February 3, 2016
The Honorable Daniel Hawkins: Chair, House Health and Human Services Committee

Reference: Testimony in support of HB 2058; the Kansas Lay Caregiver Act

Chair Hawkins and Committee Members:

Thank you for the opportunity to testify to the importance of passing HB 2058 supporting home lay caregivers.

My name is Judy Davis-Cole. I am here on behalf of myself and AARP. From personal and professional experience, I have a firm grasp on why I ask you to support the Kansas Lay Caregiver Act. I am a retired registered nurse of 42 years. Professionally, my health care experience is varied; and14 of those years were as a clinician and manager for a home care company. Personally, I was the primary home care giver for my dad after he suffered a major stroke

Health care in our country has changed dramatically in the last 25 to 30 years. New medical knowledge improvements in physical care and technologies are proven to facilitate care. The net result is that people tend to be discharged from hospitals earlier. Much of the acute recovery time that used to take place in the hospital has been shifted to the home. Now, caregivers often use and monitor specialized equipment and assistive devices in the home to care for patients. People who have never considered themselves as patient caregivers now find themselves in the role of non-paid personal caregiver. Indeed, according to AARP research, there are more than 345,000 of these caregivers in Kansas each year. These are selfless and dedicated people who are the backbone of health care in our communities. A bonus to all of us Kansans is that they save us approximately $3.85 billion in health care costs annually.

<u>This trend in home care giving is positive *only* when the patient and caregiver are knowledgeable about their care.</u>

Many hospital officials believe they are already providing optimal patient training and instruction. After all, there are CMS (Centers for Medicare and Medicaid Services) and Joint Commission regulations that mandate discharge planning. It's true that many hospitals do a good job. Unfortunately:

- According to the AARP report "Home Alone: Family Caregivers Provide Complex Chronic Care", many caregivers report that they receive little or no training to perform the tasks necessary to feel confident in their care delivery.
- According to the 2014 State Long-Term Services and Supports Scorecard, Kansas ranks 35th in "support for family caregivers" overall.
- In 2015, AARP Kansas collected more than 4,000 signatures of Kansans who believe that we need to be doing a better job of providing and explaining discharge instructions.

So, consistency in patient/caregiver training across our state seems to vary and there seems to be discrepancy in what hospitals believe is happening versus what the patients/caregivers perceive.

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Hospital discharge is an exciting (and anxious) time for the patient and significant other. Their minds are on getting home; not on discharge instructions. It is a great advantage to have an objective caregiver present during discharge activities who can concentrate on instructions and training.
The C.A.R.E. Act benefits discharge planners and trainers as well as patients and lay care givers in several ways:

1. The patient is given the opportunity at admission to designate a specific caregiver who is documented in the record. Discharge trainers know specifically who should receive training.
2. The designated caregiver receives timely notification of the patient's discharge or transfer; and
3. The designated caregiver has the opportunity to receive in-person discharge instruction prior to discharge.

The passage of the C.A.R.E Act will benefit Kansans beyond those age 50 and older:

1. Safer post-hospitalization recovery and rehab with fewer infection/complications.
2. Fewer unscheduled (and costly) hospital readmissions.
3. More health-care dollars saved
4. Stronger relationship between providers and patients, as the patient and caregiver can be more participative in care

Passing the C.A.R.E Act is a four-win scenario:

1. It recognizes the critical importance that these wonderful personal caregivers are to healthcare and to our economy.
2. It supports the patient and caregivers with information fostering confidence, skill (and success).
3. It saves health care dollars both in care delivery and in fewer hospital readmissions.
4. It has no fiscal ramifications to an already financially-challenged state.

In 2015, 18 states across our nation, plus Puerto Rico passed bills similar to our Kansas Lay Caregiver Act. They have recognized the importance of supporting these selfless people. It's time that Kansas steps up to recognize and support our lay caregivers.

Again, I thank you for your time and attention today and I ask for your support of HB 2058. I will stand for questions.

Judy Davis-Cole, R.N., M.N; retired