



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
February 16, 2016

The Honorable Karl Rhoads, Chair
House Committee on Judiciary
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representative Rhoads and Members of the Committee:

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.

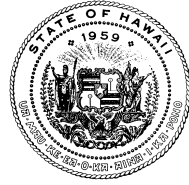
Thank you for the opportunity to submit testimony **supporting the intent of HB 2252 HD1** and for your consideration of the above proposed amendment.

Sincerely,

Waynette K.Y. Cabral, MSW
Executive Administrator

Josephine C. Woll
Chair

DAVID Y. IGE
GOVERNOR



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

State of Hawaii
DEPARTMENT OF HEALTH
1250 Punchbowl Street
Honolulu, HI 96813-2416
doh.testimony@doh.hawaii.gov

**WRITTEN
TESTIMONY ONLY**

**Testimony in SUPPORT of HB2252 HD1
RELATING TO DISCHARGE PLANNING**

REP. KARL RHOADS, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: February 16, 2016

Room Number: 325

1 **Fiscal Implications:** Additional unbudgeted resources may be required for complaint investigations.

2

3 **Department Testimony:** The Department of Health (DOH) is required by state law to investigate
4 complaints from patients or caregivers, as defined in this proposal, regarding real or perceived lack of
5 compliance by licensed health facilities to their statutory obligations. There are an estimated 90,000
6 discharges annually from Hawaii's 14 hospitals, and while rates of readmission are comparatively low, it
7 is difficult to predict and quantify the impact to department operations.

8

9 The department commits to ongoing involvement in our community's dialogue, particularly in light of
10 recently proposed federal regulations for hospital discharge planning.

11

12 **Offered Amendments:** N/A

ALAN ARAKAWA
Mayor



DEBORAH STONE-WALLS
Executive on Aging

PHONE (808) 270-7755

FAX (808) 270-7935

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CAROL K. REIMANN
Director
Housing & Human Concerns

JAN SHISHIDO
Deputy Director
Housing & Human Concerns

COUNTY OF MAUI
DEPARTMENT OF HOUSING AND HUMAN CONCERNS
MAUI COUNTY OFFICE ON AGING
AN AREA AGENCY ON AGING

J. WALTER CAMERON CENTER
95 MAHALANI STREET, ROOM 20
WAILUKU, HAWAII 96793



House of Representatives Committee on Judiciary

Representative Karl Rhoads, Chair
Representative Joy A. San Buenaventura, Vice Chair

HB2252, HD 1 RELATING TO DISCHARGE PLANNING

Testimony of Deborah Stone-Walls
Executive on Aging, Maui County Office on Aging (MCOA)

Tuesday, February 16, 2016; Conference Room 325; 2:00 pm

MCOA's Position: Maui County Office on Aging (MCOA) supports, with amendments, HB 2252, HD 1 that 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.

Purpose and Justification: In previous written comments, MCOA provided a historical account of the excellent working relationship that exists between MCOA and Maui Memorial Medical Center with regards to enhancing effective patient transitions and enhanced caregiver inclusion through the Community-Based Care Transitions Program (CCTP). Through CCTP, we have built and maintained an effective partnership that centered on the needs of elders and caregivers during the hospital-to-home transition period. We have had the opportunity of observing hospital procedures with regards to caregivers and hospital discharge of a loved one.

As MCOA appreciates the efforts MMMC puts forth to work closely with seniors and their caregivers both during hospital stays and upon discharge, we believe that there exists a need to establish consistent discharge routines across the state. Having seen

the positive impact of enacting effective practices on the rate of hospital readmissions, MCOA supports the formalization of best practices statewide.

The population of Hawaii is aging rapidly and many elders experience chronic health conditions that do or will necessitate a hospital stay. This fact coupled with penalties imposed on hospitals for readmissions within a 30-day period necessitates the need for action that empowers caregivers to increase ability to be active partners in helping to avoid unnecessary readmissions.

The Centers for Medicare and Medicaid Services (CMS) introduced **proposed** changes in November 2015 that will potentially increase hospital responsibility to ensure safe and effective discharge planning upon patient transition from hospital to home. Although these proposed changes will impact patients directly, the regulations do not **require** caregiver inclusion.

MCOA requests the following or very similar revision:

1. Page 2, Lines 15-20: The purpose of this Act is to complement the federal discharge planning requirements that hospitals follow by **requiring hospitals to allow** ~~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 patients discharge or transfer.

MCOA holds the position that **all** patients should be offered the opportunity to designate a caregiver and receive adequate discharge planning.

MCOA has maintained active participation in the Hawaii CARE Act Coalition and supports the proposed amendments for the Preamble and Section 2 as put forth in testimony by Gerry Silva of AARP dated February 16, 2016.

Thank you for the opportunity to present testimony regarding this measure.



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
House of Representatives
Committee on Judiciary

Testimony by
Hawaii Government Employees Association

February 16, 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. 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 (S.B. 2208 and H.B. 1879) and feels that the language in those bills addresses 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,


for Randy Perreira
Executive Director

The Twenty-Eighth Legislature
Regular Session of 2016

HOUSE OF REPRESENTATIVES
Committee on Judiciary
Rep. Karl Rhoads, Chair
Rep. Joy A. San Buenaventura, Vice Chair
State Capitol, Conference Room 325
Tuesday, February 16, 2016; 2:00 p.m.

**STATEMENT OF THE ILWU LOCAL 142 ON H.B. 2252, HD1
RELATING TO DISCHARGE PLANNING**

The ILWU Local 142 **supports** H.B. 2252, HD1, which 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.

The ILWU is a member of a coalition that supports the CARE Act, which has been considered by the Legislature the past two legislative sessions. The CARE Act proposes to require hospitals to give a patient admitted to a hospital for inpatient treatment the opportunity to designate a caregiver, to notify the designated caregiver about planning for the patient's discharge, and to provide the caregiver with instructions for any after-care needs at home. Two working groups have met to work on language that will be agreeable to all.

We believe the language in H.B. 2252, HD1 adequately addresses concerns, particularly with the amendment from the House Committee on Health to simplify the definition of "patient" and remove any concern that hospitals may deny patients the right to a designated caregiver's support.

In our view, there are common-sense reasons for designating a caregiver when the patient is frail elderly, seriously ill or disabled, and incapable of caring for himself or herself. And there are also legal concerns that hospitals rightly have about liability if they are required to provide after-care instructions. But H.B. 2252, HD1 and other bills dubbed "the CARE Act" address these concerns by including language to shield hospitals from liability.

The ILWU believes it is time to come to an agreement and move forward. We urge passage of H.B. 2252, HD1. Thank you for the opportunity to provide testimony on this measure.



February 16, 2016

House Judiciary Committee
Representative Karl Rhoads, Chair

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

Chair Rhoads and Members of the Committee:

My name is Gerry Silva, and I am State President for AARP Hawaii. We 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, 18 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. Another 23 states have introduced CARE Act legislation in 2016.

AARP Hawaii is pleased that the HD1 clarified the legislative intent to provide provisions of the CARE Act to all patients by revising the definition of "patient" to mean "an individual admitted to a hospital for inpatient treatment." We believe this was a strong statement of support for our family caregivers.

As such, AARP Hawaii supports HB2252 HD1 with two clarifying technical amendments:

1. The preamble of this bill should be revised to reflect a balanced view of the concerns of both the hospitals and caregivers. Currently, the preamble speaks from the hospital's perspective only. To demonstrate legislative concern and support for patients and their family caregivers, as well, we offer the additional language for your consideration as attached. See Attachment 1.
2. To clarify that the opportunity for a caregiver to be designated, notified, and instructed is not only complementary, but integral, to a hospital's discharge policy or policies, we offer

this technical amendment to just re-order the provisions of section 2 (p. 5) so that subsection c becomes subsection a. See Attachment 2 for your consideration.

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.

ATTACHMENT 1 – REVISED PREAMBLE

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that hospitals in Hawaii follow strict, comprehensive guidelines mandated by the federal government called conditions of participation. In order to receive funding from federal programs such as Medicare and Medicaid, hospitals must agree to a significant number of these conditions of participation, including discharge planning requirements. If a hospital is found to be non-compliant with any of these conditions of participation, it would lose its eligibility to receive funding from these federal programs and, consequently, lose a substantial amount of revenue and the ability to continue to remain in operation.

The legislature further finds that one of the significant conditions of participation that hospitals must follow relates to discharge planning. Among other things, hospitals must assess and consider the unique preferences and needs of patients and their caregivers when developing a discharge plan. Hospitals are also responsible for helping to arrange after-care services, including setting up appointments with the patient's primary care doctor, specialists, or other special services.

The legislature further finds that, in 2012, Hawaii

had the highest percentage of residents over the age of eighty-five in the United States and this population, most likely to need long-term care, is projected to grow sixty-five per cent over the next twenty years. The growth in the number of older adults needing care has led to an expansion in the role of caregivers. Besides assisting with bathing, dressing, eating and other similar tasks, it is now common for caregivers to perform complex medical and nursing tasks that historically were only provided in hospitals and nursing homes, including medication management, preparation of special diets, and wound care.

The legislature additionally finds that despite the critical and expanding role of caregivers serving Hawaii's aging population, caregivers are often left out of hospital discussions involving the patient's care and are expected to provide post-hospital care, including medical and nursing tasks, without any training or support from professionals. In order to successfully address the challenges of a surging population of older adults and others who have significant needs for post-hospital care, the State must develop methods to help caregivers support their loved ones at home.

The purpose of this Act is to enable caregivers to provide competent, post-hospital care to family members and other loved ones to complement the federal discharge planning requirements that hospitals follow by allowing admitted

inpatients to designate a caregiver and 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.

ATTACHMENT 2 – REVISED SECTION 2

-2 Designation of a caregiver.

(a) Each hospital shall adopt and maintain a written discharge policy or policies that incorporate established guidelines or practices, including but not limited to:

- (1) Standards for accreditation adopted by the Joint Commission or other nationally recognized hospital accreditation organizations; or
- (2) The conditions of participation for hospitals adopted by the Centers for Medicare and Medicaid Services.

(b) The discharge policy or policies shall include the following components:

- (1) Each patient is provided an opportunity to designate a caregiver, to be included in the patient's electronic health record;
- (2) Each patient and the patient's designated caregiver are given the opportunity to participate in the discharge planning;
- (3) Each patient and the patient's designated caregiver are given the opportunity to receive instruction, prior to discharge, related to the patient's after-care needs;
- (4) Each patient's caregiver is notified of the patient's

discharge or transfer. 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. In the event that the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient.

- (c) The discharge policy or policies must specify the requirements for documenting:
 - (1) The caregiver who is designated by the patient; and
 - (2) The caregiver's contact information.

- (d) This section does not require hospitals to adopt discharge policies that would:
 - (1) Delay a patient's discharge or transfer to another facility; or
 - (2) Require the disclosure of protected health information without obtaining the patient's consent as required by state and federal laws governing health information and privacy.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 15, 2016 9:39 AM
To: JUDtestimony
Cc: PC70@cornell.edu
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/15/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Callahan	AARP	Support	No

Comments: I SUPPORT HB2252 HD1 with the AARP amendments. My support is contingent on the amendments being made.


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THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Karl Rhoads, Chair, Committee on Judiciary
The Honorable Joy A. San Buenaventura, Vice Chair, Committee on Judiciary
Members, Committee on Judiciary

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

Date: February 12, 2016

Hrg: House Committee on Judiciary; Tuesday, February 16, 2016 at 2:00pm in Room 325

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. 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.



February 16, 2016 at 2:00 PM
Conference Room 325

House Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Joy A. San Buenaventura

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 committee 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.

February 16, 2016 at 2:00 pm
Conference Room 325

House Committee on Judiciary

To: Representative Karl Rhoads, Chair
Representative Joy San Buenaventura, Vice Chair

From: Michael Robinson
Vice President – Government Relations & Community Affairs

Re: Testimony in Support – HB 2252, HD1

My name is Michael Robinson, Vice President, Government Relations and Community Affairs at 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-governmental employer. Hawai'i Pacific Health 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.

HPH is writing in **support** of HB 2252, HD1 which 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.

HB 2252, HD1 reflects the discussions that occurred during the Legislative Family Caregivers Workgroup that met from August 2015 through December 2015. We support this bill as it recognizes the practical realities that our hospitals must consider when ensuring appropriate discharge planning from our facilities. Additionally this bill provides the flexibility to enable health care facilities to better respond to the unique needs of the population they serve which differ.

We are pleased to see the findings from those workgroups translated into actionable and sensible legislation that will facilitate and compliment the existing work done by our hospitals in order to better ensure that appropriate discharge planning occurs.

Thank you for the opportunity to testify.



From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 15, 2016 11:20 AM
To: JUDtestimony
Cc: mayuyehara@hotmail.com
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/15/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
May Y Uyehara	Hawaii Care Act Coalition	Support	No

Comments: I support HB2252 contingent on the inclusion of the amendments. It should be noted that active participation by the patient and their caregiver in the decision to receive post-discharge instructions is important and necessary.

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February 15, 2016

House Judiciary Committee
Representative Karl Rhoads, Chair

RE: HB2252 HD1, Relating to Discharge Planning

Chair Rhoads and Members of the Committee:

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 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 HB 2252 HD1.

All hospitalized patients should have the opportunity to name a caregiver who might help them at home, and if so 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.

Hawai'i should join the 18 other states that have passed the CARE Act, and the 23 other states that are introducing this important legislation. Similar bills in other states have not requested any state appropriation.

PABEA conditionally supports HB2252 HD1 - but ONLY with amendments proposed by the CARE Act Coalition regarding the preamble and Section 2 – “Designation of Caregiver”. These amendments are especially important because it should always be up to the patient to decide whether they want to involve a caregiver in their discharge planning/instructions. It should not be decided by the hospital staff on a “case by case basis”.

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
Sent: Tuesday, February 16, 2016 9:31 AM
To: JUDtestimony
Cc: fmnhawaii@gmail.com
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/16/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Francis Nakamoto	Individual	Comments Only	No

Comments: Francis M. Nakamoto 1829 Ala Noe Place Honolulu, Hawaii 96819
February 16, 2016 Committee on the Judiciary Rep. Karl Rhoads, Chair Re: HB 2252, RELATING TO DISCHARGE PLANNING Chair Rhoades and members of the Committee: Thank you for this opportunity to express my concerns regarding H.B.No.2252, H.D.1, relating to Discharge Planning. I am Francis Nakamoto, a retired trial attorney with 10 years of experience as a Deputy Corporation Counsel and 25 years in private practice as a litigator. During my career, I frequently dealt with issues involving statutory construction and interpretation, which prompted my testimony today because I believe that problems with the language of the amended bill may lead to misinterpretation and misapplication of its intent. This bill purports to permit unpaid family caregivers to be involved in discharge planning for their loved ones who have been admitted to acute care hospitals and to be provided instruction while at the hospital on the proper care of their loved ones before they are discharged. Ostensibly, the purpose of the bill, as stated in the preamble, is “to complement the federal discharge planning requirements that the hospitals follow by allowing admitted inpatients to designate a caregiver and 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.” Under existing federal regulations, the Center for Medicare and Medicaid Services only requires hospitals to consider whether a patient should need a family caregiver after being discharged and to decide whether a caregiver, if the hospital decides one will be necessary, needs instruction to care properly for the discharged patient. In many cases, these family caregivers are responsible for performing complex medical tasks all alone--including inoculations, IV care, feeding tubes and wound care--once they go home with the patient. Under current federal rules, the hospital, not the caregiver, decides whether the caregiver needs the instructions, regardless of the caregiver’s level of understanding. Instructions can be given in written form alone, which may be easily misunderstood or misapplied, with adverse health consequences. The amended bill’s preamble is drafted entirely from the hospital’s perspective, rather than from that of the patient or caregiver, and is potentially flawed. First, the bill amended in the definition of “patient” to delete any reference to the hospital’s responsibility for making an evaluation to decide if the patient is “likely to

suffer adverse health consequences upon discharge if there is no adequate discharge planning.” Presumably, that change would remove the hospital as the “gatekeeper,” for deciding whether a caregiver would be involved in discharge planning and instructions. However, in Sect. ____-2, Designation of caregiver, subsection (c), the bill requires hospitals to incorporate the very federal discharge policies that have allowed hospitals unilaterally to deny caregivers necessary involvement in planning and critical instruction that the caregivers believe they need to care for their loved ones properly at home. This language is totally unnecessary since hospitals are already required to follow the existing federal rules, as well as comply with the Standard of Accreditation adopted by the Joint Commission. To remove any doubt about the intent of the Legislature, which presumably is to allow patients to designate a caregiver and for caregivers the opportunity to be involved in discharge planning, be notified of transfers and discharges and be instructed prior to discharge in the proper care of their loved ones, subsection (c) should be deleted or amended to state that the federal discharge policies shall be incorporated “as a minimum standard of care” and not be, in effect, the essence of the bill. As the H.B.No.2252, H.D.1, could be interpreted, it would simply preserve the status quo and accomplish nothing for the patients and caregivers. Alternatively, to assure that subsection (c) is not misinterpreted to override the four components that extend to the caregivers that right to be involved in discharge planning, be notified of discharges and be instructed, a simple repositioning of that subsection to precede the four components, not follow them, would give it equal weight. Again, subsection (c) is unnecessary since it applies generally without inclusion in the bill, which is intended to complement the federal rules. In summary, H.B.No.2252, H.D.1 makes a significant correction to the original bill by redefining “patient,” however, by requiring the hospitals to incorporate the federal rules and the Joint Commission standards, it only creates ambiguities that this committee can easily remedy to assure the bill faithfully reflects the intent of the Legislature. Thank you for this opportunity to share my observations. Respectfully submitted, Francis M. Nakamoto

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From: mailinglist@capitol.hawaii.gov
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To: JUDtestimony
Cc: phillipsa008@hawaii.rr.com
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/15/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Phillips	Individual	Comments Only	No

Comments: House Judiciary Committee Representative Karl Rhoads, Chair Re: HB2252 HD1, RELATING TO DISCHARGE PLANNING Chair Rhoads and Members of the Committee: My Name is Kathleen Phillips. I live I Pukalani, Maui, Hawaii. I am part of the Hawaii Care Act Coalition. I am in support of HB2252 HD1 with revisions My support is contingent on the amendments being made. I am a Caregiver for my husband and my 45 year old daughter who had a massive stroke last year. 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 if they need to have instructions explained to them – prior to discharge. It is important that all caregivers be included with the discharge instructions and receive instructions in the aftercare tasks they will perform at home. I have had several occasions that we had problems upon discharge and the aftercare of my family member. I have spoken with several people who have shared similar discharge concerns. Thank you for your help. Kathleen Phillips

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House Judiciary Committee
Representative Karl Rhoads, Chair

Re: HB2252 HD1, RELATING TO DISCHARGE PLANNING

Date: Tuesday, February 16, 2016
Time: 2 p.m.

Honorable Chair Rhoads and Members of the Committee:

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 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/immediate after care instructions to Leticia and I as her caregiver - others not so much!

I am deeply grateful to that Legislature has recognized the need for strong discharge planning bill which will include the patient and caregiver. I am pleased with the progress this bill has made thus far; I especially support the revised definition of "patient" to mean "an individual admitted to hospital for inpatient treatment" under HD1.

Reading the preamble of the bill, however, it is completely focuses on hospitals, while the plight and need for help of over 154,000 unpaid caregivers in Hawaii who provide services valued at \$2.1 billion sadly are not mentioned or supported at all. Also not acknowledged is the undeniable fact that in 2012 alone, Hawaii had the highest percentage of residents in the United States over age 85, and their numbers are projected to increase by 56% over the next 20 years, which of course will only lead to a higher number of caregivers!

Surely, the Legislature does appreciate the immense contributions and sacrifices that family caregivers all over Hawaii are tirelessly making -we all know caregivers or people needing caregivers! In recognition of that, I urge this Committee to revise this bill's preamble to include a factual, fair and balanced view of the reasons for this bill, acknowledging all parties, the hospitals and caregivers, needs and concerns.

Secondly, the Preamble states "The purpose of this Act is to *complement* the federal discharge planning requirements that hospitals follow...." (Emphasis supplied). Section 2, § -2, (page 4-5 of bill) entitled, Designation of a caregiver.. That section in addressing caregivers' opportunity to be designated, notified, and instructed, should make clear that these provisions are not just *complimentary*, but in fact *mandatory* to be included in a written discharge plan.

As a former caregiver and a member of the Hawaii CARE Act Coalition, I strongly believe that HB2252 HD1 should be clear that its intent is to implement CARE Act provisions that go beyond existing federal guidelines and the proposed, but not yet adopted, Center for Medicare and Medicaid Services (CMS) rules – which leave the important decision of whether to involve family caregivers in the discharge process in the hands of the hospital, not the patient.

I am pleased with the progress that has been made to date on an issue of great concern to many Hawaii caregivers and community members.

I am in support of HB 2252 HD1, if the suggested two non-substantive, but clarifying amendments are made.

Thank you for the opportunity to submit written testimony.

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

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 15, 2016 1:59 PM
To: JUDtestimony
Cc: suezv@hawaiiantel.net
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/15/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Ventura	Individual	Support	No

Comments: I support HB2252 HD1 with amendments. My support is contingent on the amendments being made by AARP Hawaii.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 15, 2016 1:19 PM
To: JUDtestimony
Cc: eileenpmena@hotmail.com
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/15/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Eileen Mena	Individual	Comments Only	No

Comments: I am part of the Hawaii CARE Act Coalition and I wish to add my support contingent on the amendments being made to HB2252 HD1.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 15, 2016 12:47 PM
To: JUDtestimony
Cc: sarahyuan@gmail.com
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/15/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

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

Comments: Aloha Representatives: I support HB2252 HD1 only if the amendments proposed by the CARE Act Coalition are included. The proposed revision regarding the preamble presents a more balanced view from both the hospitals and the patients/caregivers. The changes proposed for Section 2 "Designation of Caregiver" ensures that it is up to the patient to decided whether they want to involve a caregiver regarding their discharge, rather than leaving the decision to the hospital staff on a case-by-case basis. I appreciate the opportunity to share my view via this testimony.

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I am a senior citizen and a resident of House District 19 and Senate District 9. I am a member of the CARE Coalition and active in AARP, Kokua Council and the Hawaii Alliance of Retired Americans as well as the Legislative Committee of PABEA.

I would like to provide comments on HB2252.

The first paragraphs are about rules and regulations ("conditions of participation") which hospitals must follow or face financial sanction. Discharge planning is part of this.

Reference is made to proposed changes to federal regulations (Title 42 CFR Sec. 482.43) which were put forth in November 2015 and won't take effect, if approved, until October 2018 AND how much these changes will cost the hospitals.

Caregivers are mentioned once in the first four paragraphs of the bill, which is considered an alternative to proposed CARE Act legislation, which would include caregivers in patients' hospitalization and in the discharge process. HB2252 makes caregiver involvement secondary to the hospitals' responsibilities.

The very description of the bill doesn't even mention caregivers AND misrepresents the proposed federal changes (it assumes they've already taken effect).

Additionally, the definition of "patient" must be expanded to include individuals who are treated at hospitals "under observation," which could be as long as 48 hours. The term "admitted" would exclude these individuals, who may also need caregiver participation.

Mahalo for the opportunity to testify.

Re: HB2252 HD 1 – RELATING TO DISCHARGE PLANNING

Chair Rhoades and Members of the Committee:

My name is Paul Nishimura and I am part of the Hawaii CARE Act Coalition. I support HB2252 HD1 with amendments. If the concern is truly for the health and comfort of the patient then all hospital in-patients and their designated caregivers must be given the opportunity to receive after-care instruction prior to discharge. This legislation should not move forward without the amendments

The preamble needs to be amended to bring attention to the patients and their caregivers who are providing the care. “Put the patient first” as Representative Bellati said when advancing bills to streamline physician sanctions. In Hawaii 154,000 family caregivers provide \$2.1 billion in unpaid care. As currently written it sounds like the hospitals are the only ones who are affected by this bill. The \$23,000,000 figure includes out-patient care so is very misleading.

The updated Federal discharge planning requirements still allow hospitals to determine who receives aftercare instructions. CARE Act provisions go beyond the Federal requirements and gives every in-patient a voice in the discharge planning.

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

Thank you for the opportunity to testify.

February 15, 2016

House Judiciary Committee
Representative Karl Rhoades, Chair

RE: HB2252 HD1, RELATING TO DISCHARGE PLANNING

TESTIMONY IN SUPPORT OF HB 2252 HD1 , with revisions proposed

Most Honorable Chair Rhoades and Members of the Committee:

As a Honolulu resident, a caregiver, and a member of the Hawaii Care Act Coalition,

I support the Hawaii State Legislature HB 2252 HD 1 bill with revisions to clarify the wording;

- 1) In the Preamble, provide wording more balanced to reflect the needs of the caregiver and not just the hospitals;
- 2) In Section 2 (Designation of Caregiver), provide wording to clarify and include all hospital patients have the opportunity to designate a family caregiver to be included in the discharge process. (note: this extends beyond the federal rules and guidelines that provide this designation by hospital personnel only).

With revisions above, HB 2252, HD1 relating to discharge, would incorporate the intent of the State of Hawaii to implement the Care Act Provisions – the same provisions already voted into law in 18 States and Puerto Rico.

With these revisions, going beyond the existing Federal Guidelines and the proposed Medicare and Medicaid Services Rules (CMS), the caregivers of Hawaii would be best served.

Respectfully submitted,

Christine Olah
Honolulu Resident
tropicalhawaii@aol.com

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 14, 2016 9:07 PM
To: JUDtestimony
Cc: marvshel@gmail.com
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/14/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
MICHELE PAULARENA	Individual	Comments Only	No

Comments: My name is Michele Paularena and I am a member of the Hawaii Care Act Coalition. I support HB2252 with two amendments. 1) The bill's Preamble – which I believe should be more balanced to reflect the needs of family caregivers (not just hospitals); and 2) The Designation of Caregiver, Section 2, which I believe should more clearly indicate that the federal rules and guidelines relating to hospital discharge are not enough – as they allow hospitals alone to decide whether to involve family caregivers in the discharge process. I believe that all hospital inpatients should have the opportunity to designate a family caregiver to be included. Respectfully Submitted, Michele Paularena Kahului, HI

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House Judiciary Committee
Representative Karl Rhoades, Chair
Hearing on Feb. 16, 2016

Re: HB2252 HD1– RELATING TO DISCHARGE PLANNING

Chair Rhoades and members of the Committee:

My name is Vicki Franco a resident of Manoa, and I am a family caregiver. I am in support of this bill but with amendments. Those amendments to include:

Preamble to include the needs of family caregivers not just hospitals.

Section 2 needs to include all hospital inpatients the opportunity to designate a family caregiver.

My support is contingent on the amendments being made. Thank you for this opportunity to testify.

Respectfully submitted by,

Vicki Franco – Manoa Resident

SUNNY MASSAD, PH.D.

February 16, 2016

re: SB 2252

I am affiliated with the Hawaii Care Act Coalition. **I concur with the revised definition of “patient” in HD1 to mean “an individual admitted to a hospital for inpatient treatment” and support the bill based on the addition of two clarifying amendments:**

1. A revision of the preamble of this bill so as to equally reflect both the concerns of the caregivers and the hospital.
2. Re-order the provisions of section 2 (p. 5) so that *Subsection C* becomes *Subsection A* to clarify that “the opportunity for a caregiver to be designated, notified, and instructed is not only complementary, but integral to a hospital’s discharge policy or policies.”

I have been a caregiver myself and can testify that neither doctors nor nurses make time to provide detailed instructions so I am particularly grateful to the State for allowing more patients and caregivers to attain the information and support that they need after a hospitalization.

Thank you for your consideration, Sunny Massad, Ph.D.

TO : HOUSE COMMITTEE ON HEALTH
Representative Karl Roads , Chair
Representative Joy A. San Buenaventura, Vice Chair

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

SUBJECT: HB 2252 HD1 Relating to Hospital Discharge

HEARING: 10:00 am Wednesday, February 3, 201
Conference Room 329, Hawaii State Capitol

POSITION: I **strongly supports HB 2252 HD1** 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. I also support the suggested amendments by AARP to strengthen the intent of the bill.

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 and, 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.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 14, 2016 1:09 PM
To: JUDtestimony
Cc: marseel@aol.com
Subject: Submitted testimony for HB2252 on Feb 16, 2016 14:00PM

HB2252

Submitted on: 2/14/2016

Testimony for JUD on Feb 16, 2016 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn	Individual	Support	No

Comments: COMMITTEE ON JUDICIARY Rep. Karl Rhoads, Chair Rep. Joy A. San Buenaventura, Vice Chair Rep. Della Au Belatti Rep. Dee Morikawa Rep. Tom Brower Rep. Mark M. Nakashima Rep. Richard P. Creagan Rep. Gregg Takayama Rep. Mark J. Hashem Rep. Justin H. Woodson Rep. Derek S.K. Kawakami Rep. Bob McDermott Rep. Chris Lee Rep. Cynthia Thielen Tuesday, February 16th 2016 Re: HB2252, HD1 regarding Discharge Planning Dear Chairs Rhoades, Buenaventura and members of the Judiciary Committee My name is Marilyn Seely and I am writing in support of HB2252, HD1 with amendments 1 and 2 as proposed by AARP. Caring family and friends supporting about to be discharged patients are given a strong role in this bill to be given the added instruction they need to carry out the difficult and myriad chores associated with discharged patients at a highly crucial time. I believe that Amendments 1 and 2 as proposed by AARP will only enhance the experience of assuring folks have adequate care at home to avoid rehospitalization, or deteriorating health upon returning home. We must do all possible to help our families with caregiving responsibilities. Thank you for listening. Marilyn Seely 46-402 Haiku Plantations Drive Kaneohe, HI 96744 235 5466 marseel@aol.com

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House Judiciary Committee
Representative Karl Rhoads, Chair

Chair Rhoads and Members of the Committee:

My name is Midori Kiso, and I'm the former primary caregiver for two of my late husbands. I am writing to urge you to support HB2252 HD1, Relating to Discharge Planning. I am also **writing to you as a supporter of the Hawaii CARE Act Coalition.** I think it is vital that both patients and caregivers are provided a consistent opportunity to receive needed instructions. A more consumer-based bill should give all hospital inpatients and their designated caregivers an opportunity to receive aftercare instructions prior to discharge.

My support for this bill is contingent upon the amendment being made as the "preamble" noted in the bill will be more balanced and reflect the needs of family caregivers, not just hospitals.

Hawaii needs to expand and build on existing standards by requiring hospitals to allow patients an opportunity to designate a family caregiver to be included in the discharge discussion and receive instruction in the aftercare tasks they perform at home. The bill should be broadened to allow patients themselves to decide whether their caregiver will be instructed in the care needed after discharge — not just the hospitals.

Thank you for this opportunity to testify.

Midori Kiso
Moiliili, Honolulu

To: Rep. Karl Rhoads, Chair, Rep. Joy A. San Beunaventura, Vice Chair
Committee on Judiciary

From: Anthony Lenzer, PhD

Re: HB 2252 HD 1

Hearing: Tuesday, February 16, 2016, 2:00 p.m.
Conference Room 325

Chair Rhoads and Committee Members:

I'm testifying today on behalf of the Hawaii Family Caregiver Coalition, an organization dedicated to the goal of improving life for those who give and receive care in Hawaii. Our Coalition is also part of the Hawaii CARE Act Coalition. We strongly support the principles of the CARE Act, as developed by AARP, and have advocated for caregiver inclusion in the discharge planning of hospitalized patients. We greatly appreciate the changes reflected in this draft of the bill, and believe that the changes reflect the basic principles of the CARE Act as proposed by AARP. However, we note that AARP has suggested certain amendments to the draft, which AARP believes will strengthen the focus on caregivers, rather than on the hospitals themselves. We have no objection to these proposed amendments, but do believe that the current draft represents the direction in which advocates for the CARE Act wish to go.

Thank you for the opportunity to testify with regard to this important legislation.