

# SB 2264

- Measure Title:** RELATING TO CAREGIVING.
- Report Title:** Caregiver; After-care; Caregiver Designation, Notification, and Instruction; Discharge Plan
- Description:** Requires hospitals to allow patients the opportunity to designate a caregiver. Requires hospitals to include designated caregiver in patient's medical record, notify caregiver prior to patient's transfer or discharge, consult with caregiver about patient's discharge plan, and instruct designated caregivers in after-care tasks.
- Companion:** [HB2055](#)
- Package:** Kupuna Caucus
- Current Referral:** HMS/HTH, JDL
- Introducer(s):** CHUN OAKLAND, Baker, Espero, Ihara, Nishihara, Shimabukuro, L. Thielen



Real Possibilities

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

Committee on Health  
Senator Josh Green, Chair

Date: January 28, 2014, Conference Room 016, 1:15 p.m.

Re: **SB 2264 – RELATING TO CAREGIVING**

Chair Chun Oakland, Chair Green and Committee Members:

My name is Steve Tam, Director of Advocacy for AARP Hawaii. AARP is a membership organization of people 50 and older with nearly 148,000 members in Hawaii. AARP fights on issues that matter to Hawaii families, including the high cost of long-term care; access to affordable, quality health care for all generations; providing the tools needed to save for retirement; and serving as a reliable information source on issues critical to Americans age 50+.

**AARP strongly supports SB 2264 - Relating to Caregiving.** This bill requires a hospital to provide the patient with the opportunity to designate a caregiver on hospital medical records; discuss the care plan with a caregiver; provide a caregiver with notice prior to discharge or transfer to another facility; and instruct the caregiver on medical tasks that need to be performed after discharge.

This bill is in recognition of the expanding role of Caregivers. Approximately 247,000 unpaid family caregivers are the backbone and support for Hawaii residents with physical or cognitive limitations. These caregivers provide services that are valued at approximately \$2 billion annually. This bill will also help manage health care costs as it has the potential to reduce costly hospital readmissions which are prevalent and very costly to Medicare programs.

A recent survey by the AARP Public Policy Institute and the United Hospital Fund determined that nearly half or 46% of family caregivers performed medical tasks. The most common medical tasks performed by family caregivers were:

- Medication management – 78% - including administering intravenous fluids and injections, with almost half administering five to nine prescription medications daily.
- Help with assistive mobility devices - 43%
- Preparing food for special diets – 41%
- Wound care – 35%

In summary, as Hawaii's population ages, frail elderly and disabled residents rely heavily on unpaid family caregivers. Family caregivers are now the “new normal” and have become the default providers for complex chronic care in homes. Despite this critical role, family caregivers are often left out of discussions and plans involving a patient's transition from hospitals and back to home.

We urge you to support SB 2264. Thank you for the opportunity to testify.



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**Tuesday – January 28, 2014 – 1:15pm**  
**Conference Room 016**

**The Senate Committee on Human Services**

To: Senator Suzanne Chun Oakland, Chair  
Senator Josh Green, Vice Chair

**The Senate Committee on Health**

To: Senator Josh Green, Chair  
Senator Rosalyn H. Baker, Vice Chair

From: George Greene  
President & CEO  
Healthcare Association of Hawaii

**Re: Comments**  
**SB 2264 — Relating to Caregiving**

The Healthcare Association of Hawaii (HAH) is a 116 member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide.

While HAH and its members strongly support the intent behind SB 2264—which is to prevent hospital readmissions through quality patient care and support by recognizing the importance of direct communication and involvement with the patient's support network upon discharge—HAH has concerns about the risk and uncertainty created by the new requirements imposed on healthcare providers relating to patient caregivers in SB 2264.

Here, SB 2264, in sections -2, -3, and -4, imposes legal duties on hospitals regarding patient caregiver designation, notice, and aftercare instruction. While the bill creates a host of new legal requirements for hospitals—which may create legal liability for hospitals who fail to meet such requirements—the measure does not specifically address the consequences for healthcare providers who fail to meet the very specific caregiver mandates. To the contrary, however, in section -2 (e) & (f) the bill specifically states that it does not impose any legal duty on the patient, the patient's guardian, or any designated caregiver. By imposing legal duties on hospitals without guidance regarding a failure to meet duties under this bill—and by failing to impose mutual legal duties on hospitals, patients, guardians, and

caregivers alike—the statute shifts all risk in the caregiving relationship to the hospitals and creates unnecessary legal uncertainty.

SB 2264 is also unnecessary and duplicative because hospitals already have discharge policies and protocols in place that ensure that patients' family members and caregivers receive critical aftercare instructions and information for patients being discharged. Our hospital members are dedicated to providing patients and their caregivers detailed instructions and information to guarantee that patients receive the highest quality of aftercare. HAH is in the process of compiling information on its members' discharge policies and protocols, and will provide this information to the committees as soon as possible.

In a time of unprecedented change in healthcare, HAH is committed to working with providers across the continuum of care toward a healthcare system that offers the best possible quality of care to the people of Hawaii. While HAH's members share the desire of legislators to continually improve the quality and delivery of healthcare, mandating specific practices through legislation—especially those that healthcare providers already have in place—generally impedes improvement and innovation in healthcare quality and best practices.

Thank you for the opportunity to offer comments on SB 2264.

TO: SENATE COMMITTEE ON HUMAN SERVICES  
Senator Suzanne Chun-Oakland, Chair

SENATE COMMITTEE ON HEALTH  
Senator Josh Green, Chair

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

HEARING: 1:15 am Tuesday, January 28, 2014  
Conference Room 016, Hawaii State Capitol

SUBJECT: SB 2264 Relating to Caregiving

POSITION: The Hawaii Family Caregiver Coalition **strongly supports SB 2264** 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, consult with the caregiver about the discharge plan, and instruct the caregiver in after-care tasks:

RATIONALE:

The Policy Board for Elder Affairs has a statutory obligation to advocate on behalf of the senior citizens of Hawaii. While we advise the Executive Office on Aging, we do not speak on behalf of the Executive Office of Aging.

- Family caregivers are typically not included in the discharge planning of patients from hospitals, and despite the fact that they are often expected to perform complicated and risky medical task, they are not trained for these tasks.
- Hospital readmissions for the same diagnosis within 30 is unacceptably high, including 1 in 8 persons on Medicare. A high number of these readmissions are due to inadequate care following their discharge from the hospital.
- A 2012 survey by the AARP Public Policy institute and the United Hospital Fund determined that almost half (46%) of family caregivers performed medical/nursing tasks ranging from managing multiple medications, helping with assistive mobility devices, preparing food for special diets, providing wound care, using monitors, and operating specialized medical equipment. Three out of four (78%) family caregivers who provided medical/nursing tasks were managing medications, including intravenous fluids and injections. Almost half were administering 5 to 9 prescription medications a day.
- Hospitals are at financial risk because such readmissions are often not reimbursed by insurance and are now penalized with fines by the Medicare.
- Including family caregivers in the planning of discharge arrangements, giving them a voice in such arrangements, and providing them with adequate training to provide the quality of care needed during the vulnerable post-hospital stage, is sensible and sensitive to the caregiver, and likely to result in superior outcomes

Thank you for allowing me to testify.

To: Committee on Human Services, Senator Suzanne Chun Oakland, Chair  
Date: January 28, 2014, State Capitol Conference Room 016, 1:15 p.m.  
Re: SB 2264 - Relating to Caregiving

Chair Chun Oakland and Committee Members:

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of SB 2264 Relating to Caregiving. My name is Chalintorn N. Burian, Ph.D. and I am a retiree. I live in Paauli-Mauka on the Big Island. The passage of this bill is vital as:

- This bill will give support to the 247,000 unpaid family caregivers in Hawaii. It recognizes the expanded role of family caregivers who are performing medical and home care tasks such as: medication management; help with assistive mobility devices; preparation of special diets; and wound care.

- Unpaid family caregivers need to be identified and included in care plan discussions before their loved one is discharged from a hospital.

- Family caregivers are performing complex medical type tasks with little or no instruction

- These family caregivers often have no choice but to perform these medical tasks - no one else will do it, insurance will not cover, and this work is too expensive to hire someone

I urge you to support caregivers by voting **YES** on SB 2264.

Chalintorn N. Burian, Ph.D.

Positive and Productive Aging Consultant.  
Paauilo-Mauka, Hawaii District

P.O. Box 366

Honokaa

HI 96727

Phone: (808) 775-1064

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

Date: January 28, 2014, State Capitol Conference Room 016, 1:15 PM

RE: SB 2264 – Relating to Caregiving

Chair Chun Oakland and Committee Members:

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of SB 2264 Relating to Caregiving. My name is Claire Santos and I am a registered nurse and healthcare advocate living in the Punchbowl area. The passage of this bill is vital as:

The prevention of medical complications and unnecessary hospital readmissions may often depend upon the quality of care provided to a person after being discharged from a health care facility. Without a designated caregiver of record, people may easily be sent home to uncertain circumstances, often with a break in communication between themselves and their health care team, sometimes resulting in the worst possible outcome. In many situations, family members and/or friends are unexpectedly thrust into the caregiver role because they're given only momentary notice of the impending discharge from the facility, learning too late that the person's insurance won't cover the cost of home health care and the out-of-pocket cost for private duty caregivers is not affordable. This leaves the family and/or friends in a situation where they must perform complex assessments and procedures that are typically performed by nurses in the hospital, and with little or no instruction on how to manage these tasks at home. We need to address these issues in the interest of the health and safety of each person.

As a former home care representative for the Medicare population, I was involved in the discharge planning process as well as the home health care assessment and planning. I believe that it is in the best interest of every hospitalized person to be given the choice of designating a personal caregiver who will be an integral part of the health care team. The caregiver would be given regular updates about the person's status, be instructed about medications and treatments and how to identify problems, and would be part of the discharge planning process. The goal is to achieve a transition to home that is as seamless as possible, and where communication about the home care process is understood according to the appropriate cultural standards, language and literacy levels for the person and their caregiver.

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

Sincerely,

Claire P. Santos, MS, RN

**SB2264**

Submitted on: 1/27/2014

Testimony for HMS/HTH on Jan 28, 2014 13:15PM in Conference Room 016

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

Comments: Testimony in STRONG SUPPORT.



**SB2264**

Submitted on: 1/27/2014

Testimony for HMS/HTH on Jan 28, 2014 13:15PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lori Rogers	Individual	Support	No

Comments:

To: Committee on Human Services, Senator Suzanne Chun Oakland, Chair  
Date: January 28, 2014, State Capitol Conference Room 016, 1:15 p.m.  
Re: SB 2264 - Relating to Caregiving

Chair Chun Oakland and Committee Members:

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of SB 2264 Relating to Caregiving. My name is Michele Paularena and I am a family caregiver for my husband who is disabled and live in Kahului, Maui. The passage of this bill is vital because:

My husband was recently released from Maui Memorial Hospital and was given several medicines but I was not included in any list of administrators of those drugs. I strongly recommend that unpaid family caregivers be identified and included in care plan discussions for a loved one before discharge from any hospital.

Family caregivers are performing complex medical type tasks with little or no instruction and this creates a potential medical danger to our loved ones and unnecessary stress on the caregiver.

Family caregivers may have no choice but to perform medical tasks as no one else will do it since insurance will not cover the cost of hiring home health aides and these nurses are far too expensive to hire unless the family is very wealthy.

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

Michele Paularena

Marvin Paularena, husband

Kahului, Maui

**SB2264**

Submitted on: 1/27/2014

Testimony for HMS/HTH on Jan 28, 2014 13:15PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
MIDORI KISO	Individual	Support	No

Comments: To: Committee on Human Services, Senator Suzanne Chun Oakland, Chair  
Date: January 28, 2014, State Capitol Conference Room 016, 1:15 p.m. Re: SB2264 -  
Relating to Caregiving Chair Chun Oakland and Committee Members: Thank you for  
the opportunity to submit written testimony in STRONG SUPPORT of SB2264 Relating  
to Caregiving. My name is MIDORI KISO and I am a former caregiver to two elderly  
patients who in the recent past suffered from Alzheimer's and Parkinson's diseases. As  
a spouse and caregiver I spent over 15 years in each case and am now witnessing  
friends and relatives in Hawaii who are coping with the difficulties of caregiving for ill  
elderly patients at home. The passage of this bill is vital as I am often reminded of my  
own experiences. As a sole caregiver I had to face the situations where I had to perform  
complex medical type tasks with little or no instruction since no one will do it.  
Occasional visits from doctors and nurses were not frequent or satisfactory enough and  
hiring helpers was too expensive. What I now feel strongly on this issue is that family  
caregivers need to be identified and included in care plan discussions together with  
proper instructions regarding caregiving for a loved one before discharge from a  
hospital. I urge you to support caregivers by voting yes on SB2264. Thank you.  
Sincerely yours, Midori Kiso Moiliili, Oahu

**SB2264**

Submitted on: 1/27/2014

Testimony for HMS/HTH on Jan 28, 2014 13:15PM in Conference Room 016

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
james crowe	Individual	Comments Only	No

Comments: I strongly support SB2264. I am a caregiver for my wife who has a chronic condition. It requires much of my focus and time. I am more than happy to be her caregiver. But there are thousands like me in the State who would do a whole lot better with a little more help.