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April 5, 2016

Rep. Paul Seaton, Chair  
House Health and Social Services Committee  
Alaska State Capitol, Room 102  
Juneau, AK 99801

Re: SB 72 – Designated Caregivers for Patients – SUPPORT

Dear Rep. Seaton,

On behalf of AARP Alaska's 89,000 members, many of whom are caregivers, thank you for hearing SB 72. We are pleased to support SB 72, Designated Caregivers for Patients, and urge passage out of the House Health and Social Services Committee. This bill addresses a specific problem many unpaid caregivers face with providing complex care to a loved one discharged back home from a hospital, and ensures that hospital policy includes three critical elements to make a hospital discharge to home more successful and less stressful, for both the patient and the caregiver: (1) designation, (2) notification and (3) education.

First, designation: the hospital inquires of the patient (or their representative) if there is someone who will be providing post-discharge aftercare at home, which is very different than the typical "next of kin" admission query. It could be a family member, friend, or even a neighbor. The hospital is not obligated to find a caregiver where there is none, and a named person is not obligated to accept the role of caregiver. Certainly not all patients will require assistance of a family member when they return home. If the patient identifies such a person, the hospital records the name and contact information in the patient's record and the patient is asked for permission to share medical information with the named caregiver.

Second, notification: as soon as practicable, the named caregiver is notified of the patient's planned discharge. This gives the caregiver the time needed to stock supplies, make necessary home modifications, and otherwise attend to the myriad tasks necessary to assume responsibility for their care at home.

Third, education: upon notification the caregiver is offered live or recorded visual instruction on how to perform the tasks identified in the discharge plan and to ask any questions the caregiver might have pertaining to performance of the care tasks. If the named caregiver declines instruction, the hospital has no further obligation.

By ensuring that hospital policy requires that these three critical things happen, SB 72 will benefit not just caregivers and the care recipients, but also hospitals (through lower readmission rates) and the state (through family caregivers providing a service that would sooner fall into the public realm and cost state dollars).

Caregiving for a family member, friend or neighbor is a daunting and sacrificial undertaking, filled with uncertainties and anxiety. In Alaska, at any given time there are about 88,000 unpaid or "lay" caregivers providing some level of support to another person. A 2011 report by the AARP Public Policy Institute valued the unpaid care provided by Alaskan caregivers at 1.1 billion dollars annually, a figure certain to be larger today as Alaska's older population continues to grow at a rate that leads the nation. Without this army of family/friend caregivers, the responsibility for care and for paying for it would shift increasingly to the state. We believe it is not only right, but fiscally prudent to support and strengthen family caregivers.

Real Possibilities

Families remain the most important source of support to older individuals, even though many family members wouldn't even identify themselves as a "caregiver," but rather just see themselves doing what any other family member would do. Nevertheless, people who take on this task for a loved one experience stress, financial hardship, physical strain, competing demands, and consequently are themselves highly vulnerable to physical and emotional problems.

A recent study by AARP Public Policy Institute, the Hartford Foundation, and United Hospital Fund (*Home Alone: Family Caregivers Providing Complex Chronic Care, 2012*), found that increasingly family caregivers report performing medical/nursing tasks for care recipients with complex physical and/or cognitive conditions. These tasks can include managing multiple medications, providing wound care, giving injections, providing mobility and transfer assistance, and operating specialized medical equipment...in addition to more customary tasks of assisting with activities of daily living and personal care. And most caregivers reported they received little or no instruction on how to perform these tasks.

Most care recipients (69%) did not have a home visit by a health care professional. Even when professional home care is part of the discharge plan there is a window of 24-48 hours before the home care agency is required to make their initial visit. A lot can go wrong for a patient and their caregiver in that period of time. No family or lay caregiver should ever be faced with care for which they are not prepared. It is too dangerous and certainly stressful.

SB72 sets out relatively simple steps for hospital procedure that can make a very significant difference for a family caregiver. Although some hospitals are actively developing just such policies (and they should be commended for doing so), others are not. For any caregiver to be expected to assume responsibility for complex care of a loved one without proper preparation or demonstration of the tasks is unreasonable. In this time of severely diminished state resources, we firmly believe strengthening families for self-sufficiency is prudent public policy and good health practice.

Thank you, Rep. Seaton, for hearing SB 72. We encourage passage and enactment.

Sincerely,



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