



April 5, 2016

Senate Committee on Judiciary and Labor
Senator Gilbert Keith-Agaran, Chair

Re: **HB2252 HD1 SD1 – RELATING TO DISCHARGE PLANNING**

Chair Keith-Agaran 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 SD1 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 strongly supports HB 2252 HD1 SD1. While both Houses made good progress on their versions of the CARE Act Discharge Plan bills, the SD1 amended version to HB 2252 is our preference as it has greater clarity and clearer legislative intent and support for patients and their caregivers. Specifically, AARP supports the SD1 for the following reasons:

- the language of Section 2(c) of the SD1 requiring that hospital discharge policies “also include” various federal and national standards makes it 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 – clearly demonstrates legislative concern and support for patients and their family caregivers, and does not focus primarily on the hospitals’ perspective.
- we support the July 1, 2017 effective date of the Senate version.

The need to include caregivers has been a great concern to an overwhelming majority of our community, and the members of the CARE Act Coalition, including AARP, and we thank the legislators for the progress made this year.

Thank you for the opportunity to testify.

April 5, 2016 at 9:05 am
Conference Room 016

Senate Committee on Judiciary and Labor

To: Senator Gilbert Keith-Agaran, Chair
Senator Maile Shimabukuro, Vice Chair

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

Re: Testimony in Support – HB 2252, HD1, SD1

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, SD1 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 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.





April 5, 2016 at 9:05 AM
Conference Room 016

Senate Committee on Judiciary and Labor

To: Chair Gilbert S.C. Keith-Agaran
Vice Chair Maile S.L. Shimabukuro

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
HB 2252 HD 1 SD 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 SD 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.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice,
American Association for Homecare and Council of State Home Care Associations

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.



To: The Honorable Gilbert S.C. Keith-Agaran, Chair
The Honorable Maile S.L. Shimabukuro, Vice Chair
Members, Committee on Judiciary and Labor

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

Date: April 1, 2016

Hrg: Senate Committee on Judiciary and Labor Hearing; Tuesday, April 5, 2016 at 9:05pm in Room 016

Re: Support for HB 2252, HD1, SD1, 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, SD1, 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.

TO: Honorable Senator Gilbert Keith-Agaran, Chair
Honorable Senator Maile Shimabukuro, Vice Chair
Members of the Committee on Judiciary and Labor

DATE: Tuesday, April 5, 2016
PLACE: State Capitol Room 016
TIME: 9:05 am
SUBJECT: Testimony in support of HB 2252, HD 1, SD 1 Relating to Discharge Planning

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

Project Dana is a volunteer caregivers program that provides support services through a corps of trained volunteers, guided by the principle of “Dana”, which combines 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 whose strong desire is to age in place in their homes.

Please support HB 2252, HD 1 SD 1-Relating to Discharge Planning whereby hospitals provide a consistent level of instructional support as needed at the time of discharge, so that patients are able to transition back and return to maintain living in their homes as long as possible.

Thank you very much.
Rose Nakamura
Administrator, Project Dana

April 3, 2016

Rep. Della Au-Bellati, Chair, House Health Committee
Hawaii State Capitol
Honolulu, Hawaii

Subject: Care Act- HB 2252 HD1 SD 1

Dear Rep Della Au-Bellati and members of the House Health Committee:

I am writing in support of the Care Act- HB 2252 HD1 SD1 and would appreciate if your committee would seriously consider recommending the approval of this measure during this Legislative Session. As you know, I have been involved with eldercare issues in the state for a long time (about 40 years and counting) and have been very concerned that we are facing serious shortfalls with the growing needs of population aging and an inadequate supply of resources – services, financing and workforce. While I was involved with family caregiver training and curriculum development at Kapiolani Community College for 9 years, leadership in planning and coordinating work in this area is still far from adequate.

Will HB2252 HD1 SD1 solve our challenges today? No, they will not. I see it just as one of the first steps to build our long-term care delivery infrastructure but this will in no small measure represent an attempt for hospitals and the medical community to begin better linking with unpaid and paid non-medical providers. I for one had hoped that there would be more initiatives to address this looming challenge that Hawaii is faced with. However, let us at least acknowledge that we are faced with an explosive growth of the elderly population with no real pathway to moderate the rising cost of long-term care. What HB2252 HD1 SD1 is requesting by having hospital regularly reach out to and identify family caregivers may help to create a minimum standard of care at discharge, standardize our terminologies and their respective discharge checklists. Hopefully, our community can be encouraged to be pro-active and someday go beyond Medicare standards for the sake of our kupuna.

Thank you for this opportunity to provide input. Please feel free to call me if you have any questions.

Sincerely,



Cullen T. Hayashida, Ph.D.
Director, KCC Kupuna Education Center (retired)
Email: cullenhaya@gmail.com
Phone: 781-6604

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc:
Subject: *Submitted testimony for HB2252 on Apr 5, 2016 09:05AM*
Date: Sunday, April 03, 2016 2:47:24 PM

HB2252

Submitted on: 4/3/2016

Testimony for JDL on Apr 5, 2016 09:05AM in Conference Room 016

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

Comments:

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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