

**ACT 285**

S.B. NO. 3253

A Bill for an Act Relating to Caregiving.

*Be It Enacted by the Legislature of the State of Hawaii:*

SECTION 1. Caregiving has always been a universal experience affecting families of all ethnicities, lifestyles, and income levels. Recently, however, family caregiving has become more than an act of love and familial responsibility. Due to a shortage of care providers in Hawaii, family caregiving has become a critical element of our health and long-term care system.

The legislature finds that families, rather than institutions, are the primary providers of long-term care for older adults in the state. Twenty-eight per cent of Hawaii's adult population report that they provide care or assistance to a person age

sixty or older. Of these individuals, twenty-nine per cent provided care for a spouse or partner, and twenty-one per cent cared for a parent. These numbers actually may be much higher because there may be many "hidden" caregivers in Hawaii who do not identify themselves as such.

Caregivers are motivated to provide care to family members because of the preference of the elderly to remain at home with their families and the high cost of institutional long-term care.

In Hawaii, the likelihood of becoming a caregiver does not vary substantially among different demographic and socioeconomic groups. Married persons in Hawaii are equally as likely to provide care to an older adult as their unmarried counterparts. Among the different ethnic groups in Hawaii, native Hawaiians are most likely to provide regular care to an older adult, followed by Filipinos, Japanese, and Caucasians. According to national studies, women are more likely than men to be primary caregivers. Women also provide higher intensities and frequencies of care.

Sixty-five per cent of Hawaii's caregivers are employed in addition to their caretaking responsibilities. To balance their employment and elder care roles, working caregivers take leaves of absence, report to work late or leave early, change from full-time to part-time employment, switch to less demanding jobs, retire early, or give up work completely. Consequently, caregiving may reduce a caregiver's retirement income because of reduced work hours or fewer years in the workforce, resulting in reduced contributions to pensions, social security, and other retirement savings.

The legislature further finds that significant changes in the medicare and medicaid health insurance programs nationally and locally will impose greater responsibilities upon individuals and families to be well-informed and astute about long-term care planning, financing, and the options available to assist them. Consumers will need expert, one-to-one counseling in articulating their questions as they seek specific information or help. Technology may facilitate the dissemination of information, but agencies still must have the capacity to explain and clarify issues and direct people to available resources.

Hawaii is facing a growing healthcare worker shortage, while health and long-term care needs continue to rise. As a result of cost-containment policies and practices, people with ongoing healthcare needs are being discharged from hospitals and other care facilities with complex healthcare requirements. These individuals are faced with reduced home- and community-based care options, thereby placing the responsibility on families who may be inadequately prepared and trained to provide such care.

The caregiving tradition in Hawaii will continue to be challenged by changes in demographics. Birth rates, marriages, single-occupant households, the high cost of living, and family members working outside the home or moving away from Hawaii will all affect the availability of family caregivers. Hawaii must also assist older adults who migrate into the State and who lack a natural family support system.

By 2020, more than one in four individuals will be sixty years old or older. The need for personal care assistance due to physical, sensory, cognitive, and self-care disabilities increases with age. As Hawaii's population ages, many more families will be providing higher levels of long-term care to frail and disabled older adults at home.

Hawaii's long-term care system is on a collision course with the day-to-day reality of families coping with caring for loved ones with chronic conditions. Without attention to this situation, the \$875,000,000 in unpaid support services provided by Hawaii's family caregivers may be jeopardized when these caregivers suffer from the costs that impede their ability to give care. As this pattern unfolds,

the quality of care provided to the frail elderly and individuals with disabling or chronic conditions will diminish, and the costs to Hawaii's long-term care system will skyrocket. Public policy must be formulated to address these issues.

The purpose of this Act is to establish a joint legislative committee on family caregiving to address the looming care crisis.

**SECTION 2.** (a) There is established a joint legislative committee on family caregiving. The committee shall be composed of eight members as follows:

- (1) Four members of the house of representatives, consisting of three members from the majority party and one member from the minority party, who shall be appointed by the speaker of the house of representatives; and
- (2) Four members of the senate, consisting of three members from the majority party and one member from the minority party, who shall be appointed by the president of the senate.

The committee shall select a chairperson from its membership.

(b) The joint legislative committee shall develop comprehensive public policy to strengthen support for family caregivers who provide unpaid, informal assistance to persons age sixty and older with physical or cognitive disabilities.

(c) The joint legislative committee shall consider providing support in categories including but not limited to:

- (1) Coordinated services and policies;
- (2) Training and education;
- (3) Respite services;
- (4) Financial incentives; and
- (5) Balancing work and caregiving.

(d) The joint legislative committee shall seek input from the department of health, the department of human services, the department of taxation, the University of Hawaii, the executive office on aging, and the elderly, disability, business, and faith-based communities.

(e) The joint legislative committee shall submit its findings and recommendations to the legislature no later than twenty days prior to the convening of the regular session of 2007.

(f) The joint legislative committee shall cease to exist on June 30, 2007.

**SECTION 3.** This Act shall take effect on July 1, 2006.

(Approved July 7, 2006.)