

Joanne S. Davis:

Good Morning, Members of the Committee on Aging,

I am here today in support of **Proposed SB 290** and **Proposed HB 5455**.

My husband is 90 years old. The potential for him to fall and sustain an injury exists and it is always in the forefront of my mind. In addition, he experiences intermittent memory losses. For these reasons, I have assumed the responsibility for:

- Monitoring and recording his blood pressure and weight on a regular basis
- Overseeing that he takes his medications as prescribed and gets refills in a timely manner
- Making, transporting him to, and participating in, his doctors' appointments
- Providing for adequate nutrition and hydration
- Maintaining a safe home environment
- Managing the household by paying the bills and ensuring he has what he needs for performing his activities of daily living

As a nurse, I have the advantage of knowing what to look for, what questions to ask, where to find resources. Not having this background and experience puts the individual and the caregiver at a serious disadvantage because they may not be confident of their abilities or aware of services from which they can benefit to stay safely in the home.

Recently, I have worked with patients who take 10, 20, or more, medications **per day**. Often times, medications are changed when a patient is discharged from a hospital or short-term rehab facility. Even though the patient receives a list of the current discharge medications, the day-to-day management can be very confusing. Without proper guidance, there is increased likelihood of "**unintentional non-compliance**." By this I mean that the individual is not aware that s/he is taking the wrong medication, or taking the wrong dose, or taking the medication at the incorrect frequency. This "**unintentional non-compliance**" may result in a costly re-hospitalization which places the individual at risk for complications and increases the anxiety for the individual and stress for the caregiver. What makes this situation unfortunate is that, with careful monitoring, it may have been prevented.

I recall a conversation I had with a young woman who was the primary caregiver for her father-in-law. Sensing her feeling of being overwhelmed while also working and caring for 2 small children, I asked if she had a support system. Her response was "Yes, but they are not caregivers." Unclear of the distinction, I asked her to explain. "They can pick up our kids from day care, go grocery shopping, and cook a meal. But . . . they are not caregivers; They do not know what it is like because **THEY DO NOT WEAR MY SHOES.**" Her statement was so startlingly revealing that it put a name and face to the meaning of the term "caregiver stress."

The provisions in the **CARE Act (Caregiver Advise, Record, Enable Act)** ensure that family caregivers are recognized in the healthcare facility, are informed when their loved one will be discharged, and receive the education they need to understand the tasks expected of them when their loved one returns home.

I support **Proposed SB290** and **Proposed HB 5455** and ask for your endorsement of this important legislation.

Thank you!