the patient's caregiver at least 36 hours prior to the anticipated patient's discharge to the patient's residence as soon as practicable." Having a timeframe would provide consistency in notification of a patient's discharge.

The Council supports initiatives that enable and support caregivers to provide competent post-hospital care to family members and other loved ones after discharge from the hospital.

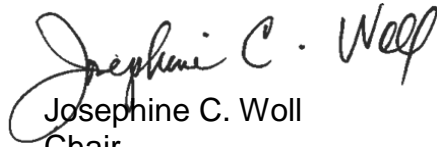
The Honorable Rosalyn H. Baker
The Honorable Suzanne Chun Oakland
Page 2
March 17, 2016

Thank you for the opportunity to submit testimony **supporting the intent of HB 2252 HD1** and for your consideration of the above proposed amendment.

Sincerely,



Waynette K.Y. Cabral, MSW
Executive Administrator



Josephine C. Woll
Chair

March 17, 2016

Senator Suzanne Chun Oakland, Chair
Senate Committee on Human Services

Senator Rosalyn H. Baker, Chair
Senate Committee on Commerce, Consumer Protection, and Health

RE: HB2252 HD1, Relating to Discharge Planning

Chairs Baker and Chun Oakland:

My name is Laurel Coleman, and I am submitting this testimony on behalf of PABEA.

PABEA (Policy Advisory Board for Elder Affairs) has long supported the CARE Act efforts and has continued to advocate for the important role that caregivers play when a patient leaves the hospital. We submitted testimony for the CARE Act when it was submitted with the Kupuna Caucus package of legislation and we continue to support this effort with HB2252 HD1 and SB 2397 SD1.

All hospitalized patients should have the opportunity to name a caregiver who might help them at home, and if desired by the patient the caregiver should be given the opportunity to receive after-care instructions. Involvement of caregivers has been shown in multiple studies to be crucial for patient safety, avoidance of re-admissions and return ER visits.

We prefer the Senate's version of this bill SB2397 SD1, because we feel that its preamble acknowledges concern for patients and family caregivers more explicitly. Additionally, the language of Section 2(c) of the SD1 is superior to the House version as it clearly adds important support for patient and caregivers to existing federal and national discharge rules.

PABEA will support either bill, but we strongly prefer the Senate version for the reasons outlined above.

Asking a patient if they have a caregiver at home, and offering to involve the caregiver in an explanation of what is needed after discharge is an expected and crucial part of providing good medical care.

Laurel Coleman MD
Geriatric physician
PABEA member

This testimony is submitted on behalf of PABEA.

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: ktakahashi@kauai.gov
Subject: Submitted testimony for HB2252 on Mar 17, 2016 13:35PM
Date: Tuesday, March 15, 2016 5:23:37 PM

HB2252

Submitted on: 3/15/2016

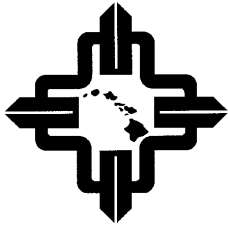
Testimony for CPH/HMS on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Ludvina K Takahashi	Agency on Elderly Affairs	Support	No

Comments: I am a member of the Hawaii CARE Act Coalition. I am encouraged with the progress of the bill but prefer the Senate version (SB2397 SD1) because the SD1 makes clear that the bill adds important supports for patients and caregivers in addition to standards that hospitals may be required to meet under existing rules. This is achieved by adding the words “also include” to the language of Section 2(c) – as reflected in SD1. Thank you for your consideration.

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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HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare for All"

SENATE COMMITTEE ON HUMAN SERVICES

Senator Suzanne Chun Oakland, Chair

Senator Gil Riviere, Vice Chair

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Michelle N. Kidani, Vice Chair

March 17, 2016
Conference Room 016
1:35 p.m.
Hawaii State Capitol

**Testimony Supporting House Bill 2252, HD1 Relating to Discharge Planning
(Hospital Discharge Planning; Caregiver Designation; Health Care)**

Linda Rosen, M.D., M.P.H.
Chief Executive Officer
Hawaii Health Systems Corporation

The Hawaii Health Systems Corporation (HHSC) **supports** HB2252, HD1. Lay caregivers play an important but often highly challenging and stressful role in supporting the health of their loved ones. Hospitalized patients can benefit when their lay caregiver is identified and receives appropriate information and instructions prior to discharge. This measure will assist patients and their caregivers in the transition from the hospital back to the community setting. We hope that further work can be done to develop community supports for lay caregivers as the hospital discharge process cannot provide all the information and instruction caregivers need to address the challenges and stresses they face in the home setting.

Thank you for the opportunity to testify.

3675 KILAUEA AVENUE • HONOLULU, HAWAII 96816 • PHONE: (808) 733-4020 • FAX: (808) 733-4028

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www.hhsc.org



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Twenty-Eighth Legislature, State of Hawaii
The Senate
Committee on Human Services
and
Committee on Commerce, Consumer Protection, and Health

Testimony by
Hawaii Government Employees Association

March 17, 2016

H.B. 2252, H.D.1 - RELATING TO
DISCHARGE PLANNING

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO is providing comments on H.B. 2252, H.D.1 Relating to Discharge Planning. The HGEA fully supports Hawaii's 154,000 family caregivers across the state and was encouraged by the bills introduced this session.

HGEA is part of the coalition with AARP to support the CARE Act that is part of the Kupuna Caucus package introduced this session (SB2208 and HB1879) and feels that the language in those bills address the issues for the caregivers. However, we are prepared to support H.B. 2252, H.D. 1 with the following clarifying technical amendments:

The preamble of this bill should be revised to reflect more accurately the concerns of the caregivers and the patient rather than focused on the hospitals' perspective. H.B. 2252, H.D. 1 needs to be clear that its intent is to implement the CARE Act provisions that go beyond existing federal guidelines and the proposed Center for Medicare and Medicaid Services (CMS) rules.

Secondly, the proposed legislation should give all hospital in-patients and their designated caregivers the opportunity to receive after-care instructions prior to discharge. Patients and their caregivers should have a voice in determining whether they need to have instructions explained to them prior to discharge.

The HGEA is committed to Hawaii's family caregivers, and feels that H.B. 2252, H.D. 1 should be broadened to include the patient in the discharge process and not just the hospitals.

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

Sincerely,


Randy Perreira
Executive Director



March 17, 2016 at 1:35 PM
Conference Room 016

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

To: Chair Rosalyn H. Baker
Vice Chair Michelle N. Kidani

Chair Suzanne Chun Oakland
Vice Chair Gil Riviere

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: Testimony in Support
HB 2252 HD 1, Relating to Discharge Planning

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 provide our **support** of HB 2252 HD 1. This legislation would require hospitals to allow patients to designate a caregiver and provide designated caregivers the opportunity to participate in discharge planning and receive instruction prior to the patient's discharge from a hospital.

Ensuring that patients and the family members that care for them receive high quality services is a priority for our hospital members, who are tasked with taking care of loved ones during the worst of times. Engaging caregivers in a patient's discharge planning process is essential to successfully transitioning a patient back home. However, discharge planning is just one part of an entire system of services that helps patients and their families following a stay at the hospital. Home- and community-based programs and services are absolutely critical to enabling seniors to stay in their homes and providing relief to caregivers.

We believe that this bill represents a deliberative process led by the chairs and the members of the Hawaii Legislative Family Caregivers Working Group (LFCWG) during the legislative interim to provide comprehensive recommendations that address some of the root issues facing family caregivers. It

will support the transition of a patient from the hospital back home and help caregivers feel more integrated in the discharge planning process.

However, we are concerned that there needs to be continued focus on preserving and expanding long-term support and funding programs, services and policies that enable seniors to age in place. This would include support for wrap-around services that allow seniors to heal and stay in their homes, such as meal delivery and transportation services, respite services, and a more specialized labor force that includes nascent occupations such as community health workers.

It is also important to note that this legislation will create new state-based mandates for hospitals to follow related to discharge planning. This is a continued concern for HAH, since there are already strict, comprehensive guidelines required by the Medicare program related to discharge planning that our hospitals follow. Additionally, Hawaii hospitals are preparing to implement new requirements recently proposed by Medicare, which make it clear that the federal government wants to expand the role of caregivers in discharge planning. Those new requirements are estimated to cost hospitals \$23 million annually in nursing costs alone.

In the past, our members have been particularly concerned about mandates that would allow a patient to designate any number of caregivers, change their designated caregiver at any time, provide live or recorded instructions at the caregiver's discretion, and require providers to start documenting a huge amount of information. These provisions would have delayed discharge, increased costs, and taken time away from direct patient care.

This bill addresses and resolves the most constraining provisions of past legislation, including those referenced above. Overall, any state-based mandates should remain flexible enough to be adaptable to changing federal requirements and to avoid any conflicting directives. With these concerns in mind, HAH can support the language in this bill, with amendments, because it is complementary to the comprehensive and expanding federal requirements on discharge planning.

Thank you very much for the opportunity to testify on this measure.



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Suzanne Chun Oakland, Chair, Committee on Human Services
The Honorable Gil Riviere, Vice Chair, Committee on Human Services
Members, Committee on Human Services

The Honorable Rosalyn H. Baker, Chair, Committee on Commerce, Consumer
Protection, and Health

The Honorable Gil Riviere, Vice Chair, Committee on Commerce, Consumer Protection,
and Health

Members, Committee on Commerce, Consumer Protection, and Health

From: Paula Yoshioka, Senior Vice President, The Queen's Health Systems

Date: March 15, 2016

Hrg: Senate Committee on Human Services & Committee on Commerce, Consumer
Protection, and Health Joint Hearing; Thursday, March 17, 2016 at 1:35pm in Room 016

Re: Support for HB 2252, HD1, Relating to Discharge Planning

My name is Paula Yoshioka, and I am a Senior Vice President at The Queen's Health Systems (Queen's). I would like to express my **support** for HB 2252, HD1, Relating to Discharge Planning. This bill requires hospitals to adopt and maintain discharge policies, consistent with recent updates to federal regulations, to ensure that patients continue to receive necessary care after leaving the hospital.

At Queen's we are dedicated to providing the highest quality care for our patients. Queen's is committed to ensuring that our patients and their designated caregivers are actively engaged in the discharge planning process and agree that this is important for patients to be able to manage their post-discharge care at home or in the community.

We concur with the testimony provided by the Healthcare Association of Hawaii (HAH) and agree that this bill represents a deliberative process led by the chairs and the members of the Hawaii Legislative Family Caregivers Working Group during the legislative interim to provide comprehensive recommendations that address some of the root issues facing family caregivers.

In addition, Queen's believes that there needs to be continued focus on preserving and expanding long-term support and funding programs, services, and policies that enable seniors to age in place. This would include support for wrap-around services that allow seniors to heal and stay in their homes, such as meal delivery and transportation services, respite services, and a more specialized labor force that includes nascent occupations such as community health workers.

Thank you for your time and attention to this important issue.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



February 17, 2016

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair

Re: **HB2252 HD1 – RELATING TO DISCHARGE PLANNING**

Chair Baker, Chair Chun Oakland and Members of the Committees:

My name is Barbara Kim Stanton, and I am State Director for AARP Hawaii. I appreciate this opportunity to testify on HB2252 HD1 on behalf of our nearly 150,000 members in Hawaii and in support of family caregivers across the state. Family caregivers are the backbone of the long-term services and supports system in Hawaii, but their contributions are frequently unrecognized and largely unsupported. Approximately 154,000 unpaid family caregivers in the state are caring for a relative or loved one, helping them to live independently in their own homes. These caregivers provide services valued at approximately \$2.1 billion annually.

Since 2014, 19 states and Puerto Rico have enacted laws allowing patients to designate caregivers and giving caregivers the opportunity to receive after-care instructions to keep their loved ones safe at home after discharge. Over 20 other states have introduced CARE Act legislation in 2016.

AARP Hawaii is pleased with the progress of this bill, and its companion bill from the Senate, SB2397 SD1. There are some differences in the two versions of the bill, and AARP is willing to support either version. However, we prefer the Senate version and ask that the Committees amend this bill to reflect SD1. In particular:

- the language of Section 2(c) of the SD1 requiring that hospital discharge policies “also include” various federal and national standards makes it more clear that this bill adds important supports for patients and caregivers in addition to whatever standards the hospitals may be required to meet under other existing rules.
- the preamble of the Senate version – especially the purpose statement – more clearly demonstrates legislative concern and support for patients and their family caregivers, and

does not focus primarily on the hospitals' perspective, as the preamble of the House version does.

- we support the July 1, 2017 effective date of the Senate version and ask that the House version be amended to include that date.

We are pleased with the progress that has been made to date on an issue that has been of great concern to an overwhelming majority of our community, and the members of the CARE Act Coalition, including AARP. We hope you will concur with these friendly proposed revisions. Thank you for the opportunity to testify.

TO: Honorable Senator Suzanne Chun Oakland, Chair
Honorable Senator Gil Riviere, Vice Chair
Members of the Committee on Human Services

Honorable Senator Rosalyn H. Baker, Chair
Honorable Michelle N. Kidani, Vice Chair
Members of the Committee on Commerce, Consumer Protection, and Health

DATE: Thursday, March 17, 2016
PLACE: State Capitol Room 308
TIME: 1:35 pm
SUBJECT: Testimony in support of HB 2252, HD 1 Relating to Discharge Planning

Chairs Oakland and Baker and Committee Members on Human Services and Commerce, Consumer Protection and Health.

Project Dana strongly supports HB 2252, HD 1 Relating to Discharge Planning.

Project Dana is an interfaith volunteer caregivers program that provides support services through a corps of trained volunteers, guided by the principle of “Dana”, which combining selfless giving and compassion in contributing towards the well-being of the frail elderly, disabled persons and family caregivers. The Project has been humbly serving the statewide community for 27 years.

The volunteers who serve the older population are sensitive to Hawaii’s diverse cultures and traditions. As Administrator of Project Dana, I can attest to the concerns and issues facing the frail elderly and disabled persons. The volunteers from time to time have witnessed the frail elderly who are frequently in and out of the hospitals whose desire is to remain in their homes and live independent lives to the fullest as long as possible.

Project Dana feel that some training be strongly considered to family caregivers when hospitals are in the process of discharging patients, such as medication management, injections, wound care and special diets. Too often the patient being discharged is not capable of receiving instructions. Training family caregivers before their loved ones are discharged can help alleviate stress and suffering and in some cases save lives.

Please support HB 2252, HD 1 so that instructions or training be provided to family caregivers in order that their loved ones remain in their homes as long as possible.

Thank you very much.
Rose Nakamura
Administrator, Project Dana

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: mayuyehara@hotmail.com
Subject: Submitted testimony for HB2252 on Mar 17, 2016 13:35PM
Date: Wednesday, March 16, 2016 11:14:36 AM

HB2252

Submitted on: 3/16/2016

Testimony for CPH/HMS on Mar 17, 2016 13:35PM in Conference Room 016

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

Comments: As a member of the Hawaii Care Act Coalition, I support HB2252 HD1. However, I prefer the language of SB2397 SD1 because it more clearly states support for patients and caregivers beyond those standards which hospitals are required to meet by federal law. The effective date also needs to be amended to be the same as the Senate version: July 1, 2017.

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: Committee on Human Services, Senator Suzanne Chun Oakland, Chair
Committee on Commerce, Consumer Protection, & Health, Senator Rosalyn H. Baker, Chair

Date: March 17, 2016, State Capitol Conference Room 016, 1:35 p.m.

Re: HB 2252, HD 1 - Relating to Discharge Planning

Chairs Chun Oakland, Baker and Committee Members:

Thank you for the opportunity to submit written testimony in SUPPORT of HB 2252, HD 1 - Relating to Discharge Planning. My name is T. J. Davies Jr. and I am retired, disabled and live alone in the Kakaako area. The passage of this bill is vital as:

The bill provides patients with the opportunity to designate a Caregiver

Requires hospitals to notify caregivers 24 hours prior to a patient's discharge; and

Provide instructions to caregivers on tasks performed after discharge at home.

Family caregivers are performing complex medical type tasks with little or no instruction. Family caregivers may have no choice but to perform medical tasks - no one else will do it, insurance will not cover it, and it's too expensive to hire someone

I urge you to support caregivers by voting yes on HB 2252, HD 1. Mahalo & Aloha

T. J. DAVIES JR., Volunteer,
Treasurer, AARP Chapter 60 Honolulu
Treasurer, Kokua Council for Senior Citizens of Hawaii
Director, Hawaii Alliance for Retired Americans
Kakaako (District 23 / Senate District 12)

From: [Marilyn Seely](#)
To: [HMS Testimony](#); [CPH Testimony](#)
Subject: HB 2252, HD1
Date: Wednesday, March 16, 2016 12:05:22 PM

Hearing
Wednesday March 17th 2016

[COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH](#)

Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

Re: HB2252, HD1

From: Marilyn R Seely
marseel@aol.com
46-402 Haiku Plantations Drive
Kaneohe, HI 96744

Dear Chairs Chun Oakland, Riviere, Baker and Kidani and members of the committees,

I am offering strong support for HB 2252, HD 1 which addresses shortcomings in the discharge planning process for patients leaving the acute care settings and going home.

From personal experience with my own family, I have seen first hand how difficult it is for families and friends to care for recently released patients who require a great deal of care and support. This is all too often the responsibility of other older family members who haven't the skills or strength to carry out the many tasks expected of them. Some additional training before discharge would help ease their emotional burden and give them information vital to their family members' well being.

i urge you to consider a favorable vote on this measure.

With respect, Marilyn Seely

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: gertiehara@gmail.com
Subject: Submitted testimony for HB2252 on Mar 17, 2016 13:35PM
Date: Tuesday, March 15, 2016 8:18:20 PM

HB2252

Submitted on: 3/15/2016

Testimony for CPH/HMS on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Gertrude Hara	Individual	Comments Only	No

Comments: Very pleased of the progress of this bill. Prefer the Senate (SB2397 SD1) because this makes more clear and important supports for patients and caregivers. That hospitals be required to meet under existing rules. By adding among all this "also include language as reflected in SD1. To meet all standards to be clear.

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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Re: HB2252 HD1 RELATED TO DISCHARGE PLANNING

Chair Baker, Chair Chun Oakland and Members of the Committee:

My name is Paul Nishimura and I am part of the Hawaii CARE Act Coalition. I support the intent of HB2252 HD1. However, the Senate version of the bill, SB2397 SD1, makes clear that the focus of the bill is the caregiver.

Of particular importance, the words “also include” should be added to the language of Section 2(c) as in the SD1. HD1 could give hospitals the impression that they can continue with the status quo.

I am pleased with that progress that has been made in moving CARE Act legislation forward. I encourage you to consider the suggested revisions to make clear the importance of caregivers in the discharge planning.

Thank you for the opportunity to testify.

Jo Kamae Byrne
P. O. Box 2390
Honolulu, Hawaii 96804
Tel: (808) 735-6747

RE: HB 2252 HD1

Chair Baker, Chair Chun Oakland and Members of the Committees,

Thank you for the opportunity to submit testimony in support of HB 2252 HD1.

My name is Jo Kamae Byrne and I am testifying as a private citizen with life experience as a family caregiver on more than one occasion. I am also a participant in the Hawaii Care Act Coalition.

It has been encouraging to watch the progress of both HB 2252 HD1 and its companion bill SB 2397 SD1 through this year's legislative session. Both bills recognize and address the important issue of after-care instructions and training for caregivers of patients being discharged from hospitals. Considering the precedence and long term impact of this legislation, I would like to suggest the following:

- Inclusion of language from Section (c) of the Senate version of the bill SB2397 SD1 to clearly state that hospital discharge policies "also include" various federal and national standards.
- Include reference to patients and family caregivers in the preamble of the House bill as reflected in the Senate version since they are the catalyst for this legislation.
- Stipulate the effective date of the bill be July 1, 2017.

Thank you for the your supportive efforts on behalf of patients and their caregivers. Given the natural unfolding of life, many of us may be direct beneficiaries of this important legislation some day.

Jo Kamae Byrne

Senate Committee on Human Services
Senator Suzanne Chun-Oakland, Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H, Baker, Chair

Re: **HB2252 HD1, RELATING TO DISCHARGE PLANNING**

Chair Baker, Chair Chun-Oakland and Members of the Committee:

I support SB-2397 SD1 Version and ask that the Committees amend bill HB2252 HD1 to reflect SD1 including the following:

1. The language of Section 2© of the SD1 requiring that hospital discharge policies “Also include” various federal and national standards makes it more clear that this bill adds important supports for patients and caregivers in addition to whatever standards the hospitals may be required to meet under other existing rules.
2. The preamble of the Senate version-especially the purpose statement-more clearly demonstrates legislative concern and support for patients and their families, and does not focus primarily on the hospital’s perspective, as the preamble of the House version does.
3. I support the July 1, 2017 effective date of the Senate version and ask that the House version be amended to include that date.

My name is Ken Takeya, I have been a caregiver for my wife the last 13 years. She suffers from a form of dementia so she is unable to speak for herself. During our journey she has visited the emergency room and was admitted to the hospital a few times for various reasons. On two of her visits she was released from the hospital and I was given very few instructions on her care. I was not smart enough to ask the right questions so on both occasions she was re-admitted because I did not know what to look for or do during her recovery at home. Not only was it costly but a waste of time for both the hospital staff as well as us. A hospital visit by a person without dementia can be scary. A person with dementia it can be traumatic because they do not understand what is going on. I now know what questions to ask and what to look out for but it could have been prevented if someone took a little more time prior to her discharge to explain what to do and what to look out for.

As part of the Hawaii CARE Act Coalition, I support the Care Act with the hope that someone else will not have to go through what we experienced. Somehow the compassion for the caregiver and their loved one has been replaced by financial concerns of the hospitals and insurance companies.

Sincerely,

Ken Takeya

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: lawrence.enomoto@gmail.com
Subject: *Submitted testimony for HB2252 on Mar 17, 2016 13:35PM*
Date: Tuesday, March 15, 2016 2:03:26 PM

HB2252

Submitted on: 3/15/2016

Testimony for CPH/HMS on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lawrence Enomoto	Individual	Support	No

Comments:

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March 16, 2016

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair

Re: HB2252 HD1, RELATING TO DISCHARGE PLANNING Chair Baker, Chair Chun Oakland and Members of the Committees:

Chair Baker, Chair Chun Oakland and Members of the Committees:

My name is Ramon Sumibcay, AARP Advocacy Volunteer. Thank you for the opportunity to testify on HB2252 HD1, and I am in SUPPORT.

Since the introduction of CARE Act legislation three years ago, it has been enacted in 19 states, to include Puerto Rico, and it was introduced also in many other states this year.

The Hawaii version has made significant modifications and the progress is moving towards its enactment. HB 2252 HD1 and its companion bill SB2397 SD1 have some differences but I prefer the Senate version and ask that the Committees amend this bill to reflect SD1. In particular:

- the language of Section 2(c) of the SD1 requiring that hospital discharge policies “also include” various federal and national standards makes it more clear that this bill adds important supports for patients and caregivers in addition to whatever standards the hospitals may be required to meet under other existing rules.
- the preamble of the Senate version – especially the purpose statement – more clearly demonstrates legislative concern and support for patients and their family caregivers, and does not focus primarily on the hospitals’ perspective, as the preamble of the House version does.

I further support the July 1, 2017 effective date of the Senate version and ask that the House version be amended to include that date.

Thank you very much for your support,

Sincerely,

Ramon Sumibcay, MHA, BSN, RN
AARP, Advocacy Volunteer

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: sarahyuan@gmail.com
Subject: Submitted testimony for HB2252 on Mar 17, 2016 13:35PM
Date: Wednesday, March 16, 2016 12:50:39 AM

HB2252

Submitted on: 3/16/2016

Testimony for CPH/HMS on Mar 17, 2016 13:35PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Yuan	Individual	Support	No

Comments: I strongly support the bill HB2252 HD1 relating to discharge planning and respectfully ask that the Committees to amend this bill to reflect its companion bill SB2397 SD1. Thanks for the opportunity to testify.

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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February 17, 2016

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair

DATE: Thursday, March 17, 2016

TIME: 1:35pm

Re: **HB2252 HD1, RELATING TO DISCHARGE PLANNING**

Honorable Chair Baker, Chair Chun Oakland, and Members of the Committees:

My name is Simone C. Polak and I'm a resident of Maui. My comments are based on my personal experiences as a caregiver to my life partner Leticia who at age 43 was diagnosed with an aggressive form of Multiple Myeloma, an excruciatingly painful, incurable blood cancer. From 2008, until her death in 2012, Leticia was hospitalized numerous times on Maui and on Oahu in acute care facilities. Some hospitals provided excellent discharge and immediate after care instructions to Leticia and I as her caregiver - others not so much!

I am therefore deeply grateful that the Hawaii Legislature has recognized the need for a strong discharge planning bill which will include the patient and caregiver. I am pleased with the progress this bill has made thus far, including its companion bill from the Senate, SB2397 SD1. Although there are some differences in the two versions of the bill, I would be able to support either version. However, my preference lies with the Senate version and I therefore respectfully request ask that the Committees amend this bill to reflect the SD1 language. Specifically as to the following:

1. the language of Section 2(c) of the SD1 requiring that hospital discharge policies "also include" various federal and national standards. This makes it more clear that this bill adds important supports for patients and caregivers in addition to whatever standards the hospitals may be required to meet under other presently existing rules.
2. The Preamble of the Senate version – especially the purpose statement – more clearly demonstrates legislative concern and support for patients and their family caregivers, and does not focus primarily on the hospitals' perspective, as the preamble of the House version does.
3. I support the effective date of July 1, 2017, the effective date of the Senate version and ask that the House version be amended to include that date.

Thank you for the opportunity to submit written testimony.

Aloha,
Simone C. Polak
Wailuku, Maui, HI 96793

March 15, 2017

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair

Re: **HB2252 HD1– RELATING TO DISCHARGE PLANNING**

Chair Baker, Chair Chun Oakland and Members of the Committees:

My name is Vicki Franco and I am a resident of Manoa. I am a family caregiver. I am also a member of the Hawaii Care Act Coalition. I am happy with the progress of this bill and its companion Senate bill SB2397 SD1. There are some differences in the two versions of the bill and I prefer the Senate version. I am asking that the Committees amend this bill to reflect SD1.

Specifically the language in Section 2(c) of the SD1 requiring that hospital discharge policies “**also include**” various federal and national standards makes it clearer for this bill to add important supports for patients and caregivers.

I am in support of this bill with these amendments. Mahalo for this opportunity to testify.

Respectfully submitted by,

Vicki Franco – Manoa Resident

To: Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair

Date: Thursday, March 17, 2016
1:35 p.m., Room 016

Re: HB 2252, HD1 – RELATING TO DISCHARGE PLANNING

Chairs Baker, Chun-Oakland and members of the Committee:

I am Audrey Suga-Nakagawa, a private consultant with over 25 years of health care administration and geriatric services in Hawaii. I am pleased with the progress of this bill and its companion bill from the Senate, SB2397 SD1. I am in support House Bill 2252 HD1 but would like to recommend a few minor amendments that would make the House bill more aligned with the Senate's version.

In particular, the specific language in the Senate version that could be included:

- the language of Section 2(c) of the SD1 requiring that hospital discharge policies “**also** include” various federal and national standards. This makes it clear that this bill adds support for patients and caregivers in addition to whatever standards the hospitals may be required to meet under other existing rules.
- the preamble of the Senate version – especially the purpose statement – more clearly demonstrates legislative concern and support for patients and their family caregivers, and does not focus primarily on the hospitals’ perspective, as the preamble of the House version does.
- Support the July 1, 2017 effective date of the Senate version and ask that the House version be amended to include that date.

These small changes provide additional clarity of the bill’s intent and purpose that supports the patients and their caregivers. Thank you for allowing me to submit my testimony.

Sincerely,

Audrey Suga-Nakagawa
1626 Ala Mahina Place
Honolulu, Hawaii 96819

I am a senior citizen and a resident of House District 19 and Senate District 9. I am a member of the CARE Act Coalition, the Hawaii Alliance for Retired Americans and Kokua Council. I am also a member of the Legislative Committee of PABEA, the Policy Board on Elderly Affairs.

This is the third year that a bill has come before the Hawaii legislature which would acknowledge the importance of unpaid caregivers in enabling seniors to remain in their own homes and age in place. HB 2252, HD1 and its companion bill, SB2397 SD1, incorporate the three elements of earlier proposed CARE Act legislation (designation of a caregiver, notifying a caregiver prior to discharge and offering instruction to a caregiver as to a patient's post-discharge needs).

The wording of the Senate version is preferable as it seems to focus more on patients and caregivers, rather than on hospitals.

An friendly amendment is suggested to clarify that hospital discharge policies go beyond, that is, exceed, current national standards, to ensure that the needs of patients and caregivers are given predominance in discharge planning.

It is respectfully requested that this bill be amended to reflect SD1.

Mahalo for the opportunity to testify.

Testimony In Support of HB No. 2252, HD 1, Relating to Discharge Planning for Patients and Caregivers

Hearing before the Human Services and Commerce, Consumer Protection and Health Committees

March 17, 2016, 1:35 pm., Conference Room 16

Chairs Chun-Oakland and Baker, and Committee Members

My name is Charlene Iboshi and I am a member of the Policy Advisory Board for Elderly Affairs (PABEA), Legislative Sub-committee. I live on Hawaii Island.

PABEA has been tracking this Patient and Caregiver Discharge Planning bill for several years. The PABEA Legislative Subcommittee has supported this concept when it was first introduced. With multiple task forces and heavy debate, now with the encouraging “federal mandates” forthcoming, there should be no reason not to pass this important caregiver and patient discharge planning law.

Many hospitals do a good job in including caregivers if they are involved initially. This bill will provide an important and simple standard to follow and making clear there is no legal liability for the hospital for the negligence on the part of the caregiver in supporting the patient.

Having been a caregiver for my mom and mother-in-law, I understand the complexities of tube-feeding and other medical interventions done by caregivers. The importance of unpaid, family caregiver support must be valued and encouraged. Discharge Planning should start upon admission and identify and involve caregivers.

Good discharge planning with supportive caregivers is good for patients and hospitals, not only socially and emotionally. It helps the economic “bottom line” for hospitals, they are not “penalized” for readmissions.

The PABEA and its Legislative Subcommittee, and all its members support this bill. Dr. Laurel Coleman is submitting the formal testimony. Thank you.

March 16, 2016

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair

Senate Committee on Commerce, Consumer Protection and Health
Senator Rosalyn H. Baker, Chair

RE: HB2252 HD 1 RELATING TO DISCHARGE PLANNING

I support HB2252 HD1 with friendly proposed revisions to align the bill more specifically with the words of SB2397 SD1. This revision will reassure Hawaii's 150,000+ caregivers that the bill will support their needs.

The language of Section 2(c) of the SD1 requiring that hospital discharge policies 'also include' various federal and national standards makes it more clear this bill adds important supports for patients and their caregivers in addition to whatever standards the hospitals may be required to meet under other existing rules.

Thank you for the opportunity to testify.

Respectfully submitted,

Christine Olah
Honolulu Resident
Supporter of the Hawaii CARE ACT Coalition

TO : SENATE COMMITTEE ON HUMAN SERVICES
Senator Suzanne Chun Oakland, Chair
Senator Gil Riviero, Vice Chair

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION
AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice-Chair

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

SUBJECT: HB 2252 HD1 Relating to Hospital Discharge

HEARING: 1:35 pm Thursday, March 17, 2016
Conference Room 016, Hawaii State Capitol

POSITION: I **strongly supports HB 2252 HD 1** 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, and provide instructions to the caregiver on the care of the patient after being discharged to home.

RATIONALE:

This proposed bill addresses would improve the ability family caregivers to provide quality care for their frail and disabled loved ones after being discharged from the hospital to home.

- Family caregivers provide 70% of the care for frail elderly persons and thus bear the major burden and expense of care. However, they also need to have the knowledge and skills to perform the tasks expected of them.
- The shift from hospital and institutional care to maintaining patients in their homes has greatly increased the demands on family caregivers, including performing complex medical procedures. At the same time, hospitals have reduced their discharge planning and role in assuring adequate post-hospital care. Consequently, the rate of re-admissions due largely to inadequate care at home has greatly increased.
- These re-admissions also result in costly fines for hospitals. Hospitals have a responsibility to address this problem to minimize risk to patients as well as to control their costs.
- Caregivers need to be identified, included in the discharge planning, and trained in the tasks which will be expected of them.
- The current bill addresses the fears of hospitals for incurring liability and is a sensible approach to making it feasible to arrange for the needed training of caregivers.

I urge you to pass this much needed bill. Thank you for allowing me to offer testimony.