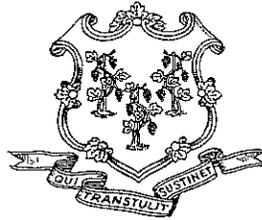


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Good morning Senator Flexer, Representative Serra and members of the Aging Committee. I am here to testify in support of SB 290 AN ACT CONCERNING PATIENT-DESIGNATED CAREGIVERS.

Each year, more than **700,000 Connecticut residents provide care to their aging loved ones** with tasks such as bathing, dressing, finances, transportation, and medical care. This assistance, which is estimated to have a **fiscal impact of \$5.8 billion**, allows many of our seniors to remain in their communities and age in place. Senate Bill 290 would support our state's efforts to promote aging in place because the bill will implement the core principles of the CARE (Caregiver Advise, Record and Enable) Act.

The CARE Act, a concept developed by the AARP, will help ensure caregivers receive the information and training they need to care for their loved ones at home. Specifically, the bill would require hospitals to do the following:

1. Provide each patient with the opportunity to designate a caregiver upon the patient's admission to the hospital,
2. Notify the designated caregiver if the patient is to be discharged to another facility or back to his or her home, and
3. Provide the caregiver with instructions on how to perform medication management, wound care, injections or other medical tasks for the patient when the patient returns home.

As medical care has evolved, surgery and other medical procedures that previously required long hospital stays now often result in patients being promptly discharged into the community. In many instances, these patients require continued medical care – such as medications, injections and wound care – after they return home, and the responsibility for ensuring that the patients receive this care falls on the patients' family and friends.

Unfortunately, many caregivers feel unprepared to perform the medical tasks necessary to keep their loved ones out of the hospital and in the community. A recent national AARP report¹ found that **many caregivers providing medical care to their loved ones feared that they would make a mistake and would like more training to perform medical tasks**. The report also noted that **69% of patients did not have a home visit by a health care professional after the patients were discharged from the hospital**. A recent AARP survey² of Connecticut residents found that **94% of family caregivers want hospitals to explain and demonstrate medical tasks**, and **90% want hospitals to keep family caregivers informed of major decisions**.

By helping to ensure that caregivers receive information and training, the bill could also potentially reduce costly hospital readmissions. This is particularly timely because the federal Centers for Medicare and Medicaid Services (CMS) recently began a program that reduces Medicare payments to hospitals that have excess readmissions within 30 days of discharge – 75% of Connecticut hospitals were penalized under the program in

¹ Home Alone: Family Caregivers Providing Complex Chronic Care October 2012

² AARP Valuing the Invaluable 2011 and 2014 AARP Caregiving Survey: Opinion & Experiences of Connecticut Residents Age 40 and Older

2013. Improving care transitions by providing more support to family caregivers could help reduce these readmissions.

I hope you will join me in supporting the CARE Act. If passed, SB 290 will better prepare family members and friends to perform the critical task of helping our loved ones remain in their homes – where patients report a higher quality of life – and age in place.

