DAVID Y. IGE
GOVERNOR OF HAWAII

ELIZABETH A. CHAR, MD
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony COMMENTING on HB1823 HD1
RELATING TO HEALTH.

REP. MARK M. NAKASHIMA, CHAIR
HOUSE COMMITTEE ON JUDICIARY & HAWAIIAN AFFAIRS

Hearing Date: February 24, 2022 Room Number: Videoconference

Fiscal Implications: N/A.

Department Testimony: The role of the Department of Health (DOH) for chapter 327L, Hawaii Revised Statutes, or the "Our Care, Our Choice Act," is ministerial in function, which is to say that DOH's primary responsibility is the collection and dissemination of forms, data, and reports in aggregate, as required by law. DOH is compelled to collect data only on qualified patients who have followed through on every legally required step. As a result, DOH does not quantify the number of patients who expired prior to executing all the steps, however the anecdotal input from healthcare providers has been very consistent, that: 1) patients in rural communities struggle to find a participating provider (attending, consulting, and mental health), and 2) patients with grave health prognoses expire during the waiting period, often with tremendous suffering.

The department is in the process of evaluating forms for the collection period that ended on December 31, 2021. There are an estimated 70 patients who completed the medical aid in dying request process. In the 2020 annual report, there were 37 patients who qualified of which 32 ingested the medication causing their death. This is a consistent upward trend since enactment in 2019.

Offered Amendments: N/A.

Testimony of the Board of Nursing

Before the
House Committee on Judiciary & Hawaiian Affairs
Thursday, February 24, 2022
2:00 p.m.
Via Videoconference

On the following measure:
H.B. 1823, H.D. 1, RELATING TO HEALTH

Chair Nakashima and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board appreciates the intent and offers comments on this bill only with respect to advanced practice registered nurses (APRNs).

The purposes of this bill are to: (1) APRNs and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority; (2) authorize advanced practice registered nurses with psychiatric or clinical nurse specializations and physician assistants to provide counseling to a qualified patient; (3) reduce the mandatory waiting period between oral requests from twenty days to fifteen days; (4) reduce the mandatory waiting period between the initial oral request and the provision of a prescription from fifteen days to ten days if more than ten business days have passed between the initial oral request and an appraisal of the patient by the attending provider or counseling provider; (5) waive the mandatory waiting period for qualified patients not expected to survive the mandatory waiting period; and (6) prohibit the disclosure or discovery of information collected or retained pursuant to incidental or routine communication between the department of health and qualified patients or providers.

The Board appreciates the bill’s intent to authorize APRNs to practice medical aid in dying in accordance with their scope of practice and prescribing authority. APRNs are recognized as primary care providers who may practice independently based on their practice specialty. An APRN’s education and training include, but are not limited to, a graduate-level degree in nursing and national certification that is specific to the APRN’s practice specialty, in accordance with nationally recognized standards of practice.

The Board also appreciates that this bill's definition of "counseling" includes both a "psychiatric mental health nurse practitioner, or clinical nurse specialist" to consult with a patient to determine whether the patient is capable of making an informed decision regarding ending the patient's life. There are four categories of APRNs (nurse practitioner, clinical nurse specialist, certified nurse midwife and certified registered nurse anesthetist), and nurse practitioners or clinical nurse specialists whose practice specialty is in psychiatric mental health may provide consultative services in psychiatric mental health.

Thank you for the opportunity to testify on this bill.

HB-1823-HD-1
Submitted on: 2/22/2022 3:28:55 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Michael Golojuch Jr	Stonewall Caucus of the Democratic Party of Hawaii	Support	Yes

Comments:

Aloha Representatives,

The Stonewall Caucus of the Democratic Party of Hawai‘i (formerly the LGBT Caucus) Hawai‘i’s oldest and largest policy and political LGBTQIA+ focused organization fully supports HB 1823 HD1.

We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
Stonewall Caucus for the DPH

HAWAIʻI PACIFIC HEALTH
KAPIʻOLANI
PALI MOMI
STRAUB
WILCOX

Committee on Judiciary & Hawaiian Affairs
Rep. Mark M. Nakashima, Chair
Rep. Scot Z. Matayoshi, Vice Chair

From: Michelle Cantillo, RN, Advance Care Planning Coordinator, Hawaiʻi Pacific Heath

RE: HB1823 relating to Our Care, Our Choice Act (OCOCA)

I, Michelle Cantillo, RN, Advance Care Planning (ACP) Coordinator representing Hawaii Pacific Health (HPH) am writing to express HPH support of HB1823. This bill allows more providers to voluntarily participate in OCOCA to help support their terminally ill patients. HB1823 will help patients to grant their dying wishes as their time is limited.

Over the past 3 years since the OCOCA bill there have only been a limited amount of physicians who are willing to be an attending physician for this law. At HPH, there are only less than 15 physicians who are willing to participate in writing the aid-in-dying prescription. Currently that is only 1% participating attending physicians at our 4 hospitals (1505 physicians on medical staff).

In my role as an ACP coordinator, I help patients or non-participating providers find a participating physician. With only one percent of our physicians willing, it can be very challenging to find a physician quickly for these terminally ill patients. We have seen in Hawaiʻi that there is a shortage of physicians in primary care and specialty areas especially outer islands. One of Straub's participating oncologist recently retired and replacement for his specialty is here on island for a couple of months! The current oncologists are stretched very thin trying to schedule new consults and continuing patients. For the few oncologists who try to help patients requesting OCOCA, they have to fit them in their already busy schedules and have voiced concerns why other physicians do not participate more! Eight-three percent of HPH patients who have started the OCOCA process in the past three years (2019-2021) have cancer with metastases.

We have no physicians willing to write the aid-in-dying prescription on Kauaʻi. HPH supports the other islands too and it is our Oahu participating physicians that will see these patients! I am thankful for these few physicians who go above and beyond and willingly volunteers to see patients whose own physicians will not participate in the law. Many of the Advanced Practice Registered Nurses (APRN) at HPH have expressed their support to this bill. With training, our APRNs or PAs will continue to work closely with physicians and collaborate on how best to help their patients requesting OCOCA.

At HPH, many patients do not meet the 20 day window after their first oral request. In the past three years, 60 patients have completed their 1st oral request and 45 of those patients went on to complete their 2nd oral request. Many of these patients have a rapid decline and expire during this time period. HPH is in favor of waiving the mandatory waiting period and reduce the 20 day waiting period to 15 days. The providers are very skilled at assessing their patients and supports to waive the waiting period for terminally ill patients not expected to survive the mandatory waiting period.

Let’s create a law that works for the terminally ill people of Hawaiʻi who do not want to die however wishes to have this end-of-life option. Now that we have the law, let’s make it work!

HPH and I are asking you, as our leaders to approve HB1823! Thank you in advance for your support!

Mahalo,

Michelle Cantillo, RN, ACP Coordinator, HPH
michelle.cantillo@hawaiipacifichealth.org

HAWAIʻI STATE CENTER FOR NURSING
Connecting Nurses. Transforming Healthcare.

Written Testimony Presented Before the House Committee on Judiciary and Hawaiian Affairs
Thursday, February 24, 2022 at 2:00 PM
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawaiʻi State Center for Nursing
University of Hawaiʻi at Mānoa

Comments on HB 1823, HD1

Chair Nakashima, Vice Chair Matayoshi, and members of the House Committee on Judiciary and Hawaiian Affairs, thank you for the opportunity for the Hawaiʻi State Center for Nursing to provide **comments on HB 1823, HD1 only as it pertains to Section 2** of this measure which, if enacted, would enable Advanced Practice Registered Nurses (APRNs) to participate as an attending, consulting, and counseling provider in the Our Care, Our Choice Program.

Advanced Practice Registered Nurses have had a 75% increase in the number of in-state APRNs since 2011. Nearly 1,300 licensed APRNs reside in Hawaiʻi. APRNs are noted in national research to be more likely to provide care to underserved people and communities including rural areas, urban areas, to women, and to Medicaid recipients or uninsured people (Buerhaus et al., 2014). Currently, 30% of Hawaiʻi's APRNs reside on a Neighbor Island which also approximates the percent of APRNs working in HSRA designated primary care shortage areas and medically underserces areas (Hawaiʻi State Center for Nursing, 2021).

The National Conference of State Legislatures notes that Nurse Practitioners, which are the most common type of APRNs in our state, "are prepared through advanced graduate education and clinical training to provide a range of health services, including the diagnosis and management of common as well as complex medical conditions to people of all ages" (scopeofpracticepolicy.org). NCSL also notes that in Hawaiʻi, APRNs are provided practice authority to the full extent of their education and certification, prescriptive authority, and that APRNs are identified as primary care providers.

Hawaiʻi adopted the national best practices for APRN regulation, the APRN Consensus Model (2008), which states that licensure, accreditation, and certification combined provides guidance on an APRN's scope of practice. Hawaiʻi's laws for APRNs ensure public safety during patient care through, authorize assessment, diagnosis, and prescriptive authority. APRNs have grown significantly in Hawaiʻi, with APRNs providing care in all regions in the state where people live.

Thank you for the opportunity to provide this information as it relates to your decision making on this measure.

The mission of the Hawaiʻi State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce; and advocates for sound health policy to serve the changing health care needs of the people of Hawaiʻi.

HB-1823-HD-1
Submitted on: 2/23/2022 6:07:16 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Joy Rodriguez	Burden Lifters, LLC	Support	No

Comments:

Aloha, I am a local end of life doula and I have had the privilege of walking beside those who are dying, I provide non-medical support with the goal of easing the transition for the patient and their loved ones. I have been present at the deaths of several people who have used death hastening medication.

The people who have chosen to utilize the Our Care, Our Choice Law do so with well contemplated resolution. These humans are not choosing to die. Their diseases have made their pending death an unquestionable fact. The men and women who ingest death hastening medication chose to end their suffering on their own terms in a way that allows them closure with their loved ones and often a joyous, if bittersweet, transition.

The amendments proposed will allow greater access to the law, which will result in a decrease in human suffering. Please allow for use of APRNs and a decreased wait time per the Attending Provider's judgement.

Mahalo,

Joy Rodriguez

End of Life Doula

808-841-7055

HAWAIʻI
PACIFIC
HEALTH

KAPIʻOLANI
PALI MOMI
STRAUB
WILCOX

Thursday, February 24, 2022 at 2:00 PM
Via Video Conference

<u>House Committee on Judiciary & Hawaiian Affairs</u>

To: Representative Mark Nakashima, Chair
Representative Scot Matayoshi, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: HB 1823, HD1 – Testimony In Support
Relating to Health

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawaiʻi.

I am writing in SUPPORT of HB 1823, HD1 which would authorize advanced practice registered nurses and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority. The bill also authorizes psychiatric mental health nurse practitioners and clinical nurse specialists to provide counseling to a qualified patient and reduces the mandatory waiting period between oral requests from twenty to fifteen days.

Through the passage of the Our Care, Our Choice Act in 2018, terminally ill individuals with less than six months to live have access to the full-range of end-of-life care options, and may voluntarily request and receive prescription medication that allows the person to die in a peaceful, humane, and dignified manner. Hawaii's unique geography and the State's shortage of physicians create barriers to access for qualified terminally ill individuals. Finding a physician may be burdensome, especially for individuals on the neighbor islands. Hawaii gives advanced practice registered nurses full scope of practice licensure; however, they do not have authority to administer medical aid in dying, thereby further limiting access to care for many individuals. Hawaii has the longest mandatory waiting period amongst all ten medical-aid-in-dying authorized states and the District of Columbia. Many patients are not surviving the mandatory twenty days.

Allowing advanced practice registered nurses and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority and shortening the waiting period provide greater access for terminally ill individuals to the medical treatment they require at a critical stage in their lives.

Thank you for the opportunity to testify.

Written Testimony Presented Before the
House Committee on Judiciary and Hawaiian Affairs

Hearing: February 24, 2022 @ 2:00PM
State Capitol, Conference via VideoConference

By Hawai‘i – American Nurses Association (Hawai‘i-ANA)

HAWAII
AMERICAN NURSES ASSOCIATION

HB1823, HD1 RELATING TO HEALTH

Chair Mark M. Nakashima, Vice Chair Scot Z. Matayoshi, and members of the House Committee on Judiciary and Hawaiian Affairs for this opportunity to provide testimony <u>in strong support</u> for HB 1823, HD1 Relating to Health. This bill seeks to explicitly recognize advanced practice registered nurses (APRNs) as attending providers and consulting providers capable of performing all necessary duties under the Our Care, Our Choice Act in accordance with their scope of practice and prescribing authority under current law. This bill also seeks to reduce the mandatory waiting period between oral requests made by a terminally ill individual from twenty to fifteen days, and to reduce the mandatory waiting period between the initial request and the provision of prescription from fifteen to 10 days if more than ten business days have passed between the initial oral request and an appraisal of the patient by the attending provider or counseling provider. This measure would also allow an attending provider to waive the mandatory waiting period for terminally ill individuals not expected to survive the waiting period.

We are members of the Hawai‘i - American Nurses Association who speak for over 15,000 Registered Nurses in Hawai‘i who care for patients every day, throughout their lifespan, from birth through dying and death. We have supported the passing of the bill to enact this measure in the past, in our interest to provide choices and options to patients addressing end-of-life issues. We continue to support the Act as an option for both patients and providers, to consider in meeting the personal needs of the individual patient. We believe the changes to the terms of this Act address the very real difficulties individuals in Hawai‘i are experiencing in meeting the established criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process.

We respectfully request that HB1823, HD1 pass out of this committee. Thank you for your continued support for measures that address the healthcare needs of our community.

Contact information for Hawaii – American Nurses Association

President: Katie Kemp, BAN, RN-BC president@hawaii-ana.org
Executive Director: Dr. Linda Beechinor, APRN-Rx, FNP-BC executivedirector@hawaii-ana.org
phone (808) 779-3001
500 Lunalilo Home Road, #27-E
Honolulu Hawaii USA 96825

hawaii family forum

Submitted Online: February 23, 2022

HEARING: Thursday, February 24, 2022

TO: HOUSE COMMITTEE ON JUDICIARY AND HAWAIIAN AFFAIRSE
Rep. Mark Nakashima, Chair
Rep. Scot Matayoshi, Vice Chair
FROM: Eva Andrade, President

RE: Opposition to HB1823 HD1 Relating to Health

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. We oppose this bill that chips away at the safeguards that were put in place when the "Our Care, Our Choice" law went into effect.

If this bill is passed, it will allow (1) advanced practice registered nurses (APRNs) and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority. (2) APRNs with psychiatric or clinical nurse specializations and physician assistants to provide counseling to a qualified patient, (3) the reduction in the mandatory waiting period between oral requests from twenty days to fifteen days, and (4) the reduction in the mandatory waiting period between the initial oral request and the provision of a prescription from fifteen days to ten days if more than ten business days have passed between the initial oral request and an appraisal of the patient by the attending provider or counseling provider.

The most problematic part of this bill are two things: (1), waiving the mandatory waiting period for qualified patients not expected to survive the mandatory waiting period. Doctors can only give their best professional "guess" on patient survival. What if they are wrong? If that isn't alarming enough, this version (2) prohibits "the disclosure or discovery of information collected or retained pursuant to incidental or routine communication between the Department of Health and qualified patients or providers." While not unusual to protect identities of patients and even providers, we are leary of provisions that completely insulates the information from disclosure pursuant to a subpoena, for example. That is excessive. What happens if a patient's family believes a provider coerced a patient into requesting physician-assisted suicide or short-cut the process? Families would have few avenues to adequately investigate that under this provision.

We expressed our strong opposition when the Our Care Our Choice Act was passed in 2018 because we were (and still are) very concerned about abuse of the law, primarily against frail elders and other vulnerable patients. At that time, to alleviate our concerns, the introduction to the bill stated that the "rigorous safeguards will be the strongest of any state in the nation and will protect patients and their loved ones from any potential abuse[i]." Therefore, we are disheartened to see that these safeguards are already being removed or modified.

Although there are those in the community that are receptive to the general concept of assisted suicide, we believe that when the public learns about the dangers of assisted suicide, especially for those who are poor, elderly, disabled, or without access to good medical care, their views shift against the practice. Rather than expand the law, we should continue to provide education on available access to palliative care and hospice services. Please do not sacrifice patient safety during a time of high suicide rates and economic uncertainty.

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[i] https://www.capitol.hawaii.gov/session2018/bills/HB2739_HD1_.HTM

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Hawai'i Association of Professional Nurses (HAPN)

To: The Honorable Representative Mark Nakashima Chair of the House Committee on Judiciary & Hawaiian Affairs

From: Hawaii Association of Professional Nurses (HAPN)
Subject: HB1823 HD1 – Relating to Health

Hearing: February 24, 2022, 2p.m.

Aloha Representative Nakashima, Chair; Representative Matayoshi, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony regarding HB1823 HD1. HAPN is in **strong Support** of placing choice in the hands of patients with whom we work every day. This includes patient choice in who their provider is when making a decision of this magnitude. We have reviewed the recommendations made by the Department of Health to include Advanced Practice Registered Nurses (APRN) to practice medical aid in dying in accordance with our scope of practice.

This is a multi-professional bill working toward increasing access to care. This access to care has gotten worse over the years due to many reasons, but most notably the decline in the number of providers to improve access. Research for physicians and APRNs in Hawaii show that there will be even steeper declines in the number of providers to provide general access in the coming years. Our scope of practice allows us to evaluate, assess, manage/treat our patients. This is already in our scope of practice. We are asking for inclusion in this process that this bill allows to better serve our patients.

HAPN’s mission, to be the voice of APRNs in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients’ access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii. We have worked to improve the physical and mental health of our communities. As our ability to provide close care with our patients progressed, we also opened up our own clinics to provide the care our patients deserve. As a result, the current law requires that a patient remove themselves from the excellent care their APRN has provided them over the years to discuss this end-of-life option with physicians, if they can find one, who may not have the same patient-provider relationship.

APRNs have played an important role in the healthcare of our communities and we will continue to be by our patients’ side as they make many different healthcare decisions throughout their lives. There have been clear indications that patients on our rural islands have been having difficulty finding physicians to support them with their legal right. We support the recommendations to include APRNs in this law, from our partners at the Department of Health in their assessment and evaluation of this issue.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,
Dr. Jeremy Creekmore, APRN

HAPN President

Dr. Bradley Kuo, APRN
HAPN Legislative Committee, Chair
HAPN Past President

Testimony of Sam Trad, Hawai'i State Director, Compassion & Choices
Supportive Testimony Regarding HB 1823 HD1
House Committee on Judiciary and Hawaiian Affairs

Good morning Chair Mark Nakashima, Vice Chair Scot Z. Matayoshi and Members of the Committee. My name is Sam Trad and I am the Hawai'i State Director for Compassion & Choices, the nation's oldest and largest nonprofit organization working to improve care, expand options and empower everyone to chart their own end-of-life journey.

Thank you for passing the Our Care, Our Choice Act, which has provided peace of mind to the terminally ill over the last three years it has been in effect; and thank you for your consideration of HB 1823 HD1. We are here today and pleased to offer our support for these crucial amendments to the Our Care, Our Choice Act.

This legislation is based on the suggested amendments the Department of Health has made to the legislature. One year into implementation of the Hawai'i Our Care, Our Choice Act, the Department of Health conducted an analysis of the implementation of the law by soliciting input from the medical community. A subsequent report to the legislature[1] found that while compassionately implemented, some of the well intentioned regulatory requirements outlined in the Act are creating unintended barriers and unnecessary burdens in care. Coupled with the state's well-known severe physician shortage, which has only worsened with the COVID-19 pandemic[2][3] and is especially dire on neighbor islands,[4][5] these collective barriers have made it very difficult for terminally ill patients seeking to access medical aid in dying. Unfortunately, many individuals died with needless suffering while attempting to navigate the process. In fact, we know from local healthcare systems that at least 21 eligible patients who wanted the option

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[1] Report to the Thirtieth Legislature, Our Care, Our Choice Act Annual Report, Reporting Period 2019, Hawai'i Department of Health. Accessed at: https://health.hawaii.gov/opppd/files/2020/06/2020-Annual-OCCOA-Report-1.pdf

[2] University of Hawai'i System Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, November 2021. Accessed at: https://www.ahec.hawaii.edu/workforce-page/

[3] Hawai'i doctor shortage worsens during pandemic, June 15, 2021. Accessed at: https://www.kitv.com/video/hawaii-doctor-shortage-worsens-during-pandemic/article_887db62f-c8ee-5f02-95b5-01d7102395b0.html

[4] Hawai'i's doctor shortage has worsened after the COVID-19 pandemic, Jan 7, 2021. Accessed at: https://www.khon2.com/coronavirus/hawaiis-doctor-shortage-has-worsened-after-covid-19-pandemic/

[5] Physician shortage takes a troubling turn for the worse, John A. Burns School of Medicine University of Hawaiʻi at Mānoa, September 10th, 2019. Accessed at: https://jabsom.hawaii.edu/hawaii-doctor-shortage-takes-a-troubling-turn-for-the-worse/

of medical aid in dying died during the mandatory waiting period, unable to have the peaceful end of life experience they wanted.[6]

Holding true to the intent of the Our Care, Our Choice Act - to ensure that all terminally ill individuals have access to the full range of end of-life care options - the bill before you seeks to ensure eligible patients can access medical aid in dying by amending the law to:

- Reduce the current mandatory minimum 20 day waiting period between oral requests to 15 days.
- Allow the attending provider the authority to waive the mandatory minimum waiting period if the eligible patient is unlikely to survive the waiting period (the patient must still go through the qualifying process).
- Allow qualified Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) to support patients in the option of medical aid in dying by acting as the attending provider, consulting provider and/or mental health counselor.

All of these amendments will reduce unnecessary burdens terminally ill Hawai'i residents face when trying to access medical aid in dying.

Expediting and/or reducing the mandatory minimum waiting period as they now do in Oregon, California and New Mexico

Hawai'i currently has the longest mandatory waiting period (20 days) between the first and second oral requests for medical aid in dying, of the 11 authorized U.S. jurisdictions. Hawai'i physicians have said that their eligible terminally ill patients are suffering terribly at the end of life and are not surviving the 20-day mandatory waiting period between oral requests.[7] Internal data from Kaiser Hawai'i and Hawai'i Pacific Health show that a significant number of eligible patients do not survive the long waiting period.

This experience matches what we have seen from data and experience throughout the other authorized jurisdictions which have less restrictive measures in place than currently exist in Hawai'i. In 2019, in response to the evidence compiled over 21 years of practice, the Oregon legislature amended its law in an attempt to find a better balance between safeguards

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[6] Susan Amina, NP, Kaiser HI, OCOCA panel on 1.13.21; Michelle Cantillo R.N., Advance Care Planning Coordinator, HPH, OCOCA panel on 1.13.21.

[7] 'Like a Christmas Present': Hawaii's Medical Aid in Dying Law Eased Patient's Anxiety, The Civil Beat, Jul 1, 2019. Accessed at: https://www.civilbeat.org/2019/07/a-palpable-sense-of-relief-hawaiis-medical-aid-in-dying-law-eased-patients-anxiety/

intended to protect patients and access to medical aid in dying. The amended law (SB579) gives doctors the ability to waive the current mandatory minimum 15-day waiting period between the two required oral requests and to waive the 48-hour waiting period after the required written request before the prescription can be provided, if they determine and attest that the patient is likely to die while waiting.[8] The similar amendment to the OCOCA before you now is a direct result of evidence and data in Hawaiʻi that clearly demonstrates the need for easier access for eligible terminally ill patients facing imminent death.[9]

Last year, California amended their waiting period from 15 days to 48 hours, because data from healthcare systems in California showed that approximately 30% of eligible patients who want medical aid in dying do not survive the minimum 15 day waiting period.[10] Additionally, New Mexico's medical aid-in-dying law, which went into effect last year, only requires one written request and one 48 hour waiting period between receiving and filling the prescription.[11]

<u>Expanding the Definition of Provider to include those who have it within their current scope of practice: Advanced Practice Registered Nurses (APRN) and Physician Assistants (PAs)</u>

- Hawaiʻi is one of 25 states that give advanced practice registered nurses (APRNs) authority to independently carry out all medical acts consistent with their education and training, including prescribing all forms of medication, including controlled substances.[12]
- Physician Assistants may perform all duties and responsibilities delegated to them by their supervising physician and within the scope of practice and prescribing authority for PAs under existing Hawaiʻi law.
- However, by not including APRNs and PAs within the definition of "provider," the Our Care, Our Choice Act unnecessarily prohibits them from providing high quality health care and support to patients who want the option of medical aid in dying. Amending the law to explicitly allow APRNs and PAs to participate as providers under the Our

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[8] Senate Bill 579, 80th Oregon Legislative Assembly--2019 Regular Session. Accessed at: https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB579

[9] Report to the Thirty-First Legislature, Our Care, Our Choice Act Annual Report, Reporting Period 2020, Hawaiʻi Department of Health. Accessed at: https://health.hawaii.gov/opppd/files/2021/06/2020-Annual-OCOCA-report-6.30.21.pdf

[10] Characterizing Kaiser Permanente Southern California's Experience With the California End of Life Option Act in the First Year of Implementation. JAMA Internal Medicine, H.Q. Nguyen, E.J. Gelman, T.A.Bush, J.S. Lee, M.H.Kanter (2018). Accessed at: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2665731

[11] Elizabeth Whitefield End of Life Options Act, Ch. 24, art. 7C NMSA 1978. Accessed at: https://nmonesource.com/nmos/nmsa/en/item/4384/index.do#!b/a7C

[12] American Association of Nurse Practitioners, 2021 Nurse Practitioner State Practice Environment. Accessed at: https://storage.aanp.org/www/documents/advocacy/State-Practice-Environment.pdf

Care, Our Choice Act is generally consistent with their scope of practice and would help address the disparity in access to participating providers, particularly in rural areas and neighbor islands.

- For example, Ron Meadow, who lived on the Big Island, was terminally ill and eligible for the Our Care, Our Choice Act, spent his final weeks searching for a physician who would support him in the option of medical aid in dying, so he could end his suffering. Sadly, by the time he found a physician it was too late and Ron died in pain in exactly the way he did not want. Allowing APRNs and PAs to support patients in medical aid in dying will provide patients, like Ron, with more options to access this compassionate option.
- Additionally, other jurisdictions are recognizing that restricting the definition of "provider" to physicians for the purposes of medical aid in dying creates an unnecessary barrier to access. For example, in 2021 New Mexico passed aid-in-dying legislation authorizing APRNs and PAs to serve as either the attending or consulting provider.[13]

Every eligible patient who wants the peace of mind that the Our Care, Our Choice Act provides should be able to benefit from it no matter which island they live on. These smart amendments will remove barriers to patients, especially in rural areas and on neighbor islands, so that they can have the compassionate option of medical aid in dying. Thank you for your time and attention to this matter.

Sincerely,

Sam Trad
Hawai'i State Director
Compassion & Choices

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[13] Elizabeth Whitefield End of Life Options Act, Ch. 24, art. 7C NMSA 1978. Accessed at: https://nmonesource.com/nmos/nmsa/en/item/4384/index.do#!b/a7C

HAWAI`I ACADEMY of PAs

TO: House Committee on Judiciary & Hawaiian Affairs
Rep. Mark M. Nakashima, Chair
Rep. Scot Z. Matayoshi, Vice Chair

Hearing Date/Time: February 24, 2022, 2:00 p.m.
Place: Via Videoconference

Re: HB 1823 HD1, Relating to Health

Dear Chair Nakashima, Vice Chair Matayoshi, and Committee Members,

Thank you for this opportunity to provide testimony for HB 1823 HD1, which authorizes physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority.

Hawai`i Academy of Physician Assistants (HAPA) STRONGLY SUPPORTS HB 1823 HD1

HAPA is the Hawaii state chapter of The American Academy of Physician Assistants. Since 2016, the number of practicing physician assistants has increased exponentially in Hawai`i with the largest increases on the neighbor islands including: 105% on the island of Hawai`i, 114% on Kauai, and 35% on Maui. Physician assistants are one of the three healthcare professionals (along with physicians and APRNs) authorized by the Affordable Care Act to serve as primary care provider (PCP). Physician assistants play an integral role with filling our well-known physician shortage gaps in Hawaiʻi and ensuring access to healthcare for our populations.

Physician assistants are advanced medical providers who receive rigorous graduate level training modeled on medical school curriculum. Training also includes rotations in family medicine, internal medicine, general surgery, pediatrics, obstetrics and gynecology, psychiatry, and emergency medicine.

Notably, physician assistant training includes a dedicated psychiatric/mental health clinical rotation which prepares physician assistants to provide optimal care and counsel patients who are experiencing significant mental health crises, including those who are critically ill and require medical aid and dying. Furthermore, physician assistants may also receive a Certificate of Added Qualification (CAQ) in Psychiatry after passing a national certification exam.

HB 1823 HD1 will allow physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority and ensure access to this important care for our populations.

Finally, physician assistants often serve as PCP for their patients and have developed a trusting and enduring relationship with them. This provider-patient bond is crucial when one is critically ill and facing their most vulnerable moments in life. HB 1823 HD1 seeks to honor this invaluable relationship and ensure continuity of care delivery when needed most.

Thank you for the opportunity to provide testimony on this matter.

Hawai`i Academy of Physician Assistants

HB-1823-HD-1
Submitted on: 2/23/2022 12:09:21 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Charles Miller	Hawaii Society of Clinical Oncology	Support	Yes

Comments:

Dear Chair Nakashima and Vice Chair Matayoshi,

I’m a medical oncologist representing the Hawaii Society of Clinical Oncology, the largest organization of cancer specialists in the state and I also serve as Director of Kaiser Hawaii's Medical Aid in Dying (MAID) program. I have the most experience of any physician in the state with patients requesting MAID, and I’m writing to you today to urge you to support HB1823 which makes very necessary improvements to the Our Care, Our Choice Act. In my three years of seeing MAID patients, I have consulted on over 125 patients. For some patients the law works well, but for many eligible terminally ill patients the requirements of the law presents barriers that prevent them accessing the law even though they meet all of the requirements, causing them needless suffering. We have data from the State Department of Health, Kaiser Hawaii and Hawai’i Pacific Health, that over 30% of patients who requested MAID died of their underlying medical conditions before the required 20 day waiting period. I strongly believe that providers should be allowed to waive the waiting period for their patients if the patient meets all other requirements but is unlikely to survive 20 days. This is inexcusable and one of the problems that these amendments will address. Twenty days is the longest waiting period of any jurisdiction which support MAID and it should be shortened to at least no more than 15 days.

The other major obstacle to access to aid in dying is the growing shortage of physicians. This makes it very difficult to find the two doctors required to qualify for medical aid in dying, especially on neighbor islands. This bill has a solution to this problem: Advanced Practice Registered Nurses (APRNs), also known as Nurse Practitioners (NPs), are highly trained professionals helping to fill this gap in virtually all other areas of care. In fact, Hawai'i is one of 22 states that gives APRNs authority to independently carry out all medical acts consistent with their education and training, including prescribing all forms of medication. Yet as the law is written, APRNs are prohibited from helping in this most crucial area. The Our Care, Our Choice Act currently limits their scope of practice, preventing them from supporting their patients who want the option of medical aid in dying.

If even one qualified patient is forced to spend their final weeks in fear and pain, unable to access the law, then that is one patient too many. Please provide the needed relief to terminally ill Hawai'i residents and ensure everyone in the Aloha State is empowered to choose end-of-life care that reflects their values, priorities, and beliefs.

Sincerely,

Charles F. Miller, MD, FACP, FASCO

Hawaii Society of Clinical Oncology

Director, Kaiser Hawaii Aid In Dying Program

TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Mark Nakashima, Vice-Chair Scot Matayoshi
Members of the Committee on Judiciary and Hawaiian Affairs
From: Dr. Denis Mee-Lee, Legislative Committee Co-Chair
Hawaii Psychiatric Medical Association
Time: 2:00 p.m., February 24, 2022
Re: HB 1823, HD1, Relating to Health
Position: **OPPOSE**

Thank you for this opportunity to submit testimony in opposition to HB 1823, HD1, relating to health.

HPMA is a state medical organization whose physician members specialize in the diagnosis, treatment and prevention of mental illnesses. We advocate for safe, quality care by those appropriately trained. HPMA represents more than 130 psychiatrists in Hawaii.

HPMA opposes HB 1823, HD1, which does not require any patient who requests aid-in-dying to undergo an evaluation by a medical doctor trained in Psychiatry. Serious medical conditions co-exist with capacity-impairing mental disorders such as delirium, depression dementia, Parkinson’s disease and amyotrophic lateral sclerosis. A 2012 study showed that more than half of patients in hospice care show cognitive impairment and deficits directly related to impaired decision-making capacity.

Non-psychiatric physicians are not routinely trained to determine mental capacity. and screening tools do not detect all conditions that could cause impairment. No screening tool can detect a patient who is malingering – a condition Psychiatrists are trained to detect.

A Psychiatrist performing a full mental capacity evaluation must interview collateral sources , review psychiatric treatment records, and rule out medical conditions that might impair decision making. Under HB 1823 HD1, there is no requirement for collateral sources, a complete psychiatric record review, or for the time-consuming but ethical practice of ruling out medical conditions.

Institutionalized patients in Hawaii’s prison and state hospital systems are a protected class of individuals under the federal Civil Rights of Institutionalized Persons Act (CRIPA). HB 1823, HD1 fails to consider these persons, nor does it consider notification of a guardian or POA should a patient's fatal wishes be denied; suicidal thoughts under any condition are a Psychiatric Emergency.

Finally, a study of the public health impact of aid-in-dying laws discovered that states with such laws trend toward higher suicide rates.

HB 1823, HD1 involves the provision of fatal care; thus, decision making should be held to a higher standard than any other care. This is, literally, Life and Death. HPMA respectfully urges the committee to defer HB 1823, HD1: let us not allow expediency to triumph over ethical care. HPMA is willing to work with the committee on language that will ensure ethics driven end of life and/or supervision of physician extenders. We humbly thank you for the opportunity to testify on this important measure.

NASW, HAWAIʻI CHAPTER
National Association of Social Workers

COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Kyle T. Yamashita, Vice Chair
DATE: February 24, 2022 2:00 PM. - VIA VIDEO CONFERENCE – Room 308

Testimony in Support on **HB1823 HD1 HEALTH** with comments

The National Association of Social Workers – Hawaiʻi (NASW- HI) **supports HB1823 HD1**, giving psychiatric mental health nurse practitioners, clinical nurse specialists, and physician assistants the authority to engage in certain medical aid in dying services, as well as reduce the waiting time for patients to be eligible for the program.

These services have been previously limited to physicians, psychiatrists, psychologists, and clinical social workers. NASW- HI supports the addition of qualified APRNs and physician assistants to the cadre of medical and mental health professionals to provide services through this program; however, we would like the bill to clarify that the physician assistants providing "counseling" services are appropriately trained in mental health.

NASW-HI also would also like to see Licensed Marriage and Family Therapists added to the professionals authorized to provide "counseling" services in Hawaii Revised Statutes Section 3217L-1 – as they have specialized mental health training in the relational aspects of a dying patient's family and community. Accordingly, we ask that Marriage and Family Therapists be added to the professionals authorized to provide "counseling" services on page 5, lines 6-17 of this bill as follows:

> "Counseling" means one or more consultations, which may be provided through telehealth, as necessary between a psychiatrist licensed under chapter 453, psychologist licensed under chapter 465, [~~or~~] clinical social worker licensed pursuant to chapter 467E, an advanced practice registered nurse with a psychiatric or clinical nurse specialization licensed under chapter 457, a physician assistant licensed under section 453-5.3, or **marriage and family therapist licensed pursuant to chapter 451J** and a patient for the purpose of determining that the patient is capable, and that the patient does not appear to be suffering from undertreatment or nontreatment of depression or other conditions, which may interfere with the patient's ability to make an informed decision pursuant to this chapter."

There currently is a significant shortage of providers. As the baby boomer generation ages, provider shortages and access to care in this area will only exacerbate.

Thank you for the opportunity to provide this testimony in support.

Sincerely,

Sonja, MSW, LCSW
Sonja Bigalke-Bannan, MSW, LCSW
Executive Director,
National Association of Social Workers- Hawaiʻi Chapter

677 Ala Moana Boulevard, Suite 904, Honolulu, HI 96813
808.489.9549 • info@naswhi.org • www.naswhi.org

The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)
We know systems.
We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Kyle T. Yamashita, Vice Chair
DATE: February 24, 2022 2:00 PM. - VIA VIDEO CONFERENCE – Room 308

Testimony in Support to Add Marriage & Family Therapists as Eligible Counselors

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB1823 HD1, which would give advanced practice registered nurses, psychiatric mental health nurse practitioners, and physician assistants the authority to engage in certain medical aid in dying services. These services have been previously limited to physicians, psychiatrists, psychologists, and social workers.

While HIAMFT strongly supports this bill, we believe **it can be strengthened to further achieve the purpose and intent of Our Care, Our Choice legislation by adding Marriage and Family Therapists (MFTs) to the corps of healthcare professionals allowed to provide “counseling” services** outlined in Hawaii Revised Statutes section 321L-1 to determine if a patient is capable, and has received adequate treatment for depression or other conditions that may impact his or her ability to make informed aid-in-dying decisions.

In the senate companion to this bill, SB2680 SD1, the Senate Health Committee explained at decision-making (the SD1 is not yet posted) that it will add MFTs to those authorized to provide “counseling” because of their expertise in mental health counseling and family systems. In this vein, we also ask that language be added to clarify that the physician assistants – newly added in this HD1 - who provide “counseling” services, also have the requisite training in mental health.

Marriage and Family Therapists are one of five core mental health professions (along with psychiatrists, psychologists, social workers and advanced practice psychiatric nurses) identified by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) of the US Government. Additional information can be obtained in *The Mental Health Workforce: A Primer* (April 20, 2018). They are trained to diagnose and treat mental health issues, such as but not limited to, anxiety, depression, substance abuse, alcoholism, relationship/marital problems, child-parent problems, ADD/ADHD, and schizophrenia.

Perhaps most germane to this measure, MFTs are specifically trained to attend to a patient's primary relationship networks that may become resources for well-being. With a relational and systemic focus, MFTs use a perspective that considers the full context of a patient's situation. This perspective is particularly important when working with critically serious issues like the intentional ending of one's life.

Moreover, MFTs are specifically trained to understand and help patients discuss all aspects of family life and other interpersonal dynamics. In working with a dying patient, that person may be concerned about one or more family members, pets, or others within their personal family "system." Therapy may represent a last opportunity for saying good-bye or the possibility of healing and forgiveness for both the dying patient and various family and/or other community members.

Accordingly, we ask that Marriage and Family Therapists be added to the professionals authorized to provide "counseling" services on page 4, line 14 of this bill as follows:

> "Counseling" means one or more consultations, which may be provided through telehealth, as necessary between a psychiatrist licensed under chapter 453, psychologist licensed under chapter 465, [~~or~~] clinical social worker licensed pursuant to chapter 467E, an advanced practice registered nurse with a psychiatric or clinical nurse specialization licensed under chapter 457, a physician assistant licensed under section 453-5.3, or **marriage and family therapist licensed pursuant to chapter 451J** and a patient for the purpose of determining that the patient is capable, and that the patient does not appear to be suffering from undertreatment or nontreatment of depression or other conditions, which may interfere with the patient's ability to make an informed decision pursuant to this chapter."

Thank you for the opportunity to provide strong support and suggested amendment for this important bill.

Sincerely,

John Souza J LMFT, DMFT

Dr. John Souza, Jr., LMFT, DMFT, President
The Hawaiian Islands Association for Marriage and Family Therapy

Hawaiʻi Psychological Association

For a Healthy Hawaiʻi

P.O. Box 833 www.hawaiipsychology.org Phone: (808) 521 -8995
Honolulu, HI 96808

COMMITTEE ON FINANCE
Rep. Sylvia Luke, Chair
Rep. Kyle T. Yamashita, Vice Chair
DATE: February 24, 2022 2:00 PM. - VIA VIDEO CONFERENCE – Room 308

Testimony in Support on HB1823 HD1 HEALTH with comments

The Hawaiʻi Psychological Association (HPA) supports HB1823 HD1; which, among other things, would give advanced practice registered nurses (APRNs) with psychiatric or clinical nurse specializations and physician assistants the authority to engage in certain medical aid in dying services in counseling, as well as reduce the waiting time for patients to be eligible for the program.

These services have been previously limited to physicians, psychiatrists, psychologists, and social workers. HPA takes the position that the counseling called for in this legislation is squarely within the scope of practice of APRNs. They do not need additional training to provide these services. APRNs are experienced counselors and understand medical issues. We see that physician assistants have been added to this bill in the HD1; however, we would like to see some assurance in the language that these physician assistants are adequately trained in mental health.

Moreover, we also support giving authority to Marriage and Family Therapists to provide similar services under the definition of "counseling" in Hawaii Revised Statutes Section 3217L-1 – as they have specialized training in the relational aspects of a dying patient's family and community.

Finally, we believe this bill is extremely timely. There currently is a significant shortage of providers. This bill will increase the supply and access to services – particularly as demand increases with the aging baby boomer generation.

Thank you for the opportunity to provide input into this important bill.

Sincerely,

Raymond A Folen, Ph.D., ABPP.
Executive Director

February 23, 2022

Honorable Chair Nakashima, Vice Chair Matayoshi, and Esteemed House Committee on Judiciary and Hawaiian Affairs Members,

I have practiced and taught full-time palliative medicine in Hawaii for over 17 years, and I am writing, as an individual, in **strong opposition to HB 1823.**

With barely three years' experience with the Our Care, Our Choice Act (OCOCA), this bill would take Hawaii from what was touted as the safest physician-assisted suicide legislation in the nation to the one most willing to sacrifice safety in the interests of streamlining the process.

- **Certification of a terminal prognosis is not within the scope of practice for Advanced Practice Registered Nurses (APRN's) or Physician Assistants (PA's).** APRN's are an essential component of any high-quality palliative care team. Personally, I am fortunate to work on a daily basis with the most skilled palliative care APRN's in the state. However, <u>Medicare specifically prohibits APRN's and PA's from certifying 6-month prognosis for hospice</u> (although they may serve as attending). This certification of six-month prognosis is an <u>essential</u> role of the attending and consulting physicians under the OCOCA. In addition, the Our Care, Our Choice Act, like all other legally accelerated death laws in the US, defines the attending provider as having "responsibility for the care of the patient and treatment of the patient's terminal disease." APRN's and PA's do not meet this definition in that they do not have responsibility for the treatment of cancer or the neurodegenerative, pulmonary or cardiac diseases that are the most common terminal illnesses affecting people that pursue legally accelerated death. Why would Hawaii consider it scope of practice for APRNs to certify terminal prognosis when the federal government does not? On what evidence is this based as being safe or appropriate care?

- **Waiving the waiting period for those not expected to survive the waiting period is clinically illogical and an invitation to fraud and abuse.** A physician can only reliably predict that a patient will only survive days and not weeks once the patient has entered the actively dying phase. <u>Patients at this stage nearly always lack the ability to perform the cognitive and physical functions required to self-determine their care under the OCOCA</u>. Passing this provision would open the door to abuse by authorizing patients that are unable to self-determine and self-administer the lethal drugs or abuse by physicians succumbing to pressure to expedite the process. While legally accelerated death is nearly always about controlling life's end, the idea of waiving waiting periods to hasten dying for people who are believed at high risk of dying <u>too soon</u> hardly seems worth any reduction in safety that may come from expediting the process.

I have no objections to two of the other provisions of HB 1823: shortening the waiting period to 15 days, consistent with the practice in other states, and the inclusion of psychiatric APRN's among the behavioral health consultants to confirm capacity. However, PA's lack the additional behavioral health training and expertise of psychiatric APRN's to fulfill the counseling function of the OCOCA.

Thank you for your thoughtful consideration as you weigh this serious matter, attempting to find the best balance between minimizing suffering for the less than 0.5% of people that typically access physician-assisted suicide while promoting safe and compassionate care for the 100% of us that will face the end of life.

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM
Board-certified in Hospice & Palliative Medicine, Pain Medicine, Addiction Medicine, Internal Medicine
Kailua, HI

HB-1823-HD-1
Submitted on: 2/22/2022 3:09:31 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Caryn Ireland	Individual	Support	No

Comments:

Please vote YAY in support of these important updates to the Our Care, Our Choice Act. As someone who works to increase education, awareness and support for Medical Aid in Dying, I have seen such caring physicians, mental health professionals and pharmacists helping patients. However, with the physician shortages across the State of Hawaii, there are times when it has been very difficult for a patient to find a physician to help them with this end-of-life option; it is critical to add APRNS as an additional provider for this work. Also, there have been too many end-of-life patients who have not been able to make it through the waiting period, which is so difficult for the patient and their family & friends. Please support the suggested improvement to lessen the waiting period. Thank you for helping our residents of Hawaii who choose the Our Care, Our Choice Act!

HB-1823-HD-1
Submitted on: 2/22/2022 4:02:03 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Kathleen M. Johnson	Individual	Support	No

Comments:

My husband was the second resident of Hawaii to use MAID. Stephen T. Johnson. He was diagnosed with terminal prostate cancer in November 2018, told he would not live to see the summer, and all that he should expect as cancer killed him. He told the oncologist he would not live it out, he'd find a way to end his life. That Kaiser doctor advised the law was passed and effective January 1st. So the quest began January 2nd. The process needs to be smoother, easier access, less confusing and arbitrary delays. His life was already in limbo, on hold, full of stress and increased until he finally had the prescription in hand - having gone through all the hoops, delays and obstacles. I know some people are not as capable nor have the means and support that he did, it needs to be easier and quicker. The relief, almost joy, he had after flying from Kona to pick up the medication from a compound pharmacy in Kailua made him giddy, teasing and laughing with the taxi driver who did not see any reason for joy. But my hustand told that happy story many times. He lived 2 final months without stress or concern. But he lost those months between November and March to extreme stress and anxiety. We didn't understand then and I do not understand now who is being protected by delay protocols designed by the law. What does that achieve? Anything that smooths out the process, makes it more accessible, will only improve the quality of life and well being of a dying person, their family and friends. He drank the medication and died on May 5, 2019. Considering the whole story and all he and the family went through, he had a peaceful death with dignity, in control of his destiny. I certainly hope the prescription can be filled on all islands.

HB-1823-HD-1
Submitted on: 2/22/2022 4:17:52 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Carolann Biederman	Individual	Support	No

Comments:

Aloha,

I strongly support this bill. The Our Care, Our Choice Act has been in effect for more than two years, yet many eligible terminally ill patients are having trouble accessing the law, causing needless suffering.

The physician shortage makes it very difficult for eligible patients to find the two doctors required to assist them, especially on neighbor islands. One solution is allowing Advanced Practice Registered Nurses (APRNs) to fill this gap, as they do in virtually all other areas of care. Yet as the law is written, the Our Care, Our Choice Act currently limits their scope of practice, preventing them from supporting their patients who want the option of medical aid in dying.

Health inequities in our state impact people in all communities. For patients seeking medical aid in dying, the inability to find a supportive provider means they simply don’t get to access this compassionate option, despite it being their legal right.

Please insure that qualified patients are able to spend their final weeks without fear and pain, and ensure everyone is empowered to choose end-of-life care that reflects their values, priorities, and beliefs. With thanks and aloha, Carolann Biederman

HB-1823-HD-1
Submitted on: 2/22/2022 4:22:27 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Bob Grossmann	Individual	Support	No

Comments:

The amendments will strengthen the measure.

HB-1823-HD-1
Submitted on: 2/22/2022 5:21:18 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Carla Hess	Individual	Support	No

Comments:

Please read this: https://www.washingtonpost.com/opinions/2022/01/21/maid-for-preventing-hideous-death-not-truncating-unhappy-life/

As a former Hospice Maui nurse, this is very important to me. Given terminal illness, people have the right to determine how they leave this life; it is inhumane to force them to suffer. I supported those who wished to fight to the end, but I was prevented from supporting those who desired to choose the time of their passing.

As demonstrated in this article, many people do not have enough time between diagnosis to implement the Our Care, Our Choice Act, with devastating consequences.

Mahlo for your time and consideration!

Carla Hess, B.S. Biology, B.A. Psychology, B.S. Nursing

HB-1823-HD-1
Submitted on: 2/22/2022 5:49:00 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Selene Mersereau	Individual	Support	No

Comments:

Please support this bill. It provides further access to compassionate care and choices.

HB-1823-HD-1
Submitted on: 2/22/2022 6:24:28 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Lynn B Wilson	Individual	Support	No

Comments:

Passing this bill is very important to families and communities in Hawaii to expand end-of-life options and ensure all who want to choose medical aid in dying at end of life can access it effectively and in a timely manner. Mahalo!

HB-1823-HD-1
Submitted on: 2/22/2022 9:35:50 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Alison Bhattacharyya	Individual	Support	No

Comments:

Please support this bill. Apparently only 2 MDs on Oahu are willing to prescribe the necessary medication. This is a hardship for people that are already in great physical and mental pain. People that are well off and connected will find these 2 MDs but what about everyone else?

HB-1823-HD-1
Submitted on: 2/22/2022 11:00:59 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Malachy Grange	Individual	Support	Yes

Comments:

Dear Committee Chair and Members

HB 1823 corrects a deficit in the Our Care Our Choice Act. Because of the 20 day waiting period mandated in the original Act and the dearth of medical providers in Hawaii, several otherwise eligible Hawaii citizens have not been able to avail themselves of Medical Aid in Dying. Because their illness progressed, they died before they could obtain the medications.

After long thought, discussions, and prayer with family and loved ones, these patients chose a place, time, and manner to die. This is their legal and ethical right. Their moral compass pointed to this decision. It was a time for final acts of love, connections, forgiveness, a celebration of life, and acceptance of death. Instead, it was another kind of devastating loss.

To correct this unfulfilled promise, please pass HB 1823. It will reduce the waiting period to make sure eligible patients can fulfill their choice and allow Adult Practice Registered Nurses who are licensed, trained and experienced across the broad spectrum of medical care, to participate in Medical Aid in Dying.

HB-1823-HD-1
Submitted on: 2/22/2022 11:39:36 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Brendon Friedman	Individual	Support	No

Comments:

I strongly support this measure -thank you!

Brendon Friedman, DNP, APRN-Rx, FNP-BC, PMHNP-BC, CME

Family & Psychiatric-Mental Health Nurse Practitioner, Assistant Professor, Private Practice Owner

2838 East Manoa Rd

Honolulu, HI 96822

HB-1823-HD-1
Submitted on: 2/23/2022 12:33:02 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Rick Tabor	Individual	Support	No

Comments:

RE: HB1823 our Care, Our Choice Amendment

Thank you for your time, House Committee on Judiciary & Hawaiian Affairs Committee.

I could represent any of the number of nonprofits I'm involved in, as they all support this very important bill. As you know, those nonprofits & roles include; President of HPGS (Hawai'i Pacific Gerontological Society). Vice President of the Kokua Council & Hawai'i Meals on Wheels, Board of Directors Rotary Club of Honolulu, Alzheimer's Association Hawai'i Ambassador/Champion volunteer, Hawai'i Team Leader Compassion and Choices Hawai'i, just to name a few.

I'm writhing my strong support for the HB1823 bill, Our Care, Our Choice Amendment. As a survivor of my first round of cancer who has recently lost two same aged cousins and an uncle to cancer, and retired from a 46-year mental health counselor career. I feel I have a few perspectives of the importance of this aging with dignity and peace of mind amendment.

I'm not going to repeat the data others have shared. I'll just say, this issue is a well-documented one. And the solutions are very clear. What clouds the issues is when someone personalizes the issue instead of viewing it form the view of the person who chooses medical aid in dying. To that, I'll just say, that is not what the HB1823amendment is about. The Our Choice, Our Care option passed a few ears ago. Today we're asking to make it more humane.

It's not for everyone, medical aid in dying will primarily be a choice reserved for the unfortunate who are suffering, battling, enduring a chronic terminal illness and are faced with an end-of-life option that we all hope we never have to face. Once there, our families and loved ones are usually emotionally & physically exhausted and trying their best to hang on. You may have experienced this roller-coaster ride.

Add to it, a bill, let's call it Our Care, Our Choice passes, giving the terminally ill the option to medical aid in dying. And they set out to accomplish the peace of mind option. All they need to do is 17 steps to approval. And let's say this person lives on a Hawaiian Island. Well as great as that all is, this person will probably fail to complete the steps needed unless we amend the current bill. And that brings us to this hearing.

As we all know, Hawai’i’s faced with a medical provider shortage. There’s not enough Medical Doctors to care for those needing medical care. Answer, allow APRNs to assist with the assessments. And the 20 day wait period is the longest of any state. Solution, wave the 20 day wait period.

I’m confident we can easily resolve the issues and hope you agree. Thank you for your time and consideration on this very important amendment.

Take Care,

Rick Tabor

HB-1823-HD-1
Submitted on: 2/23/2022 1:41:17 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Kathleen Yokouchi	Individual	Support	No

Comments:

strong support

HB-1823-HD-1
Submitted on: 2/23/2022 6:11:15 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Rodney Rodriguez	Individual	Support	No

Comments:

This is submitted on behalf of a friend who wishes to remain annonomous due to the sensitive nature of her mother's death.

Our family has had first-hand experience with medical aid in dying. My mother who was over 91 yrs old, had experienced many falls within one month; the final fall resulting in an ER visit. Her wishes were stated in her estate planning documents and she also expressed her wishes to the ER physicians. Once we received the recommendation from her ER physician to enter hospice, she was referred to hospice and transferred to the geriatric section of the hospital to die.

My mother didn't want to be in hospice and, after stating her desire to die multiple times to the hospital staff, she took matters into her own hands by refusing food and water. Her decision which was extremely difficult to witness, did a great deal of damage to her physical health as well as her mental clarity. She was supplied pain medication and, for a time, was existing only on pain meds which left her nauseated...which too was painful to witness. Eventually she was unable to speak above a whisper, turn herself in bed to relieve pain, lift her legs and eventually her arms. At the time we were unaware of the Our Care, Our Choice Act and didn't realize that our window to help was closing quickly. Fortunately, one of her hospice case workers told my mother's trustee about the new law and provided assistance in the form of referring us to Joy Rodriguez and her company, Burden Lifters.

Joy met with us to explain the hurdles we would encounter, coordinated with various physicians to get my mother to her ultimate goal, and advised us of the timeline in which everything would take place. After meeting with Joy I was able to discuss the Our Care, Our Choice Act with my mother. She was extremely happy and grateful to know that relief was available and, as a result, resumed eating and drinking much to our relief.

A lot of damage had taken place due to my mother's refusal to eat or drink prior to getting to the psych evaluation portion of the timeline and she did not pass the first evaluation. We thought we had failed her and the window had closed; however given enough time to re-hydrate and fuel her body, my mother was able to have another psych evaluation and passed the second time. We were very fortunate to have Burden Lifters guide us toward success and fulfill my mother's wishes.

After the last hurdle was behind us, my mother was able to return to her house and pass away with dignity in her own home surrounded by people who love her. The hospital staff were very kind to my mother and we appreciated everything they did for and the affection they showed her; however, the tranquility of her being in her own home surrounded by family, with the ability to pass quietly in her sleep under the care of a dedicated, respectful and caring physician was the perfect end to a long and happy life.

We were the boots on the ground for my mother who could no longer care for herself and who did not want to pass away in unfamiliar surroundings without her family there to hold her hands. The physicians who cared for my mother prior to her last ER visit refused to assist with her final wishes due to their own beliefs. I consider my mother and ourselves fortunate to have had access to physicians who have experienced what we did and therefore had different beliefs. Absent the care and dedication of these remarkable physicians, my mother could have languished unhappily in a bed for much longer, rather than the beautiful and peaceful way she exited her body which no longer served her.

The number of physicians who will render assistance in these matters is a very short list. Given the timeline to accomplish what needs to be done, the possibility of any window of success being closed at any time and the shortage of qualified personnel willing to assist anyone wishing to take advantage of medical aid in dying, I believe it is prudent and necessary to expand the definitions of attending and consulting providers to include Advanced Practice Registered Nurses (APRNs) with prescriptive authority, and expanding the definition of “counseling” to include consultations with psychiatric nurse practitioners. Further, allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications is also necessary to avoid the likelihood of eligible patients dying in exactly the way they don’t want, yet are hindered by mandatory minimum waiting periods. Also, reducing the waiting period to 15 days between the first and second oral request for medical aid in dying will remove another barrier for individuals who seek to maintain their dignity in their death process. More needs to be done to make the public aware of this new law and the relief it offers to those who desire it.

HB-1823-HD-1
Submitted on: 2/23/2022 6:16:59 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Erika Lindenberger	Individual	Support	No

Comments:

To whom it may concern,

1. After 50 years of nursing working with pts. at various stages of dying I feel time is essential. I'm aware of the first oral report needing 3 signatures.

Could the same privilege also be extended to APRN, nurse practitioner to help facilitate the the process?? Why would a MS in nursing not be recognized for this process but a MSW is ok???

2. 20 day waiting period between first and second oral request is most likely to extend suffering. Some pts. die before but not exactly the dignified death they were hoping for.

Please, seriously consider shortening that waiting period.

Ask yourself seriously are we extending LIFE or are we extending SUFFERING???

Thank you for your time.

Sincerely yours

Erika Lindenberger BSN, MEd.

HB-1823-HD-1
Submitted on: 2/23/2022 7:11:06 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
AUBREY HAWK	Individual	Support	Yes

Comments:

I am a resident of rural Hawaii Island and I strongly support HB1823. In my role as a volunteer patient navigator I try to help terminally ill patients seeking to use the Our Care, Our Choice Act. Too many of them--mostly poor, rural residents not affiliated with a major healthcare system, have been denied this legal end-of-life option. This is either because they cannot find a doctor willing to assist them, or because they cannot survive Hawaii’s needlessly long mandatory minimum waiting period, which is the longest in the nation. Allowing qualified APRNs (i.e., the ~700 APRNs who have Schedule II drug prescriptive authority) to serve OCOCA patients, and shortening the waiting period, would do much to mitigate this dire inequity in health care access.

HB-1823-HD-1
Submitted on: 2/23/2022 7:18:12 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Cathy Goeggel	Individual	Support	No

Comments:

Please advance HB1823 HD1 Mahalo!

HB-1823-HD-1
Submitted on: 2/23/2022 8:13:34 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Eri Shimizu	Individual	Support	No

Comments:

Dear Members of the Judiciary & Hawaiian Affairs Committee,

First and foremost, thank you for all the hardwork that you do. I appreciate your tireless efforts in making our state a safe and beautiful place to call home.

I am a Hospitalist Physician on Maui and I have been with many patients at the end of life. Thus, I felt prepared to care for my father on Hospice during his last weeks of life. I have always confidently assured my patients that Hospice care could prevent suffering at the end. I was wrong.

On August 15, 2021, my 82-year-old old father, Stanley Shimizu, was diagnosed with metastatic pancreatic cancer. At the time of his diagnosis, the cancer had already spread to his liver and invaded the small intestine. The biopsy revealed a very aggressive pancreatic cancer, meaning a terminal prognosis with an expected life expectancy of weeks to months. In a matter of three weeks, he went from a strong, stoic man -- who just a few weeks prior had cut down a palm tree -- to one too weak to sit up or drink more than a few sips. Despite the resources of home hospice, a PCA pump (a machine that delivers opioids on demand), and anti-nausea medications, my father suffered terribly. At the very end, he couldn’t even sleep because he was so uncomfortable. On September 10, 2021, he passed away after choking on large amounts of bloody vomit. I suspect his tumor completely eroded into his intestine, causing a complete obstruction. He died scared and fearful.

I watched my father, a man with a samurai’s soul, suffer and die with fear in his eyes - a mental image that haunts me and an experience I would never want for anyone else. This was preventable. My father could have passed away as he wanted, on his terms, without the suffering and fear. He wanted to die with dignity. In Hawaii, we are fortunate that death with dignity is available. And yet, is it really?

Upon his diagnosis, my father informed his wife and children that he wanted the death with dignity program. He had supported this program even before his illness. We worked with his oncologist and primary care physician to gain approval; he had the required consultation with a psychiatrist. By the time of his passing, he still had not been approved.

The current requirements of Our Care, Our Choice program hinder too many patients, including my father, from actually receiving the help this program should provide. Legalizing the death with dignity program was a momentous step, but it is not enough. I beg you now to remove the barriers that would make this program accessible to those who genuinely need it.

Mahalo,

Eri Shimizu, MD.

HB-1823-HD-1
Submitted on: 2/23/2022 8:46:19 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Mary Steiner	Individual	Support	Yes

Comments:

February 24, 2022

Representative Mark Nakashima, Chair

Representative Scot Matayoshi, Vice Chair

House Committee on Judiciary & Hawaiian Affairs

Hawaii State Capitol

415 South Beretania

Honolulu, HI 96813

Thank you for considering HB 1823 HD1 which I strongly support.

This proposed legislation offers important amendments to the Our Care Our Choice Act (passed in 2018). The amendments are designed to improve access for all residents and to improve the quality of life for many terminally ill patients who choose to access medical aid in dying.

HB 1823 HD1 improves the existing legislation by:

- Expanding access to the Our Care Our Choice Act by allowing Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PA) to write prescriptions for medical aid in dying. This will help terminally ill individuals, particularly those who reside on neighbor islands and in rural locations better access to the law.
- Allowing consultations with psychiatric nurse practitioners which is consistent with their scope of practice.
- Waiving the mandatory waiting period if a patient is unlikely to survive the current wait called for in the statute. Statistics show that too many people die while counting the days to obtain their prescriptions.
- Reducing the barrier for individuals seeking medical aid in dying. Shortening the
- 20-day waiting period to 15 days between oral requests will alleviate a terminally ill persons' stress. Our current law is the longest waiting period of the ten authorized jurisdictions in the US.

I sincerely hope this committee will recommend passage of HB 1823 HD1 which will result in helping more people by providing peace of mind that if needed (and if they choose) will be able to access the law.

Mahalo.

Mary Steiner

My name is Dr. Charlotte Charfen, and I am a board-certified emergency physician that practices emergency medicine on the Big Island in North Kohala and Kona. I am providing written testimony in **support** of HB 1823 which makes very necessary improvements to the Our Care, Our Choice Act.

Because of my ER work over 20 years across our nation, I have come to realize the severe lack of communication and discussion when it comes to end-of-life issues. I see how that often translates into fear and suffering for the patient, families and medical providers. This led me to create a nonprofit called Life & Death Wellness to educate and support about all life matters, especially the end-of-life.

In doing this work, I have now helped several patients that have attempted to access the Our Care Our Choice Act. Some were successful. Many were not. I have seen first-hand the many flaws in this law although I am still very grateful for its existence. I am in full support of amending the law so that more of our residents, especially on outer islands, can have access.

Currently I have now helped twelve patients get access. All of them found me because their own physicians would not or were not allowed to help them due to the hospital system they belonged. Some have gone so far as to be blatantly condescending and cruel when they were approached by the patients that trusted them. One was even told by a physician to take a bottle of Benadryl instead to end their life. This disturbing and reckless statement would have resulted in a terrible outcome and suffering for my patient, that would not have included death. This is the type of ignorant, misinformation that exists in our medical community that I personally do my best to curb but it’s not enough. We need compassionate, informed legislative change.

After developing cancer last year, I had to step back from helping patients. I saw even more just how fragile access on the outer islands really is. I was one of three physicians willing to help dying patients with this option. Without me in the workforce, the entire island only had two physicians willing to participate that were completely overwhelmed with requests and their own private patient loads. That is a sad testament to how this law needs change. Advance nurse practitioners are willing to help make this choice more accessible if not enough physicians are prepared. And right now, that appears to be the case, at least on my island.

I believe determining a patient’s mental competence and terminal prognosis is well within a trained advance nurse practioner’s scope of practice. I personally use APRNs for my primary and specialty care, even my oncology care. I have also worked alongside them in emergency care for over 20 years. Even if only a few APRNs participated in the law, it would bridge a much-needed gap. We only need approximately 3 to help support our island’s population. And I have already identified three that are willing and more than eager to help terminal patients die with their dignity and autonomy.

And as a physician I believe it would be helpful and humane to limit the waiting period from 20 to 15 days and allow providers the flexibility of waiving the waiting period if our sound judgment determines the patient will most likely not survive but would qualify. One of my patients died the very day I was legally able to write his prescription. My clinical judgement would have waived his case had I been given that chance under the law and saved his wife the pain and suffering she endured knowing his wishes were not met because of the current barriers our law affords.

I have heard some report that we have the safest MAID law in the country. I beg to differ. We have the most prohibitive. Barriers do not ensure safety, but they do ensure more pain and suffering in patients and their families that are already struggling with the complexities that come with ones ending.

Thank you for accepting my testimony. I am always willing to speak to this matter if I can help in any way.

Mahalo,

Dr. Charlotte Charfen

HB-1823-HD-1
Submitted on: 2/23/2022 8:59:54 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Mary H Shimizu	Individual	Support	No

Comments:

My husband, Stanley always supported death with dignity legislation. Late last year he was diagnosed with stage four pancreatic cancer, terminal. We applied for death with dignity assistance. By the time he spoke with the psychiatrist, about 2 weeks after his diagnosis, he was so weak, the doctor prescribed antidepressants so he would eat more. We were to meet with the doctor in a week. My husband passed by then.

We were able to keep him comfortable at home with hospice help, but the end was not pretty. He was in pain and literally drowned on his own vomit. I still think about it, a lot. It hurts.

Stanley was diagnosed on August 15 and passed on September 10. We might have saved him if there were symptoms so tests could have been done sooner. But, there are no symptoms and by the time the cancer was detected, it was too late. I am told this is the case with pancreatic cancer.

I urge you to pass this bill so patients diagnosed with these terminal illnesses do not have to suffer through the lengthy approval process. If fact, if there was a way to put an actionable preference for death with dignity in the advanced directive, eliminating the waiting period, that would be even better.

Mahalo.

Re: HB 1823

To Members of the Judiciary & Hawaiian Affairs Committee,

My name is Susan Amina and I am an Advance Practice Registered Nurse. Since the Our Care, Our Choice Act took effect on January 1, 2019 I, along with another coordinator, have helped navigate over 130 people interested in the medical aid in dying option. Unfortunately, many were not able to obtain the medication as they died before the mandatory 20 day waiting period. In 2021, based on our experience, 13 of the 30 people who died a natural death did so before the second oral request. Those individuals met all the eligibility requirements; however, due to the 20-day roadblock in the law, they could not access the compassionate option of medical aid in dying. It was devastating to family members knowing that their loved ones qualified for and wanted this option; however, could not access it due to their imminent death. Hawai'i currently has the longest waiting period between the first and second oral request for medical aid in dying of the 11 authorized U.S. jurisdictions, the majority have 15 days. In California and New Mexico, the waiting period in 48 hours.

I ask on behalf of patients and families to amend the law to:

- Reduce the current mandatory 20 day waiting period between oral requests to 15 days to improve access for the terminally ill seeking this option.
- Allow the attending provider the authority to waive the mandatory minimum 20-day waiting period if the eligible patient is unlikely to survive the waiting period (the patient must still be evaluated by the three providers: attending, consultant and mental health).

I am employed on O'ahu and work with an excellent team of providers who evaluate the patients in a timely manner. My colleagues on the neighbor islands are less fortunate as it is a struggle for them to find providers. The disparity in access to the Our Care, Our Choice act between O'ahu and the neighbor islands is inequitable and unfair. The compassionate medical aid in dying option is for all Hawai'i residents despite where they live in.

Advance Practice Registered Nurses have an advanced education, broad scope of practice and prescriptive authority which allows them to evaluate, diagnose, and treat a wide range of conditions. We can project the outcome of diseases based on our training and clinical experience. If there is a question regarding prognosis, we would consult with a specialist as my physician partner did recently. As a Nurse Practitioner, I approach patient care with the perspective of, “if this was my mother …” and provide compassionate and high-quality care. On the neighbor island there is a good chance “my mother” would die before starting or completing the process.

I ask you on behalf of patients and families who live on all the Hawaiian Islands to amend the law to:

- Allow qualified Advance Practice Registered Nurses support patients with the option of medical aid in dying by acting as the attending, consulting, or mental health provider.

Thank you for your time and attention to this matter.

Sincerely,

Susan Amina, MSN, RNC, FNP

HB-1823-HD-1
Submitted on: 2/23/2022 10:10:13 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Brian Goodyear	Individual	Support	Yes

Comments:

Aloha Representatives,

I am writing to express my strong support for HB1823 and to urge you to support passage of this bill. I am a clinical psychologist who conducts mental health consultations for terminally ill patients who have requested medical aid in dying.

Since the Our Care, Our Choice Act went into effect I have had the privilege of doing over 80 of these consultations, mostly for Kaiser patients. Based on my experience thus far, I believe that the Act is working as intended for the most part. All of the patients that I have seen have been grateful and relieved to have this option available in case their suffering becomes unbearable at some point. I have also been impressed by how acceptant these patients have been of the fact that they have only a very limited amount of time remaining in their lives.

There are, however, some changes that should be made to the legislation to address certain problems that have arisen for some patients who have requested medical aid in dying and have not been able to take full advantage of the current law. HB1823 directly addresses these problems.

One problem, particularly for patients on the neighbor islands and in rural areas of Oahu, is the shortage of physicians who are able to act as the attending or consulting provider. This mirrors the more general shortage of medical providers in these areas of the state. Allowing APRNs, who are well qualified to do so, to take on these roles would greatly help to alleviate this shortage.

The second problem is that some critically ill patients have been too ill to survive the 20 day waiting period. Two changes are in order to address this problem. The waiting period could safely be reduced to 15 days to bring the law in line with similar pieces of legislation in other jurisdictions. In addition, the attending provider should be allowed to waive the waiting period completely for patients who are not expected to survive the waiting period. Similar changes have already been enacted in Oregon and California, and are also being considered in other jurisdictions.

Mahalo for your support of these proposed changes.

Brian Goodyear, Ph.D.

2924 Alphonse Place

Honolulu, HI 96816

(808) 285-9393

bsgoodyear@aol.com

HB-1823-HD-1

Submitted on: 2/23/2022 11:20:47 AM

Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
stephanie marshall	Individual	Support	No

Comments:

I fully support passing HB 1823. As a registered nurse for over 45 years , working in oncology for at least half of my career, I saw too much suffering and pain at the end of life. Our care our choice law provides an option for those patients who are terminal. Accessibility to providers who choose this option is critical. I fully support APRNS in the role as a attending and consulting providers

As retired nursing faculty from UH Manoa School of Nursing , I am fully confident that they are qualified to fulfill this role.

Also support a shorter waiting period and providers ability to waive that period to allow the patient to end their life peacefully with out suffering.

Thank you for your consideration,

Stephanie Marshall

RN,FAAN

HB-1823-HD-1
Submitted on: 2/23/2022 11:22:15 AM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Diane Ware	Individual	Support	No

Comments:

Dear Legislators,

Please continue to pass this measure to broaden accessibility to the original our care our choice legislation.

Respectfully,

Diane Ware, 99-7815 Kapoha Pl, Volcano Hi 96785

HB-1823-HD-1
Submitted on: 2/23/2022 1:03:15 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Allen Novak	Individual	Support	No

Comments:

I support this bill because it allows consumers of helathcare to have a choice of licensed providers in who provides competent care to them.

Medical Aide in Dyng legislation

Who and I and Why do I care?

I am a retired ICU/ED RN and former hospital administrator of some 50 years. I have seen more pain and suffering than i ever expected to see during my tenure. The sad part was that I knew all along that we could do better. I knew we had the capacity and the skills to end suffering for those who were diagnosed as terminal or already in the dying process. On a personal note, My stepmother died of metastisized renal cancer. We tried every pain medication available to us to no avail. Her life was one day of suffering after another. Even when she was knocked out on narcotics, she groaned and rubbed her fractured femur that the cancer had eaten its way thru. She asked me many times to end her suffering. I lay there after medicating her thinking how easy it would be to give her a dose that might stop her breathing, knowing i could not do that. It was a terible time for our whole family. Since that time, I have dedicated my life to educating people about options at end of life so that they can maintain some semblance of control. I see a lack of this communication between patient and medical professionals as exhibited by those who consult with me.

The current Medical Aide in dying law although a step in the right direction making me proud of our legislatures, needs to be altered to make the law easy to access. If you know anything about Hospice, youknow that way too many folks wait untill the last minute before accessing this valuable service. This must not be the case with the Medical Aide in Dying law. Once a person has made this difficult decision and has met criteria, we need to make it easy for them. We need to streamline the proces so that they can access the medication and then take a deep breath, knowing that they have regained control. Psychology has a huge affect on the body and its response. For many once they are back in the seat of control, the pain is lesssened and they actually don‘t need to take the medication. This is proven time and again.

Please consider making the law the best in the United States. Show the rest of the country what true Aloha stands for.

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Please if you have ever known or witnessed anyone who has died after suffering insurmountable pain and suffering consider making this process as easy as possible.   I know I am counting on it being available to me when the time comes.

,

LATE

HB-1823-HD-1
Submitted on: 2/23/2022 6:05:40 PM
Testimony for JHA on 2/24/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Carm Akim	Individual	Oppose	No

Comments:

Removing or reducing the original safeguards in the guise of "care accessibilty" places more kupuna at risk for abuse.