

May 20th, 2015

TO: Oregon Ssenate Committee on Health Care, Sen. Monnes Anderson, chair

FROM: AARP Oregon

RE: Support for HB 3378-A, the CARE Act

AARP Oregon strongly supports HB 3378-A, the CARE Act. We support this proposal due to the steady shift in the role of family caregiving over the last few decades. Family caregivers have traditionally provided assistance with bathing, dressing, eating, and household tasks such as shopping and managing finances. While these remain critically important to the well-being of care recipients, the role of family caregivers has dramatically expanded to include performing medical/nursing tasks of the kind and complexity once only provided in hospitals.

In 2012, to document this major shift, the AARP Public Policy Institute and the United Hospital Fund undertook the first nationally representative population-based online survey of 1,677 family caregivers to determine what medical/nursing tasks they perform. Both organizations contributed to this report titled "Home Alone: Family Caregivers Providing Complex Chronic Care". A few highlights of the results include:

- Almost half (46%) of family caregivers performed medical/nursing tasks for care recipients with multiple chronic physical and cognitive conditions
- Three out of four (78%) family caregivers who provided medical/nursing tasks were managing medications, including administering intravenous fluids and injections
- Caregivers found wound care very challenging, more than a third (38%) wanted more training
- Most family caregivers who provided help with medical/nursing tasks believed they were helping their family member avoid institutionalization
- And most related to this legislation, most family caregivers report that they received little or no training to perform these tasks.

Last summer, AARP performed a survey of over 800 registered voters in Oregon over the age of 45, and they told us that:

- Half (50%) of them **are currently providing or have provided unpaid care to an adult loved one** who is ill, frail, elderly or has a physical or mental disability.
- At least seven in ten of those **are helping or have helped with more complex tasks** like medication management (70%) and other nursing and medical tasks (69%).
- More than four in ten (41%) Oregon registered voters age 45 and older say **it is likely that they will provide unpaid care to an adult loved one in the future.**

There are over 460,000 unpaid caregivers in Oregon who provide care valued at over \$5.5 billion annually. They represent our natural system of supports for others that is the foundation of our entire care system. Supporting these caregivers keeps people out of more expensive levels of care and provides for the independence, choice, and dignity that our care system is based on.

Many of these family caregivers are thrust into caregiving after a loved one's hospitalization. An accident, a stroke, a sudden illness – many situations may take a family by surprise, and leave one member of the family as a patient and another as a primary caregiver. However, if the caregiver doesn't have the tools they need to provide care, the patient may be back in the hospital within a month with an infection, reaction to medication, or any number of other critical health problems.

This is where the CARE Act can be helpful. CARE stands for "Caregiver Advise, Record, Enable", and its goal is to involve family caregivers as part of the care team by medical providers in the case of a hospitalization. The bill requires all hospitals in Oregon to adopt policies that will ensure they:

- 1) Identify and record who the family caregiver is, if there is one, for a patient who has been admitted into the hospital;
- 2) Notify the family caregiver that a patient is being discharged; and
- 3) Based on the needs of the caregiver and the patient, provide a demonstration of the care they are expected to provide at home.

This last item is very important. Being shown how to do something is much more effective than being told how to do it, or given a sheet of paper with instructions. Caregivers are asked to clean catheter lines, change wound dressings, give shots, manage medications, and other tasks they may never have done before.

If we are to meet the triple aim of better health, better care, and lower costs, family caregivers need to have the tools to do this at home.

AARP worked hard with the representatives of Oregon's hospitals to negotiate the details of this legislation. Compromises were made by both parties to come up with the bill as amended. We know they are concerned with providing quality care and reducing readmissions. Many of the hospitals are already doing what this bill provides but this bill will ensure that all hospitals in Oregon are on the same page with involving family caregivers as part of the care team.

On behalf of AARP Oregon's statewide membership of over 500,000 Oregonians, we urge your support for HB 3378-A. Thank you for your consideration.