

MICHIGAN STATE UNIVERSITY

February 8, 2016

The Honorable Mike Callton
Chair, House Health Policy Committee
PO Box 30014
Lansing MI 48909-7514

RE: CARE Act - SB352

Dear Chairman Callton and Members of the House Health Policy Committee:

I am a University Distinguished Professor in the College of Nursing at Michigan State University. I am writing in favor and support of the Care Act.

From my experience of 25 plus years of funded research studying the needs and stresses of family caregivers caring for the chronically ill, I am in strong favor of the passage of Bill SB352. I am speaking for the million patients (1,063,513 in 2014) and their families who will be discharged this year from Michigan hospitals and whose family caregivers will be required (based on patient needs for care) to provide millions of hours of unpaid care so their loved ones can continue their recovery from their current health problem. This care is critical to preventing re-hospitalization and good patient health outcomes.



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For Michigan citizens discharged from hospitals, the majority need a family member to help with their medical care. This need lasts for a few days to several months as patients recover from a hospitalization. Family caregivers are the ones with the day to day huge responsibility to provide the needed health care. Family caregivers need information and instruction on what care to provide and how to provide this care.

This bill, SB352, is not asking for professionals (nurses or physicians) to do more than is the current standard of basic patient care. We are asking however that all families have access to this information and that they receive clear instructions so that the needed patient care will be provided.

Patients now have to have discharge plans - this already is required by Medicare, Medicaid and the Joint Commission of Hospitals. These organizations ask that family members be a part of the hospital discharge plan instructions. This is a standard of care but is now inconsistently applied.

The stress and uncertainty that lack of information causes family caregivers is major. Our own research and that recently reported by AARP in their 2015 June report *Caregiving in the US*¹ shows that caregivers:

- were spending 24.4 hours per week providing care
- reported burden (30-40%)

Caregivers were involved with the following:

- 50% provided for physical care
- 66% were monitored for side effects and complications such as infection, bleeding, dehydration
- 63% had to communicate with health professionals about patients' condition; a toxic effect, a complication
- 57% had to do medical surgical tasks such as shots, catheters, dressings, ventilators
- * 84% said they need more information in dealing with challenging behaviors for safety for dementia and skin care for the disabled elderly
- * 46% had to deal with multiple complex medication regimens
- Only 14% had training on the care they were to provide

(We are not talking about bathing, dressing, eating, and household tasks. We are talking about medical and nursing care.)

Half of those interviewed for the AARP study thought having their name on the patients' chart would have been helpful to the care. Forty three percent wanted instructions on the tasks they were to provide.

Caregivers in our own research studies are performing medical and nursing tasks, more complex than we would allow nursing students to do during their first year of training. Caregivers provide a huge volume of care with much responsibility over many weeks and months as patients recover from a hospitalization.

I applaud the legislature for their wisdom and leadership to bring the caregiver issue forward in Michigan. It is important that our State becomes known to be a state that supports family caregivers.

This will be a huge support for family caregivers - timely and needed information. This Care Act, SB352, would reduce caregiver stress, distress, and uncertainty and ensure that patients had better health outcomes and that the patient is safe from harm. This bill will also be of benefit to the health care system in preventing readmission and having patients with better long term outcomes.

Our research has documented the importance of family members' involvement in care for pain and other symptom management, reduced hospital admissions and reduced length of stay.

To support this bill means you are joining your legislative colleagues in more than 30 states who are in discussions; 26 states have introduced legislation, 18 states have now passed this law.

Thank you for allowing me the opportunity to present my testimony. Please feel free to contact me if you would like further information.

Sincerely,


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References:

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