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GOVERNOR OF HAWAII

DIRECTOR OF HEALTH



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Committee on Judiciary

**HB 2052 HD1, RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING
TREATMENT**

Testimony of Wes Lum
Director, Executive Office on Aging
Attached Agency to the Department of Health

Tuesday, February 25, 2014; Conference Room 325

2:00 p.m.

EOA's Position: The Executive Office on Aging (EOA) supports this measure. We do believe, however, that the development and adoption of a sample POLST form by the Department of Health is unnecessary.

Purpose and Justification: This bill is similar to HB2317, which is part of the Governor's package, that expands healthcare provider signatory authority to include advanced practice registered nurses (APRN) and corrects inconsistencies over terms used to describe who may sign for a Physician Orders for Life-Sustaining Treatment (POLST) form on behalf of a patient.

This measure also reflects the recommendation of the State Plan on Alzheimer's Disease and Related Dementias (ADRD) to realize the goal of enhancing care quality and efficiency. We believe that in order for Hawaii to achieve the vision of the best quality of life for those touched by dementia, it is imperative to achieve the highest quality of culturally competent care possible and a

state infrastructure sensitive to the needs of people with ADRD and their care partners. Consumers and their families need to have all appropriate services and care to maximize quality of life, delivered in a coordinated way from early and accurate diagnosis to the end of life. POSLT is a holistic method of planning for end of life care and a specific set of medical orders that ensure that patients' wishes are honored. Therefore, expanding healthcare provider signatory authority to include APRNs will assist with a timely completion of a POLST for persons with dementia. Thank you for the opportunity to testify.

Tuesday – February 25, 2014 – 2:00 pm
Conference Room 329

The House Committee on Judiciary

To: Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair

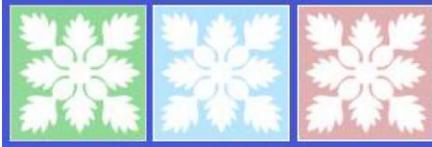
From: Art Gladstone
Chief Nurse Executive – Hawai'i Pacific Health
Chief Executive Officer – Straub Clinic & Hospital

Re: Testimony in Support
HB 2052, HD1 Relating to Provider Orders for Life Sustaining Treatment

My name is Art Gladstone, Chief Nurse Executive for Hawai'i Pacific Health and Chief Executive Officer for Straub Clinic & Hospital. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-government employer. It is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital. The system's leading strategic initiatives include women's health, pediatric care, cardiovascular services, cancer care, and bone and joint services. Hawai'i Pacific Health ranks among the top three percent of hospitals nationwide in the adoption of electronic health records, with system-wide implementation that allows its hospitals and physicians to offer integrated, coordinated care throughout the state.

Both Hawai'i Pacific Health and Straub Clinic & Hospital write in support of HB 2052, HD1 which expands signatory authority to include advanced practice nurses (APRN). POLST is a holistic method of planning for end-of-life care and a specific set of medical orders that ensure patients' wishes are honored. The ability for APRNs to complete a POLST directly with patients and family members will better enable our care model to address the needs of our patients.

We ask for your help and support in passing HB 2052 from this committee. Thank you.



February 25, 2014

The Honorable Karl Rhoads, Chair
The Honorable Sharon E. Har, Vice Chair

Committee on Judiciary

Re: HB 2052, HD 1 – Relating to Physician Orders for Life-Sustaining Treatment

Dear Chair Rhoads, Vice Chair Har, and Members of the Committee:

My name is Rick Jackson and I am Chairperson of the Hawaii Association of Health Plans (“HAHP”) Public Policy Committee. HAHP is a non-profit organization consisting of nine (9) member organizations:

AlohaCare	MDX Hawai‘i
Hawaii Medical Assurance Association	‘Ohana Health Plan
HMSA	University Health Alliance
Hawaii-Western Management Group, Inc.	UnitedHealthcare
Kaiser Permanente	

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to provide testimony in support to HB 2052, HD1 which would expand access to physician orders for life-sustaining treatment to advanced practice registered nurses. We believe that this type of expansion will be highly beneficial to all the people of Hawai‘i, especially to those living in rural communities. HAHP also believes that this Bill will further encourage communication between healthcare providers and patients to make more informed decisions, which is crucial to positive health outcomes.

Thank you for the opportunity to provide testimony.

Sincerely,

Rick Jackson
Chair, Public Policy Committee

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 25, 2014

The Honorable Karl Rhoads, Chair
The Honorable Sharon E. Har, Vice Chair
House Committee on Judiciary

Re: HB 2052, HD1 – Relating to Provider Orders for Life-Sustaining Treatment

Dear Chair Rhoads, Vice Chair Har and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 2052, HD1, which increases access to physician orders for life-sustaining treatment (POLST).

It has long been HMSA's mission to improve the health and well-being of our members, and for all the people of Hawaii. A POLST form serves as a portable and recognized vehicle for documenting an individuals' end-of-life care and medical orders. We acknowledge the importance of communication between patients and health care providers.

Updating the references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; will allow advanced practice registered nurses (APRN) to also complete a POLST directly with patients and families. We believe that expanding access to APRNs to complete POLST forms will be highly beneficial for individuals, especially those living in rural areas or the neighbor-islands.

Thank you for the opportunity to testify in support of HB 2052, HD1. Increasing access to POLST will improve the health and well-being for all the people of Hawai'i.

Sincerely,

A handwritten signature in black ink, appearing to read 'JDiesman', with a long horizontal flourish extending to the right.

Jennifer Diesman
Vice President
Government Relations



Written Testimony Presented Before the
House Committee on Judiciary
February 25, 2014 2:00 p.m.
Conference Room 325

by
Dale Allison, PhD, WHNP-BC, FNP, APRN-Rx, FAAN
Member, HSCN Advisory Board
Hawaii State Center for Nursing
University of Hawai'i at Manoa

HB 2052, HD1 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING
TREATMENT.

Chair Rhoads, Vice Chair Har, and members of the House Committee on Judiciary, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052, HD1, except for the effective date.

The Hawaii State Center for Nursing supports increasing access to POLST by updating references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; particularly, expanding health care provider signatory authority to include advanced practice registered nurses (APRNs); and correcting inconsistencies over terms used to describe who may sign a POLST form on behalf of a patient. POLST is a tool to help ensure that patients make informed decisions and that their wishes are honored across health care settings. POLST requires a meaningful dialog between patients and their physicians or APRNs (especially in rural, medically underserved areas of Hawai'i).

HB 2052, HD1 is consistent with barrier-breaking legislation made between 2009-2011, when the Legislature authorized¹ APRNs to function independently as primary care providers to help relieve the oncoming shortage of primary care physicians².

¹ **Act 169, SLH 2009** required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents,

However, the Hawaii State Center for Nursing is strongly opposed to the change in the effective date of July 1, 2112 and requests that the language in HB 2052 "This Act shall take effect pon its approval" be restored.

Therefore, the Hawaii State Center for Nursing respectfully requests passage of this measure. We appreciate your continuing support of nursing and education in Hawai'i.

Thank you for the opportunity to testify.

verification and evaluation forms the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 57, SLH 2010 the adoption of the National Council of State Boards of Nursing's Model Nurse Practice Act and Model Nursing Administrative Rules.

Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 is required to allow¹ APRNs ¹ and qualified APRNs granted prescriptive authority to practice within the full scope of practice including as a primary care provider. APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the APRN's specialty. Able to prescribe drugs without working relationship agreement with a licensed physician

² A 2010 study by the John A. Burns School of Medicine reported a current shortage of 600 physicians (more than 20% of the current supply) and an impending shortage of 1,600 by 2020. "Because physician shortages of the magnitude described will directly impact the health and well-being of virtually all residents of Hawai'i, something must be done. Unfortunately, there is no easy fix to the problem. The problem is most acute on the island of Hawai'i, but people everywhere, including urban O'ahu are also starting to feel the effects in a variety of specialties... If Hawai'i's utilization of physician services were to match the average mainland usage, our current demand for physicians would be about 3,500. If Hawai'i's population grows as anticipated without change being made in the system of care or current utilization patterns, our state will need over 4,000 doctors by the year 2020. It is expected that even with active recruitment Hawai'i will probably suffer a net loss of approximately 50 physicians every year in the face of dramatically rising demand. If the delivery system remains the same as today, many Hawai'i residents will not have timely access to care. The indigent and elderly will feel it first. As the shortage deepens, we'll all experience the effects". The ten top solutions identified by the working groups to be addressed most urgently include the use of non-physician clinicians (*Report to the 2011 Hawaii State Legislature: Report on Findings from the Hawaii Physician Workforce Assessment Project*. Withy, K. and Sakamoto, D.T. John A. Burns School of Medicine, December, 2010).



H.B. 2052, H.D. 1
RELATING TO PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT
House Committee on Judiciary
February 25, 2014; 2:00p.m.

The Queen's Health Systems strongly supports HB 2052, HD1, with a recommended amendment. Competent adults have a right to plan ahead for health care decisions through the execution of advance medical directives, and to have the wishes expressed in those documents respected. Provider orders for life sustaining treatment complements an advance medical directive by converting a person's wishes regarding life-sustaining treatment, such as those set forth in an advance medical directive, into a medical order. The use of POLST medical orders can overcome many of the problems associated with advance directives, which are often locked away in file drawers or safe deposit boxes and unavailable to health care providers when the need arises to ensure that the patient's wishes are followed.

A completed provider order for life-sustaining is signed by the patient's attending physician or, if HB 2052 is passed, an APRN and provides a specific and detailed set of instructions for a health care professional or health care institution to follow in regard to the patient's preference for the use of various medical interventions. POLST medical order helps ensure that patients' health care preferences are honored by health care providers.

We respectfully recommend that Section 6 be stricken from the measure. Requiring the Department of Health to adopt sample provider orders is not necessary as the existing form was developed by state experts in collaboration with national standards for POLST type forms. Requiring administrative rules will delay implementation of this important measure and will not result in improved access.

Thank you for the opportunity to provide testimony in support of HB 2052, HD1, with our suggested amendment.

HB2052

Submitted on: 2/24/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Andy Ancheta	American Medical Response	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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To: The Committee on Judiciary
Honorable Representative Karl Rhoads, Chair
Honorable Representative Sharon E. Har, Vice Chair

From: Kenneth Zeri, President, Hospice Hawaii

Date: February 24, 2014

Testimony in support of HB 2052 HD1 Related to Providers Orders for Life Sustaining Treatment with proposed amendments.

1. Hospice Hawaii wholeheartedly supports HB 2052 which accomplishes three important items:
 - a. Expands the signatory capability in our current POLST to allow Advance Practice Registered Nurses (APRN) to sign a POLST order. Hawaii was one of the leading states in the nation to implement a statewide fully portable POLST system. However, shortly after implementation it became clear that individuals living in more rural communities, Veterans getting care inside the VA system and nursing home residents were more likely to be seen by an APRN than an MD. Nationwide, APRNs are being included in the rules and regulations to sign a POLST. This bill corrects that oversight and expands access to POLST.
 - b. Re-names the form to "Provider" instead of "Physician."
 - c. Corrects inconsistent language regarding who may sign on a patient's behalf, if that individual is unable.
2. This Bill DOES NOT:
 - a. Change any language in the Advance Directive laws, (HRS 327E) in particular governing who may become a "non-designated" decision maker. Nor does this bill allow for the designation of a decision maker on the POLST form.
3. Proposed Amendments: After review of the amendments made in HD1, I respectfully request the following:
 - a. Keep the amendment to change the term "legal representative" to "legally authorized representative";
 - b. Reject the amendment to require the Department of Health to develop a sample POLST form.**
 - i. Rationale: The POLST form is a voluntary form created by the state's experts in collaboration with national standards for POLST type forms. This will be a "providers" order (am medical order) for care and, like all other medical orders, should not be enacted with legislation, rather allowed to change as the best practices emerge through study and experience. A clear example of this changing practice rests

in the example of antibiotics. Early renditions of the form in California and Oregon had a section dedicated to antibiotic administration, but studies in Oregon and Wisconsin indicated that regardless of how that section of the form was completed, it little bearing on whether or not antibiotics were administered. Consequently we included that treatment modality into our section B.

- ii. Additionally, we have had wonderful "voluntary" support with Department Of Health (DOH), EMS and most of the health care community, including Acute Hospitals, Long Term Care, Home Health, Hospice and even the ARCH community in using the form. Mandating that the form come from DOH will a) slow down the already successful voluntary process and b) cost DOH money to develop systems around the form. Plus, I predict DOH would have to come to the core POLST leadership for consultation and we already are interested, committed and voluntarily doing it. Our engagement with POLST excellence is at a national level already.

Respectfully Submitted,
Kenneth Zeri, Hospice Hawaii



Tuesday – February 25, 2014 – 2:00pm
Conference Room 325

The House Committee on Judiciary

To: Representative Karl Rhoads, Chair
Representative Sharon E. Har, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
HB 2052, HD 1 — Relating to Provider Orders for Life Sustaining Treatment

The Healthcare Association of Hawaii (HAH) is a 116-member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii’s residents, our members contribute significantly to Hawaii’s economy by employing nearly 20,000 people statewide.

Thank you for the opportunity to testify in support of HB 2052, HD 1, which promotes efficiency in advance care planning. HB 2052, HD 1 modernizes provider orders for life-sustaining treatment by changing references of “physician orders for life-sustaining treatment” in the Hawaii Revised Statutes to “provider orders for life-sustaining treatment,” expanding signatory authority to include advanced practice registered nurses. HAH supports the intent and spirit of HB2052, HD 1, which is to improve the quality of life for patients though expanded efficiency and consistency in advance care planning.

Thank you for the opportunity to testify in support of HB 2052, HD 1.



KŌKUA MAU
"Continuous Care"

Hawai'i Hospice and Palliative Care Organization
P.O. Box 62155 • Honolulu, HI 96839 • Tel: 808-585-9977 • Fax: 808-988-3877 • www.kokuamau.org

Testimony in Support of HB2052 – RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

This testimony is in support of HB2052, important legislation that will expand access to POLST across the state. Since its implementation in 2009, POLST has been successful in Hawaii and is a portable providers order that follows patients between settings and is honored by EMS. HB2052 will allow APRNs in addition to physicians to sign this important document. This means that more people will be able to have a POLST, if they chose to do so, to document their wishes for care. APRNs play an important role in care in Hawaii, not only in rural areas and long term care settings but also in our major hospitals in the middle of Honolulu. Including these highly trained professionals means that the people of Hawaii facing serious illness as well as their loved ones can better avoid crisis, reduce stress and get the appropriate care they want and need by having a portable providers orders that can be honored by EMS as well as other medical professionals.

In my role as Executive Director of Kokua Mau, Hawaii's Hospice and Palliative Care Organization, I see the importance of POLST. We have spearheaded efforts to educate professionals as well as the general public about POLST and host all POLST materials on our website (www.kokuamau.org). There is a POLST Task Force, staffed by Kokua Mau, which includes local experts who have worked on this legislation as well as providing training and addressing questions which arise from practitioners. The motivation for this legislation arose from that committee who experience first hand the bottlenecks that occur in completing POLST and welcome the addition of APRNs. That Task Force is very interested in working with the committee on the proposed amendments and moving the legislation forward.

I hear stories, from all parts of the state, about how POLST has helped to avert crisis and provide comfort to families who strive to care for their loved ones. POLST is an important part of Advance Care Planning and is making a difference around the state. Nationally, POLST is seen as a best practice and the expansion of signing privileges to include APRNs is in keeping with national recommendations.

I would like to address the amendments to the bill. I see that these are suggestions proposed by Prof. Jim Pietsch who we consulted on the creation of the legislation. We support Amendment One:

1. Change Legal Representative to Legally Authorized Representative in keeping with standard legal wording.
2. Omit the wording power of attorney as that is a legal document and not an individual authorized to make healthcare decisions. One suggested wording is an agent designated in a power of attorney for health care.

However we do not support Amendment 2, 3 or 4.



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Hawai'i Hospice and Palliative Care Organization

P.O. Box 62155 • Honolulu, HI 96839 • Tel: 808-585-9977 • Fax: 808-988-3877 • www.kokuamau.org

Amendment 2: We do not support a change in the bill's start date but hope that will change when the bill passes.

Amendment 3: We do not support the creation of a sample form by the Department of Health. For the last four years there has been only POLST form used across the state. That voluntary form was created by the state's experts in collaboration with national standards for POLST type forms. POLST represents a set of provider's orders which, like all other medical practice, should not be enacted with legislation, rather allowed to change as best practice changes.

Our existing collaborative and voluntary process has widespread support with DOH, EMS and most of the health care community, including Acute hospitals, Long Term Care, Home Health, Hospice and even the ARCH community using the form and corresponding informational materials. Mandating that the form come from DOH will not only slow down the already successful voluntary process and cost DOH money to develop systems around the form but DOH is also an important partner on our team. This is an unnecessary step.

We also do not support Amendment 4. The Amendment refers to several flaws in the POLST form and we do not feel there are other flaws in the form. As I mentioned, there is currently only one form used across all settings and the bill will address the current inconsistencies.

There has also been testimony referring to non-designated decision-makers. We believe that that issue is not directly related to POLST but rather deals with Chapter 327. That could be addressed in future legislation but is a separate issue. POLST follows the stipulations of Chapter 327 so any changes in the future would be reflected in POLST at that time.

We enthusiastically support this POLST legislation. Please contact me if you have any questions.

Thank you for your consideration,

Jeannette Kojjane, MPH
Executive Director
Kokua Mau

22 February 2014

HB 2052 HD1 POLST in Hawaii

Strong Support with Amendments

Dear Chair Rhoads and members of the Judiciary Committee,

Hawaii already has POLST (Physician Orders for Life Sustaining Treatment), which is working well to allow people to state their wishes for medical care and have them honored, in the event they are incapacitated or unable to speak for themselves. POLST is a distillation of Advanced Directive and is an immediately actionable document, recognized across the state by EMS personnel and first responders, as well as physicians and healthcare professionals.

HB 2052 HD1 merely aims to clarify some of the terms use in the current POLST form and importantly allows for advanced practice nurses (APRN's) to sign the form. Currently POLST forms must be signed by a physician, but in many communities, APRN's are the primary caregivers and this will allow more people to specify and have their wishes honored.

What needs to be amended is the requirement "for the department of Health to develop and adopt a sample POLST form". We already have a working POLST form that is patterned after the National POLST forms and modified for use in Hawaii by the POLST consortium of subject matter experts and stakeholders. The form was presented to the DOH for approval many years ago and is currently working well. Please remove this requirement from the amendment.

We don't need to further burden the department of health and we don't need to reinvent the wheel. We have a workable POLST form that is being used today and all we need to do is to clarify some of the language on "legally authorized representatives" and give authority to APRN's to sign the form.

Respectfully,



Elizabeth A Char, MD
EMS and Emergency Physician

Written Testimony in Support of House Bill 2052

I am writing to offer my strongest support for HB2052. As President of the Hawaii State Rural Health Association, Director of the Area Health Education Center and a physician workforce researcher, I would like to take the opportunity to thank you for working toward allowing individuals to make their wishes about their healthcare known. Being a physician, I have seen both the miracles and the mishaps of medicine. End of life care can fall into both of these categories. Many times our medical advancements can help save lives, but sometimes it can prolong pain and suffering. Personally, I have completed a living will and clarified my wishes in the case that I am too incapacitated to express them at the time. But most people don't know how to do this. In addition, if the paperwork requires a physician cosignature, we have a bottleneck, because there just aren't enough physicians in Hawaii. My research has shown that Hawaii has 700 fewer physicians than a comparable population on the mainland US. The shortage is most severe in rural areas such as Hawaii Island. I believe that every individual has the right to decide how s/he will be treated when it comes to intubation, feeding tubes, cardiac defibrillation. HB2052 will help increase the number of people who have provider orders for life-sustaining treatment in place. This will increase the chance that the wishes of individuals are met, as well as decrease medical expenditures on undesired lifesaving procedures. Thank you for your attention to this matter and please keep up the good work!

Kelley Withy, MD, PhD

HB2052

Submitted on: 2/21/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Todd Hairgrove	Individual	Support	Yes

Comments:

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HB2052

Submitted on: 2/23/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Jerris Hedges	Individual	Support	No

Comments: Aloha, As a physician previously practicing in a state with a fully enabled POLST bill, I am in full support of this bill. Any licensed primary care provider should have the ability to work with the patient and their loved ones to complete the POLST document. Jerris R. Hedges, MD Dean, John A. Burns School of Medicine Emergency Physician

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February 22, 2014

Esteemed Committee Members:

I am a state and national leader in hospice and palliative medicine and I am writing in strong support of HB2052.

I serve as Medical Director for the largest hospital-based palliative care program in Hawaii, at The Queen's Medical Center. I serve as Vice-Chair of the Board of *Kokua Mau*, Hawaii's hospice and palliative care organization, Vice-President of Hawaii Physician's for Compassionate Care. I am Chief of the Division of Palliative Medicine and Professor of Geriatric Medicine at the John A. Burns School of Medicine of the University of Hawaii. Nationally, I serve on the Board of Directors and Chair of the Publications Committee for the American Academy of Hospice and Palliative Medicine. I have authored numerous book chapters and peer-reviewed journal articles in the field of palliative medicine. My opinions expressed here are my own.

As an expert in the field of end-of-life care I know that loss of control is one of the greatest fears of those living with advanced illness. Any sense of control can bring immense comfort and peace of mind. When it comes to avoiding unwanted medical treatments at the end of life, Physician Orders for Life Sustaining Treatments (POLST) are unsurpassed. In many studies, POLST have been shown to be nearly 100% effective in preventing unwanted treatments while other directives, such as living wills, have not been shown effective. Furthermore, POLST have never been shown to be a barrier to people receiving the treatments that they do desire. Patients are free to indicate as they wish full life-prolonging measures, comfort measures, or a balanced approach between the two.

Unfortunately, access to care continues to be an issue, particularly for those with advanced illness. Many patients that would wish to complete a POLST to avoid unwanted medical treatment are confined to their beds at home, in a nursing facility, or in hospice. Advanced practice nurses have been critical in providing needed care to these patients. On my own team, advanced practice nurses outnumber physicians 5 to 3. Not permitting Advance Practice Nurses to sign POLST forms in Hawaii, as they are empowered in other states, means many citizens of Hawaii in need cannot complete them, leaving them vulnerable to unwanted aggressive treatment, such as electric shocks to the chest or placement on an artificial respirator, at the end of life when most people would prefer a focus on their comfort and dignity.

Finally, I oppose the amendment to require the Department of Health to produce a sample form. This will add unnecessary expense to the DOH. Furthermore, clinicians and patients are familiar with the present form which is based on national POLST forms, modified for Hawaii with input from the POLST consortium of subject matter experts and DOH.

Thank you for your thoughtful attention to this important matter.

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM

**Written Testimony Presented Before the
Senate Committee on Judiciary
Chair Karl Rhoads, Vice Chair Sharon Har
Tuesday February 25, 2014 2:00pm p.m.
by
Valisa Saunders MN, APRN, GNP-BC
Geriatric Nurse Practitioner**

SB 2025 HD1 RELATING TO POLST (Provider Orders for Life Sustaining Treatment)

Chair Rhoads, Vice Chair Har, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony. I strongly support the intent of this bill but STRONGLY URGE AMENDMENT to the implementation date of July 1, 2012, inserted in HB2052 HD1, to July 1, 2014.

I am a Geriatric Nurse Practitioner (GNP) and have been practicing in the State of Hawaii for 30 years as a nurse and nurse practitioner in the geriatrics field across all levels of care. In my current employment as a GNP working in the two state Long Term Care Facilities (LTCs); Leahi and Maluhia LTC Hospitals I am often called on to assist physicians, and families with the difficult discussions and choices related to end of life care. In my current setting, the POLST is very often the right tool to use in addition to an Advance Health Care Directive (AHCD). My inability to sign the form creates an unnecessary step that often delays implementation significantly and has resulted in "incorrect care" in my experience. In my previous employment in outpatient settings at Kaiser Permanente (25 years), the form was, not too infrequently, lost or never returned for filing or distribution. There are many elderly or disabled clients that are not in nursing homes that do want and need this form that are living at home, go to daycare programs, other senior programs or live in other alternative living sites such as Foster Homes, Care Homes, or Assisted Living.

Nurse Practitioners are Advanced Practice Registered Nurses (APRNs) with a minimum of a master's degree in clinical nursing, national board certification and state recognition for practice and prescribing powers dating back to 1994 legislation enacted. APRNs in many settings and population practices are in a good position to support patient's, families and other members of the health care team in implementing the POLST which is a lot more than just a piece of paper. It is a process of assisting those in need with obtaining their goals for care. The POLST is a tool to help patients obtain the care they want and avoid some care they are sure they do not want.

I urge this committee to amend this measure HB2052 HD1 to change the date of implementation to July 1, 2014 or as soon as possible

Therefore, I, Valisa Saunders MN, APRN, respectfully support this measure, with amendment to the date of enactment. Thank you for the opportunity to testify.

Valisa Saunders MN, APRN, GNP-BC
Geriatric Nurse Practitioner
Hawaii Health Systems Corporation
University of Hawaii at Manoa
Schools of Nursing and Medicine
Valisa@hawaii.rr.com

Tuesday – February 25, 2014 – 2pm
Conference Room 325

The House Judiciary Committee
To: Representative Karl Rhoads, Chair
Representative Sharon Har, Vice-Chair

Testimony in support :
HB 2052 –Relating to Provider Orders for Life Sustaining Treatment

Thank you for the opportunity to support HB 2052 which changes Physicians Orders for Life Sustaining Treatment (POLST) to Providers Orders for Life Sustaining Treatment and gives Advanced Practice Registered Nurses (APRN) the authority to sign. Considering the physician shortage in Hawaii, this provides a practical alternative to the current POLST.

This measure also ensures that Hawaii will enhance the delivery of services to people with Alzheimer’s Disease and Related Dementia (ADRD). Services should be uniform across the State and benefit all patients and their caregivers.

As a Baby Boomer who does not have biological family here in Hawaii, this allows me to make my wishes known to the medical community.

Jane Huntington
Jlh96750@yahoo.com

HB2052

Submitted on: 2/24/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Support	No

Comments: Representatives, mahalo for your attention to this important measure. The Institute of Medicine Report on the Status of Nursing encourages APRNs to practice to the full extent of their license and training as well as the PP-ACA (Obamacare) which expands access to primary patient care through more full utilization of APRNs. Providing a change of this provision from "physician" to "provider" orders for life sustaining treatment (POLST) will enable more prompt and timely documentation of patient wishes. I stand in STRONG SUPPORT of this measure as a Nurse Practitioner licensed in the State of Hawai'i. Mahalo for allowing me to provide testimony on this matter.

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HB2052

Submitted on: 2/24/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Virginia Hinshaw	Individual	Support	No

Comments: Based on working with people supporting our senior citizens, I strongly support HB 2052 to update POLST.

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HB2052

Submitted on: 2/24/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie Mishler	Individual	Comments Only	Yes

Comments: Jackie Mishler RN BSN PCCN Post Office Box 892 Kula, Hawaii 96790 561-8673 Honorable Chair Karl Rhoads and members of the House Judiciary Committee, My name is Jackie Mishler. I am a Certified Progressive Care nurse from Maui and have been involved in Advance Directives and POLST since they became part of Hawaii law and practice. I believe there is an underlying problem with this bill, whether the term used is “surrogate” or “legal representative.” The problem is – in actual practice – the lack of standards for someone assuming the role of making medical decisions for the patient. A patient can designate a representative through signature, can choose an agent through an Advance Directive, or can be placed in the care of a guardian through a court procedure. Each of these types of representative is authorized through procedures that are legally defined and are verifiable. And each of these representatives can authorize Do Not Resuscitate and other orders on behalf of the patient. What is currently called a “non-designated surrogate” is someone NOT chosen by the patient. There is neither standard form for this selection nor a state-wide form that documents the reason or authority for the selection. Yet this person too can authorize a Do Not Resuscitate order. This is a significant weakness in our system of patient care. But there is a solution, the wording for which is contained in HSR 327E-7 (i). This reads, “A supervising health care provider shall require a surrogate to provide a written declaration under the penalty of false swearing stating facts and circumstances reasonably sufficient to establish the claimed authority” In my professional capacity as a nurse I have examined different forms that purported to establish a non-designated surrogate. Those forms were sometimes not completely filled in, did not list the circumstances for the establishing the surrogacy, and did not have a declaration under penalty of false swearing. There is no standard form for this and that is the difficulty. I urge the Committee to authorize the creation of a state-wide form, the completion of which will be required for a representative not designated by the patient who will have the responsibility for making medical decisions for that patient, and that this form embody all the language of 327E-7(i). If someone is in the position of making life-and-death decisions for a patient, such as authorizing a Do Not Resuscitate order, stopping antibiotics, etc., that authorization should be clear and oversight should be possible. Right now this is not the case. Thank you.

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HB2052

Submitted on: 2/23/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Tessier	Individual	Support	No

Comments:

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LATE

AONE
Hawaii

THE AMERICAN ORGANIZATION OF NURSE EXECUTIVES, **HAWAII CHAPTER**

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barbier@hawaiiantel.net

Tuesday — February 25, 2014 — 2:00pm
Conference Room 325

The House Committee on Judiciary

To: Representative Karl Rhoads, Chair
Representative Sharon Har, Vice Chair

Re: **Testimony in Support**
HB 2052 Relating to Provider Orders for Life Sustaining Treatment

The American Organization of Nurse Executives (AONE) is a national organization of nurses who design, facilitate, and manage care. AONE provides leadership, professional development, advocacy and research in its effort to advance the nursing profession and patient care, promotes nursing leadership excellence, and shapes health care public policy. AONE Hawaii is the local chapter of the American Organization of Nurse Executives. Founded in 1991, AONE Hawaii has approximately 100 members from various facilities and hospitals across the state.

This letter is written in support of HB 2052 which expands signatory authority to include advanced practice nurses (APRN). POLST is a holistic method of planning for end-of-life care and a specific set of medical orders that ensure patient's wishes are honored. The ability for APRN's to complete a POLST directly with patients and family members will better address the needs of patients in Hawai'i, especially in areas where primary care is provided by APRN's. This will also support the patient's preferences for the uses of various medical interventions are honored by their health care team.

We ask for your help and support in passing HB 2052 from this committee. Thank you.



School of Nursing and Dental Hygiene

University of Hawai'i at Mānoa

February 24, 2014

Chair Rhoads, Vice Chair Har, and members of the House Committee on Judiciary, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052.

HB 2052 would update language on an important form, the Provider Order for Life Sustaining Treatment (POLST.) This form is to be signed by a patient and their health care provider to reflect decisions the patient has made regarding end-of-life care options. POLST is a tool to help ensure that patients make informed decisions and that their wishes are honored across health care settings. POLST requires a meaningful dialog between patients and their providers, especially in rural, medically underserved areas of Hawai'i.

HB 2052 is consistent with barrier-breaking legislation passed in recent years when the Legislature authorized APRNs to function independently as primary care providers to increase access through the health care workforce.

Advance Practice Nurse Practitioners (APRNs) are an important part of the health care workforce in Hawaii, serving Hawaii Nei in all walks of life throughout their childhood and adult years. Current law restricts the POLST form to a physician signature, which is inefficient and unnecessary when an existing practitioner-patient relationship exists with an APRN.

There are over a thousand licensed and certified APRNs who are already prepared and educated to sign this form. Many APRNs already discuss end-of-life care options with their patients on a routine basis, and these measures simply allow them to "treat the paperwork" that reflects the care they provide.

I speak as the American Association of Nurse Practitioners (AANP) Hawaii State Representative, as an APRN Program Director at UHM School of Nursing, as an APRN, and as a constituent in strong support of HB 2052. Please Pass HB 2052 out of committee today to recognize the important relationship between Hawaii patients and their health care providers.

Mahalo for all you do for Hawaii's people and our 'Ohana to improve access and quality health care for all!

Sincerely,

Pualani Gandall Yamamoto MSN, APRN-Rx, FNP-BC
AANP Hawaii State Representative
Director, Family Nurse Practitioner Program
University of Hawaii at Manoa School of Nursing and Dental Hygiene
Cell: 282-6714 Fax: 956-3257
pyamamot@hawaii.edu

LATE

Aloha Senators Green, Baker, and members of the Committee on Health,

As an advance practice registered nurse (APRN) with The Pain and Palliative Care Department at The Queen's Medical Center, discussions related to patient choices and end-of-life care are a routine part of the care I provide to palliative care patients and families. As these patients transition toward discharge from the hospital, I include in my discussions, when appropriate, the POLST document. It only makes sense that as a practitioner qualified in having end-of-life care discussions with patients and families, I should also be authorized to sign the document. I am in support of renaming the POLST to mean "provider orders for life-sustaining treatment."

I oppose however, the amendment to the House bill that proposes the Department of Health produce a sample form. We currently have a form that was created with Department of Health input and is based on national POLST standards. This amendment would add an unnecessary expense to a process that has been working well since 2009 as well as create confusion for practitioners and patients.

Mahalo,

Lynn N. Muneno, APRN, ACNS-BC, ACHPN
Pain and Palliative Care Dept
The Queen's Medical Center
1301 Punchbowl Street
Honolulu, HI 96813

har3-Micah

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 25, 2014 8:59 AM
To: JUDtestimony
Cc: deborah.arendale@mauicounty.gov
Subject: *Submitted testimony for HB2052 on Feb 25, 2014 14:00PM*

LATE TESTIMONY

HB2052

Submitted on: 2/25/2014

Testimony for JUD on Feb 25, 2014 14:00PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Arendale	Maui County Office on Aging	Support	No

Comments:

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