

1 The legislature further finds that the process for the
2 aid-in-dying program should be further streamlined to provide
3 options for terminally ill and mentally capable patients. The
4 use of advance health-care directives for end of life medical
5 treatment decisions would allow an individual the opportunity to
6 determine their own medical treatment as they near the end of
7 life well in advance of losing their decision-making capacity.
8 Additionally, allowing an attending provider to perform certain
9 duties through telehealth will increase access to health care
10 professionals for patients seeking end of life medical
11 treatment.

12 The purpose of this Act is to:

- 13 (1) Allow an advance directive to be a valid written
14 request for a prescription to be self-administered for
15 the purpose of ending an adult's life;
- 16 (2) Include advance practice registered nurses under the
17 definition of "attending provider";
- 18 (3) Allow an attending provider to waive the counseling
19 referral requirement;
- 20 (4) Allow an attending provider to perform duties through
21 telehealth, under certain conditions; and



1 (5) Require health insurance policies and contracts issued
2 after December 31, 2020, to provide coverage for
3 services related to ending a patient's life.

4 SECTION 2. Chapter 327L, Hawaii Revised Statutes, is
5 amended by adding a new section to be appropriately designated
6 and to read as follows:

7 "§327L- Advance health-care directive. In lieu of a
8 form of written request required pursuant to this chapter, an
9 advance health-care directive pursuant to chapter 327E shall be
10 a valid written request for a prescription under this chapter;
11 provided that the counseling referral requirement pursuant to
12 section 327L-6 shall be waived."

13 SECTION 3. Section 327L-1, Hawaii Revised Statutes, is
14 amended by amending the definition of "attending provider" to
15 read as follows:

16 "Attending provider" means a physician licensed pursuant
17 to chapter 453 who has responsibility for the care of the
18 patient and treatment of the patient's terminal disease[-] or an
19 advanced practice registered nurse with prescriptive authority
20 as described in section 457-8.6 and registered under section
21 329-32."



1 SECTION 4. Section 327L-3, Hawaii Revised Statutes, is
2 amended by amending subsection (a) to read as follows:

3 "(a) [A] Except as provided under section 327L- , a valid
4 written request for a prescription under this chapter shall be
5 substantially in the form described in section 327L-23, and
6 shall be signed and dated by the qualified patient and witnessed
7 by at least two individuals who, in the presence of the
8 qualified patient, attest that to the best of their knowledge
9 and belief the qualified patient is of sound mind, acting
10 voluntarily, and is not being coerced to sign the request."

11 SECTION 5. Section 327L-4, Hawaii Revised Statutes, is
12 amended to read as follows:

13 "[~~§~~327L-4[~~§~~] **Attending provider; duties.** (a) The
14 attending provider shall:

- 15 (1) Make the initial determination of whether a patient
16 has a terminal disease, is capable of medical
17 decision-making, and has made the request for the
18 prescription voluntarily;
- 19 (2) Require that the patient demonstrate residency
20 pursuant to section 327L-13;



- 1 (3) To ensure that the patient is making an informed
2 decision, inform the patient of the:
- 3 (A) Patient's medical diagnosis;
- 4 (B) Patient's prognosis;
- 5 (C) Potential risks associated with taking the
6 medication to be prescribed;
- 7 (D) Probable result of taking the medication to be
8 prescribed;
- 9 (E) Possibility that the individual may choose not to
10 obtain the medication or may obtain the
11 medication but may decide not to use it; and
- 12 (F) Feasible alternatives or additional treatment
13 opportunities, including but not limited to
14 comfort care, hospice care, and pain control;
- 15 (4) Refer the patient to a consulting provider for medical
16 confirmation of the diagnosis, and for a determination
17 that the patient is capable and acting voluntarily;
- 18 (5) Refer the patient for counseling; provided that the
19 attending provider may waive the counseling referral
20 requirement pursuant to section 327L-6; provided
21 further that the attending provider shall waive the



- 1 counseling referral requirement if the patient
2 provides an advance health-care directive as a valid
3 written request pursuant to section 327L- ;
- 4 (6) Recommend that the patient notify next of kin;
- 5 (7) Counsel the patient about the importance of having
6 another person present when the qualified patient
7 self-administers the prescription prescribed pursuant
8 to this chapter and of not self-administering the
9 prescription in a public place;
- 10 (8) Inform the patient that a qualified patient may
11 rescind the request at any time and in any manner, and
12 offer the qualified patient an opportunity to rescind
13 the request at the time of the qualified patient's
14 second oral request made pursuant to section 327L-9;
- 15 (9) Verify, immediately prior to writing the prescription
16 for medication under this chapter, that the qualified
17 patient is making an informed decision;
- 18 (10) Fulfill the medical record documentation requirements
19 of section 327L-12;
- 20 (11) Ensure that all appropriate steps are carried out in
21 accordance with this chapter prior to writing a



1 prescription for medication to enable a qualified
2 patient to end the qualified patient's life pursuant
3 to this chapter; and

4 (12) Either:

5 (A) Dispense medications directly, including
6 ancillary medications intended to facilitate the
7 desired effect to minimize the patient's
8 discomfort; provided that the attending provider
9 is authorized to dispense controlled substances
10 pursuant to chapter 329, has a current Drug
11 Enforcement Administration certificate, and
12 complies with any applicable administrative
13 rules; or

14 (B) With the qualified patient's written consent:

15 (i) Contact a pharmacist of the qualified
16 patient's choice and inform the pharmacist
17 of the prescription; and

18 (ii) Transmit the written prescription
19 personally, by mail, or electronically to
20 the pharmacist, who shall dispense the
21 medication to either the qualified patient,



1 the attending provider, or an expressly
2 identified agent of the qualified patient.

3 (b) Notwithstanding any other provision of law, an
4 attending provider may sign the qualified patient's death
5 certificate. The death certificate shall list the terminal
6 disease as the immediate cause of death.

7 (c) So far as practical, an attending provider may perform
8 the duties pursuant under subsection (a) through telehealth if
9 the patient is unable to leave the patient's residence."

10 SECTION 6. Section 327L-5, Hawaii Revised Statutes, is
11 amended to read as follows:

12 " ~~{}~~ §327L-5 ~~{}~~ Consulting provider; confirmation. (a)
13 Before a patient is qualified under this chapter, a consulting
14 provider shall examine the patient and the patient's relevant
15 medical records and confirm, in writing, the attending
16 provider's diagnosis that the patient is suffering from a
17 terminal disease and the attending provider's prognosis, and
18 verify that the patient is capable, is acting voluntarily, and
19 has made an informed decision.

20 (b) The consulting provider may waive the counseling
21 referral requirement pursuant to section 327L-6."



1 SECTION 7. Section 327L-6, Hawaii Revised Statutes, is
2 amended to read as follows:

3 "[+]§327L-6[+] **Counseling referral.** The attending
4 provider shall refer the patient for counseling[-], unless the
5 attending provider waives the counseling referral requirement
6 pursuant to section 327L-4(5). No medication to end a patient's
7 life pursuant to this chapter shall be prescribed until the
8 person performing the counseling determines that the patient is
9 capable, and does not appear to be suffering from undertreatment
10 or nontreatment of depression or other conditions which may
11 interfere with the patient's ability to make an informed
12 decision pursuant to this chapter[-]; provided that the
13 attending provider or consulting provider may waive the
14 counseling referral requirement pursuant to this section."

15 SECTION 8. Section 327L-12, Hawaii Revised Statutes, is
16 amended to read as follows:

17 "[+]§327L-12[+] **Medical record; documentation**
18 **requirements.** The following shall be documented or filed in a
19 qualified patient's medical record:



- 1 (1) All oral requests by the qualified patient for a
2 prescription to end the qualified patient's life
3 pursuant to this chapter;
- 4 (2) All written requests by the qualified patient for a
5 prescription to end the qualified patient's life
6 pursuant to this chapter;
- 7 (3) The attending provider's diagnosis and prognosis and
8 determination that the qualified patient is capable,
9 acting voluntarily, and has made an informed decision;
- 10 (4) The consulting provider's diagnosis and prognosis and
11 verification that the qualified patient is capable,
12 acting voluntarily, and has made an informed decision;
- 13 (5) The counselor's statement of determination that the
14 patient is capable, and does not appear to be
15 suffering from undertreatment or nontreatment of
16 depression or other conditions which may interfere
17 with the patient's ability to make an informed
18 decision pursuant to this chapter[+], unless the
19 counseling requirement is waived by the attending
20 provider;



1 (6) The attending provider's offer to the qualified
 2 patient to rescind the patient's request at the time
 3 of the qualified patient's second oral request made
 4 pursuant to section 327L-9; and

5 (7) A statement by the attending provider indicating that
 6 all requirements under this chapter have been met and
 7 indicating the steps taken to carry out the request,
 8 including identification of the medication
 9 prescribed."

10 SECTION 9. Section 327L-23, Hawaii Revised Statutes, is
 11 amended to read as follows:

12 "~~{}~~§327L-23~~{}~~ Form of the request. [A] Except as
 13 provided under section 327L- , a request for a prescription as
 14 authorized by this chapter shall be in substantially the
 15 following form:

16 "REQUEST FOR MEDICATION TO END MY LIFE

17 I, _____, am an adult of sound mind.

18 I am suffering from _____, which my attending
 19 provider has determined is a terminal disease and that has been
 20 medically confirmed by a consulting provider.



1 Unless counseling has been waived by my attending provider
2 or consulting provider, I have received counseling to determine
3 that I am capable and not suffering from undertreatment or
4 nontreatment of depression or other conditions which may
5 interfere with my ability to make an informed decision.

6 I have been fully informed of my diagnosis, prognosis, the
7 nature of medication to be prescribed and potential associated
8 risks, the expected result, the possibility that I may choose
9 not to obtain or not to use the medication, and the feasible
10 alternatives or additional treatments, including comfort care,
11 hospice care, and pain control.

12 I request that my attending provider prescribe medication
13 that I may self-administer to end my life.

14 INITIAL ONE:

15 _____ I have informed my family of my decision and
16 taken their opinions into consideration.

17 _____ I have decided not to inform my family of my
18 decision.

19 _____ I have no family to inform of my decision.

20 I understand that I have the right to rescind this request
21 at any time.



1 I understand the full import of this request and I expect
 2 to die when I take the medication to be prescribed. I further
 3 understand that although most deaths occur within three hours,
 4 my death may take longer and my attending provider has counseled
 5 me about this possibility.

6 I make this request voluntarily and without reservation [7
 7 and I ~~accept full moral responsibility for my actions~~].

8 Signed: _____

9 Dated: _____

10 DECLARATION OF WITNESSES

11 We declare that the person signing this request:

- 12 (a) Is personally known to us or has provided proof of
 13 identity;
- 14 (b) Signed this request in our presence;
- 15 (c) Appears to be of sound mind and not under duress or to
 16 have been induced by fraud, or subjected to undue
 17 influence when signing the request; and
- 18 (d) Is not a patient for whom either of us is the
 19 attending provider.

20 _____ Witness Date _____

21 _____ Witness Date _____



1 NOTE: One witness shall not be a relative (by blood,
2 marriage, or adoption) of the person signing this request, shall
3 not be entitled to any portion of the person's estate upon death
4 and shall not own, operate, or be employed at a health care
5 facility where the person is a patient or resident."

6 SECTION 10. Section 327L-24, Hawaii Revised Statutes, is
7 amended by amending subsection (a) to read as follows:

8 "(a) A final attestation form shall be given to a
9 qualified patient at the time an attending provider writes or
10 dispenses the prescription authorized by this chapter and shall
11 be in substantially the following form:

12 "FINAL ATTESTATION FOR A REQUEST FOR MEDICATION TO END MY LIFE

13 I, _____, am an adult of sound mind.

14 I am suffering from _____, which my attending
15 provider has determined is a terminal disease and that has been
16 medically confirmed by a consulting provider.

17 Unless counseling has been waived by my attending provider
18 or consulting provider, I have received counseling to determine
19 that I am capable and not suffering from undertreatment or
20 nontreatment of depression or other conditions which may
21 interfere with my ability to make an informed decision.



1 I have been fully informed of my diagnosis, prognosis, the
 2 nature of medication to be prescribed and potential associated
 3 risks, the expected result, the possibility that I may choose
 4 not to obtain or not to use the medication, and the feasible
 5 alternatives or additional treatment options, including comfort
 6 care, hospice care, and pain control.

7 I understand that I am requesting that my attending
 8 provider prescribe medication that I may self-administer to end
 9 my life.

10 INITIAL ONE:

11 _____ I have informed my family of my decision and
 12 taken their opinions into consideration.

13 _____ I have decided not to inform my family of my
 14 decision.

15 _____ I have no family to inform of my decision.

16 I understand that I have the right to rescind this request
 17 at any time.

18 I understand that I still may choose not to use the
 19 medication prescribed and by signing this form I am under no
 20 obligation to use the medication prescribed.



1 I am fully aware that the prescribed medication will end my
 2 life and while I expect to die when I take the medication
 3 prescribed, I also understand that my death may not be immediate
 4 and my attending provider has counseled me about this
 5 possibility.

6 I make this request voluntarily and without reservation.

7 Signed: _____

8 Dated: _____ ""

9 **PART II**

10 SECTION 11. Section 327E-3, Hawaii Revised Statutes, is
 11 amended to read as follows:

12 "§327E-3 Advance health-care directives. (a) An adult or
 13 emancipated minor may give an individual instruction. The
 14 instruction may be oral or written. The instruction may be
 15 limited to take effect only if a specified condition arises.

16 (b) An adult or emancipated minor may execute a power of
 17 attorney for health care, which may authorize the agent to make
 18 any health-care decision the principal could have made while
 19 having capacity. The power remains in effect notwithstanding
 20 the principal's later incapacity and may include individual
 21 instructions. Unless related to the principal by blood,



1 marriage, or adoption, an agent may not be an owner, operator,
2 or employee of the health-care institution at which the
3 principal is receiving care. The power shall be in writing,
4 contain the date of its execution, be signed by the principal,
5 and be witnessed by one of the following methods:

6 (1) Signed by at least two individuals, each of whom
7 witnessed either the signing of the instrument by the
8 principal or the principal's acknowledgment of the
9 signature of the instrument; or

10 (2) Acknowledged before a notary public at any place
11 within this State.

12 (c) A witness for a power of attorney for health care
13 shall not be:

14 (1) A health-care provider;

15 (2) An employee of a health-care provider or facility; or

16 (3) The agent.

17 (d) At least one of the individuals used as a witness for
18 a power of attorney for health care shall be someone who is
19 neither:

20 (1) Related to the principal by blood, marriage, or
21 adoption; nor



1 (2) Entitled to any portion of the estate of the principal
2 upon the principal's death under any will or codicil
3 thereto of the principal existing at the time of
4 execution of the power of attorney for health care or
5 by operation of law then existing.

6 (e) Unless otherwise specified in a power of attorney for
7 health care, the authority of an agent becomes effective only
8 upon a determination that the principal lacks capacity, and
9 ceases to be effective upon a determination that the principal
10 has recovered capacity.

11 (f) Unless otherwise specified in a written advance
12 health-care directive, a determination that an individual lacks
13 or has recovered capacity, or that another condition exists that
14 affects an individual instruction or the authority of an agent,
15 shall be made by the primary physician.

16 (g) An agent shall make a health-care decision in
17 accordance with the principal's individual instructions, if any,
18 and other wishes to the extent known to the agent. Otherwise,
19 the agent shall make the decision in accordance with the agent's
20 determination of the principal's best interest. In determining



1 the principal's best interest, the agent shall consider the
2 principal's personal values to the extent known to the agent.

3 (h) A health-care decision made by an agent for a
4 principal shall be effective without judicial approval.

5 (i) A written advance health-care directive may include
6 the individual's nomination of a guardian.

7 (j) An advance health-care directive shall be a valid
8 written request for a prescription under chapter 327L.

9 [~~(j)~~] (k) An advance health-care directive shall be valid
10 for purposes of this chapter if it complies with this chapter,
11 or if it was executed in compliance with the laws of the state
12 where it was executed."

13 SECTION 12. Section 327E-16, Hawaii Revised Statutes, is
14 amended to read as follows:

15 "§327E-16 **Optional form.** The following sample form may be
16 used to create an advance health-care directive. This form may
17 be duplicated. This form may be modified to suit the needs of
18 the person, or a completely different form may be used that
19 contains the substance of the following form.

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21 "ADVANCE HEALTH-CARE DIRECTIVE



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Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health-care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your health-care provider. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health-care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a health-care institution where you are receiving care.

1 Unless the form you sign limits the authority of your
2 agent, your agent may make all health-care decisions for you.
3 This form has a place for you to limit the authority of your
4 agent. You need not limit the authority of your agent if you
5 wish to rely on your agent for all health-care decisions that
6 may have to be made. If you choose not to limit the authority
7 of your agent, your agent will have the right to:

- 8 (1) Consent or refuse consent to any care, treatment,
9 service, or procedure to maintain, diagnose, or
10 otherwise affect a physical or mental condition;
- 11 (2) Select or discharge health-care providers and
12 institutions;
- 13 (3) Approve or disapprove diagnostic tests, surgical
14 procedures, programs of medication, and orders not to
15 resuscitate; and
- 16 (4) Direct the provision, withholding, or withdrawal of
17 artificial nutrition and hydration and all other forms
18 of health care.

19 Part 2 of this form lets you give specific instructions
20 about any aspect of your health care. Choices are provided for
21 you to express your wishes regarding the provision, withholding,



1 or withdrawal of treatment to keep you alive, including the
2 provision of artificial nutrition and hydration, as well as the
3 provision of pain relief medication. Space is provided for you
4 to add to the choices you have made or for you to write out any
5 additional wishes.

6 Part 4 of this form lets you designate a physician to have
7 primary responsibility for your health care.

8 After completing this form, sign and date the form at the
9 end and have the form witnessed by one of the two alternative
10 methods listed below. Give a copy of the signed and completed
11 form to your physician, to any other health-care providers you
12 may have, to any health-care institution at which you are
13 receiving care, and to any health-care agents you have named.
14 You should talk to the person you have named as agent to make
15 sure that he or she understands your wishes and is willing to
16 take the responsibility.

17 You have the right to revoke this advance health-care
18 directive or replace this form at any time.

19

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PART 1

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DURABLE POWER OF ATTORNEY FOR HEALTH-CARE DECISIONS



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(1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health-care decisions for me:

(name of individual you choose as agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

(name of individual you choose as first alternate agent)



1 (address) (city) (state) (zip code)

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4 (home phone) (work phone)

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6 OPTIONAL: If I revoke the authority of my agent and first
7 alternate agent or if neither is willing, able, or reasonably
8 available to make a health-care decision for me, I designate as
9 my second alternate agent:

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11

12 (name of individual you choose as second alternate agent)

13

14

15 (address) (city) (state) (zip code)

16

17

18 (home phone) (work phone)

19

20 (2) AGENT'S AUTHORITY: My agent is authorized to make all
21 health-care decisions for me, including decisions to provide,



1 withhold, or withdraw artificial nutrition and hydration, and
2 all other forms of health care to keep me alive, except as I
3 state here:

4
5 _____
6
7 _____
8
9 _____

10 (Add additional sheets if needed.)

11
12 (3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's
13 authority becomes effective when my primary physician determines
14 that I am unable to make my own health-care decisions unless I
15 mark the following box. If I mark this box [], my agent's
16 authority to make health-care decisions for me takes effect
17 immediately.

18 (4) AGENT'S OBLIGATION: My agent shall make health-care
19 decisions for me in accordance with this power of attorney for
20 health care, any instructions I give in Part 2 of this form, and
21 my other wishes to the extent known to my agent. To the extent



1 my wishes are unknown, my agent shall make health-care decisions
 2 for me in accordance with what my agent determines to be in my
 3 best interest. In determining my best interest, my agent shall
 4 consider my personal values to the extent known to my agent.

5 (5) NOMINATION OF GUARDIAN: If a guardian needs to be
 6 appointed for me by a court, I nominate the agent designated in
 7 this form. If that agent is not willing, able, or reasonably
 8 available to act as guardian, I nominate the alternate agents
 9 whom I have named, in the order designated.

10

11

PART 2

12

INSTRUCTIONS FOR HEALTH CARE

13

14 If you are satisfied to allow your agent to determine what
 15 is best for you in making end-of-life decisions, you need not
 16 fill out this part of the form. If you do fill out this part of
 17 the form, you may strike any wording you do not want.

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(6) END-OF-LIFE DECISIONS: I direct that my health-care
 providers and others involved in my care provide, withhold, or
 withdraw treatment in accordance with the choice I have marked
 below: (Check only one box.)



1 [] (a) Choice Not To Prolong Life

2 I do not want my life to be prolonged if (i) I
3 have an incurable and irreversible condition that
4 will result in my death within a relatively short
5 time, (ii) I become unconscious and, to a
6 reasonable degree of medical certainty, I will
7 not regain consciousness, or (iii) the likely
8 risks and burdens of treatment would outweigh the
9 expected benefits[7]. If I mark this box [],
10 a prescription to be self-administered for the
11 purpose of ending my life should be provided to
12 me, OR

13 [] (b) Choice To Prolong Life

14 I want my life to be prolonged as long as
15 possible within the limits of generally accepted
16 health-care standards.

17 (7) ARTIFICIAL NUTRITION AND HYDRATION: Artificial
18 nutrition and hydration must be provided, withheld or withdrawn
19 in accordance with the choice I have made in paragraph (6)
20 unless I mark the following box. If I mark this box [],
21 artificial nutrition and hydration must be provided regardless



1 of my condition and regardless of the choice I have made in
2 paragraph (6).

3 (8) RELIEF FROM PAIN: If I mark this box [], I direct
4 that treatment to alleviate pain or discomfort should be
5 provided to me even if it hastens my death.

6 (9) OTHER WISHES: (If you do not agree with any of the
7 optional choices above and wish to write your own, or if you
8 wish to add to the instructions you have given above, you may do
9 so here.) I direct that:

10
11 _____
12
13 _____

14 (Add additional sheets if needed.)

15
16 PART 3

17 DONATION OF ORGANS AT DEATH

18 (OPTIONAL)

19
20 (10) Upon my death: (mark applicable box)

21 [] (a) I give any needed organs, tissues, or parts,



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OR

[] (b) I give the following organs, tissues, or parts
only

[] (c) My gift is for the following purposes (strike any
of the following you do not want)

- (i) Transplant
- (ii) Therapy
- (iii) Research
- (iv) Education

PART 4

PRIMARY PHYSICIAN

(OPTIONAL)

(11) I designate the following physician as my primary
physician:

(name of physician)



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(address) (city) (state) (zip code)

(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address) (city) (state) (zip code)

(phone)



1 (12) EFFECT OF COPY: A copy of this form has the same
2 effect as the original.

3 (13) SIGNATURES: Sign and date the form here:

4
5 _____

6 (date) (sign your name)

7
8 _____

9 (address) (print your name)

10
11 _____

12 (city) (state)

13
14 (14) WITNESSES: This power of attorney will not be valid
15 for making health-care decisions unless it is either (a) signed
16 by two qualified adult witnesses who are personally known to you
17 and who are present when you sign or acknowledge your signature;
18 or (b) acknowledged before a notary public in the State.

19

20

ALTERNATIVE NO. 1

21

22 Witness

23 I declare under penalty of false swearing pursuant to
24 section 710-1062, Hawaii Revised Statutes, that the principal is



1 personally known to me, that the principal signed or
 2 acknowledged this power of attorney in my presence, that the
 3 principal appears to be of sound mind and under no duress,
 4 fraud, or undue influence, that I am not the person appointed as
 5 agent by this document, and that I am not a health-care
 6 provider, nor an employee of a health-care provider or facility.
 7 I am not related to the principal by blood, marriage, or
 8 adoption, and to the best of my knowledge, I am not entitled to
 9 any part of the estate of the principal upon the death of the
 10 principal under a will now existing or by operation of law.

11

12

13

(date)

(signature of witness)

14

15

16

(address)

(printed name of witness)

17

18

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(city) (state)

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21

Witness



S.B. NO. 3047

1 I declare under penalty of false swearing pursuant to
 2 section 710-1062, Hawaii Revised Statutes, that the principal is
 3 personally known to me, that the principal signed or
 4 acknowledged this power of attorney in my presence, that the
 5 principal appears to be of sound mind and under no duress,
 6 fraud, or undue influence, that I am not the person appointed as
 7 agent by this document, and that I am not a health-care
 8 provider, nor an employee of a health-care provider or facility.

9

10

11

(date)

(signature of witness)

12

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14

(address)

(printed name of witness)

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16

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(city) (state)

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19

ALTERNATIVE NO. 2

20

21 State of Hawaii

22 County of _____



1 On this _____ day of _____, in the year
 2 _____, before me, _____ (insert name of notary
 3 public) appeared _____, personally known to me (or
 4 proved to me on the basis of satisfactory evidence) to be the
 5 person whose name is subscribed to this instrument, and
 6 acknowledged that he or she executed it.

7

8 Notary Seal

9

10 _____

11 (Signature of Notary

12 Public) ""

13

PART III

14 SECTION 13. Chapter 431, Hawaii Revised Statutes, is
 15 amended by adding a new section to article 10A to be
 16 appropriately designated and to read as follows:

17 "§431:10A- Coverage for services related to ending a
 18 patient's life. (a) Each individual and group accident and
 19 health or sickness insurance policy, contract, plan, or
 20 agreement issued or renewed in this State after December 31,
 21 2020, shall provide to the policyholder and individuals covered



1 under the policy, contract, plan, agreement, coverage for
2 services related to the ending of a patient's life under
3 chapter 327L, including any visits or prescription for
4 medication.

5 (b) Coverage provided under this section shall be subject
6 to a maximum benefit of \$ _____.

7 (c) This section shall not be construed as limiting
8 benefits that are otherwise available to an individual under an
9 accident and health or sickness insurance policy, contract,
10 plan, or agreement.

11 (d) Every insurer shall provide written notice to its
12 policyholders regarding the coverage required by this section.
13 The notice shall be in writing and prominently positioned in any
14 literature or correspondence sent to policyholders and shall be
15 transmitted to policyholders within calendar year 2021 when
16 annual information is made available to policyholders or in any
17 other mailing to policyholders, but in no case later than
18 December 31, 2021.

19 (e) Coverage under this section may be subject to
20 copayment, deductible, and coinsurance provisions of an accident
21 and health or sickness insurance policy, contract, plan, or



1 agreement that are no less favorable than the copayment,
2 deductible, and coinsurance provisions for substantially all
3 medical services covered by the policy, contract, plan, or
4 agreement."

5 SECTION 14. Chapter 432, Hawaii Revised Statutes, is
6 amended by adding a new section to article 1 to be appropriately
7 designated and to read as follows:

8 "§432:1- Coverage for services related to ending a
9 patient's life. (a) Each individual and group hospital or
10 medical service plan contract issued or renewed in this State
11 after December 31, 2020, shall provide to the member and
12 individuals covered under the plan contract coverage for
13 services related to the ending of a patient's life under
14 chapter 327L, including any visits or prescription for
15 medication.

16 (b) Coverage provided under this section shall be subject
17 to a maximum benefit of \$ _____.

18 (c) This section shall not be construed as limiting
19 benefits that are otherwise available to an individual under a
20 plan contract.



1 (d) Every mutual benefit society shall provide written
 2 notice to its members regarding the coverage required by this
 3 section. The notice shall be in writing and prominently
 4 positioned in any literature or correspondence sent to members
 5 and shall be transmitted to members within calendar year 2021
 6 when annual information is made available to members or in any
 7 other mailing to members, but in no case later than December 31,
 8 2021.

9 (e) Coverage under this section may be subject to
 10 copayment, deductible, and coinsurance provisions of a plan
 11 contract to the extent that other medical services covered by
 12 the plan contract are subject to these provisions."

13 SECTION 15. Section 432D-23, Hawaii Revised Statutes, is
 14 amended to read as follows:

15 **"§432D-23 Required provisions and benefits.**

16 Notwithstanding any provision of law to the contrary, each
 17 policy, contract, plan, or agreement issued in the State after
 18 January 1, 1995, by health maintenance organizations pursuant to
 19 this chapter, shall include benefits provided in sections
 20 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116,
 21 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119,



1 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126,
 2 431:10A-132, 431:10A-133, 431:10A-134, 431:10A-140, and
 3 [~~431:10A-134,~~] 431:10A- , and chapter 431M."

4 SECTION 16. The benefit to be provided by health
 5 maintenance organizations corresponding to the benefit provided
 6 under section 431:10A- , Hawaii Revised Statutes, as contained
 7 in the amendment to section 432D-23, Hawaii Revised Statutes, in
 8 section 15 of this Act, shall take effect for all policies,
 9 contracts, plans, or agreements issued in the State after
 10 December 31, 2020.

11 PART IV

12 SECTION 17. Statutory material to be repealed is bracketed
 13 and stricken. New statutory material is underscored.

14 SECTION 18. This Act shall take effect on July 1, 2020.

15

INTRODUCED BY: Roselyn H. Baker
Karl Rhoads
Michelle N. Iuliani



S.B. NO. 3047

Report Title:

Medical Aid in Dying; Advance Directive; Attending Provider;
Advanced Practice Registered Nurse; Insurance Coverage

Description:

Allows an advance directive to be a valid written request for a prescription to be self-administered for the purpose of ending an adult's life. Includes advanced practice registered nurses under the definition of "attending provider". Allows an attending provider to waive the counseling referral requirement. Allows an attending provider to perform duties through telehealth, under certain conditions. Requires health insurance policies and contracts issued after December 31, 2020, to provide coverage for services related to ending a patient's life.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

