



**February 13, 2020 at 9:00 am**  
**Conference Room 329**

**House Committee on Health**

**To:** Chair John M. Mizuno  
Vice Chair Bertrand Kobayashi

**From:** Paige Heckathorn Choy  
Director of Government Affairs  
Healthcare Association of Hawaii

**Re: Submitting Comments**  
**HB 1638, Relating to Discharge Planning**

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 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.

We would like to thank the committee for the opportunity to provide **comments** on this measure, which would require hospitals as part of discharge planning to provide patients with information on hospice and palliative care if it is deemed relevant by the discharge plan.

Discussing all potential needs and follow-up treatments with patients, their families, and their caregivers is important to reduce readmissions to hospitals, and to help alleviate stress and worry for those recovering from an illness or caring for a loved one. We believe that the requirements in HRS §323G-2 already covers the need for discharge planners to provide patients and their caregivers with information on hospital and palliative care if it is indicated and, thus, an amendment to call out those services is not necessary. Further, we expect discharge planners and social workers in our facilities to not just provide information on hospice and palliative care if is indicated—they should be taking an extra step and helping to set up those services for patients, rather than just providing information.

Helping to educate providers, patients, and caregivers about hospice and palliative care options is an important goal, but those conversations should not start or happen just at discharge planning. We support the goal of greater education; however, we believe that this bill is not necessary to achieve that end. Thank you for your time and consideration of this matter.

**HB-1638**

Submitted on: 2/10/2020 7:51:09 PM

Testimony for HLT on 2/13/2020 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Margaret Maupin	Individual	Support	No

Comments:

Representative John M. Mizuno, Chair  
Representative Bertrand Kobayashi, Vice Chair  
Committee on Health

Ashley Ladi, MSW Student

Thursday, February 13, 2020

Support for H.B. No. 1638, Relating to Discharge Planning

My name is Ashley Ladi and I am a student at the University of Hawai'i at Manoa Myron B. Thompson School of Social Work. I support H.B. 1638, Relating to Discharge Planning, which would require hospitals to provide individuals or their designated caregiver with information on hospice and palliative care, if deemed relevant, upon their discharge.

Hospice and palliative care education should be provided to individuals or designated caregivers upon discharge when deemed relevant. Hospice and palliative care are underutilized because the lack of knowledge about these services. With this specialized care, the patient's physical, emotional, and spiritual needs are met which may enhance their quality of life. Hospice and palliative care also provides caregiver support and may even help alleviate the financial burden that comes from caring for their loved one.

Educating individuals on alternative care options such as hospice and palliative care, when deemed relevant, may remove stress from the individual as well as the caregiver. It provides options for care as well as the opportunity to be involved in the discharge planning. I support H.B. 1638. Thank you for this opportunity to testify.