



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

July 5, 2018

GOV. MSG. NO. 1226

The Honorable Ronald D. Kouchi,
President
and Members of the Senate
Twenty-Ninth State Legislature
State Capitol, Room 409
Honolulu, Hawai'i 96813

The Honorable Scott K. Saiki,
Speaker and Members of the
House of Representatives
Twenty-Ninth State Legislature
State Capitol, Room 431
Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

This is to inform you that on July 5, 2018, the following bill was signed into law:

HB1812 HD3 SD2

RELATING TO HEALTH
ACT 125 (18)

Sincerely,

DAVID Y. IGE
Governor, State of Hawai'i

A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that it is critical for
2 the stability of Hawaii's health care system for patients to be
3 covered by private insurance or government subsidized health
4 care coverage whenever possible. In 2017, the department of
5 human services tried to implement new procedures to allow an
6 appointed surrogate to act as a patient's authorized
7 representative to make health care decisions related to
8 medicaid, including the decision to apply for medicaid benefits,
9 on behalf of a patient who lacks decision-making capacity and
10 has not executed a power of attorney or has no legal guardian.
11 However, there were additional medicaid requirements necessary
12 to address before achieving this end. Allowing the patient's
13 appointed surrogate to act as the patient's medicaid authorized
14 representative will benefit individuals, who may become
15 financially responsible for services that could have been
16 covered by medicaid.



1 The legislature finds that it is vital for individuals who
2 may qualify for medicaid to apply for these benefits without
3 delay even when they are not capable of making health care
4 decisions for themselves. Further, if an appointed surrogate is
5 already making important healthcare decisions for a patient, the
6 surrogate should also be allowed to help the individual apply
7 for medical care coverage required to access services.

8 The purpose of this Act is to clarify that health care
9 surrogates appointed under section 327E-5, Hawaii Revised
10 Statutes, may operate as authorized representatives in order to
11 act on behalf of a patient during the medicaid application
12 process and for medicaid related matters.

13 SECTION 2. Section 327E-2, Hawaii Revised Statutes, is
14 amended by amending the definition of "surrogate" to read as
15 follows:

16 "Surrogate" means an individual, other than a patient's
17 agent or guardian, authorized under this chapter to make a
18 health-care decision or to act as a medicaid authorized
19 representative for the patient."

20 SECTION 3. Section 327E-5, Hawaii Revised Statutes, is
21 amended to read as follows:



1 " ~~[+]~~ §327E-5 ~~[+]~~ Health-care decisions; surrogates. (a) A
2 patient may designate or disqualify any individual to act as a
3 surrogate by personally informing the supervising health-care
4 provider. In the absence of such a designation, or if the
5 designee is not reasonably available, a surrogate may be
6 appointed to make a health-care decision for the patient.

7 (b) A surrogate may make a health-care decision for a
8 patient who is an adult or emancipated minor if the patient has
9 been determined by the primary physician to lack capacity and no
10 agent or guardian has been appointed or the agent or guardian is
11 not reasonably available. Upon a determination that a patient
12 lacks decisional capacity to provide informed consent to or
13 refusal of medical treatment, the primary physician or the
14 physician's designee shall make reasonable efforts to notify the
15 patient of the patient's lack of capacity. The primary
16 physician, or the physician's designee, shall make reasonable
17 efforts to locate as many interested persons as practicable, and
18 the primary physician may rely on such individuals to notify
19 other family members or interested persons.

20 (c) Upon locating interested persons, the primary
21 physician, or the physician's designee, shall inform such



1 persons of the patient's lack of decisional capacity and that a
2 surrogate decision-maker should be selected for the patient.

3 (d) Interested persons shall make reasonable efforts to
4 reach a consensus as to who among them shall make health-care
5 decisions on behalf of the patient. The person selected to act
6 as the patient's surrogate should be the person who has a close
7 relationship with the patient and who is the most likely to be
8 currently informed of the patient's wishes regarding health-care
9 decisions. If any of the interested persons disagrees with the
10 selection or the decision of the surrogate, or, if after
11 reasonable efforts the interested persons are unable to reach a
12 consensus as to who should act as the surrogate decision-maker,
13 then any of the interested persons may seek guardianship of the
14 patient by initiating guardianship proceedings pursuant to
15 chapter 551[-] or chapter 560, as applicable. Only interested
16 persons involved in the discussions to choose a surrogate may
17 initiate such proceedings with regard to the patient.

18 (e) If any interested person, the guardian, or primary
19 physician believes the patient has regained decisional capacity,
20 the primary physician shall reexamine the patient and determine
21 whether or not the patient has regained decisional capacity and



1 shall enter a decision and the basis for such decision into the
2 patient's medical record and shall notify the patient, the
3 surrogate decision-maker, and the person who initiated the
4 redetermination of decisional capacity.

5 (f) A surrogate who has been designated by the patient may
6 make health-care decisions for the patient that the patient
7 could make on the patient's own behalf.

8 (g) A surrogate who has not been designated by the patient
9 may make all health-care decisions for the patient that the
10 patient could make on the patient's own behalf, except that
11 artificial nutrition and hydration may be withheld or withdrawn
12 for a patient upon a decision of the surrogate only when the
13 primary physician and a second independent physician certify in
14 the patient's medical records that the provision or continuation
15 of artificial nutrition or hydration is merely prolonging the
16 act of dying and the patient is highly unlikely to have any
17 neurological response in the future.

18 The surrogate who has not been designated by the patient
19 shall make health-care decisions for the patient based on the
20 wishes of the patient, or, if the wishes of the patient are
21 unknown or unclear, on the patient's best interest.



1 The decision of a surrogate who has not been designated by
2 the patient regarding whether life-sustaining procedures should
3 be provided, withheld, or withdrawn shall not be based, in whole
4 or in part, on either a patient's preexisting, long-term mental
5 or physical disability, or a patient's economic status. A
6 surrogate who has not been designated by the patient shall
7 inform the patient, to the extent possible, of the proposed
8 procedure and the fact that someone else is authorized to make a
9 decision regarding that procedure.

10 (h) A health-care decision made by a surrogate for a
11 patient is effective without judicial approval.

12 (i) A surrogate may act as a medicaid authorized
13 representative, pursuant to federal and state medicaid laws
14 relating to authorized representatives, on the patient's behalf
15 for the purposes of medicaid, including but not limited to
16 assisting with, submitting, and executing a medicaid
17 application, redetermination of eligibility, and other on-going
18 medicaid-related communications with the department of human
19 services. For the purposes of medicaid, the surrogate may
20 access medicaid records of the patient on whose behalf the
21 surrogate was designated to act. For a surrogate to be able to



1 act under this subsection, the surrogate shall agree to be
 2 legally bound by the federal and state authorities related to
 3 authorized representatives, including but not limited to
 4 maintaining the confidentiality of any information provided by
 5 the department of human services, in compliance with all state
 6 and federal confidentiality laws. The surrogate's status as an
 7 authorized representative for the purposes of medicaid shall
 8 terminate when revoked by a patient who no longer lacks
 9 decisional capacity, upon appointment or availability of an
 10 agent or guardian of the person, or upon the patient's death.

11 [~~(i)~~] (j) A supervising health-care provider shall require
 12 a surrogate to provide a written declaration under the penalty
 13 of false swearing stating facts and circumstances reasonably
 14 sufficient to establish the claimed authority."

15 SECTION 4. Statutory material to be repealed is bracketed
 16 and stricken. New statutory material is underscored.

17 SECTION 5. This Act shall take effect upon its approval.

APPROVED this 05 day of JUL, 2018



GOVERNOR OF THE STATE OF HAWAII



HB No. 1812, HD 3, SD 2

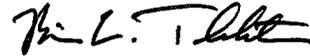
THE HOUSE OF REPRESENTATIVES OF THE STATE OF HAWAII

Date: April 27, 2018
Honolulu, Hawaii

We hereby certify that the above-referenced Bill on this day passed Final Reading in the House of Representatives of the Twenty-Ninth Legislature of the State of Hawaii, Regular Session of 2018.



Scott K. Saiki
Speaker
House of Representatives

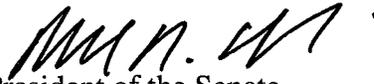


Brian L. Takeshita
Chief Clerk
House of Representatives

THE SENATE OF THE STATE OF HAWAI'I

Date: April 10, 2018
Honolulu, Hawai'i 96813

We hereby certify that the foregoing Bill this day passed Third Reading in the Senate of the Twenty-ninth Legislature of the State of Hawai'i, Regular Session of 2018.


President of the Senate


Clerk of the Senate