Testimony of the Board of Nursing

Before the
House Committee on Health
Friday, January 31, 2020
11:00 a.m.
State Capitol, Conference Room 329

On the following measure:
H.B. 2451, RELATING TO HEALTH

Chair Mizuno 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 will review this bill at its next publicly scheduled meeting on February 6, 2020.

The purposes of this bill are to: (1) explicitly authorize advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority; (2) reduce the mandatory waiting period between oral requests made by a terminally ill individual to 15 days; and (3) allow the attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

Thank you for the opportunity to testify on this bill.

HAWAI'I STATE CENTER FOR NURSING
Connecting Nurses. Transforming Healthcare.

Written Testimony Presented Before the
House Committee on Health
Wednesday January 31, 2020 at 11:00 a.m.
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa

WRITTEN COMMENTS on HB2451

Chair Mizuno, Vice Chair Kobayashi and members of the Committee on Health; thank you for hearing the measure, HB2451, which explicitly authorizes advanced practice registered nurses (APRNs) to practice medical aid in dying in accordance with their scope of practice and prescriptive authority. The Hawai'i State Center for Nursing provides written comments on this subject.

APRNs in Hawai'i may care for people across the lifespan, in accordance with their education, training, certification, and licensure. According to the functions specified in the **Hawai'i Administrative Rules Chapter 89-89-81 Practice Specialties**, APRNs may perform the following acts, among others: provide direct care to patients, plan for care of individuals using a synthesis of advanced skills, theories, and knowledge of biologic, pharmacologic, physical, sociocultural and psychological aspects of care to accomplish desired objectives; establish referral networks as appropriate with other health care professionals; and initiate and maintain accurate records and authorize appropriate regulatory and other legal documents. In addition, the two types of APRNs most likely to meet the criteria of "Attending Provider", Nurse Practitioner and Clinical Nurse Specialist, may evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination and assess the normal and abnormal findings from the history, physical, and mental status examinations, and diagnostic reports.

Further, in order to maintain prescriptive authority, APRNs must maintain current national certification in the nursing practice specialty by a board-recognized national certifying body and maintain continuing education in pharmacotherapeutics.

Should the Committee move this measure forward, the Center asks the Committee to consider amending the definition of "Advanced Practice Registered Nurse" that appears on page 3, lines 10-16 to instead read: **"Advanced Practice Registered Nurse" means an advanced practice registered nurse licensed to practice advanced practice nursing pursuant to chapter 457 by the Hawaii Board of Nursing.**

Thank you for the opportunity to provide written comments related to this measure.

The mission of the Hawai'i 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 Hawai'i.

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UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
House Committee on Health
Friday, January 31, 2020 at 11:00 a.m.
by
Mary G. Boland, DrPH, RN, Dean and Professor
School of Nursing and Dental Hygiene
University of Hawaiʻi at Mānoa
and
Michael Bruno, PhD
Provost
University of Hawaiʻi at Mānoa

HB 2451 – RELATING TO HEALTH

Chair Mizuno, Vice Chair Kobayashi and members of the Committee on Health:

Thank you for this opportunity to provide testimony in strong support of HB 2451, with recommended amendments as it relates to advanced practice registered nurses (APRN) participation in medical aid in dying in accordance with their scope of practice and prescriptive authority.

The Hawaiʻi Legislature recognizes that access to care is a significant problem statewide and in particular in rural island settings. You have enacted over 25 bills since 2009 enabling APRNs in Hawaiʻi to practice to the full extent of their education. Since then, the number of APRNs in the state has increased across all the islands including rural settings.

APRNs provide high quality safe care for people across the lifespan, in accordance with their education, training, national certification, and licensure. In Hawaiʻi, 41% of APRNs work in ambulatory settings, nearly 33% report working in family practice or adult-gerontology. Another 8.5% work in palliative care/hospice, nephrology, cardiology, and oncology; specialties where they care for people with terminal illnesses.[1] Further, APRNs are caring for vulnerable populations enrolled in Medicare and Medicaid programs.

The University of Hawaiʻi at Mānoa and Hilo Doctor of Nursing (DNP) Programs educate family and adult gerontology primary care nurse practitioners, the most common type of APRN in our state. Our graduates meet both the national and Hawaiʻi Board of Nursing requirements for advanced pharmacological education, as well as education related to the assessment, diagnosis, and care planning that prepares them to care for patients

[1] Hawaiʻi State Center for Nursing, 2019 Nursing Workforce Report. Data provided through the voluntary nurse re-licensure survey of nurses.

across the continuum of life. Thus, their scope of practice and education prepares them to serve as both attending provider and consulting provider for persons suffering from a terminal disease. APRNs are recognized in Hawai‘i and the nation for their high quality care, safe prescribing practices, and are trusted by the people and families under their care.

Thank you for the opportunity to provide testimony in strong support of HB 2451.

HB-2451
Submitted on: 1/29/2020 5:19:02 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Foster	Hawaii Death With Dignity Society	Support	No

Comments:

Aloha,

Please support these much-needed changes to HB 2451. We receive many calls for help from people who are themselves dying of painful dibilitating diseases or from their loved ones who cry out for timely help and relief from their suffering. The amendments in HB 2451 would alloiw people to access our aid in dying law and pass peacefully either at home with their family and loved ones or in a hospice. Mahalo for your kind consideraation.

Scott Foster

Communications Director,

Ther Hawaii Death With Dignity Society

HB-2451
Submitted on: 1/28/2020 8:32:09 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine W. Brooks	North Hawaii Hospice, Inc.	Support	No

Comments:

Aloha,

I am a registered nurse with 30 years experience caring for cancer patients at the end-of-life. Currently I am serving as the executive director of North Hawaii Hospice on the Big Island. Although we have yet to have a patient who has elected to pursue Medical Aid in Dying we have concerns regarding the lengthy waiting period required in the current legislation. From time to time we have had cancer patients with head and neck tumors. This unfortunate diagnosis results in tremendous suffering as the tumor advances in the mouth or throat. The tumor literally grows to the point of causing a terrifying sense of suffocation. Another complication involved the potential to bleed uncontrollably causing a very frightening experience. It seems cruel for that these patients must wait for 21 days. In most cases the disease process progresses much faster than 21 days so even though they have met all of the critetia to qualify for medical aid in dying the waiting period is too long. We hope that this legislation passes so that there can be a promise of the end of suffering for these unfortunate souls.

In the previous year we experienced

HB-2451
Submitted on: 1/29/2020 5:20:10 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
amy agbayani	Filipina Advocacy Network FAN	Support	No

Comments:

The Filipina Advocacy Network strongly support HB2451. The proposed amendments are very reasonable and helpful. These amendments are consistent with my belief that all individuals should have the right to die with dignity and to have care, compassion and choice. I am a Filipino Catholic and retired educator. I feel that my cultural and religious beliefs are consistent with my support for this bill. I also believe in the separation of church and state.

I also want to take this opportunity to express my appreciation to someone I admire... Dr. Melivin Palalay, a Filipino Catholic oncologogist who was featured in a January 24 Cilvil Beat article on his experience with and now support for compassionate choice.

Written Testimony Presented Before the
House Committee on Health

Hearing: January 31, 2020, 11:00 AM
State Capitol, Conference Room 329

By Hawaii – American Nurses Association (Hawaii-ANA)

HB 2451 RELATING TO HEALTH

Chair John M. Mizuno, Vice Chair Bertrand Kobayashi, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support for HB 2451, Relating to Health. This bill seeks to amend the Our Care, Our Choice Act (Act) to provide patients with access to aid in dying through all primary care providers, including Advanced Practice Registered Nurses, and to adjust the waiting periods in response to the immediate needs of the individual patient.

We are members of the American Nurses Association of Registered Nurses in Hawaii. Over 17,000 Registered Nurses in Hawaii care for patients every day, throughout the 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 recommendations made by the State of Hawaii Department of Health to the terms of this Act address the very real difficulties individuals in Hawaii 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 HB2451 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

Hawai'i Association of Professional Nurses (HAPN)

To: The Honorable Representative John M. Mizuno, Chair of the House Committee on Health and Human Services

From: Hawaii Association of Professional Nurses (HAPN)
Subject: HB2451 – Relating to Health

Hearing: January 31, 2020, 11:00 a.m. House Conference room 329, State Capitol

Aloha Representative Mizuno, Chair; Representative Kobayashi, Vice Chair; Committee Members Representative Au Belatti, Representative Nakamura, Representative Buenaventura, Representative Say, Representative Tokioka, and Representative Ward

Thank you for the opportunity to submit testimony regarding HB2451. HAPN is in **strong support** of placing choice in the hands of patients who we work with every day, which 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 their scope of practice. We also support reducing the mandatory waiting period to 15 days and allowing the provider to waive this waiting period as they deem appropriate after evaluation and discussion with the patient about their options.

HAPN has worked to be the voice of APRNs across our state, spearheading the move to full practice authority, a responsibility trusted in us by the patients we work with every day. 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 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. We support the recommendations from our partners at the Department of Health in their assessment and evaluation of this issue.

In order to improve access to care, HAPN would like to recommend an amendment in the definition of "Counseling" include Psychiatric Mental Health Nurse Practitioners who also play a vital role in the mental healthcare of our communities.

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,
Bradley Kuo
HAPN Legislative Committee, Chair
HAPN Immediate Past President

HB-2451
Submitted on: 1/30/2020 11:58:40 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Jamison	Compassion & Choices	Support	Yes

Comments:

I am a long time supporter of medical aid in dying, and have been now for over thirty years, since the height of the AIDS epidemic, when I taught at the University of of California, and researched the issue in San Francisco. I have worked with countless patients, and have written numerous professional articles and books on the subject. And now, here in Hawai'i, I especially support the Our Care, Our Choice Act.

Four years ago I was diagnosed with a high risk cancer, and underwent various treatments. During this time I have been blessed with quality medical care, am currently feeling fine, and look forward to continued high quality of life for a long time to come.

As a result, obviously, I have had my share of personal contact with physicians, from primary care providers to numerous specialists. And during this time, especially over the past year since the Our Care, Our Choice Act has been in effect, I have discussed my support for the law, and have asked my physicians their thoughts. Not one of them even theoretically supports medical aid in dying.

If this has been my experience, though I am well versed in the subject matter, I can't imagine what it must be like to be facing the terror of a terminal prognosis, and reside on another island, one where access to quality medical care is not as easy to find as here on Oahu.

HB2451 can go far in helping such patients access care by expanding their healthcare options to include advance practice registered nurses (APRNs). In some areas, APRNs are not just the front line of care, but the only opportunity for some patients to receive true medical care in the face of physician shortages, especially in rural areas.

HB2451, of course, does not guarantee that every qualified terminally ill patient will receive a medical aid in dying prescription. However, it does increase the possibility that qualified terminally ill patients can have opportunities for such discussions - and especially opportunities for earlier discussions of all end of life treatment and care options. And these options can include hospice and palliative care, which might actually result in extending their lives and increasing the quality of their lives during this period of time.

For these reasons, I strongly support HB2451.

Sincerely,

Michael Jamison, Ph.D.

Testimony of Samantha Trad, Hawai'i State Director, Compassion & Choices
Supportive Testimony Regarding HB2451
House Health Committee
January 31, 2020

Good morning Chair and Members of the Committee. My name is Samantha 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 year it has been in effect; and thank you for your consideration of HB 2451. We are here today and pleased to offer our support for these crucial amendments to improve access to the Our Care, Our Choice Act.

Just 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, including 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,[2] especially on neighbor islands[3][4] 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 over half a dozen eligible patients who wanted the option of medical aid in dying died during the mandatory waiting period, unable to have the peaceful end of life experience they wanted.[5] Even the 27 patients who did eventually obtain a prescription and self-ingested it in 2019 endured an average waiting period of 34 days. One patient waited 100 days.

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[1] Report to the Thirtieth Legislature, An Analysis of the analysis of the Implementation of the Our Care, Our Choice Act, Available from: https://drive.google.com/file/d/12k7EeRbkUm8TCu3iCew1BEn7gPLjn5SN/view?usp=sharing

[2] Why the Doctor Shortage Continues in Hawai'i, Big Island New, June 5, 2019. Accessed at: https://bigislandnow.com/2019/06/05/why-the-doctor-shortage-continues-in-Hawai'i/

[3] Hawai'i doctor shortage takes a troubling turn for the worse, John A. Burns School of Medicine University of Hawai'i at Mānoa, September 10th, 2019. Accessed at: https://jabsom.Hawai'i.edu/Hawai'i-doctor-shortage-takes-a-troubling-turn-for-the-wore/

[4] Hawai'i's doctor shortage is taking 'a troubling turn for the worse,' Hawai'i News Now, June 5, 2019. Accessed at: https://www.Hawai'inewsnow.com/2019/09/10/Hawai'is-doctor-shortage-is-taking-troubling-turn-worse/

[5] Too Many People are Dying While Waiting for Medical Aid in Dying, Civil Beat, January 9 2020. Accessed at: https://www.civilbeat.org/2020/01/report-too-many-people-are-dying-while-waiting-for-medical-aid-in-dying/

The data and experience have long demonstrated that barriers exist throughout the nine other authorized jurisdictions, which have less restrcitive measures in place than currently exist in Hawai'i. In response to the evidence compiled over the last 21 years of practice, the Oregon legislature passed an amendment to the law in an attempt to find a better balance between safeguards intended to protect patients and access to medical aid in dying in 2019. The amendment (SB579) gives doctors the ability to waive thecurrent mandatory minimum 15-day waiting period between the two required oral requests and 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.[6] The amendment was a direct result of evidence and data that clearly demonstrated the need for easier access for eligible terminally ill patients facing imminent death. This year in Washington, three bills have been introduced to further study and rectify barriers that exist in the state.

Holding true to the intent of the Our Care, Our Choice Act - to ensure that all terminally ill individuals had access to the full range of end of-life care options - legislators in Hawai'i aren't waiting 21 years to take action. The bill before you seeks to actualize the Department of Health's recommendations following their analysis of the law:

> 1) To adopt an Oregon-style amendment allowing doctors to waive the waiting period for patients whose death is imminent, and;
> 2) Give advanced practice registered nurses (APRNs) the authority to serve as attending providers under the law.

Additionally, this bill seeks to reduce the current mandatory 20 day waiting period - the longest required under any medical aid-in-dying law - to 15 days further reducing the unnecessary burden on the terminally ill seeking this option.

Reducing the 20 day waiting period to 15 days and allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications.

Hawai'i has the longest mandatory waiting period (20 days) between the first and second verbal requests for medical aid in dying, of the 10 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 verbal requests. The Hawai'i Department of Health's report on the first five months of the law showed "the eligibility process from the first oral request to the date of receipt of the written prescription was approximately 37 days" for the eight people who received them from four physicians.[7]

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[6] Senate Bill 579, 80th Oregon Legislative Assembly--2019 Regular Session. Available from: https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/SB579/Enrolled

[7] Hawai'i Department of Health (DOH) 2019 Our Care Our Choice Annual Report, July 1, 2019. Accessed at: https://health.Hawai'i.gov/opppd/files/2019/06/2019-Annual-OCOCA-Report-062819.pdf

State health regulators had estimated about 40 of the patients would seek medical aid in dying in 2019.[8]

Sadly, this is not an uncommon occurrence, even in the other authorized states with a 15 day waiting period. This experience is why Oregon recently amended its Death with Dignity law to allow the attending provider to waive the mandatory waiting period entirely if the patient is unlikely to survive it.[9] Both reducing the waiting period and allowing it to be waived in such circumstances will better ensure that otherwise qualified terminally ill individuals are not deprived the comfort and peace of mind they so desire at life's end simply for the sake of checking a regulatory box. A day or two may seem like nothing to the average individual but it is a lifetime in the life of someone in pain and suffering.

Compensate for Doctor Shortage by Allowing Advanced Practice Registered Nurses with Prescriptive Authority (APRN Rx) to Provide Medical Aid in Dying

Hawai'i is one of 22 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.[10] However, the Our Care, Our Choice Act currently limits the scope of practice for APRNs; they do not have the authority at this time to support their patients who want the option of medical aid in dying by acting as an attending or consulting provider, further limiting the number of qualified medical providers who may participate. Amending the law to explicitly allow APRNs to participate as providers under the Our Care, Our Choice Act is consistent with their scope of practice and would help address the disparity in access to physicians. 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 physicians 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. Had APRNs been able to support him in the option of medical aid in dying, Ron may have been able to access this compassionate option.

Again, we are pleased to see that lawmakers are recognizing the opportunity for further improvement to the Our Care, Our Choice Act and acting to remove the unnecessary barriers terminally ill individuals face when seeking the comfort of autonomy and self-determination that the Act intended to provide.

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[8] Preparing For Hawai'i's New Medical Aid In Dying Law, Honolulu Civil Beat, Dec. 18, 2018. Accessed at: www.civilbeat.org/2018/12/preparing-for-Hawai'is-new-medical-aid-in-dying-law/

[9] New law shortens 'Death With Dignity' waiting period for some patients, The Oregonian, Jul 24, 2019. Accessed at: www.oregonlive.com/politics/2019/07/new-law-shortens-death-with-dignity-waiting-period-for-some-patients.html

[10] Centers for Disease Control, "State Law Fact Sheet: A Summary of Nurse Practitioner Scope of Practice Laws, in Effect 2016" available from: https://www.cdc.gov/dhdsp/pubs/docs/SLFS_NSOP_508.pdf

Thank you for your time and for considering these crucial amendments. I urge you to vote yes on HB 2451.

Mahalo,
Samantha Trad
Hawai'i State Director
Compassion & Choices

HB-2451
Submitted on: 1/29/2020 1:55:53 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Wheelock	Individual	Support	No

Comments:

Please support HB 2451.

Thank you,

Anne Wheelock

HB-2451
Submitted on: 1/29/2020 8:56:56 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Springer	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/29/2020 8:53:43 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane E Arnold	Individual	Support	No

Comments:

Please pass HB 2451, which will improve access to Medical Aid in Dying.

HB-2451
Submitted on: 1/29/2020 8:55:41 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
william metzger	Individual	Support	Yes

Comments:

These are important and necessary and compassionate improvements to the Aid in Dying law.

Please approve.

HB-2451
Submitted on: 1/28/2020 10:39:02 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Malachy Grange	Individual	Support	Yes

Comments:

Working as a Community Health Nurse in Oregon for over 25 years before I moved to Hawaii, I saw both the sufferings of those who had to endure the vagaries of a terminal illness and, after it was legalized in 1997, to the liberating effects of Medical Aid in Dying for patients exercising their autonomous right to chose when, where and how to die. Hawaii has joined 10 states in providing this benefit to their citizens. Hospice is wonderful and I always encourage patients and families to consider enrolling in hospice as soon as possible after a terminal diagnosis. But hospice sometimes is not enough. Suffering continues.

Medical Aid in Dying is gratefully now available in Hawaii. Still, more work remains to be done. For patients nearing death, the mandatory wait times have precluded this option for many as they died before the process could be completed. We can only imagine their and their families ' increased suffering because the promises of Medical Aid in Dying were not fulfilled for them. Also, there is a dearth of Medical Providers who are available to participate both on Oahu and the Neighbor Islands.

HB 2451 addresses both of these issues by reducing wait times for those nearing death and extending prescribing privileges for Medical Aid in Dying to Nurse Practitioners, thus increasing access to Medical Aid in Dying for eligible patients. Please extend your compassion and wisdom to our sisters and brothers who are nearing their end by supporting HB 2451.

HB-2451
Submitted on: 1/28/2020 8:26:36 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lee Buenconsejo-Lum	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/28/2020 7:42:14 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bob Grossmann	Individual	Support	Yes

Comments:

Given the physician shortage that will worsen (more so on the neighbor islands) and, as indicated by those that died (and suffered) in 2019 duirng the current waiting period, amendments of a shorter/wiaved waiting period and amending the attending and consulting provider definitions to include APRNs (within their scope of practce as regulated by the Board of Nursing) would strengthen the important "Our Care, Our Choice" Act.

Bob Grossmann, PhD

Former adjunct nursing faculty at the Univesity of Hawaii and Hawaii Pacific University

Former House Health Committe Staff

Former Fellow, Office of the Secretary, U.S. Department of Health and Human Services

HB-2451
Submitted on: 1/29/2020 9:39:48 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Kimball	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/29/2020 10:16:58 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
AUBREY HAWK	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/29/2020 1:42:11 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carla Hess	Individual	Support	No

Comments:

Improving access to all end-of-life options is critical for terminally ill residents on all our islands. We're grateful that the Department of Health recognizes that some of the provisions in the Our Care, Our Choice Act have become barriers to a compassionate option that Hawai‘i residents fought so long for.

As a former Hospice RN on Maui, I feel strongly that terminally ill people deserve to have control over their suffering and pain. Decreasing the waiting period to 15 days, waiving the waiting period if the patient is unlikely to survive that long, and allowing APRNs to support their patients who desire this option are steps in the proper direction.

Thank you so much!

HB-2451
Submitted on: 1/29/2020 10:37:58 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Goodyear	Individual	Support	Yes

Comments:

Aloha Representatives,

I am writing to express my strong support for HB2451. I am a clinical psychologist who over the past year has performed almost 30 mental health consultations for patients who have requested medical aid in dying under the Our Care, Our Choice Act. Based on my experience, I believe the act is working as intended for the most part. Areas that are in need of improvement include facilitating patient access to appropriate providers, particularly for neighbor island and rural Oahu residents, and modifications to the waiting period for patients who are close to the end of their lives. The changes proposed in HB2451 directly address these issues.

HB-2451
Submitted on: 1/29/2020 10:59:31 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
CHARLOTTE CHARFEN	Individual	Support	No

Comments:

My name is Dr. Charlotte Charfen and I am a board-certified emergency physician that practices emergency medicine on the Big Island in Kona. 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 anyone that will listen about all life matters, especially end-of-life.

In doing this work, I was approached by a terminal patient on my island to help him with MAID because his primary and oncology physicians would not even speak to him about the issue. His first words to me were that he felt abandoned, and he hoped I would at least listen and consider his case. He immediately signed up with hospice and began the process of MAID. He is a very autonomous and private individual but what I witnessed as we worked together was that he was letting in many palliative modalities to include end-of-life doulas, hospice, myself and MAID.

And guess what has happened? His quality of life and his quantity has expanded past his terminal prognosis. He is still alive and thriving even as he declines physically. He attributes having access to MAID as one of the things that has allowed him to be open to other palliative help. This is an aspect of the law that I think sometimes gets overlooked. Not everyone will live longer, but my experience is they will live more fully with the time they have left by having access.

I am in full support of amending the law so that more of our residents can have access. To date, I am the only physician that has prescribed on Big Island. That is multifactorial I am sure. But I do know and work with advance nurse practitioners that would be willing to help make this choice more accessible if not enough physicians are willing. And right now, that appears to be the case at least on my island.

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.

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-2451
Submitted on: 1/29/2020 10:57:08 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christa Braun-Inglis	Individual	Support	No

Comments:

APRNs in Hawaii are indepent healthcare providers who contribute significantly to quality healthcare. Not having APRNs in the current OCOCA is a barrier for patients and families. Many APRNs serve as primary care providers in rural areas and as providers for patients with terminal illnesses. APRNs can definitely serve as a both an attending and consulting provider for patients who are considering medical aid in dying.

HB-2451
Submitted on: 1/29/2020 8:01:27 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith A Mick	Individual	Support	No

Comments:

To be truly humane in how we treat each other, we must improve access for eligible terminally ill to have the option of medical aid in dying. What could be more important than having a choice like this? We should also allow APRNs to act as attendants andconsulting providers. Waiving the 20 day wait is also needed. Let us show we really care about those who are facing death now- as we shall all do in the future. Mahalo for showing your compassion for others. Aloha,Judy Mick,Kailua

HB-2451
Submitted on: 1/29/2020 3:42:27 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph O'Brien	Individual	Support	No

Comments:

Please remove the barrier preventing Advanced Practice Registered Nurses (APRNs) from acting as the attending and consulting provider.

Please 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 (patient must still qualify and go through the rest of the qualifying process).

Please reduce the mandatory minimum 20-day waiting period to 15-days like the other authorized states have.

Please consider extending the time period through which a terminally ill person can utilize the

death with dignity law from within six months prior to the expected death to a full twelve months prior the anticipated death.

Thank you.

Joseph O'Brien

Nuuanu

HB-2451
Submitted on: 1/29/2020 3:52:32 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Katharine Morgan	Individual	Support	No

Comments:

It is imperative that access to the services for medical aid in dying be made more available through these amendments.

HB-2451
Submitted on: 1/29/2020 3:03:09 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Geraldine Marullo	Individual	Support	Yes

Comments:

Dear Committee,

I fully support the bill's amendments.

For over twenty-five years the Advanced Practice Nurse (APRN) including prescriptive authority has enjoyed the privilege and responsibility of providing primary and specialty care to Hawaii's communities **especially in geographic areas with limited access to care.**

APN can assess, diagnose, treat, order appropriate lab tests and other diagnostic tests, and prescribe medications without physician supervision. They are highly skilled, employed and and regarded by the medical community both within health care organizations, and in solo practices including in mental health and adult care.

T**hose those seeking end of care life options should have full access to a range of health care providers including APRNs as they do now in any other instance of seeking care.** The State Board of Nursing statue, rules and regulations allows this to be so - and provides consumer safeguards through rigorous requirements to meet APRN and also Prescriptive Authority.

APRNs serve in all areas of the state including rural and hard to access areas. For example, a few years ago, the only access to care for those who were seriously mentally ill in Hilo was through an APRN clinic, where nurses successfully diagnosed, and treated these patients without any medical supervision.

Finally, not including APRNs would perhaps be in conflict with the current statues and regulations assuring fair trade among like healthcare providers and services.

Geri Marullo R.N., Dr.PH

.Former Executive Director, Hawaii Nurses Association

Former Deputy Director of Health Hawaii, Personal Health Services

Former CEO, American Nurses Association , Washington D.C.

HB-2451
Submitted on: 1/29/2020 5:46:21 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn Robinson-Onderko	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/29/2020 5:01:33 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen L Tschudi	Individual	Support	No

Comments:

Aloha, Esteemed Lawmakers,

In accordance with the recommendations from the Hawai‘i State Department of Health, please pass HB 2451 to improve Hawaii's implementation of medical aid-in-dying with appropriate safeguards. You know the arguments in favor of the bill, and you are familiar with the sad stories that have come to pass in recent months -- stories that might have had different outcomes were the provisions of this bill already in place. Your support for the sensible measures in this bill is greatly appreciated.

Stephen Tschudi
Palolo Valley, Honolulu

HB-2451
Submitted on: 1/29/2020 6:51:34 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Selene Mersereau	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/29/2020 8:38:41 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph	Individual	Support	No

Comments:

I have been a strong advocate of the Our Care, Our Choice Act. I am also in favor of HB2451, which will improve access to medical aid in dying. Due to a physician shortage in Hawaii, especially in the outer islands, some Hawaii residents are having trouble finding the two required physicians needed to sign for the prescription. Since the law covers all Hawaii residents, on all of our islands, we need to help patients gain access to the program. I think Advanced Practice Registered Nurses should be allowed, by law, to be primary providers.

If you have read the story of Ron Meadow, you know that there are areas of Hawaii Island that are under-served by physicians willing to participate in the program. Other islands are similary affected. A person who wants to exercise the option of medical aid in dying should not have to suffer the pain of their disease AND the agony of lack of access.

I thank you for passing the Our Care, Our Choice Act and ask that you righfully improve the Act by passing HB2451.

Sincerely,

Joseph Herzog, DVM

HB-2451
Submitted on: 1/29/2020 8:05:58 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Romala Radcliffe	Individual	Support	No

Comments:

Please pass this bill.

HB-2451
Submitted on: 1/30/2020 12:26:04 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alberta J Freidus-Flagg	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/29/2020 7:55:02 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jean Simon	Individual	Support	No

Comments:

I am in support of HB 2451. The rules should be expanded to include:

- Remove the barrier preventing Advanced Practice Registered Nurses (APRNs) from supporting their patients in the option of medical aid in dying;
- 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 (patient must still qualify and go through the rest of the qualifying process);
- Reduce the mandatory minimum 20-day waiting period to 15 days like the other authorized states have.

Mahalo,

Jean Simon

HB-2451
Submitted on: 1/29/2020 2:45:37 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Georgia Bopp	Individual	Support	No

Comments:

I'm strongly in favor of HB2451! This will improve our medical aid in dying process. I'm so grateful for OCOC and looking forward to the improvements in HB2451.

Thank you, Georgia Bopp

HB-2451
Submitted on: 1/29/2020 9:45:39 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Francis Nakamoto	Individual	Support	Yes

Comments:

Honorable Chair Mizuno, Vice Chair Kobayashi and Members of the Committee on Health,

I support HB245.1

After one year since the effective date of Our Care Our Choice Law, the DOH reported that only half of the 27 patients who obtained medical aid in dying prescriptions actually ingested the drugs to voluntarily end their lives.

Regrettably, it took an average of 34 days for these patients to obtain their prescriptions from the date of their first oral request.

According to participating physicians, for several patients who qualified for a prescription after following the requirements of the laws, time ran out for them because it took to long to acquire the drugs to end their lives because of the unnecessarily lengthy wait time between first oral request to receiving their prescription.

According to the DOH and physicians supporting patients, the lack of physicians, who are required to confirm the medical condition of the patients and prescribe the drugs, has unnecessarily delayed successful application of the law. The well known shortage of physicians and mental health professionals has exacerbated the situation. Authorizing qualified APRNs to act in the place of medical doctors will fill the existing shortage of available MDs which currently prevent persons living in rural communities to benefit from the law.

The Hawaii law's wait period is among the longest in the country. The 20-day wait period must be shortened and physicians allowed to waive it in cases where, in their judgment, the patient won't live long enough to obtain the drug before they expire. A waiting period is important to discourage impulsive requests but it should not set up arbitrary delays that defeat the very admirable purposes of the law.

Please support these logical and compassionate amendments to the law.

HB-2451
Submitted on: 1/30/2020 3:00:28 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Baron	Individual	Support	No

Comments:

I am elderly and in poor health. I strongly support HB 2451. Please pass this bill.

Respectfully submitted,

Brian Baron

HB-2451
Submitted on: 1/30/2020 7:49:31 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles F Miller	Individual	Support	No

Comments:

As Director of the Kaiser Health System's Medical Aid In Dying Program I have seen more than 40 patients over the past year. Unfortunately, for six of them the waiting period of 20 days was too long and they died of their terminal illnesses while waiting to complete the wait period required by the law. I believe this is unfair and strongly support HB2451. Additionally, I had to fly to both Maui and Big Island eight times because thee were no physicians on those islands willing to provide aid in dying to their patients. I also strongly support allowing Advanced Practice Registered Nurses (Nurse Practioners) to serve as both attending and consulting health providers as defined in the "Our Care,Our Choice Act".

HB-2451
Submitted on: 1/30/2020 6:31:03 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Caroline Kunitake	Individual	Support	No

Comments:

Aloha Chair Mizuno and Members of the Committee on Health,

I am writing to urge you to support HB2451.

We need more medical professionals to be able to perscribe orally requested medical aid in dying. I am horrified when I learn that there are Hawaii residents who have folled the law but died before the waiting period. We live in a modern society that tolerates different religious beliefs. Within this modern society, people have a right to live and a right to die. Terminally ill patients wishing to end their life on their own terms does not violate the rights of those who do not want medical aid in dying.

Advanced practice registered nurses, along with physicians, will be able to expand patient access to medical aid in dying in accordance with their scope of practice and prescribing authority. By reducing the mandatory waiting period between oral requests made by a terminally ill individual to fifteen days, more terminally ill patients will be able to end their own mental, emotional and physical suffering within a reasonable amount of time. The attending provider needs to be able to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period. If not, the terminally ill person will die before they are able to exercise their right to medical aid in dying.

Thank you for your time and attention to this matter.

Mahalo,

Caroline Kunitake

January 31, 2020

Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
State House Committee on Health
State Capitol
415 South Beretania Street, #329
Honolulu, HI 96813

RE: In Support of HB 2451 Relating to Health

Chair Mizuno, Vice Chair Kobayashi and Members of the Committee:

Thank you for hearing HB 2451. This is an important amendment to the Our Care Our Choice Act.

The act, passed in 2018, can help to alleviate anxiety, pain and suffering of terminally ill individuals. We knew when the bill was enacted it would need "tweaking" which is why we are here now. HB 2451 provides important options for care of sick people.

Medical care in Hawaii isn't as available as we would like, especially on the neighbor islands. Allowing qualified Advanced Practice Registered Nurses (APRNs) to act as attending or consulting physicians will provide terminally ill people with more care options. Many of us have physicians who are uncomfortable writing prescriptions for medical aid in dying (MAID). This amendment would open the field to more attending and consulting providers who might help.

Terminally ill people should not have to worry about meeting timeframes and schedules which is why I also support lowering the mandatory number of days between asks for medication from 20 to 15 days. This also is the reason why I support allowing an expedited process for terminally ill patients who are not expected to survive the regulatory wait.

I sincerely hope you will help more people and pass these important amendments to the Our Care Our Choice Act.

Mahalo nui loa,

Mary Steiner
808-225-4563

HB-2451
Submitted on: 1/30/2020 3:08:25 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Allyn Bromley	Individual	Support	No

Comments:

I am 91 years old and am hoping for a gentle death. HB2451 will improve my chances of gwetting the peaceful death that I want. Please support.

Mahalo, Allyn Bromley

HB-2451
Submitted on: 1/30/2020 6:43:13 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn Ferguson	Individual	Support	No

Comments:

HB-2451
Submitted on: 1/30/2020 10:27:41 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carolann Biederman	Individual	Support	No

Comments:

Aloha,

I believe the improvements to the law will allow access for the individuals who want to choose medical aid in dying. With the shortage of physicians in our state, especially on the Neighbor Islands, the role of APRN's in all areas of health care, including this one, is an excellent way to insure the medical care we all desire in Hawaii nei. Mahalo for your support for this bill.

HB-2451
Submitted on: 1/30/2020 2:32:35 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jill A Savage	Individual	Support	No

Comments:

HB2451 January 31, 2020 11:00 a.m. Room 329

Aloha Chair Mizuno, Vice Chair Kobayashi and committee members.

I am a board member of the Policy Board for Elder Affairs, Kokua Council, Hawaii Alliance for Retired Americans and I volunteer for AARP.

As such, I am very concerned about the well-being and the rights of Kupuna, who deserve peace of mind in their final years.

I am submitting testimony in strong support of HB2451, which would authorize APRN's to practice medical aid in dying , reduce the mandatory waiting period between oral requests from 20 days to 15 days and waive the mandatory period for patients who are not likely to survive the current 20 day period.

Kupuna deserve peace of mind as they enter their final years. This bill will increase patient choices, as they make decisions about their own futures.

Barbara J. Service MSW (retired Child Welfare supervisor)

Senior Advocate

HB-2451
Submitted on: 1/30/2020 3:14:06 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Gibson	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice-Chair Kobayashi and Members of the Committee,

I am an RN who supports HB2451 and hope that you will too. Advanced practice registered nurses are well-suited to practice medical aid in dying in accordance with their scope of practice and prescribing authority. APRNs deal with end-of-life care in multiple settings and have established a comforting relationship with the dying patient. For continuity of care in end-of-life care, I encourage you to allow APRNs to be there for the patients in the same capacity afforded to MDs.

Please consider this important bill.

Wendy Gibson RN/BSN

Palolo

HB-2451
Submitted on: 1/29/2020 2:36:39 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carm Akim	Individual	Oppose	No

Comments:

I am a registered acute care nurse and I AM STRONGLY OPPOSED to this expansion to APRNs as healthcare providers to prescribe lethal medications for individuals who opt for medical aid in dying. THERE IS NO DATA to support need for more providers as proponents claim. ROOT CAUSE ANALYSIS of this "difficulty" should be further explored rather than patching this issue. Why are there enough MDs who are WILLING to prescribe these medications? How many patients are seeking this treatment and the average wait time for them to see a physician who will help them? I urge you honorable representatives to not jump to conclusions and seek APRNS input and also provide the data that substatiate this bill.

Also, reducing the wait times nullifies the justification for allowing the terminally to have a firm decision and decreasing their time to change their thoughts on taking the meds. Yes, they may acquire the medications and choose when they will take it whenever they think the time is right. Nonetheless these lethal pills are now in their home poses risk for other individuals to use it if not properly stored.

Lastly, how many patients have you folks taken care of that in their last 20 days were able to swallow 100 pills at the same time?

Thank you,

Carm Akim, RN BSN, MSN Candidate

Testimony Against HB 2451

My name is Dr Craig Nakatsuka, a hospice and palliative care physician and am testifying in opposition to HB 2451 Relating to Health.

As someone who has been intimately involved as a hospice physician with patients who have requested lethal medication for medical aid in dying, I am strongly against HB 2451.

Hospice and Palliative Care physicians are experts at assessing and determining prognosis in regard to those with endstage illnesses. Despite our training and extensive experience, it is very difficult to determine short term prognosis especially with the precision of determining those who are likely to pass away within 3 weeks, the current mandatory waiting period.

The driving prognostic factor in determining the likelihood that a person will expire naturally within a 3 week period is the individual's functional status. That is, as the end draws near in regard to the dying process, the individual will begin to exhibit increasing weakness and decreasing levels of responsiveness. Therefore, a hospice and palliative care physician can only be that precise in concluding that an individual has < 3 weeks survival if that person has profound weakness (usually bedridden and requiring total assistance in all activities, including feeding) and a significantly decreased level of consciousness. Thus, the patient for whom consideration of waiving the waiting period would be the very one that would not qualify for unassisted ingestion of the lethal medication as outlined in the OCAC act.

This amendment to the current OCAC act will therefore serve no practical purpose but only open up situations for abuse of the act. That is, under pressure from patient and families as well as the personal beliefs of the medical provider, it will increase the possibility that the medical provider will falsely frame a patient who is still capable of self-ingestion as having < 3 weeks survival in order to waive the requirement of the OCAC act.

In regards to the expansion of medical providers to include advanced practice nurses, because the length of training for physicians as compared to advanced practice nurses as well as the rigor of training in this area of determination of prognosis as described above, I have concerns of allowing advanced practice nurses, at this time, to allow APRNs to be providers in this act.

Respectfully submitted,

Craig Nakatsuka, MD

Submitted Online: 01/30/20

Hearing: January 31, 2020 @ 11:00 a.m.

TO: House Health Committee
Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice-Chair

FROM: Eva Andrade, President

RE: Opposition to HB2451 Relating to Healthcare

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. We oppose this bill that proposes to undo the safeguards that were put in place when the Our Care Our Choice law went into effect.

If this bill is passed, it will (1) allow advanced practice registered nurses to practice medical aid in dying instead of limiting this to physicians who are the only healthcare professionals who are able to determine a patient's prognoses, (2) reduce the mandatory waiting period between oral requests made by a terminally ill individual to fifteen days and (3) allow the attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

We expressed our strong opposition when the Our Care Our Choice Act was passed in 2018 because we were (and still are) concerned about abuse of the law, primarily against frail elders and other vulnerable patients. To alleviate our concerns, many legislators assured us 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 although we are only in year one of the law, these safeguards are already being removed or modified.

We strongly recommend that no changes to the law be made until it has been properly evaluated and substantiated with concrete data before any modifications are made.

Mahalo for the opportunity to submit testimony.

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[i] HB2739 (2018) Introduction, page 3 (lines 17-19) (https://www.capitol.hawaii.gov/session2018/bills/HB2739_HD1_.htm)

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#

HB-2451
Submitted on: 1/30/2020 11:05:33 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie	Individual	Oppose	Yes

Comments:

It is too soon to change a bill that has been in effect less than a year.

The responsible course of action would be to set up a small commission of interested parties to see if the law is working as intended-- we really have no idea if it is or isn't. We are looking at anecdotal reports from the people who didn't want the safeguards in the first place.

This is especially true for a couple of reasons.

1. This bill was touted to us by the legislature as having the strongest safeguards any bill of this kind had in the Nation. Now you are asking to weaken those safeguards without documented and validated evidence of necessity. This speaks to the integrity of the legislative body.
2. The law just passed was very controversial, had significant opposition over a very long time (more than 20 years) for a variety of reasons. These proposed changes would trash a number of thoughtful and reasoned objections that are in the record- without speaking to the reasons for ignoring any of them.
3. In the long course of the ultimate passage of this law, there was considerable commentary about whether or not doctors had sufficient training to recognize some of the inherent problems and risks with people who request assisted suicide. A year later proponents are recommending that the authorization to provide lethal drugs devolve to nurses, who likely have even less training than doctors about the problems and risks inherent in these requests. And, again we don't know if the original law is working as intended or not.
4. Finally, after passing a law touted for its safeguards, proponents are recommending lethal drugs be given to patients cutting through a number of those safeguards, without any screening, review, or accountability to the contravening of the safeguards in the original law, all because in one person's opinion the patient doesn't have as long to live as the waiting period requires. Anyone who has attended to this issue knows there is considerable testimony and considerable literature on the difficulty and the large number of failures in accurately predicting the date of a patient's demise. What is the reason for doing this? There is no rationale for why these changes are needed, let alone safe.

Please do not allow this bill to move forward.

January 29, 2020

Honored House Health Committee Members,

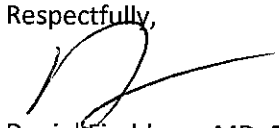
I have practiced full-time palliative medicine in Hawaii for over 15 years and I am writing, as an individual, in opposition to HB2451.

With barely a year's experience with the Our Care, Our Choice Act, 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 expanding access.

- APRN's are an essential component of any high quality palliative care team. Personally, I am blessed to work on a daily basis with the best pain management and palliative care APRN's in the state. However, no state allows APRN's to prescribe lethal drugs under their physician-assisted suicide law and none of the APRN's in Hawaii I have spoken with support this expansion.
- Medicare specifically prohibits APRN's from certifying 6-month prognosis for hospice (although they may serve as attending). This certification of six-month prognosis is an essential role of the attending under OCOCA. 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?
- Only Oregon has enacted the waiver of the waiting period that HB2451 proposes and that only became active at the beginning of 2020 so there is zero knowledge of how it is working or not. While we all understand physician-assisted suicide is nearly always about controlling life's end, the idea of dropping waiting periods to hasten dying for people who are believed at high risk of dying too soon hardly seems worth any reduction in safety that may come with expediting the process.
- I have no objection to the proposed reduction in waiting period from 20 days to 15 days. The choice of 20 days was neither evidence-based nor consistent with other state practices. My understanding is that it was done to increase the appearance of OCOCA as being safer than other assisted suicide laws. But it is clear that with barely a year's experience with the practice, concerns about access have clearly come to trump safety concerns.

Thank you for your thoughtful consideration as you weigh this serious matter, attempting to find the best balance of avoiding unnecessary suffering for the less than 0.5% of people that typically access physician-assisted suicide laws and the safety of the 100% of us that will face the end of life.

Respectfully,



Daniel Fischberg, MD, PhD
Kailua, HI

HB-2451
Submitted on: 1/29/2020 9:00:54 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrew Kayes, M.D.	Individual	Oppose	No

Comments:

This is a travesty.

If our state lawmakers do not stand up for the sanctity of life, why should our young people? Overall suicide in Hawaii is up 18% from 1996 to 2016. Stop this bill in its tracks. We don't need more of this in Hawaii.

Andrew V. Kayes, M.D.

Kahului, HI

HB-2451
Submitted on: 1/29/2020 4:18:08 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn N	Individual	Oppose	No

Comments:

I am a licensed Clinical Laboratory Technologist. Physicians rely on laboratory results to help make a patient diagnosis. All members of the healthcare team have a specific scope of practice. Please do not allow APRNs to practice medical aid in dying. There is no data to support changing the law, and there are no states that allow APRNs to practice medical aid in dying.

HB-2451
Submitted on: 1/29/2020 1:38:21 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Leo Joseph Thiner - Brickey	Individual	Oppose	No

Comments:

Aloha - HB 2451

We do not support this bill - As recorded the mandatory waiting period should stand - You have all ready taken the inner - landscape, and hopes to live of a human being away in Hawaii by passing such a bill. Hawaii Assisted Suicied - Evan Doctor Josh Green; a ER Doctor was in violation of his own Hippocratic Oath by voting yes as a Hawaii Senator for Medical Assisted Suicide as a cost saving to Hawaii. Mental awearness of a ill person's mind, and judgement is not working if they are terminally ill to make that verbal decision at a given point in time. Maybe evan talked into it by a family member. This is a poor cultural bill for the other Hawaii's (Islands). Give up and die.

LEO THINER - BRICKEY

Honokowai

HB-2451
Submitted on: 1/30/2020 10:03:38 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Victoria DeSilva	Individual	Oppose	No

Comments:

I am not a medical professional. I am a human being who is saddened by the legislators who continue to diminish the sanctity of life, who continue to fight for assisted suicide and the ways to make it easy to kill and who continue to bully others to take life. I cannot see how a person(s) in good conscience, can push for laws that endanger life and the sanctity of life from first breath until last. My parents had cancer - leukenia for dad and lung cancer for mom. Their greatest concern was that they didn't do enough for their children... on his death bed, suffering from excrutiating pain from shingles and organs closing down, my dad never said anything indicating he wanted to take his life. On the contrary, he wanted to make his peace with God and talk with his family. Mom breathed heavy and loud never getting enough air in her lungs to feel comfort. But no complaints... only the desire to eat fish and poi - her favorites. She was happy to see her children around her. I was there when both parents took their last breaths. They were sacred moments, ones that told me they were in God's hands. Yes, God's hands. Not a human being using his hands to shorten the sacredness of the life that was lived respectfully and reverently. Dad and mom died twelve days apart. In a matter of less than two weeks we six children were orphans. We were thankful to our parents for all they did in their loving and simple way to get all of us to respect life and all life entailed. I've taught my children to do the same. They are good people who believe that we don't fool around with what God has created, which is not ours to control and manipulate. Life is preciious. How arrogant of human beings to think otherwise. There is no dignity in taking life. There is no dignity in diminishing life. Yes, cancer is painful but there is palliative care availabe with compassionate people who know how to treat the ill. I have breast cancer. It's no fun to go through radiation, but the last thing on my mind is disregarding the blessing that my life is for all I was raised to be and to the family I've raised.

Legislators are now pushing to add more people to the killing machine and create more ways to kill. When will they recognize that what they're doing is immoral! How do we protect ourselves from legislators who play God? Only true humane beings who are legislators can give the right answers. We pray you speak loudly and strongly for those who believe in preserving the sanctity of LIFE.

Takeshi Uemura, MD
347 N. Kuakini St, HPM-9
Honolulu, HI 96817
Office: 808-523-8461

January 29, 2020

Dear committee on health,

My name is Takeshi Uemura. I am a physician and a faculty member of the department of geriatrics at the University of Hawaii School of Medicine. I am an assistant professor and board-certified in palliative medicine, geriatrics, and internal medicine. I work as a hospice medical director at Islands hospice and as an attending physician at Kuakini geriatric care and Manoa Cottage Kaimuki.

This testimony is addressed to COMMITTEE ON HEALTH (Rep. John M. Mizuno, Chair) for the hearing HB 2451 at 11AM of Friday, January 31, 2020.

This is my personal opinion and does not reflect the views or thoughts of the aforementioned institutions or organizations.

I am writing this testimony to express my opposition to most of the bills and my serious concerns over this bill from a viewpoint of a trained palliative care physician.

Please first allow me to write about my personal experience of Our Care, Our Choice Act (OCOCA) since my concern is based on this experience. I have experienced two cases, one as a hospice medical director, and the other as a prescribing attending physician. Since this testimony will be posted publicly, I will omit personal information and detailed clinical information to protect patient privacy.

The first case was a male patient in his 60s who had cancer with a local recurrence after curative intent therapy. I saw him as a hospice medical director when he was admitted to our hospice. It was noted that he had severe pain likely due to his cancer. He was taking an enormous amount of an opioid for the pain. At that point, he had been already prescribed with medication for medical aid in dying (MAID) by an oncologist. He stated that he did not want to die but he would take the medication if the pain could not be controlled. His story sounded very concerning to me since he had not received any high-quality palliative care before this prescription. The pain medication had been prescribed only by his oncologist. Since his pain was refractory, high-quality, specialized palliative care should have been involved in his care since it is beyond primary palliative care skills that oncologists could provide.[1] I, as a hospice medical director, tried my best to optimize his pain medications by rotating to a different kind of opioid and adding other agents. However, we did not have enough time to find the right regimen

before he proceeded to take the medication. I really wished he had been referred to specialty palliative care since there were measures that should have been done.

The second case was a female patient in her 90s. She was suffering from congestive heart failure and admitted to one of my nursing homes. She was bed-bound due to her deconditioning and heart failure but her mind was crystal clear. Although she had completed physical therapy at sub-acute rehab, her bed-bound status did not improve. This functional state was unacceptable to her who had enjoyed traveling the world and valued independence the most. Given her advanced state of heart failure, she requested OCOCA. Her request was very challenging to me since making prognosis on non-cancer condition is known to be likely inaccurate.[2] However, after lengthy discussions with the patient, family and other providers, I felt more comfortable that MAID is the right choice for her. Her reason for requesting MAID was due to loss of function and meaning in her life, both of which are difficult to treat with specialist palliative care or any other measures. Therefore, I proceeded with the process. The waiting period gave me time to process my emotional distress and to ensure I explore all the other possible options. A physician who had done MAID before provided the guidance to me. Without guidance, it would have been almost impossible to navigate all the procedures since the process was totally new to me. She died peacefully at her home, surrounded by her family, right after taking the medication. I was present at the moment. It was one of the most peaceful deaths I have ever seen.

These two cases raise several important points on this OCOCA.

- Lack of patients' access to high-quality palliative care
- Determining of terminal conditions and prognosis is very challenging especially if physicians are prescribing lethal medications
- The waiting period helps for ensuring other possible options explored
- Support and guidance from physicians who are experienced with OCOCA are crucial for physicians to feel safe and more comfortable to navigate this stressful process.
- MAID could be a reasonable option when ordinally palliative measures cannot address the suffering

Given these points, I would like to provide my opinion about the bill you will be discussing.

1. "Explicitly authorizes advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority."

I strongly oppose this change. There are two reasons.

The first is the difficulty of making an accurate prognosis. Determining the condition of the disease as a terminal condition and whether the patient's prognosis is less than six months requires a deep knowledge of pathophysiology and available treatment options, and accurate

assessment of patient's functional status and trajectory of functional decline. This task is even challenging for physicians as stated above. Therefore, this task is beyond the scope of nurse practitioners' capabilities since their training is not intended to provide these skills. To my knowledge, there is no study that studied the accuracy of prognoses by nurse practitioners. Besides, under medicare, nurse practitioners are prohibited from certifying a terminal diagnosis or six months prognosis. ("Additionally, the Medicare Benefit Policy Manual, Pub. 100-02, chapter 9 has been updated to reiterate that designated hospice attending physicians who are nurse practitioners or physician assistants may not certify a hospice patient as terminally ill in accordance with section 1814(a)(7) of the Social Security Act, which requires that no one other than a medical doctor or doctor of osteopathy can certify or recertify terminal illness for the Medicare hospice benefit." [3]) Since the determination of a terminal condition and six months prognosis is an essential part of OCOCA, nurse practitioners should not be allowed to act as an attending physician or consulting physician.

The second is a lack of evidence that excluding nurse practitioners have been a barrier to fair access to MAID. To my knowledge, there has been no state-wide survey to identify what is causing an access barrier. Only anecdotal opinion. Such a change to laws regarding lethal medication should not be made without having solid data or evidence. Otherwise, it is as if you were granting permission for a new medication without a robust clinical trial. This is about lethal medications. We should have data. Not just an anecdote. Since other states do not allow nurse practitioners to act as attending physicians, they will ask us what was the rationale for that change. We do not want to say that it was only based on an anecdote.

2. "Reduces the mandatory waiting period between oral requests made by a terminally ill individual to fifteen days.

I am neutral about this change. I do not feel impelled need to shorten the period but also do not see actual harm. If the intention of the waiting period is to make sure the consistency of the patient's request, 20 days and 15 days should not make much difference in this regard.

3. "Allows the attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period."

I oppose this change. There are two reasons.

Firstly, making an accurate prognosis will be challenging for this task. If physicians feel that patients would not live more than twenty days, that means patients are imminently dying. Other than by a recognition of imminent death syndrome, physicians cannot make prognostication with reasonable accuracy for less than 20 days. [2] The syndrome of imminent death is an irreversible process of dying and lasts as long as 14 days. [4] Since imminent death usually causes an altered mental status and difficulty of swallowing, it is questionable if patients who are actively dying can even maintain the capacity and swallow the medication. Also, if symptoms of imminent death are difficult to control with ordinal palliative care measures,

palliative sedation can be pursued instead of MAID to provide relief. [5] Therefore, there is no place for MAID in imminently dying patients.

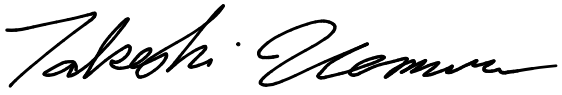
Secondly, if the waiting period can be waived, there will be concerns that a few physicians who are very enthusiastic about this will abuse the system and prescribe lethal medication by using the justification of prognosis less than 20 days. Since there is no evidence about how to make an accurate prognosis for less than 20 days, you cannot prove the wrongness of this person's opinion about the prognosis for less than 20 days either. Therefore, this can increase the risk of abuse and misuse of the system.

We all want to provide good care to terminally ill patients that are suffering and MAID can be a valuable option for some of them. However, MAID should not be the only option. As a palliative care physician, I believe that it should be indicated only for terminally-ill patients who are suffering with symptoms that are difficult to treat with palliative care measures. In fact, states with years of experience of MAID such as Oregon or Washington, physical symptoms were not the reason for MAID requests in the majority cases. Instead, loss of functions and dignity were listed as the most common reasons, both of which are difficult to treat [6] There is a concerning lack of palliative care in this state. To my knowledge, only Queens medical center provides outpatient palliative care. The other hospitals provide only inpatient services and even their teams are understaffed. Some teams are only composed of nurse practitioners without physicians. There is no fellowship training program on palliative care in this state. As I have been trained in New York state where many palliative care fellowship programs exist, to my eyes, it is obvious that Hawaii lacks enough access to palliative care services. Therefore, I am deeply concerned that MAID is being used instead of high-quality palliative care. If you are providing only death to patients rather than helping them to live and manage their suffering, it is shameful as a society.

Rather than making the changes to the law, I suggest things listed below.

- Conduct a statewide survey to physicians to figure out whats barriers are for participating OCOCA
- Include reasons for MAID request in the follow-up report questioners to find out how often physical symptoms are the reasons
- Provide state support to distribute palliative care practice broadly statewide
- Create a system to provide support from physicians who have experience in OCOCA to attending physicians who are going through the process

Sincerely,



Takeshi Uemura, MD

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4. Syndrome of Imminent Death - Palliative Care Network of Wisconsin. In: Palliative Care Network of Wisconsin [Internet]. [cited 29 Jan 2020]. Available: https://www.mypcnow.org/fast-fact/syndrome-of-imminent-death/

5. Kirk TW, Mahon MM, Palliative Sedation Task Force of the National Hospice and Palliative Care Organization Ethics Committee. National Hospice and Palliative Care Organization (NHPCO) position statement and commentary on the use of palliative sedation in imminently dying terminally ill patients. J Pain Symptom Manage. 2010;39: 914–923.

6. Emanuel EJ, Onwuteaka-Philipsen BD, Urwin JW, Cohen J. Attitudes and Practices of Euthanasia and Physician-Assisted Suicide in the United States, Canada, and Europe. JAMA. 2016;316: 79–90.

HB-2451
Submitted on: 1/30/2020 10:04:52 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan M. Slavish	Individual	Oppose	No

Comments:

As a registered nurse for over 50 years I am totally opposed to the modifications proposed in HB 2451. I strongly urge the House Committee on Health to vote no on this bill.

Susan M. Slavish, BSN, MPH, CIC

Cheryl Toyofuku
Mother, Grandmother, Registered Nurse, Health & Life Advocate
1025 Noelani Street, Pearl City, HI 96782
January 30, 2019

Representative John Mizuno, Chair of House Health Committee
Hearing Date and Time: January 31, 2010 at 11:00 am. Room 329
Re: Opposition to HB2451 Relating to Health

Aloha Chair Mizuno and Representatives of the House Health Committee,

I am blessed to be a daughter, mother, grandmother, registered nurse, former Oncology Certified Nurse, health and life advocate. I am in opposition to HB 2451, which expands legislative, governmental efforts to make suicide a legal, medical and healthcare treatment option. I disagreed with legalizing doctor-assisted suicide last year since I feel that it should not be a part of patient medical care. Instead, it is a serious, public health policy concern.

Many years ago, while on the oncology team at a major Honolulu medical center, my role as an oncology nurse was to provide skillful and compassionate patient care, while promoting and assisting in the recovery and healing process. This often included care of the terminally or chronically ill. Our inter-disciplinary team of physicians, nurses, social workers, dieticians, chaplains, physical/occupational therapists and family members collaborated together to support patients physically, emotionally and spiritually in their last days. The goal for patient care and dignity was accomplished through adequate pain & symptom control, palliative care, excellent end-of-life support, diligent identification and treatment of depression, isolation or socio-emotional issues. Some terminally ill patients recovered, got well and lived productively for many more years.

In some situations, a request to limit life-prolonging treatment was honored, but there was never the suggestion to intentionally cause death. The thought of assisting in a suicide process would have destroyed the trust relationships that were developed between patient, family, doctor, nurse and the health team. Assisting in suicide to end the life of a patient would not be considered as a solution to a physical, mental-emotional, social or spiritual challenge that may surface in their health care. Instead, compassionate and palliative alternatives were provided through hospice and other health disciplines to address the multitude of needs for the patient and family.

Dignity is not found in taking away hope and life. It is not found in a handful of lethal pills. The bill is clearly about giving APRNs, along with doctors the dangerous right to assist in the process of suicide. This “right” threatens research into looking at other ways and alternatives to extend life or to investigate into the true cause of the disease. It is a reason why major medical, nursing and other health professional associations last year adamantly opposed the legalization of physician-assisted suicide. This coalition caring for Hawaii’s elderly, disabled and dying citizens were against assisted suicide and included the American Medical Association, American Nurses Association, American Psychiatric Association, Disabled Rights Education & Defense Fund and The Not Dead Yet Disability

Rights Organization. When more time allows, I hope to research this year if these organizations continue with this perspective.

Doctor and nurse-assisted suicide will compound the discrimination experienced by vulnerable people with disabilities, the chronically or terminally ill, or those who are socially marginalized. Although suicide requests are “made voluntarily”, subtle pressure and coercion may play a part to cause the elderly or disabled to feel guilty about health care costs or “being a burden”. This suicide or “end of life” option may create a “duty to die” as a cheaper substitute to expensive life saving treatment and/or escalating health-care costs. In Oregon and California, patients were denied payment for treatment by government entities and insurance companies, but were offered coverage of lethal drugs.

Please do NOT pass HB2451 out of your Committee. Hawaii deserves better than the mixed messages that suicide is okay.

HB-2451
Submitted on: 1/30/2020 12:51:38 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Crystale Cayaban	Individual	Oppose	No

Comments:

I strongly oppose HB 2451 which would explicitly authorize advanced practice registered nurses, in addition to FIN physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority.

I urge the COMMITTEE ON HEALTH:
Rep. John M. Mizuno Chair
Rep. Bertrand Kobayashi, Vice Chair SERGE~~;AJ~ARMS
Rep. Della Au Belatti Rep. Calvin KY. Say REPRESENTATIVES
Rep. Nadine K. Nakamura Rep. James Kunane Tokioka
Rep. Joy A. San Buenaventura Rep. Gene Ward

to vote AGAINST HB 2451 at the hearing on
DATE: Friday, January 31, 2020
TIME: 11AM
PLACE: Conference Room 329
State Capitol

Submitted by:
Crystale Cayaban

HB-2451
Submitted on: 1/30/2020 7:27:30 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
marcia	Individual	Oppose	No

Comments:

I am a licensed mental health counselor and certified rehabilitation counselor. This is shocking and appaling, to allow nurses to practice medical aid in dying. Last year we were told over and over again how safe this will be as only physicians will be involved with assisted suicide (which is what it is). And why do we need to reduce the manatory waiting period for oral requests? Where is the safety in rushing this horrendous process? This is exactly what was anticipated, there will be no SAFE GUARDS.

Marca A. Berkowitz LMHC, CRC

HB-2451
Submitted on: 1/30/2020 1:19:35 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alfred Hagen	Individual	Oppose	No

Comments:

Using nurses in addition to physicians begs the questions how they are now qualified when before they were not.

And then, reducing the waiting period from 20 to 15 days with even now waiving the waiting period entirely based on what can be only a qualitative decision opens the door to abuse and, possible, criminal acts.

State-sanctioned euthanasia is in and of itself an affront to human dignity; but now to accelerate the whole dying process by adding nurses and essentially eliminating the waiting period sounds more like an execution than what YOU have promoted as a compassionate end to someone's life.

HB-2451
Submitted on: 1/30/2020 2:38:33 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Freitas	Individual	Oppose	No

Comments:

As an Advanced Practice Nurse certified in Hospice and Palliative Care I am concerned about several changes in the bill.

I do support my APRN colleagues prescribing within their scope as "primary" providers, but this practice is not being upheld with our physician colleagues and there doesn't seem to be any monitoring of this. I am very concerned about additional providers prescribing without monitoring.

I find the shift to 15 days acceptable-because in the 20 day period a person may stop eating and die without taking the medications.

I am strongly opposed to a primary provider waiving the waiting period-death is not a reversible condition, and the people who have elected this have changed their minds, some have not taken the pills, and some have waited days to take them.

HB-2451
Submitted on: 1/30/2020 3:16:22 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Guy Yatsushiro	Individual	Oppose	No

Comments:

Strongly Oppose!

LATE

IGE
HAWAII

BRUCE S. ANDERSON, PHD
DIRECTOR OF HEALTH

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

Testimony in SUPPORT of HB2451
RELATING TO HEALTH.

REP. JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: January 31, 2020 Room Number: 329

Fiscal Implications: N/A.

Department Testimony: The Department of Health (DOH) supports HB2451 as drafted. The amendments are based on feedback from providers and staff who facilitated patients through the process pursuant to chapter 327.

From January 1, 2019 through December 26, 2019, to date, there were a total of 27 qualified patients who received aid-in-dying prescriptions. Of those 27, 19 patients expired and of that cohort 15 patients suffered from some form of cancer, 14 ingested aid in dying medications, and 5 did not ingest the aid-in-dying medication. All nineteen patients who expired had private insurance and/or Medicare.

DDMP2 was the most commonly prescribed medication with 13 scripts written; DDMA was prescribed only 6 times. Twelve attending physicians wrote prescriptions during this reporting period. Only one attending physician was located on the neighboring islands on the island of Kauai. There were no reported complications due to ingesting the medications.

The eligibility process from the first oral request to the date of receipt of the written prescription was approximately 34 days with the shortest period being 20 days.

Thank you for the opportunity to testify.

LATE

HB-2451
Submitted on: 1/30/2020 7:25:15 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Hochberg	Hawaii Life Alliance	Oppose	No

Comments:

LATE

HB-2451
Submitted on: 1/30/2020 3:33:51 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marsha Joyner	Death with Dignity Hawaii Society	Support	Yes

Comments:

Aloha Members of the Health Committee,

Rep. John M. Mizuno, Chair

Rep. Bert Kobayashi, Vice Chair

Rep. Della Au Belatti

Rep. Nadine k. Nakamura

Rep. Joy A. San Buenaventura

Rep. Calvin K.Y. Say

Rep. James Kunane Tokioka

I'm writing in support of Bill After 25-years of hard work by many individuals and organizations, our Hawai`i Death With Dignity bill was passed as "Our Care, Our Choice Act." in 2018 and was activated on January 1, 2019. However, it never once occurred to me or any other members of the organization the APRNs would be taken out of the final bill.

As you know, in most rural Hawaii there is a shortage of Doctors, and APRNs are the only medical care available. Most Advanced Practice Registered Nurses in rural areas have cared for their patients and families throughout their lives; which includes the ending time of life.

Given the education, experience, and the State of Hawaii licensing to qualify as an Advanced Practiced Registered Nurse, to exclude them from practicing medical care at the ending of the patient's life is discriminatory.

Inasmuch as, most of the Advance Practiced Registered Nurses are female, deleting them from the original bill has been conceived as gender bias.

The original bill is in violation of State DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS Amendment and Compilation of Chapter 16-89 Hawaii Administrative Rules September 6, 2018

Subchapter 16 Advanced Practice Registered Nurse Prescriptive Authority

Subchapter 17 Scope of Nursing Practice and Standards of Care

§16-89-126 Scope of nursing practice

Subchapter 16 Advanced Practice Registered Nurse Prescriptive Authority

Subchapter 17 Scope of Nursing Practice and Standards of Care

§16-89-126 Scope of nursing practice

(e) Nothing in this section shall preclude an advanced practice registered nurse from carrying out prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapter 448, 453, or 463E, HRS.

Most of this committee do not live in rural Hawaii therefore have no idea of the health issues they experience.

Full Practice: State practice and licensure laws provides for all nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribing medications and controlled substances—under the exclusive licensure authority of the state board of nursing.

"Impact of Nurse Practitioner Practice Regulations on Rural Populations"

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6023304/

For decades, U.S. rural areas have experienced shortages of primary care providers. Nurse practitioners (NPs) are helping to reduce that shortage.

Conclusions of this study: Although this study found no significant relationship between Advanced Registered Nurse Practitioner (ARNP) scope of practice and select patient outcome variables, there are strong indications that the quality of patient outcomes is not reduced when the scope of practice is expanded.

LATE

Chair Mizuno, Vice Chair Kobayashi and Committee Members,

The Hawaii's Partnership for Appropiate and Compassionate Care is strongly opposed to HB2451. It is much too soon to consider changes to a law in its first year. We, as physicians, nurses and other medical providers, do not feel that there has been enough time to properly evaluate the needs of either the patients or the provider workforce. We ask that you hold this bill for the following reasons.

Advanced Practice Nurses are amazing assets in modern healthcare. Unfortunately their scope of practice does not include prognostication therefore it would be inappropriate to expect them to determine life expectancy. All Nurse Practitioners are not trained in having end of life conversations and we should not expect them to perform acts that even our physicians are extremely reluctant to do.

We also disagree with the "waiting periods" mentioned in this bill and in the DOH report to the Legislature. There is only one number of days in a waiting period. In this case it is 20 days. That is the waiting period. If the patient took longer to submit the next request or move on to the next step, so be it. Perhaps they needed more time to contemplate one of the most important decisions of their lives. Or perhaps they didn't really need to make the decision as evidenced by those who passed away before needing any intervention. However you look at it the waiting periods are not arbitrary and they are the safest in the nation!

We are at an exciting time in our state with regards to Hospice and Palliative Care services. Organizations like Kokua Mau advocate for very supportive programs and even considering waiving waiting periods and other safeguards would undermine the importance of the role of these programs. Caring for symptoms and enhancing quality of life of the seriously ill is what HPACC supports

I hope you can understand why many Hawaii physicians do not choose to participate in OCOCA. We urge you to hold this bill and do not pass it.

Mahalo,

Joy Yadao
Executive Team Member
Hawaii's Partnership for Appropriate and Compassionate Care

LATE

HB-2451
Submitted on: 1/31/2020 6:00:16 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Evelyn Norris	Compassion and Choices	Support	No

Comments:

LATE

HB-2451
Submitted on: 1/30/2020 4:02:12 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Oppose	No

Comments:

God's law is clear: "Thou shalt not kill" - but what is often overlooked is the broader implications of this law to include **those who are accessories** to it. Anyone who supports pro-death actions to include legislation, even if under well-intended "compassionate choice", would be wise to reflect on God's word:

"Have nothing to do with a false charge and *do not put an innocent or honest person to death, for I will not acquit the guilty*" - Exodus 23:7

Those who assist suicide, no matter how compassionately or remotely, will have to answer directly and personally to God Himself for every soul sent to Him outside of His calling; consider the penalty (which is severe) and eternity (that is long).

For the sake of your own soul, do not support HB2451 and seek to undo any part you may have had in helping to bring about the "Our Care, Our Choice" legislation. God bless and give you wisdom ~

LATE

HB-2451
Submitted on: 1/31/2020 8:03:46 AM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alison Bhattacharyya	Individual	Support	No

Comments:

As a cancer survivor, I support HB2451. We have a shortage of providers on Island, but especially primary care, and psychiatrists. Many providers do not take QUEST/Medicaid patients, or new patients. We should make restrictions that are doable, but not impossible for patients to fulfill. Also, a patient's location or income level should not deny them access to their end of life decision.

LATE

HB-2451
Submitted on: 1/30/2020 3:30:13 PM
Testimony for HLT on 1/31/2020 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eve G Anderson	Individual	Support	No

Comments:

Eve G Anderson - Compassion & Choices, member: Committee on Health; Friday, January 31, 2020; 11 a.m. I am testifying in favor of HB 2451. This bill will improve access to all end-of life options for terminally ill residents on all our islands. This bill is very important!

LATE

Edward Thompson, III

From: Jack Bilmes <bilmes@hawaii.edu>
Sent: Thursday, January 30, 2020 10:48 PM
To: HLTtestimony
Subject: HB2451

Dear Legislators,
I am writing to urge you to pass HB2451. Persons who are facing inevitable death should have maximum flexibility in deciding the time of their departure and avoiding unnecessary suffering. This bill is a step in the right direction.

Thank you for considering my opinion.
Respectfully,
Jacob Bilmes

--
Emeritus Professor
Department of Anthropology
University of Hawaii
Honolulu, Hawaii 96822