

STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony COMMENTING on HB650
RELATING TO HEALTH.**

REP. DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Hearing Date: February 1, 2023

Room Number: 329

1 **Fiscal Implications:** N/A.

2 The role of the Department of Health (DOH) pursuant chapter 327L, Hawaii Revised Statutes, or
3 the "Our Care, Our Choice Act," is ministerial in function; the primary activities for which are
4 the collection and dissemination of forms, data, and reports in aggregate. DOH is in the process
5 of evaluating forms for the collection period that ended on December 31, 2022. There are an
6 estimated 90+ patients who completed the medical aid in dying request process, which is
7 consistent with the upward trend since enactment in 2019.

8 The total number of patients who expired prior to the final step is unknown because the data
9 collected are only for qualified patients who have completed the entire process,. However,
10 anecdotal information from participating providers has been consistent about the lack of provider
11 access in certain areas preventing patients from participating or diminishing their chances to
12 complete the medical aid in dying program. As such, a discussion on alternatives to certain
13 provider roles, based on nationally recognized standards of practice, may be relevant, as well as a
14 re-examination of waiting periods in light of the trend in other jurisdictions, and absent
15 documented cases of abuse, negligence, and malfeasance.

16 Thank you for the opportunity to testify.

17

Testimony of the Board of Nursing

**Before the
House Committee on Health and Homelessness
Wednesday February 1 2023
10:00 a.m.
Conference Room 329 and Videoconference**

**On the following measure:
H.B. 650, RELATING TO HEALTH**

Chair Belatti and Members of the Committee:

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

The purposes of this bill are to: (1) authorize advanced practice registered nurses to practice medical aid in dying or provide counseling to a qualified patient; and (2) amend the mandatory waiting period between oral request and the provision of a prescription.

The Board appreciates the bill's intent to recognize APRNs in the definitions for "attending provider" who would be responsible for the care of the patient and treatment of the patient's terminal disease, "consulting provider" who is qualified by specialty or experience to diagnose and prescribe medication, and "counseling" between a patient and an APRN for the purpose of determining that the patient is capable, and does not appear to be suffering from undertreatment or nontreatment of depression or other conditions that may interfere with the patient's ability to make an informed decision.

APRNs are recognized as primary care providers who may practice independently based on their practice specialty. An APRN's education and training include, but are not limited to, a graduate-level degree in nursing and national certification that is specific to the APRN's practice specialty, in accordance with nationally recognized standards of practice.

An APRN with a national certification in the practice specialty in psychiatric mental health may provide consultative service in psychiatric mental health.

Thank you for the opportunity to testify on this bill.

HB-650

Submitted on: 1/30/2023 9:13:05 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Kupuna Caucus & Kokua Council	Support	Written Testimony Only

Comments:

HB650 Testimony,

Our Care, Our Choice Amendment would authorize advanced practice registered nurses to practice medical-aid-in-dying or provide counseling to a qualified individuals, who's terminal prognosis indicates they have 6 months or less to live. The bill also amends the mandatory waiting period between oral requests and the provision of a medical-aid-dying prescription. Hawaii's OCOC current act has seventeen arduous steps. The most steps anywhere in the USA. Hawaii has a medical workforce shortage. It's no secret that Hawaii has a healthcare workforce problem. The state of Hawaii is short **more than 1,000 medical** doctors, which means some patients cannot get care, and the ones who do have to wait a long time. It could take more time than a terminal near death individual has to schedule the two required medical doctor assessments.

The reasons a person choses Our Care Our Choice, medical-aid-in-dying has been previously established, and the OCOC Bill has been in place for a few years now. Experts have gathered data on every imagineable occurence. The fact that touches my heart and soul, is the peace of mind, people dealing with terminal illnesses report from having the medical-aid-in-dying medication on hand. Just obtaining this 'safety net' seems to be enough for them to weather the storm. Many never use the aid-in-dying medication, feeling comfortable to die naturally knowing if their illness becomes too much for them and their loved ones to bear, the medical-aid-in-dying option is there. Sadly, too many terminal individuals find the seventeen steps to steep to climb. Too many, in Hawaii, are not able to locate the two required doctors in time, not to mention, if they find them, by the time they see them, the 21 day waiting period is too long to wait, and they end up dying a horific death, further traumatized their loved ones. This inhumane end of life process could be avoided with a dignified, CDC, DOH, Medical Community recommended amendment to Hawaii's Our Care, Our Choice response.

Please authorize advanced practice registered nurses to practice medical aid in dying and provide counseling to a qualified patient, who's prognosis indicates they have 6 months or less to live. And please amend the mandatory waiting period between oral requests and the provision of a medical-aid-dying prescription to provider's assesment and recimmedation.

Granted, OCOC is not for everyone. But for those who choose it, let's allow them the respect to pass from their terminal physical bodies in a dignified way. I have no data to support this, but imagine, those who have the option of dying in a dignified way are resting in peace, knowing their family did not have to suffer the a traumatic ordeal of pain, struggle and difficult end of life decisions.

Testimony of Sam Trad, National Director of Care Advocacy, Compassion & Choices
Supportive Testimony Regarding HB 650

Dear Chair Della au Bellati, Vice Chair Jenna Takenouchi, and Members of the Committee,

My name is Sam Trad and I am the National Director of Care Advocacy for Compassion & Choices. Formerly, I was the Hawai'i State Director when the Our Care, Our Choice Act authorized in 2018. I am forever grateful to everyone who helped pass the Our Care, Our Choice Act. Thank you! I have been part of the implementation process since then.

The Our Care, Our Choice Act was modeled after the first medical aid in dying law in Oregon, which went into effect 25 years ago. Since then, we have learned that while the law works well for those who can access it, there are barriers that prevent access for all eligible dying people. Removing barriers helps fulfill the intention of the Our Care, Our Choice act which is that all eligible dying people will have access to the option of medical aid in dying.

Currently, the OCOCA has [17 steps](#) in it that a terminally ill person must complete in order to get a prescription for medical aid in dying, including one step that is a long 20 day mandatory minimum waiting period. 20 days is often far more than a dying person has left when they initially request medical aid in dying to ease their suffering. That is why we strongly recommend reducing the waiting period from 20 days down to 5 days between the oral requests..

This bill will keep all 17 steps in place, but with a reduced waiting period and allowing Advanced Practice Registered Nurses (APRNs)s to participate in the law, a dying person who wants the compassionate option of medical aid in dying will be able to access it.

The proposed amendments keep intact the same basic eligibility requirements and core safeguards that have always protected vulnerable patients. Adults must have a terminal illness with 6 months or less to live, be mentally capable, and be able to self-administer the medication. This law does not allow healthcare providers, family, or anyone else, including the dying person to administer the medication by IV injection or infusion. Advanced age, disability and chronic health conditions are not qualifying factors for medical aid in dying.

When a person is terminally ill, they usually do not ask for medical aid in dying until they need it. It takes weeks to months for many patients to get through the 17-step process even without the waiting period. Terminally ill patients don't have the luxury of time on their side. They do not have time to wait for 20+ days to get through the 17 steps to access the law. It can be impossible to make doctor appointments, especially

the three needed to access the law. Including APRNs will make it easier for patients to get the consultations they need in order to qualify for the law. They will still need to be seen by 3 different clinicians before they can qualify for medical aid in dying.

We continue to get calls from dying people and their loved ones, who are desperate to access the law, but are all too often unable to and die in exactly the way they did not want. With your support, these improvements that are recommended by the Department of Health will go a long way in creating access to the Our Care, Our Choice Act.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Trad' with a stylized flourish at the end.

Sam Trad
National Director of Care Advocacy
Compassion & Choices

Testimony of Sara Manns, Hawai'i State Manager, Compassion & Choices
Supportive Testimony Regarding HB 650

Good morning Chair Della au Bellati, Vice Chair Jenna Takenouchi and Members of the Committee. My name is Sara Manns and I am the Hawai'i State Manager for Compassion & Choices, the nation's oldest and largest consumer-based 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 (OCOCA), which has provided peace of mind to the terminally ill over the four years it has been in effect; and thank you for your consideration of HB 650. We are here today and pleased to offer our support for these crucial amendments to the Our Care, Our Choice Act.

For the last four years, the Department of Health has collected data and held two summits with providers who have supported patients under the Our Care, Our Choice Act. Since the first year the law was in effect, the Department of Health has repeatedly recommended removing unnecessary roadblocks in the law in a sensible way, so that all eligible patients can access the compassionate option of medical aid in dying. Findings from the annual reports¹ indicate that, while the OCOCA works for people who can access it, doctors, patients and families agree that too many dying people face unnecessary barriers preventing them from accessing this compassionate end of life option.

We know from local healthcare systems that approximately 1 in 4 terminally ill people who request medical aid in dying don't survive the 20 day mandatory minimum waiting period.²

Coupled with the state's well-known severe physician shortage, which has only worsened with the COVID-19 pandemic³⁴ and is especially dire on neighbor islands,⁵⁶ these collective barriers

¹ Hawaii Department of Health 2021 Our Care Our Choice Annual Report, available from: <https://health.hawaii.gov/opppd/files/2022/07/corrected-MAID-2021-Annual-Report.pdf>

² Susan Amina, NP, Kaiser HI, OCOCA panel on 1.13.21; Michelle Cantillo R.N., Advance Care Planning Coordinator, HPH, OCOCA panel on 1.13.21.

³ University of Hawai'i System Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, November 2021. Accessed at: <https://www.ahec.hawaii.edu/workforce-page/>

⁴ Hawai'i doctor shortage worsens during pandemic, June 15, 2021. Accessed at: https://www.kitv.com/video/hawaii-doctor-shortage-worsens-during-pandemic/article_887db62f-c8ee-5f02-95b5-01d7102395b0.html

⁵ Hawai'i's doctor shortage has worsened after the COVID-19 pandemic, Jan 7, 2021. Accessed at: <https://www.khon2.com/coronavirus/hawaiis-doctor-shortage-has-worsened-after-covid-19-pandemic/>

⁶ Physician 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.hawaii.edu/hawaii-doctor-shortage-takes-a-troubling-turn-for-the-worse/>

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.

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

- Reduce the current mandatory minimum 20 day waiting period between oral requests to 5 days.
- Allow the attending provider the authority to waive the mandatory minimum waiting period if the eligible patient is unlikely to survive the waiting period (the patient must still go through the qualifying process).
- Allow qualified Advanced Practice Registered Nurses (APRNs) to support patients in the option of medical aid in dying by acting as the attending provider, consulting provider and/or mental health counselor as is within their existing scope of practice.

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

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

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

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

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

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

In 2021, California amended their waiting period from 15 days to 48 hours, because data from healthcare systems in California showed that approximately 30% of eligible patients who want medical aid in dying do not survive the minimum 15 day waiting period.¹⁰ Additionally, New Mexico's medical aid-in-dying law, which went into effect in 2021 only requires one written request and one 48 hour waiting period between receiving and filling the prescription.¹¹

Expanding the Definition of Provider to include those who have it within their current scope of practice: Advanced Practice Registered Nurses (APRN)

- Hawai'i is one of 25 jurisdictions that give Advanced Practice Registered Nurses (APRNs) authority to independently carry out all medical acts consistent with their education and training, including prescribing all forms of medication, including controlled substances.¹²
- However, by not including APRNs within the definition of "provider," the Our Care, Our Choice Act unnecessarily prohibits them from providing high quality health care and support to patients who want the option of medical aid in dying. Amending the law to explicitly allow APRNs to participate as providers under the Our Care, Our Choice Act is generally consistent with their scope of practice and would help address the disparity in access to participating providers, particularly in rural areas and neighbor islands.
- For example, Ron Meadow, who lived on the Big Island, was terminally ill and eligible for the Our Care, Our Choice Act, spent his final weeks searching for a physician who

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

⁹ Hawaii Department of Health 2021 Our Care Our Choice Annual Report, available from: <https://health.hawaii.gov/opppd/files/2022/07/corrected-MAID-2021-Annual-Report.pdf>

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

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

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

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, exactly as he had feared he would.. Allowing APRNs to support patients in medical aid in dying will provide patients, like Ron, with more options to access this compassionate option.

- Additionally, other jurisdictions are recognizing that restricting the definition of “provider” to physicians, for the purposes of medical aid in dying, creates an unnecessary barrier to access. For example, in 2021 New Mexico passed aid-in-dying legislation authorizing nurse practitioners (APRNs) to serve as either the attending or consulting provider.¹³

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

Sincerely,

Sara Manns

Sara Manns
Hawai'i State Manager
Compassion & Choices

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



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COMMITTEE ON HEALTH AND HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

DATE: February 1, 2023 10:00 AM

Testimony in Support on HB650 RELATING TO HEALTH with comments

The Hawai'i Psychological Association (HPA) supports HB650; which, among other things, would give advanced practice registered nurses (APRNs) with psychiatric or clinical nurse specializations the authority to engage in certain medical aid in dying services in counseling, as well as reduce the waiting time for patients to be eligible for the program.

These services have been previously limited to physicians, psychiatrists, psychologists, and social workers. HPA takes the position that the counseling called for in this legislation is squarely within the scope of practice of APRNs with the requisite psychiatric training. **However, we would like the language to make clear that Clinical Nurse Specialists are also adequately trained in mental health.**

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

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

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

Sincerely,

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



**Written Testimony Presented Before the
House Committee on Health & Homelessness
Wednesday, February 1, 2023 at 10:00 AM
Via Videoconference and in Room 329
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

Comments on H.B. 650

Chair Belatti, Vice Chair Takenouchi, and members of the Committee on Health & Homelessness, thank you for the opportunity for the Hawai'i State Center for Nursing to provide **comments on H.B. 650, only as it pertains to Section 2** of this measure which, if enacted, would enable Advanced Practice Registered Nurses (APRNs) to participate as an attending, consulting, and counseling provider in the Our Care, Our Choice Program.

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

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

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

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

The mission of the 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.



Committee on Health and Homelessness
Rep Della Au Belatti, Chair
Rep Jenna Takenouchi, Vice Chair

The Hawaii's Partnership for Appropriate and Compassionate Care is **strongly opposed to HB650**. We, as physicians, nurses and other medical providers, do not feel that there have been demonstrated barriers to receiving desired care under the Our Care, Our Choice option. 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. Nurse Practitioners are not allowed, under Medicare and all insurers, to certify a person for a hospice program. They are not allowed to write admitting orders to a hospice program. This simple act of signing someone up for hospice is not under their scope of practice, as determined by Federal statute. It does not seem appropriate to allow them to prescribe lethal drugs to a patient for the sole purpose of ending life. Once a physician has followed the law as written, an APRN can certainly help to facilitate quality care.

We also disagree with any changes to the 20 day waiting period between the first and second requests for life-ending drugs. We feel that the original intent of the Legislature to provide time to discuss with family members and to discern one's fate was a critical decision in safeguarding from potential abuse. As we all know, abuse of our Kupuna is a problem in Hawaii and we would like to see adequate time for evaluation of all parties, the hospice provider, the physician and most especially the person contemplating this act. If one truly has a prognosis of 180 days it seems reasonable that they take 20 days to consider all options available to them.

We disagree with providing an "expedited pathway" for those who are in their final days. This is not necessary. If death is truly imminent, the hospice and physician will be providing comfort.

HPACC appreciates all the thought and planning that has gone into providing options for all end of life care. **Members of this committee were very proud of this legislation and called it the "safest in the nation"!** Please uphold your safeguards and hold this bill in committee.

Sincerely,

Joy Yadao, RN, CIC
Executive Committee Member
Hawaii's Partnership for Appropriate and Compassionate Care

From: Michelle Cantillo, RN, Advance Care Planning Coordinator, Hawai'i Pacific Health

To: The Committee on Health & Homelessness
Rep. Della Au Belatti, Chair
Rep. Jenna Takenouchi, Vice Chair

RE: Amending the Our Care, Our Choice Act (OCOCA) SB 899/HB 650 and SB 442

Allowing advanced practice registered nurses (APRN) to have prescriptive authority to be OCOCA attending and consulting providers and having psychiatric nurse practitioners to be counseling providers within their scope of practice. Allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive the waiting period and reducing the mandatory 20-day waiting period between oral requests to five days.

As a Registered Nurse (RN) and Advance Care Planning (ACP) Coordinator at Hawai'i Pacific Health (HPH), I collaborate with patients requesting Medical Aid in Dying (MAiD), OCOCA since January 1, 2019, and help support these patients by seeking out providers that are willing to participate by being the attending or consulting physician. I help educate the patient's medical team on MAiD, OCOCA and collect all the data for HPH. On behalf of HPH, I am writing to express HPH support of amending SB899/HB 650 and SB 442. This bill will allow more providers to voluntarily participate in MAiD, OCOCA and will help terminally ill patients by granting their dying wishes as their time is limited.

Since January 1, 2019, there are a limited number of physicians who are willing to be an attending physician for MAiD, OCOCA. At HPH, there are only 1.5% of physicians willing to write the aid-in-dying prescription.

HPH providers have been educated on MAiD, OCOCA bill since this law passed and there are processes in place to help support patients and physicians in the clinics. When a patient request to start the MAiD, OCOCA process they are often very hesitant about asking their patients about the law because of the fear of rejection. As an ACP nurse coordinator, I am the one often reaching out to physicians to see if they will consent and educate them on the law. There is hesitation and they have shared they are not comfortable in writing the prescription however are more willing to be the consulting physician. This is their choice. There is a shortage of physicians in primary care and specialty areas in Hawaii and especially outer islands thereby having the bill extend out to APRNs will give more opportunity for our terminally ill patients wanting to use this end-of-life option.

82% of patients requesting MAiD, OCOCA are patients with metastatic cancer. The current oncologists are stretched very thin, and priority are given for new patient consults and ensuring all patients are seen within in a reasonable time. For the few oncologists who do try to help qualified MAiD terminally ill patients, they work thru their breaks and lunches to help these patients. Many attending physicians have voiced concerns and would like more support from their colleagues and would welcome having their APRNs to have this authority.

HPH is thankful for the few participating physicians who will voluntarily consult if patient's current physicians are not willing to participate in the law. APRNs at HPH have expressed their support for this bill. With training, our APRNs will continue to collaborate with their immediate physicians on how best to help support patients request.

For the past 4 years, since the law has been in effect, 27% of terminally ill patients did not meet the 20-day window after their first oral request and expired while waiting. This law gives our patients "peace of mind" to have this end-of-life option. HPH is in favor of waiving the mandatory waiting period and decrease the time from 20 days to 5 days. Our providers are very skilled at assessing their patients and can determine when it is appropriate to provide an expedited pathway for those qualified terminally ill patients who are not expected to survive the mandatory waiting period.

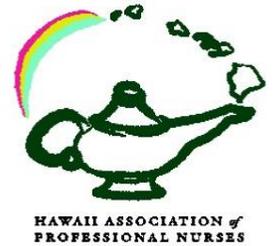
The state passed this law in 2018 to ensure that all terminally ill individuals will have access to the full-range of end-of-life options. Four years later, data has shown that the state of Hawaii needs to improve access. Let us make this law better for our dying patients of Hawaii. Let us support and honor patient wishes.

HPH urges you to support SB 899/HB 650 and SB 442. Thank you for the consideration of our testimony.

Mahalo,

Michelle Cantillo, RN, ACP Coordinator
Hawai'i Pacific Health
michelle.cantillo@hawaiipacifichealth.org
808-535-7874

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Della Au Belatti, Chair of
the House Committee on Health and Homelessness

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB650 – Relating to Health, in strong Support

Hearing: February 1, 2023, 10a.m.

Aloha Representative Belatti, Chair; Representative Takenouchi, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony regarding HB650. HAPN is in **strong Support** of placing choice in the hands of patients with whom we work every day. This includes patient choice in who their provider is when making a decision of this magnitude. We have reviewed the recommendations made by the Department of Health in years past to include Advanced Practice Registered Nurses (APRN) to practice medical aid in dying in accordance with our scope of practice.

This is a multi-professional bill working toward increasing access to care. This access to care has gotten worse over the years due to many reasons, but most notably the decline in the number of providers to improve access. Research for physicians and APRNs in Hawaii show that there will be even steeper declines in the number of providers to provide general access in the coming years.

We have reviewed the testimony from past years, op-eds, from legislator communication (speeches, position statements, etc.), and from various people throughout all walks of life. What is clear is that our scope of practice allows us to evaluate, assess, and manage/treat our patients. We are asking for inclusion in this process that this bill allows to better serve our patients.

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

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

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

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

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

Written Testimony Presented Before the

Committee on Health & Homelessness

HEARING: Wednesday, February 1, 2023, 8:30 A.M.

PLACE: Room 329 and via videoconference

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



HB650 – RELATING TO HEALTH

Chair Belatti, Vice Chair Takenouchi, and members of the House Committee on Health & Homelessness, thank you for the opportunity to testify **in strong support of HB650**.

We are the Hawai'i- American Nurses Association (Hawai'i-ANA), speaking for over 17,000 Registered Nurses in Hawai'i who care for patients every day in our state. The American Nurses Association (ANA) mission is to “Lead the profession to shape the future of nursing and health care”. ANA supports the nursing profession across the nation in standards of practice including the Code of Ethics, advocacy, certification, accreditation, advanced practice, and education, to evolve the practice of nursing and transform health and health care. Hawai'i-ANA “Empowers nurses to advocate for the improvement of the healthcare system in the communities where we live and work”.

HB650 seeks to “Authorize advanced practice registered nurses to practice medical aid in dying or provide counseling to a qualified patient. Amends the mandatory waiting period between oral requests and the provision of a prescription.” Based on the Hawai'i Department of Health's recommendations to the legislature, Hawai'i-ANA agrees this bill would improve the current Our Care Our Choice Act by:

- Including Advanced Practice Registered Nurses (APRNs) with prescriptive authority in the definitions of attending and consulting providers and psychiatric nurse practitioners in the definition of counseling providers. Allowing 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 participating providers, particularly in rural areas and on the neighbor islands*.
- Allowing attending providers to *waive the mandatory waiting period if the patient is unlikely to survive* and meets all other qualifications. This bill will allow a qualified patient's attending provider to waive the waiting period if, in their professional judgment, the patient is unlikely to survive that waiting period.
- Reducing the 20-day waiting period between the first and second oral requests to five days. Rather than a safety feature, the current waiting period required under the Our Care, Our

Choice Act has proven to be a barrier for individuals seeking this option. This bill will *reduce the waiting period* between oral requests to five days.

Hawai'i-ANA respectfully asks the Committee to pass H.B. 650 through your committee. We thank your committee for its commitment to the people of Hawai'i, in ensuring access to high-quality health care by our state's interprofessional healthcare team, including APRNs.

Contact information for Hawai'i – American Nurses Association:

President: Dr. Nancy Atmospera-Walch, DNP, CCHN, FAAN, president@hawaii-ana.org

Executive Director: Dr. Linda Beechinor, APRN, FNP-BC executivedirector@hawaii-ana.org

phone (808) 779-3001 500 Lunalilo Home Road, #27-E, Honolulu HI 96825

HB-650

Submitted on: 1/31/2023 7:07:45 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Charles F Miller	Hawaii Society of Clinical Oncology	Support	Written Testimony Only

Comments:

Good Morning Chair Au Belatti - I am writing in strong support for HB650. I am an oncologist representing the Hawaii Society of Clinical Oncology, having been on their Board of Directors for over 20 years. In addition I have been the Director of Kaiser Hawaii's Medical Aid In Dying (MAID) Program since the law was first implemented in January 2019. During the past four years I have served as the attending physician for over 140 patients who requested aid in dying. While the original Our Care, Our Choice Act (OCOCA) works for many patients, it is clear from my personal experience that there are significant barriers to allowing all patients who request use of the law.

First, fully 30% of the patients that I saw were unable to complete the 20 day waiting period. They died in exactly the way they were trying to avoid by being unable to access the law. This issue has been recognized in other states that have MAID laws and several jurisdictions have not only shortened their waiting periods but also allow the attending physician to waive the waiting period if in their clinical judgment the patient will not survive the wait. HB650 will remove this barrier to access.

Second, in the past four years access to the law has been very limited on the neighbor islands. This is due to Hawaii's severe shortage of physicians but also due to the fact that many physicians have opted out of participating in the OCOCA. By permitting fully licensed, accredited Advanced Practice Nurse Practitioners to serve as attending and consulting providers under the law much of the access disparity on neighbor islands would be alleviated.

I believe I have more experience with the OCOCA than any other physician in the state and strongly believe HB650 will improve access to the law and remove these major barriers to full and equal access for all of Hawaii's citizens who seek to use OCOCA.

Charles F. Miller, MD, FACP, FASCO

Director, Kaiser Hawaii's Medical Aid In Dying Program



The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)

We know systems.

We know relationships.

We know FAMILY MATTERS.

COMMITTEE ON HEALTH & HOMELESSNESS

Rep. Della Au Belatti, Chair

Rep. Jenna Takenouchi, Vice Chair

Tuesday, February 1, 2023 - 10:00am

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB650, which would give advanced practice registered nurses the authority to engage in certain medical aid in dying services. These services have been previously limited to physicians, psychiatrists, psychologists, and social workers.

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

We believe that MFTs are uniquely qualified and should be authorized to provide “counseling” because of their expertise in mental health counseling and family systems. In this vein, we also ask that language be added to clarify that advanced practice nurses or those with a clinical nurse specialization – who would newly be allowed to provide “counseling” services, also have the requisite training in mental health.

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

Perhaps most germane to this measure, MFTs are specifically trained to attend to a patient’s primary relationship networks that may become resources for well-being. With a relational and systemic focus, MFTs use a perspective

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Website: www.hawaiiimft.org **Social Media:** FB - @mfthawaii, IG - @hawaiiimft

that considers the full context of a patient's situation. This perspective is particularly important when working with critically serious issues like the intentional ending of one's life.

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

Accordingly, we ask that Marriage and Family Therapists be added to the professionals authorized to provide "counseling" services on page 4, line 9-19 of this bill as follows:

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

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

Sincerely,



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

HB-650

Submitted on: 1/31/2023 2:54:01 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Stonewall Caucus of the Democratic Party of Hawaii	Support	Remotely Via Zoom

Comments:

Aloha Representatives,

The Stonewall Caucus of the Democratic Party of Hawai‘i; Hawai‘i’s oldest and largest policy and political LGBTQIA+ focused organization fully supports HB 650.

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

Mahalo nui loa,

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



Submitted Online: January 31, 2023

TO: House Committee on Health & Homelessness
Rep. Della Au Belatti, Chair
Rep. Jenna Tokenouchi, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to HB 650 Relating to Health

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

We expressed our strong opposition when the Our Care Our Choice Act was passed in 2018 because of our concern about abuse of the law. The proposed amendment makes the vulnerable "have nots" of our community, who may not know how to navigate the healthcare system and have access to quality palliative and hospice care, victims of Our Care, Our Choice. Ironically, these are the very ones who do not have access to care nor do they have a choice.

When the bill was first introduced, legislators promised 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 abuseⁱ.” As we feared, the legislature has failed to keep that promise. We are disheartened to see that these safeguards are now being removed.

Pain management and palliative care should be the top priority of physicians and other healthcare professionals for each patient they deem may not make it through the “waiting period.” Rather than continue to erode the safeguards, as a state, we need to place a stronger emphasis on making palliative care and hospice services more accessible.

Mahalo for the opportunity to submit testimony in opposition.

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

February 1, 2023

The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health & Homeless
Hawaii State Capitol
415 South Beretania
Honolulu, HI 96813

Thank you for considering HB 650, which I strongly support.

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

HB 650 improves upon the existing legislation by:

- Expanding access to the Our Care Our Choice Act by expanding the definition of attending provider and consulting provider to include advanced practice registered nurses (APRN). This will help terminally ill individuals, particularly those who reside on neighbor islands and in rural areas, access to the law.
- Allowing counseling to a qualified patient by an APRN who specializes in a psychiatric or clinical nurse practice. Terminally ill people on the neighbor islands (and on Oahu as well) report their difficulties in locating psychiatrists and clinical social workers able to provide counseling.
- Waiving the mandatory waiting period if a patient is not expected to survive the wait.
- Reducing the barrier for individuals seeking medical aid in dying by shortening the 20-day waiting period called for in the statute to 5 days between oral requests. This will alleviate a terminally ill persons' stress considerably.

I sincerely hope this committee will recommend passage of HB 650 which will result in helping more people by providing peace of mind that if needed they will be able to access the law.

Mahalo,

Mary Steiner

February 1, 2023

Dear Committee Chair and Members

Thank you for holding this hearing on this most important matter. [SEP]

I am a retired RN and spent many years working in end of life care and have been a hospice volunteer as a retiree.

The Committee has a mission here: to use their compassion and wisdom to approve the Our Care Our Choice Act (OCOCA) revisions to improve access for eligible Hawaii citizens to Medical Aid in Dying. They must still meet the requirements: a 6 month prognosis, capacity to make informed consent and under no coercion. The revisions requested are: [SEP]

1/

Authorizes Advanced Practice Registered Nurses, APRNs, to provide medical aid in dying services, (which falls under their legal scope of practice) to qualified patients. This addresses the dearth of medical providers available to participate in Medical Aid in Dying in our state.

2/ Shortens the mandatory waiting period the law now requires and allows attending providers to waive it if the patient is unlikely to survive the waiting period.

It is tragic to have patients seeking Medical Aid in Dying to pass away during the waiting period. [SEP] Imagine the pain and devastation to patients and their families when their loved one dies before how and when they were planning to die; instead, uncontrolled circumstances

take over. Those whose moral compass, reached by careful consideration, with family love and support, leads them to the decision to use Medical Aid in Dying, should have this choice fulfilled, as the law intended. Please be wise, please be compassionate, approve these revisions.

Malachy Grange RN

the.malachy@gmail.com

808-226-5894

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HB-650

Submitted on: 1/30/2023 11:53:45 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dale A. Head	Individual	Support	Remotely Via Zoom

Comments:

Aloha House Committee on Health & Homelessness:

I strongly support this worthy Bill, **HB650**, as it is both compassionate and common sense.

Please pass this Bill, and, much thanks for your good work.

Respectfully, **Dale Arthur Head** Dale.head@aol.com

HB-650

Submitted on: 1/30/2023 11:10:29 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Brian Goodyear	Individual	Support	Written Testimony Only

Comments:

Aloha Representatives,

I am writing to express my strong support for HB650 and to urge you to support passage of this bill. I am a clinical psychologist who conducts mental health consultations for terminally ill patients who have requested medical aid in dying.

Since the Our Care, Our Choice Act went into effect I have had the privilege of doing more than 110 of these consultations, mostly for Kaiser patients. Based on my experience thus far, I believe that the Act is working as intended for the most part. All of the patients that I have seen have been grateful and relieved to have this option available in case their suffering becomes unbearable at some point. I have also been impressed by how acceptant these patients have been of the fact that they have only a very limited amount of time remaining in their lives.

There are, however, some changes that should be made to the legislation to address certain problems that have arisen for some patients who have requested medical aid in dying and have not been able to take full advantage of the current law. HB650 directly addresses these problems.

One problem, particularly for patients on the neighbor islands and in rural areas of Oahu, is the shortage of physicians who are able to act as the attending or consulting provider. This mirrors the more general shortage of medical providers in these areas of

the state. Allowing APRNs, who are well qualified to do so, to take on these roles would greatly help to alleviate this shortage.

The second problem is that some critically ill patients have been too ill to survive the 20 day waiting period. Two changes are in order to address this problem. First, the waiting period could safely be reduced to 5 days without any adverse consequence. Second, the attending provider should be allowed to waive the waiting period completely for patients who are not expected to survive the waiting period. Similar changes have already been enacted in Oregon and California, and are also being considered in other jurisdictions.

Mahalo for your support of these proposed changes.

HB-650

Submitted on: 1/30/2023 11:21:38 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Caryn Ireland	Individual	Support	Written Testimony Only

Comments:

Please vote YAY in support of these important updates to the Our Care, Our Choice Act. As someone who focuses on increasing awareness, education and support for Medical Aid in Dying, I have had the opportunity to work with such caring physicians, mental health professionals and pharmacists who have helped patients. However, with the physician shortages across the State of Hawaii, there are times when it has been very difficult for a patient to find a physician to help them with this end-of-life option. It is critical to add APRNs as an additional provider for this work.

In addition, there have been too many end-of-life patients who have not been able to make it through the required waiting period, which is so difficult for the patient and their family & friends. Please support the suggested improvements to lessen and/or waive the waiting period when necessary.

Thank you for helping our residents of Hawaii who choose the Our Care, Our Choice Act.

Caryn Ireland

HB-650

Submitted on: 1/30/2023 11:19:55 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Bob Grossmann	Individual	Support	Written Testimony Only

Comments:

The proposed amendments will improve access (especially in rural areas) and timeliness.

By having deleted APRNs from the definitions, when the bill was originally heard by the House Committees in 2018, violates the Nurse Practice Act. Please restore.

HB-650

Submitted on: 1/30/2023 1:01:48 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dominique Meyer Gere	Individual	Support	Written Testimony Only

Comments:

As an individual who assisted friends in hospice care, I witnessed much unnecessary suffering that could have been alleviated with access to a medication that would end qualified patients' life. Reiteration of the oral request to receive a prescription for an end of life medication needs to be shorten from 20 to 5 days, as patients who want to die on their own terms are running out of time when they are terminally ill.

Lack of doctors disponibility in Hawai'i makes it imperative to give advanced practice registered nurses authority to administer medical aid in dying to expand access to care for many more patients.

HB-650

Submitted on: 1/30/2023 1:22:21 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Marion Poirier	Individual	Support	Written Testimony Only

Comments:

To: House Committee on Health and Homelessness

From: Marion Poirier, M.A., R.N.

Support HB 650 Relating to Health

This is to express my strong support for Advanced Practice Registered Nurses to be providers of medical aid in dying as well as counseling. In my opinion, these nurses are uniquely qualified to provide these services. Also, there is much need for these services which they would augment. Another point of importance is shortening the time between the request and the prescription. It is my belief that unnecessary wait periods are allowing patients to die before they receive a prescription. The pain and suffering is not in the spirit of the law.

My background as a career non profit executive director in Hawaii has provided me with many opportunities to observe repercussions: therefore, I support this measure in its entirety.

Thank you very much for your consideration of my testimony.

Mary M. Uyeda, retired APRN

To our Senate or House Committees, Jan. 28, 2023

I support SB899 or HB650 for its removal of access and timing barriers to our terminal residents on the neighbor islands - especially the Big Island.

Currently, the Big Island has one physician willing to give terminal patients their choice at end of life. It is known that the specific paperwork is cumbersome, let alone the timing issues of using this alternative but our patients are deeply grateful for having this law in Hawaii. In addition, our local organization called Hawaii Citizens for End of Life Choices (HCELC) has reopened our Facebook website **online** with local contact resources **updated, annually**.

Let us join together statewide and improve our law by removing the access barrier on the outer islands by including APRNs, who will devote their efforts to the details of our terminal patients. In addition, please shorten the waiting period that a terminal patient has to endure in order to have their choice at end of life!

Help us improve the Our Care, Our Choice Act and pass SB899 or HB650

I am writing in strong support of HB 650. The Hawaii Our Care Our Choices law prescribes a process that many ill persons and their care providers find daunting and burdensome. The unintended consequence is that many who wish to exercise their option to a death with dignity, as provided through the legislation, are unable to do so. It's time to update the law to meet the desire of those persons living with terminal illness for a death with dignity.

The data driven Department of Health 2019, 2020, and 2021 Reports to the Legislature on the implementation of the OCOCA document the challenges faced by consumers particularly the inability of residents in rural island communities to access this option.

I concur with the HB650 recommended changes to the OCOCA including 1) shortening the mandatory waiting period to 5 days; 2) waiver of any waiting periods if the attending provider and consulting provider agree that patient death is likely prior to the end of the waiting periods; and 3) authorizing advanced practice registered nurses (nurse practitioners) to serve as attending, consulting, and counseling providers for patients seeking medical aid in dying.

As the Dean Emerita of the Nancy Atmospera - Walch School of Nursing at UH, I assure you that participation in the act is within the scope of APRN practice and that APRNs have the required skills and compassion to assess the competency of patients and aid their dying process.

I strongly support this thoughtful and well considered bill that updates the OCOCA.

Mary G. Boland, DrPH, RN, FAAN
Dean Emerita Nancy Atmospera-Walch School of Nursing
University of Hawaii at Mānoa

HB-650

Submitted on: 1/30/2023 2:44:26 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nina Buchanan	Individual	Support	Written Testimony Only

Comments:

Chair Della Au Belatti & Honorable House Committee on Health and Homelessness Members,

In 2021 my husband died a slow and painful death because no medical doctor on the Big Island would participate in the Our Care, Our Choice Act. There was also no way for him to meet the long timeline required even though he had been diagnosed with terminal fourth-stage colon cancer by his oncologist and under the care of a GP.

I stayed by my husband's side from June 21, 2021 until he died in the early morning of October 1, 2021. In this painful experience, a part of me died with him.

Please support the proposed amendments that will make it possible for neighborhood island patients to be treated more equitably with Oahu residents.

Respectfully,

Dr. Nina Buchanan widow of Dr. Robert A. Fox

HB-650

Submitted on: 1/30/2023 2:49:46 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jason Yaris	Individual	Support	Written Testimony Only

Comments:

If there is no hope and they are dying anyway, give the patient dignity -

- Allow qualified APRNs to provide medical aid in dying;
- Shorten the waiting period from 20 days to 5 days, and allowing a provider to waive it if a person will not survive it.

Do good and vote yes on HB650.

Jason Yaris

Makaweli HI 96769

HB-650

Submitted on: 1/30/2023 1:54:31 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lucien Wong	Individual	Comments	Written Testimony Only

Comments:

HB650 will improve the OCOCA with changes to help those patients living in areas lacking adequate medical needs and by removing some of the identified obstacles for those patients with little time left who are in excruciating pain.

Please support these humane changes.

Mahalo

HB-650

Submitted on: 1/30/2023 3:38:02 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Francis Nakamoto	Individual	Support	Written Testimony Only

Comments:

Chair Dela Au Bellati, Vice Chair Jenna Takenouchi and members of the Committee on Health & Homelessness,

I support HB 560, which would allow Advance Practice Registered Nurses to provide medical aid in dying services in many areas of Hawaii not adequately served by medical doctors. The bill will also allow the shortening of the waiting period in rare cases where the immediacy of death requires it.

Hopefully, an elderly couple in Hawaii will not find themselves in the desperate situation recently faced by the couple in Florida, Ellen and Jerry Gilland, who planned a murder-suicide pact for the wife to kill the apparently terminally ill husband in his hospital bed then kill herself, if he took a turn for the worse and didn't have the strength to do it himself.

Conceivably, under Hawaii's Our Care Our Choice Law, the 20-day waiting period, if applicable in this couple's case, would have forced them to take the tragic and desperate measures they did. To be sure, the likelihood of a identical situation in Hawaii is remote, but the arbitrary barriers to rational and dignified application of the worthy purposes of OCOC still exists and must be removed.

I strongly urge you to support passage of HB560 during this session. There is no logical, compassionate reason to defer it any further.

Francis M. Nakamoto

HB-650

Submitted on: 1/30/2023 3:49:29 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Diane Ware	Individual	Support	Written Testimony Only

Comments:

Dear Committee Chair and members,

I have supported this measure's intention to Our Care Our Choice bill to make the bill more accessible when needed at end of life. I am now 75 and am waiting to hear if I am positive for colon cancer and more than ever appreciate this bill's intention. Please support by passing.

I live in Volcano Hawaii 96785 over 30 miles from medical care.

mahalo

HB-650

Submitted on: 1/30/2023 3:57:24 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
sandra moneymaker	Individual	Support	Written Testimony Only

Comments:

I am writing in support of HB650. I recently had a friend on Maui experience a painful death due to the long waiting period between the first and second oral requests for medical aid in dying. I believe the waiting period should be shortened to 5 days as in the other authorized U.S. jurisdictions.

I support allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications.

I support allowing 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 participating providers, particularly in rural areas and on the neighbor islands.

Please pass HB650

Thank you

HB-650

Submitted on: 1/30/2023 4:00:39 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Berit Madsen	Individual	Support	Written Testimony Only

Comments:

Berit L. Madsen, MD

PO Box 814

Hana HI 96713

berit.l.madsen@gmail.com

206 459-7181

January 30, 2023

HI State Legislator

Dear Legislator,

I am writing in support of HB650 to improve the Our Care, Our Choice Act (medical aid in dying for the terminally ill).

I am a radiation oncologist with 30 years of experience, mostly in Washington State which has permitted legal medical aid in dying for over 10 years now. During that time I have helped a number of my patients access medical aid in dying. The waiting time in WA is 15 days which is still burdensome to many patients who are in distress despite palliative interventions. Shortening the waiting period in Hawaii to 15 days or less with a provision to reduce the waiting period in cases where death is imminent would allow more patients to have their wish to die at home, peacefully without additional stress and trauma.

An example from my practice in Washington illustrates the need to streamline the process of obtaining medical aid in dying: I received an urgent request from my medical oncology colleague to see his patient, a very dignified and stoic decorated air force pilot who was failing chemotherapy with terminal painful metastatic cancer. He told me that he had been considering medical aid in dying for some time but was reluctant to discuss it with his doctor. He did not want to be the “bed ridden terminal patient”, his independence and dignity were critical. His doctor was barred from participation due to the ethical directives of his employer. The patient was eligible and we completed the required documents and

started the 15 day waiting period. He had hospice and a very supportive family, however, due to the long waiting period, this stoic and proud man took matters into his own hands and shot himself in the head. I believe that if we had seen him sooner or the waiting period had been shorter, his traumatic suicide could have been avoided.

There are many barriers to obtaining medical aid in dying which on paper do not seem burdensome but in conjunction with the societal and medical establishment hesitancy to talk about death and dying even for patients with terminal diseases, make the goal of a peaceful and dignified death unobtainable for our terminal patients. Please shorten the waiting period and give the attending physician latitude in further shortening the waiting time in certain cases. Additional measures that would encourage the discussion and planning for death and dying as well as improving access such as additional providers (advanced practice providers) and support for pharmacists who participate would all be helpful in allowing terminal patients to have the kind of death they desire.

Sincerely,

Berit L. Madsen, MD

HB-650

Submitted on: 1/30/2023 4:36:52 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Connie Neish	Individual	Support	Written Testimony Only

Comments:

I believe that we should make it as painless as possible for the people to us this treatment. I have had a family member in Oregon make use of the Compassion amd Choice law and it was absolutely the right answer for her. Please understand that any needless delays are heart breaking in these cases.

Thank you

HB-650

Submitted on: 1/30/2023 5:18:23 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Georgia Bopp	Individual	Support	Written Testimony Only

Comments:

Please pass HB650. It has been very comforting to know our state supports medical aid in dying and HB650 will improve the process considerably. Thank you all.

Georgia Bopp (age 81)

HB-650

Submitted on: 1/30/2023 5:24:59 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carolann Biederman	Individual	Support	Written Testimony Only

Comments:

Aloha,

I strongly support this bill. The Our Care, Our Choice Act has been in effect for four years, yet many eligible terminally ill patients are having trouble accessing the law and surviving the waiting period (20 days), causing needless suffering.

I support allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications.

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

The physician shortage also makes it very difficult for eligible patients to find the two doctors required to assist them, especially outside of Oahu. The bill would allow Advanced Practice Registered Nurses (APRNs) to fill this gap, as they do in virtually all other areas of care.

Please remove the barriers so that qualified patients can spend their final weeks in peace, without fear and pain. I believe that people should be empowered to choose end-of-life care that reflects their values, priorities, and beliefs. With thanks and aloha, Carolann Biederman

HB-650

Submitted on: 1/30/2023 6:41:12 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Marguerite Lambert	Individual	Support	Written Testimony Only

Comments:

I support HB 650 to improve the Our Care, Our Choice Act (medical aid in dying for the terminally ill).

HB-650

Submitted on: 1/30/2023 6:46:51 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ludwig Laab	Individual	Support	Written Testimony Only

Comments:

about 15 yrs ago i witnessed a close personal friend who suffered from ALS being admitted to a hospital against his wishes all he wanted is to die peacefully yet it took 6 weeks of torture (and a \$100k hospital bill) for him to die we are more 'humane' with our pets and animals than with family and friends do YOU want to let strangers dictate how to die ?

HB-650

Submitted on: 1/30/2023 8:38:48 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
AUBREY HAWK	Individual	Support	Written Testimony Only

Comments:

I am a resident of rural Hawaii Island and I strongly support HB650. In my role as a volunteer patient navigator I try to help terminally ill patients seeking to use the Our Care, Our Choice Act. Too many of them--mostly poor, rural residents not affiliated with a major healthcare system, have been denied this legal end-of-life option. This is either because they cannot find a doctor willing to assist them, or because they cannot survive Hawaii's needlessly long mandatory minimum waiting period—the longest in the nation. Allowing qualified APRNs to serve their patients seeking to use OCOCA, and shortening the waiting period, would do much to mitigate this dire inequity in health care access.

HB-650

Submitted on: 1/30/2023 9:12:33 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Louise Barnfield	Individual	Support	Written Testimony Only

Comments:

I am writing to respectfully ask the legislature to pass HB 650, and to register my support for any changes to OCOCA that improve the comfort and support given to patients and caregivers at such a traumatic time in their lives.

My dear husband Stephen Smart was diagnosed with early stage non small cell lung cancer, adenocarcinoma, in Spring of 2018 at the age of 64. After surgery and adjuvant chemo throughout the Summer, it seemed he was all clear. Sadly, after little more than a year the cancer recurred and was far more aggressive. Steve subsequently endured over a year of various chemo cocktails, and dealt with multiple severe side effects of each, but by January 2021 he was told we had run out of treatment options. Given his unrelated auto-immune issues, he wasn't a candidate for more recent treatments such as immunotherapy.

In early February 2021 his oncologist referred us to Kauai Hospice. He died on September 24, 2021, so we were given 8 precious months to try to come to terms with the inevitable outcome. Over those months, his thoughts naturally turned to the potential length of his suffering and the manner of his death; his overriding wish was to be able to end his life with dignity and under his own terms.

We were relieved that Hawaii is one of a few States that enables Medical Aid in Dying. We were fortunate that we had sufficient time to plan ahead, although the process is far more arduous than it should be. We followed the strict, protracted, time schedule and succeeded in obtaining the prescription, and eventually the drugs themselves.

From then on, we had the comfort of knowing that he could choose his moment, and that he would not have to suffer the indignity of a protracted decline and everything that goes with it. The relief that that brings during what is already such an excruciatingly painful and anxious time in one's life cannot be understated.

Sadly, I have learned since Steve died, that many are not able to get through the process in good time, to have the comfort of knowing that they will be able to end their life at whatever moment they feel the pain and difficulty of living those final days has become too much to bear.

I did not want my husband to die! I wish we could have had 20 more years together, or even a few more days. We loved each other very much and I miss him every day. Yet, I could not have wished for him to suffer one moment longer than he could bear, once the outcome was inevitable. So, while it would have been tremendously painful to go through the procedure, I would have willingly supported him taking the drugs. I cared for him throughout his illness at home, with the support of Kauai Hospice for whom I will be eternally grateful. In the end, Steve died peacefully at home with me beside him, without using the MAiD drugs. However, from our many conversations over those last few days I feel he was a mere 24-48 hours away from making that decision as his lungs failed him. For us, simply the knowledge that we had the drugs available for him to make that choice at any moment if he wished was the greatest comfort to us both.

I am therefore a huge advocate for MAiD. Indeed, I would absolutely want it for myself if I were diagnosed with a terminal illness. However, I am truly disappointed at the number of legal roadblocks that are thrown in the way of terminally ill patients as they and their caregivers navigate the system. The process should be made as painless and straightforward as possible.

- The waiting periods between oral requests are far too long and cause unnecessary anxiety and suffering. In fact, I understand many patients die precisely in ways they would not wish, while still waiting and hoping to obtain the drugs.
- Finding information or support is not easy, and particularly if one's own PCP is unwilling to provide support, due to their own beliefs. We were very lucky in the support we had throughout, others are not.
- I live on a neighbor island, and even once we had the prescription there would have been an extra unknown delay in obtaining the drugs from Oahu, so we ensured that we ordered them in advance, so that Steve could be sure they would be available without delay when he decided the moment had come. That was an expense that was not recoverable. Luckily we were able to take that hit, but many are not so financially secure. The drugs should either be immediately available with easy access on any island, or they should be returnable for a refund.
- The paperwork and instructions that come with the drugs are overly complex, and yet another cause for anxiety at a traumatic time for both patient and caregiver.
- The same care and support should be available to everyone regardless of the island they are on, or their health system or insurance company, since there currently appear to be some glaring disparities among health providers. This should include comparable Hospice care throughout the State, and enabling Hospice staff to fully and openly support their patients through the process.
- I'm so grateful that Hawaii State legislature did pass the OCOCA enabling MAiD, but now it seems that legislators have been too slow to react to patients' feedback or needs. They are seemingly too far removed from the everyday reality of dealing with the imminent death of a loved one, and they need to listen better to their constituents and their advocates who are crying out for improvements to these regulations. The concern for ensuring the system is not taken advantage of has come at the expense and suffering of many terminally ill men and women who simply want to have the choice to die in

dignity in their own time. There seems to be no acknowledgement or awareness of the human suffering that is caused, over and above dealing with a terminal disease, by making this process more difficult and protracted than it should be.

Again, I respectfully ask the legislature to pass HB 650, and to continually assess the process, to make improvements in patient/caregiver support and ease of access to drugs, whenever possible.

Mahalo for listening!

Yours,

Louise D Barnfield

3626 Keoniana Road

Princeville

HI 96722

1/30/2023

Dear Representative Della Au Belatti and the Members of the Committee on Health and Homelessness,

Re: HB 650

I am a Nurse Practitioner and prior to my retirement, I assisted over 80 patients with the Medical Aid in Dying (MAiD) process from January 2019 – July 2022. As a MAiD Care Coordinator, I met with patients and families to review the process, schedule provider appointments, track the required timeframes outlined in the Our Care, Our Choice Act (OCOCA), offer emotional support and attend deaths as requested by the patient. I became a nurse to make a difference in people's lives, at the end of my career I realized I was also making a difference in people's deaths. Patients were so grateful to have this option, to have some control at the end of life. It was not uncommon after the patient had the medication, their depression/anxiety lessened and there was reassurance, if need be, they could end intolerable suffering.

The proposed amendments; to decrease the waiting period from 20 days to 5 days along with allowing the provider to waive this if it is likely the patient will not survive and allow APRNs to be a provider are crucial in order to provide this option to all Hawaii residents. This would allow equitable care for patients who are gravely ill and those who reside especially on the neighbor islands.

The current 20-day waiting period is a barrier for those that are interested in MAiD as some are so ill that they will not survive the waiting period. Once the patient was referred to me, I made every attempt to schedule the three provider appointments as soon as possible however the waiting period does not begin until all the providers deem the patient eligible. Time is of the essence for these patients and the current law prevents them from an option they desperately seek. Based on my experience many patients died between January 2019 – July 2022 before they could complete the 20-day waiting period. This is unacceptable with no clear reason for such an extended waiting period. Patients and family members would ask why they had to wait so long for the prescription. All I could say was "it's the law" as I was unable to provide any further rationale. It was frustrating for the patient, the family and myself to see the patient denied access to MAiD based on such a prolonged waiting period.

Allowing qualified APRNs to be one of the providers is in alignment with the APRNs training, education and prescriptive authority. We are educated to perform assessments, diagnose and treat medical conditions, assess medical decision-making capability and prescribe medications. We have the judgement required to determine prognosis. Based on my interaction with patients and review of their medical record, I would share with the attending physician my prognostic opinion when I felt either death was imminent or the patient did not meet the 6 month or less prognostic criteria. The attending physician agreed with me each time. In addition, considering the lack of providers on the neighbor islands it is a disservice especially to those residents not to utilize APRNs to expand access to MAiD. Patients should not feel abandoned, as one patient who lives on the island of Hawaii expressed to his physician when he was unable to find a provider to start the MAiD process.

As a healthcare provider and an advocate for dying patients, I ask you to amend the OCOCA to improve access for the patients with a short time to live and those who struggle to find providers to reduce superfluous hardship.

Sincerely,

Susan Amina, RNC, MSN, FNP

HB-650

Submitted on: 1/30/2023 9:25:34 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leilani Maxera	Individual	Support	Written Testimony Only

Comments:

I urge you to support HB650. I am a Licensed Clinical Social Worker who supports Medical Aid in Dying patients by volunteering to do their capacity evaluations, one of the many steps in the MAiD process. I also run a free bereavement group for loved ones of those who have chosen MAiD. I have seen firsthand how detrimental the 20 day waiting period is to those who seek out MAiD and to the people who love them. We have one of the strictest waiting periods in the country and some people die before they reach the 20 day mark. There is no reason to prolong the process; patients deserve better. They deserve a real choice, and for those who are in extreme pain or are otherwise suffering, languishing in agony waiting for an arbitrary time period takes away their dignity. If we say that they have a choice, lets trust their judgment and give them a real choice instead of telling them 20 days they must wait regardless of where they are at in their dying process. I also believe that APRNs should be allowed to act as MAiD providers. Because of our shortage of medical providers in all categories in Hawai'i, patients already face many struggles to access the MAiD program. I see how people struggle to find providers who understand MAiD, and if there are APRNs who are willing to take up the work they should be allowed to do so. Please support HB650 and give real choices and dignity to terminally ill patients who utilize the Our Care, Our Choice Act.

HB-650

Submitted on: 1/30/2023 9:28:58 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Howard J. Wolff	Individual	Support	Written Testimony Only

Comments:

I strongly support making it less cumbersome to choose to die with dignity and without prolonged agony when nearing one's end of life.

HB-650

Submitted on: 1/30/2023 10:48:09 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Barbara J. Service	Individual	Oppose	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi and committee members.

Please support HB650 which updates and strengthens Act 2 (2018) and makes it possible for individuals to carry out their own end-of-life decisions. Specifically, this will give APRN's the same authority as MD's. This is especially important for people who live in areas where there is limited access to medical doctors. Likewise, shortening the waiting period will help those who often don't live long enough to take advantage of the law.

Please move this measure forward.

Mahalo!

Barbara J. Service MSW (ret.)

Kupuna Advocate

TESTIMONY IN STRONG SUPPORT OF HB650
Hawaii State House Committee on Health and Homelessness
Wednesday, February 1, 2023, 10:00a
Submitted by Lynn B. Wilson, PhD

January 30, 2023

To: Chair Della Au Belatti and Members of the State House Committee on Health and Homelessness

Re: Urging your strong support for removing barriers to access Hawaii's Our Care, Our Choice Act

Greetings:

I have appreciated previous votes to pass the original "Our Care, Our Choice Act" and, building on that, your support this year for HB650 aimed at removing barriers to access in the act is extremely important.

Data demonstrates safe use. Many prescriptions have been written in Hawaii since the law went into effect. Staying in line with nearly 40 years of combined national data, there has not been a single incident of coercion or abuse in Hawaii or in any other states that have authorized medical aid in dying.

My story. The proposed amendments are important to me personally. I was diagnosed in 2016 with an aggressive form of breast cancer. While my prognosis now looks good—it's been over six years since my diagnosis and treatment—I am convinced we all deserve to be able to access this law as an end of life option. We need to make sure these amendments are in place so that terminally ill patients will not suffer needlessly at their end of life because they are unable to receive the supportive care they need.

Support needed to increase access to the law:

1) Amend waiting period. Although the law is working, there remains a lack of doctors who are participating. Many who try to access the medical aid in dying option cannot find doctors to support them, and many do not survive the 20-day waiting period. This has led to exacerbating stress for the dying person at a time when comfort is needed most. It increases distress for families at the very moment when they need to stay grounded and share their loving. Both Kaiser Permanente and Hawaii Pacific Health have set up streamlined processes to assist their patients in accessing medical aid in dying, but nearly a quarter of their eligible patients did not survive the waiting period and died in exactly the way they did not want. Therefore, I appeal to you, our legislators, to amend the Our Care, Our Choice Act waiting period so it can be waived if the eligible patient will not survive the waiting period, just as they already do in Oregon.

2) Amend qualifications for prescriptive powers. The law can be especially difficult to access on our neighbor islands. That is why the Hawaii State Department of Health has recommended that qualified Advanced Practice Registered Nurses (APRNs) be able to fully support eligible patients in the option of medical aid in dying, including writing prescriptions for qualified patients. Moreover, it is extremely hard for terminally ill patients, if they are not part of Kaiser or Hawaii Pacific Health, to find doctors who are willing to write a prescription. APRNs already have prescriptive authority in our state, thanks to your leadership. And they should have the ability to serve as the attending physician, especially because of the doctor shortage across our state. With this amendment, APRNs will become qualified to serve as either the attending or consulting for the law.

These amendments to HB650, recommended by our Department of Health, just make sense—contributing to the well being of families across the state who have loved ones at the end of life.

It's time for Hawaii to approve the Hawaii State DOH improvements to the Our Care, Our Choice Act to increase access so that everyone who prefers this legal option has equal access to implement the choices they have for themselves at one of the most significant moments of their lives.

Aloha,

Lynn B. Wilson, PhD Waipahu, Hawaii 96797

HB-650

Submitted on: 1/31/2023 5:47:49 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Marilyn Link	Individual	Support	Written Testimony Only

Comments:

In July 2021 my sister began the process for Death With Dignity (DWD) after receiving a terminal diagnosis. She had spent a total of 30 days in hospitals on Maui and Oahu, received all necessary diagnostics, visited with specialists and endured painful, though unsuccessful, treatments for her terminal condition. We had the support of her PCP, specialists, psychologist and support staff to initiate the DWD process. Her PCP had a very challenging time just finding out how to register the paperwork, but spent her own time researching the process. At this point, my sister was able to speak, eat and swallow. Between the time-lag of filing the initial request and the addition of the 20 day waiting period, she lost the ability to swallow which would have made it impossible for her to ingest the drugs. She died in a hospice facility. She was not able to die in her home, on her terms. The current rules create an inhumane barrier to the success of this process. I urge you to support this bill to help Hawaii residents retain their dignity in life and death decisions. Thank you

HB-650

Submitted on: 1/31/2023 6:29:44 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
stephanie marshall	Individual	Support	Written Testimony Only

Comments:

Chair Au Bellatti and committee members, I strongly support the measures in HB 650. I am an oncology nurse for over 40 years and caring for patients at the end of their lives. The ability for the provider to waive the waiting period if needed is the humane and compassionate path to take for the patients who choose medical aid in dying. I have seen too much needless suffering in my career. I also was faculty at UH Manoa School of Nursing for 10 years and know that APRNs are fully capable and able to practice within their scope of practice to act as providers. I am asking you to please support this bill

Respectfully, Stephanie Marshall ,RN, MS, FAAN

HB-650

Submitted on: 1/31/2023 7:59:31 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kathleen M. Johnson	Individual	Support	Written Testimony Only

Comments:

My husband, Stephen T. Johnson, a retired firefighter, was one of the first users of MAID. He had advanced metastatic prostate cancer. When he was diagnosed in December 2018, Dr. Miller and Kaiser immediately stepped in to assist every step of the confusing process of the new law to gain approval to fill a MAID prescription. It was very cumbersome and time consuming, stressful and anxiety filled until he finally had the prescription filled after flight to Oahu and taxi ride to Kailua to a compounding pharmacy. His anxiety was gone and he happily returned home late afternoon that day. The MAID prescription awaited his decision, which was made on May 5, 2019 at age 75. He lived his life exactly as he wanted to; and controlled his dying as he wanted to. This was a gift to him, me and our family. I hope the process will become less cumbersome, that those without means or in remote locations can work their way through with the help of navigators. If this is an option people chose, barriers should be removed to make it a smooth process. I am in support of any changes that ease the availability and completion of the MAID process. It should be up to the individuals and families; not up to politicians and those of opposing beliefs. Thank your listening to me. Kathleen M. Johnson, Kailua-Kona

HB-650

Submitted on: 1/31/2023 8:01:26 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Katharine Morgan	Individual	Support	Written Testimony Only

Comments:

I have personally accompanied 2 people who have had the opportunity to choose the time of death with medically assisted dying. I support this bill to increase the opportunities for others to access the resources needed for this peaceful death as an alternative to prolonged suffering.

HB-650

Submitted on: 1/31/2023 8:14:24 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Angela Posatiere	Individual	Support	Written Testimony Only

Comments:

I fully support improving access to aid in dying for all who choose.

This is a vital right for all individuals.

Aloha,

My name is Momilani Loveland. I can't be there today to provide my personal testimony, so please accept my letter as my contribution, and advocacy to improve the Compassion & Care / Medical Assistance in Dying (MAID) process.

My dad, David Morris, passed away from cancer. He had Stage 4 Lung and Kidney cancer for 3 years. And then developed Brain cancer within the last 6 months of his life. He passed on September 16, 2022. We utilized MAID, and we are VERY thankful Hawai'i passed this law, BUT ... more can be done.

The overall process was very time consuming and overwhelming. Having to wait 20 days to qualify is too long. Especially when you are watching your loved one suffer daily – unable to walk, unable to eat, unable to have a decent quality of life. It's gut wrenching. NO ONE SHOULD HAVE TO SUFFER LIKE THAT.

The other sad part, was our medical provider. They made no mention of the MAID process. They only spoke about hospice. My dad did his own homework, shared his wishes with me, and I had to make it happen for him. I had to contact Compassion & Care to find resources for Hawai'i. I had to make sure his wishes were discussed with his Oncologist, and we were then referred to the social worker on staff. I had to follow up with the social worker about appointments. We had phone appointments with two different doctors. It was a good thing my dad refused to take sedating medication for his pain because I'm not sure he would've been able to answer most of the questions. In fact, that is the main reason why he DIDN'T take his medications. He didn't want to be mentally incapacitated just in case he had to express his wishes. I had to pick-up the medication. I had to meet with a pharmacist. I had to mix-it up all the prescriptions and give it to my dad. And, I had to sit there and watch him die.

Do you know how many bottles of drugs I was given? NINE! I was NOT expecting all of that. It was EXTREMELY overwhelming, and emotional to see that it would take NINE bottles of drugs to end my father's life. I thought it would come in one packet. Easy to administer. But no, I HAD to open each bottle, and pour the contents into a mug. I shook the ENTIRE time from anxiety. My sister, and husband, had to assist, but I made sure I did most of the process. Imagine yourself ... opening up each bottle, and having to pour the contents out. It filled the mug up about ½ way.

Was my dad scared? YES. But, time was not on his side. The side effects he could suffer from the cancer moving to his brain ... he didn't want to endure. He couldn't tolerate any more treatments. He couldn't deal with any more pain. He didn't want to end up in the hospital, alone. He didn't want to die alone. So, he made the decision to drink "the potion".

Are we glad this was an option for him. 1000%. Once he drank "the potion" he immediately went to sleep, and he was gone within 10-15 minutes. Peaceful. Tranquil. No more suffering. No more pain. It gave us time with him before hospice arrived to call his time of death, and before the mortuary picked him up. He did it his way, and for us, that is all that matters.

Could entire process improve? 1000%. I implore you to reconsider the roadblocks our suffering loved ones face, and what the caregivers, like me, have to endure as well. Lessen the qualification time and requirements. Allow this as an option on some's health directive, or personal will. People suffering shouldn't have to jump through hoops. They've jumped though many hoops as it is – numerous doctor's visits, treatments, radiological scans, daily pain and suffering. Please, help us, help our loved ones.

Thank you for your time.



2019 - Diagnosed



2022 – ER, Day before he died



NINE PRESCRIPTION BOTTLES

HB-650

Submitted on: 1/31/2023 8:45:53 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ken Farm	Individual	Support	Written Testimony Only

Comments:

Please pass out of committee

Testimony in support of HB650

This proposed bill makes improvements to OCOCA, allowing persons suffering and wishing to exercise options for aid in dying.

Allowing APRMs prescriptive authority would help improve access to participating providers in rural areas and on neighbor islands.

Allowing providers to waive the mandatory waiting period in cases where the patient is not likely to survive allows the patient compassionate options.

Granted a waiting period between first and second request, is valid. However, twenty days is a very long period for a person in intense pain. Therefore, reducing the waiting period to five days is reasonable.

Therefore, I support HB650

HB-650

Submitted on: 1/31/2023 8:52:12 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
David Gili	Individual	Support	Written Testimony Only

Comments:

I support HB650

HB-650

Submitted on: 1/31/2023 8:53:57 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carol Iwamoto	Individual	Support	Written Testimony Only

Comments:

Yes on HB650.

HB-650

Submitted on: 1/31/2023 9:28:49 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jane E Arnold	Individual	Support	Written Testimony Only

Comments:

Please pass HB650.

From Holy Love Ministry – June 28, 2021

Once again, I (Maureen) see a Great Flame that I have come to know as the Heart of God the Father. He says:

"The Fifth Commandment is 'Thou shalt not kill'. These days, this Commandment is flagrantly violated. **Any taking of life is profaning the Fifth Commandment.** A whole industry - abortion - has been built around violation of this Commandment. This also includes the harvesting and use of stem cells. Beyond that, there is **the acceptance of euthanasia** and suicide. I am the Lord and Giver of Life. **Only I must be the One Who calls life unto Myself.**"

"Disregard for this Commandment has drawn morals to a new low. Degeneration of morals threatens the general well-being of every nation. This is why there are unprecedented atmospheric events. The basic right to life is non-debatable. **Human life must be respected from conception to natural death.** Violation of this Commandment is man's useless attempt to control his own destiny. Basic acceptance of My Will precludes such an attitude. My Will is the basis and foundation of all the Commandments."

January 31, 2023

Honorable Chair Au Belatti, Vice Chair Takenouchi, and Esteemed House Committee on Health and Homelessness Members,

I have practiced and taught full-time palliative medicine in Hawaii for nearly 20 years, and I am writing, as an individual, in **strong opposition to HB-650**.

Proponents of changes to the Our Care, Our Choice Act now describe the original safeguards written into the Act as barriers. In support of these proposed changes, they offer only anecdote. I submit these facts for the committee to consider in weighing this important issue

Claim: Certification of terminal diagnosis is within the scope of practice of Advanced Practice Registered Nurses (APRN's).

Fact: Certification of a terminal prognosis is not within the scope of practice for Advanced Practice Registered Nurses (APRN's). APRN's are an essential component of any high-quality palliative care team. Personally, I am fortunate to work daily with the most skilled palliative care APRN's in the state. However, Medicare specifically prohibits APRN's from certifying 6-month prognosis for hospice. This certification of six-month prognosis is an essential role of the attending and consulting physicians under the 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?

Claim: The OCOCA has created barriers to the wide adoption of assisted suicide in Hawaii.

Fact: By 2021, just the third year of OCOCA, Hawaii reached a level of utilization that Oregon did not see until the 20th year of their Death With Dignity Act. These data are publicly available from the Departments of Health of Oregon and Hawaii and do not support the contention that there are barriers to the implementation of legally hastened death in Hawaii

Claim: Hawaii should allow the waiving of any waiting period for those not expected to survive the waiting period.

Fact: Waiving the waiting period for those not expected to survive the waiting period is clinically illogical and an invitation to fraud and abuse. A physician can only reliably predict that a patient will only survive hours to days and not weeks once the patient has entered the actively dying phase. Patients that are actively dying nearly always lack the ability to perform the cognitive and physical functions required to self-determine their care under the OCOCA. Passing this provision would open the door to abuse by authorizing patients that are unable to self-determine and self-administer the lethal drugs or abuse by physicians succumbing to pressure to expedite the process. The idea of waiving 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 from expediting the process.

I have no objections to the other provisions of HB-650: shortening the waiting period to 5 days and the inclusion of psychiatric APRN's among the behavioral health consultants to confirm capacity. There is no evidence to support 20 days, 15 days, or 5 days as the time that best balances safety and access concerns. Determination of capacity and assessing for impairing behavioral health concerns, unlike certifying terminal prognosis, are both well with the scope of practice of psychiatric APRN's.

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

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM

Board-certified in Hospice & Palliative Medicine, Pain Medicine, Addiction Medicine, Internal Medicine
Kailua, HI

HB-650

Submitted on: 1/31/2023 9:19:33 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Citizen	Individual	Oppose	Written Testimony Only

Comments:

Oppose HB650.

HB-650

Submitted on: 1/31/2023 9:22:00 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Peter J Long III	Individual	Oppose	Written Testimony Only

Comments:

I submit this testimony in OPPOSITION to the proposed bill. I believe that our energy and resources as a state should be focus on the PROTECTION and PRESERVATION of LIFE. It's a very slippery slope from here as we start legislating who is eligible for state assisted death. It is the job of government to protect its citizens, I simply see this legislation as the first step in a very horrible direction.

I urge legislators to vote this proposal down.

HB-650

Submitted on: 1/31/2023 9:22:04 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Susana Kwock	Individual	Oppose	Written Testimony Only

Comments:

Oppose HB650.

HB-650

Submitted on: 1/31/2023 9:59:30 AM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mary Smart	Individual	Oppose	Written Testimony Only

Comments:

I most strongly oppose this HB 650. You don't provide "aid" in dying by killing the patient quicker.

Do not pass HB 650.

HB-650

Submitted on: 1/31/2023 12:44:07 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lisa Shorba	Individual	Oppose	Written Testimony Only

Comments:

Please do not pass this measure. A terminally-ill person deserves better care and if they are going to die, allow them to die naturally. Allow the family members time to be with them while they live their final days. We do not want to send the confusing message to our youth or others that it is okay to deliberately end a person's life...regardless of the circumstances. Life is sacred.

TESTIMONY IN OPPOSITION TO HB 650

My name is Dr Craig Nakatsuka. I am in opposition to HB 650 relating to the expansion of the Our Care Our Choice Act.

This bill seeks to: expand the scope of practice of nurse practitioners in medical aid in dying, expand the providers to provide counseling to a qualified patient, decrease the mandatory waiting period between oral requests, and waive any waiting period for those terminally ill individuals deemed unlikely to survive the waiting period.

The OCAC act was passed amidst concerns of abuse that could threaten the lives of the vulnerable, including the frail elderly and the disabled. Therefore, safeguards were put in place, including the mandatory waiting period for individuals to have time to receive hospice and palliative care services and receive the comprehensive support they need, including competent management of their pain. Also, the assessment for the critical piece of whether the individual making the decision was doing this not out of despair, depression, or coercion of any sort was to be done by the most qualified of providers: psychiatrists, psychologists, and clinical social workers. This bill seeking to expand the OCAC act raises considerable concerns.

Firstly, there already has ample evidence that the professional MOST qualified to assess for assessment and treatment of depression is the psychiatrist. It has been shown that the prevalence of reversible depression in those with advanced illnesses and/or at end of life is around 40%. Yet, only 4-6% of those seeking medical aid in dying per the state of Oregon statistics were referred to a psychiatrist. If the current medical providers are so dramatically underdiagnosing treatable depression, this will only worsen if advanced practice nurses are allowed to assess for mental health.

2ndly, within this climate of increased depression and anxiety, there is therefore good reason for the current mandatory waiting period. This time of processing their decision and the support of good hospice care is absolutely valuable in making a final decision regarding their end of life wishes. This waiting period therefore should NOT be shortened.

Finally, waiving the mandatory waiting period for those who would not survive the remaining 5 days of their life is an oxymoron. As a recently retired hospice physician, I know first-hand that someone in this situation usually has lost a significant amount of their cognitive ability and are often confused and

emotionally fragile. Having the cognitive and emotional stability for clear decisionmaking in this context is extremely unlikely and waiving the mandatory waiting period only serves as a gateway for abuse by others who want to prematurely end the person's life.

We are now in the midst of a prolonged pandemic where we have seen suicide rates, opiate overdoses, and alarming rates of mental health problems among individuals due to feelings of loneliness, isolation, and abandonment. Certainly this is no time to consider removing the safeguards that have been appropriately in place all this time.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Craig Nakatsuka". The signature is stylized and cursive.

Craig Nakatsuka, MD

HB-650

Submitted on: 1/31/2023 3:07:40 PM

Testimony for HLT on 2/1/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alfred Hagen	Individual	Oppose	Written Testimony Only

Comments:

Dear Committee Members,

Not enough doctors, because 10 out 50 states have shorter mandatory waiting periods: these are two of the reasons to permit advanced practice registered nurses who have a 'specialization' (degree?) to oversee the killing of a 'qualified' patient not in 20 days but in a proposed five days. And, many clients passing before reaching the 20 days. We should be exclaiming with thankfulness that it was God taking them rather than a fellow human being.

These changes are based on expediency and nothing else.

Please vote "no" as a show of compassion for our elderly so that they die on their own terms and not on those of someone else.

Respectfully submitted,

Alfred Hagen

3347 Anoa'i Pl
Honolulu, HI 96822
31 January 2023

The Honorable Della Au Belatti
Chair, House Committee on Health and Homelessness
Hawaii.Capitol.Gov/account/submittestimony

Re: HB 650, r/t Health, public hearing at 10:00 a.m., Wed. 1 Feb. 2023

Dear Chair Belatti and Members of the Committee,

I strongly support this bill amending Hawaii's Our Care Our Choice Act (OCOCA), HRS ch. 327L, on medical aid in dying (MAID) and urge you to pass it out of committee.

It is important to help the Neighbor Island residents use the Our Care Our Choice Act by expanding the number of qualified professionals who can participate, given the shortage of health care professionals there. It is also important to reduce the overall time and procedures so a dying person can reduce their suffering. This bill would do those things.

I am in my 70s and support MAID because I want that option for myself, when I so choose. If suffering or some other condition becomes more than I care to bear, I do not want to be limited to starving myself to death while in great pain. While having some safeguards against abuse of MAID are reasonable, the Department of Health's (DOH's) 2019-2021 annual reports to the legislature, the latest I could find, do not reveal abuses of the elderly and frail. <https://health.hawaii.gov/opppd/ococ/>. In contrast, the DOH testified:

As a result, DOH does not quantify the number of patients who expired prior to executing all the steps, however the anecdotal input from healthcare providers has been very consistent, that: 1) patients in rural communities struggle to find a participating provider (attending, consulting, and mental health), and 2) patients with grave health prognoses expire during the waiting period, often with tremendous suffering. (DOH, 2-1-2022 on HB 1823)

This bill is substantially similar to HB1823, HD2, SD2, which made it to conference last year. HB650 only authorizes advanced practice registered nurses to perform certain functions, not physicians' assistants as in HB1823, and shortens the time between oral requests from 20 to 5 days, instead of to 15 days as in HB1823. I thank those of you who supported HB1823 and ask for your continued support for improving MAID laws.

Respectfully submitted,
s/Laurence K. Lau