Testimony of the Board of Nursing

Before the
Senate Committee on Health and Human Services
Wednesday February 1 2023
1:00 p.m.
Conference Room 225 and Videoconference

On the following measure:
S.B. 442, RELATING TO HEALTH

Chair San Buenaventura and Members of the Committee:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board supports this bill and limits its testimony to the portions pertaining to the inclusion of advanced practice registered nurses (APRN).

The purposes of this bill are to: (1) authorize APRNs to practice medical-aid-in dying in accordance with their scope of practice and prescribing authority; (2) authorize psychiatric mental health nurse practitioners, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient; (3) reduce the mandatory waiting period between oral requests from twenty days to five days; and (4) waive the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period.

The Board supports the bill's intent to remove barriers for the practice of APRNs and, more importantly, to provide greater access to health care for Hawaii residents, especially those who reside in rural areas or on the neighbor islands. APRNs are recognized as primary care providers who may practice independently based on their practice specialty.

The bill's inclusion of APRNs in the definitions of "attending provider" and "consulting provider" is aligned with an APRN's education, training, and scope of practice, who is qualified by specialty or experience to diagnose, treat, and provide a prognosis of a patient's terminal disease. As outlined below, Hawaii Administrative Rules section 16-89-81**,** sets forth an APRN's scope of practice, which includes, but is not limited to:

- The provision of direct care by utilizing advanced scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;
- Manage the plan of care prescribed for the patient;
- Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments or procedures that are basic to the clinical evaluation of physical, developmental, and psychological signs and symptoms;
- Order, interpret, or perform diagnostic, screening, and therapeutic examinations, tests and procedures;
- Formulate a diagnosis;
- Plan, implement, and evaluate care;
- Order or utilize medical, therapeutic, or corrective measures including, but not limited to, rehabilitation therapies, medical nutritional therapy, social services and psychological and other medical services;.

The Board also supports the inclusion of APRNs specializing in psychiatric mental health under the definition of “counseling” to determine whether the patient is capable of making an informed decision regarding ending the patient’s life.

Thank you for the opportunity to testify on this bill.

Testimony of Sam Trad, National Director of Care Advocacy, Compassion & Choices
Supportive Testimony Regarding SB 442

Dear Chair Joy A. San Buenaventura, Vice Chair Henry J. C. Aquino, 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 (OCOCA) was 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 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 face less barriers to access. .

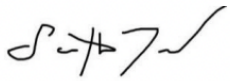
The proposed amendments keep intact the same basic eligibility requirements and core safeguards that have always protected vulnerable patients. Adults must have a terminal illness with 6 months or less to live, be mentally capable, and be able to self-administer the medication. This law does not allow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

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 do not 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 appointments 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 improving access to the Our Care, Our Choice Act.

Thank you for your consideration.
Sincerely,



Sam Trad
National Director of Care Advocacy
Compassion & Choices

Hawai'i Association of Professional Nurses (HAPN)

To: The Honorable Senator Joy San Buenaventura Chair of the Senate Committee on Health and Human Services

From: Hawaii Association of Professional Nurses (HAPN)
Subject: SB442 – Relating to Health, in strong Support

Hearing: February 8, 2023, 1p.m.

Aloha Senator San Buenaventura, Chair; Senator Aquino, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony regarding SB442. 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 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.

In other committee hearings, there has been questions regarding APRNs and if we can certify for hospice. Prognostication is not exact and as a result, should a patient live beyond 6 months in hospice care, CMS allows APRNs to recertify patients for hospice. Currently there is a bill in the federal congress that is working toward changing this (allowing APRNs to certify for hospice from the start) among other areas of need where APRNs can make a difference. Here is the announcement from AANP: https://www.aanp.org/news-feed/aanp-applauds-senate-introduction-of-ican-act

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

Testimony of Sara Manns, Hawai'i State Manager, Compassion & Choices
Supportive Testimony Regarding SB 442

Good day Chair Joy San Buenaventura, Vice Chair Henry Aquino 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) in 2018, which has provided peace of mind to the terminally ill since s it has been in effect; and thank you for your consideration of SB 442. We are here today and pleased to offer our support for these crucial improvements 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, so that all eligible patients can access this compassionate option of medical aid in dying. Findings from the annual reports[1] 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 pandemic[3][4] and is especially dire on neighbor islands,[5][6] 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 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.

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

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]

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

- 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
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

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

The Committee on Health & Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J. C. Aquino, Vice Chair

Date: 2/7/2023

From: Testimony of Michelle Cantillo, RN, Advance Care Planning Coordinator representing Hawaii Pacific Health

Re: Supportive Testimony Regarding SB442

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 am involved with patients requests for Medical Aid in Dying (MAiD), OCOCA and collect all the data since January 1, 2019. At HPH we support patients request by seeking out providers that are willing to participate either as attending or consulting physician. Our team helps to educate the patient, their family as well as the patient's medical team on MAiD, OCOCA. On behalf of HPH, I am writing to express HPH support of amending 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, either I or a social worker will reach out to physicians to see if they will consent to participate. There is hesitation and they have shared they are not comfortable in writing the MAiD 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 and having peace of mind.

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 have voluntarily consulted if the 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 SB442. Thank you for the consideration of our testimony.

Mahalo,

Michelle Cantillo

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

Written Testimony Presented Before the
Senate Committee on Health, Human Services

Hearing: February 8, 2023 @1:00 PM
State Capitol, Via Videoconference

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

HAWAII
AMERICAN NURSES ASSOCIATION

SB442 RELATING TO HEALTH

Chair Joy A. San Buenaventura, Vice Chair Henry J.C. Aquino, and members of the Senate Committee on Health, for this opportunity to provide testimony in strong support for SB442, Relating to Health. This bill seeks to explicitly authorize advanced practice registered nurses (APRNs) as attending providers and consulting providers capable of performing all necessary duties under the Our Care, Our Choice Act in accordance with their scope of practice and prescribing authority. This bill also seeks to reduce the mandatory waiting period between oral requests made by a terminally ill individual from twenty days to five days and to allow an attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

We are members of the American Nurses Association in Hawai‘i (Hawai’i-ANA) who speak for over 15,000 Registered Nurses in Hawai‘i caring for patients every day, throughout their lifespan, from birth through dying and death. We have supported the passing of the bill to enact this measure in the past, in our interest to provide choices and options to patients addressing end-of-life issues. We continue to support the Act as an option for both patients and providers, to consider in meeting the personal needs of the individual patient.

We believe the information provided by the State of Hawaii Department of Health regarding the use of this Act highlights the very real difficulties individuals in Hawaii are experiencing in meeting the established criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process. In particular patients on the neighbor islands have great difficulty accessing a provider to participate in the prescribed process. Authorizing APRNs to practice medical aid in dying, in accordance with the existing scope of practice and prescribing authority, will expand access for neighbor island patients who choose to avoid needless suffering in their final days of life.

In addition, the waiting period of 20 days is the longest in any state that has enacted such a law to regulate dying with dignity by individual choice. Patients have met all the requirements of the law to bring them to the point of ingesting the prescribed medication when they are required to wait another 20 days. Surely the provider of care along with the patient and the family can determine that the patient is not likely to survive that long, and therefore the waiting period

should be waived, again to provide greater mental ease and comfort to terminally ill individuals and their families.

We respectfully request that SB442 pass out of this committee. Thank you for your continued support for measures that address the healthcare needs of our community.

Contact information for Hawaii – American Nurses Association

President: Dr. Nancy Atmospera-Walch
president@hawaii-ana.org
Executive Director: Dr. Linda Beechinor, APRN-Rx, FNP-BC
executivedirector@hawaii-ana.org
phone (808) 779-3001
500 Lunalilo Home Road, #27-E
Honolulu Hawaii USA 96825

THE KŪPUNA CAUCUS

Feb. 6th 2023 for HHS_02-03-23 1:00 pm Hearing

TO: THE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

CONCERNING: SB606 (Relating to Hearing Aids), SB608 (Relating to Prescription Drugs), SB609 (Relating to Hearing Aids), SB900 (Relating to Health Insurance Assistance Program), SB 901 (Care Facility Inspections), SB902 (Relating to Caregivers), SB1592 (Relating to Senior Medicare Patrol Program). SB853 (Relating to Healthy Aging Partnership), SB 442 (Relating to Health)

POSITION: Full support

Aloha Chair Buenaventura, Vice Chair Aquino and members of the committee

The Kupuna Caucus of the Democratic Party of Hawaii supports the bills listed above and hopes they will be passed.

It has taken long enough for Federal and State health programs to recognize the vital importance of hearing aids to seniors who suffer disproportionately from gradual hearing loss. Hearing assistance is vital to self –sufficiency, to personal safety, and for the people a senior may interact with on a daily basis. Any bill that supports financial assistance in buying hearing aids is worthy of support.

The recent COVID pandemic demonstrated the need for more stringent and frequent inspections of care facilities and the need to provide the results to the public before they trust a place with their loved ones.

There is a serious shortage of care givers especially those who work for agencies that accept Federal or state assisted insurance programs. One reason is because the businesses keep almost all of the money paid by the insurance for the hourly services and pay the workers poorly. Better training and a higher wage will provide more and better in home care.

Please continue to support agencies and department services that assist Kupuna to live out their lives with dignity, healthy, safe and well cared for.

Martha Randolph for
The Kupuna Caucus

Hawai‘i Psychological Association

For a Healthy Hawai‘i

P.O. Box 833
Honolulu, HI 96808
www.hawaiipsychology.org
Phone: (808) 521 -8995

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

February 8, 2023 1:00 PM
Conference Room 225 & Videoconference

Testimony in Support on SB442 RELATING TO HEALTH with comments

The Hawai‘i Psychological Association (HPA) supports SB442; 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. H**owever, 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

SB-442
Submitted on: 2/5/2023 4:24:44 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Testifying for PABEA & Kokua Council	Support	Written Testimony Only

Comments:

Senate Committee on Health and Human Services SB442 Testimony,

Authorizes 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.

Our Care, Our Choice Amendment woulld 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 assesments.
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 recommendation.

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.

SB-442
Submitted on: 2/7/2023 9:52:43 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

Good Afternoon Chair San Buenaventura, Vice Chair Aquino - I am writing in strong support for SB 442. 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 over the past four years 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. SB 442 will remove this barrier to access and allow many more patients who request MAID to use this option.

Second, in the past four years access to the law has been very limited on the neighbor islands. This is due in part 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 and qualified Advanced Practice Nurse Practioners (APRNs) to serve as attending, consulting and mental health providers much of the access disparity on neighbor islands would be alleviated. It is inherently unfair to disadvantage patients who live outside of Oahu when they request MAID. APRNs are fully licensed for independent practice in Hawaii. Allowing them to fully particioate in the OCOCA does not represent any expansion of their scope of practice.

I believe I have more experience with the OCOCA than any other physician in the state and strongly believe SB 442 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 the OCOCA.

Charles F. Miller, MD, FACP, FASCO
Director, Kaiser Hawaii's Medical Aid In Dying Program State Affiliate Representative Hawaii Society of Clinical Oncology

Submitted Online: February 7, 2023

HEARING: February 8, 2023

TO: Senate Committee on Health & Human Services
Sen. Joy San Buenaventura, Chair
Sen. Henry Aquino, Vice-Chair

FROM: Eva Andrade, President

RE: Opposition to SB 442 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 abuse[i]." 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

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

Written Testimony Presented Before the
Senate Committee on Health and Human Services
Wednesday, February 8, 2023 at 1:00 PM
Via Videoconference and Conference Room 225
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa

Comments on S.B. 442

Chair San Buenaventura, Vice Chair Aquino, and members of the Committee on Health and Human Services, thank you for the opportunity for the Hawai'i State Center for Nursing to provide **comments on S.B. 442, 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% of APRNs reside 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 (NCSL) 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). 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.

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

SENATE COMMITTEE ON HEALTH & HUMAN SERVICES
Senator Joy A San Buenaventura, Chair
Senator Henry JC Aquino, Vice Chair

Date: February 8, 2023
From: Hawaii Medical Association
Beth England MD, Co-Chair, HMA Public Policy Committee

Re: SB 442 Our Care, Our Choice Act; Advanced Practice Registered Nurses; Mandatory Waiting Period, Waiver
Position: Offering Comments

The Our Care Our Choice Act allows terminally ill patients the opportunity to control the manner of their death. The primary goals of medical aid in dying (MAiD) are to increase patient autonomy, allowing individuals the right to control the circumstances of their death when it is otherwise inevitable, and to decrease suffering in the setting of a terminal disease[1]. Our comments on this proposed legislation are only intended to address issues around the implementation of MAiD in order to ensure that even the most vulnerable patients in our community receive quality care and services.

Patients who have completed MAiD in Oregon and Washington were more likely to have some level of college education, have public or private medical insurance, be Caucasian, and over the age of 65[4]. These findings suggest that traditionally vulnerable populations are not the primary recipients of MAiD. It is important to note that these studies are largely observational, and additional research is needed. To ensure that this is the decision of a competent individual with no elements of coercion or under-/untreated psychiatric disease, Hawaii law mandates that the patient undergo a mental health evaluation by a counselor, though definition of "counselor" is not clarified [2,3].

The gravity of this decision deserves robust research and careful layers of protection. There is evidence that depression may play a role in a patient's decision to participate in MAiD, raising concerns regarding determination of patient decision-making capacity. Patients requesting MAiD in Oregon were more likely to have higher levels of depression and hopelessness than their counterparts with similar advanced disease[5]. Additionally, cases of elderly abuse and patients exhibiting concerning suicidal behavior prior to participation are reported[6].

Hawaii patients deserve the highest standard of care, particularly in matters of life and death. HMA respectfully submits the following recommendations that are consistent with the intention of the Our Care Our Choice Act and ensure the safety of our most vulnerable patients:

1. Require that the providers prescribing the terminal prescription for MAiD perform a formal decision-making capacity evaluation following the standards of evaluations completed by psychiatrists, outlined in American Psychiatric Association resource document as follows:

(continued)

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

a. "A DC (decision capacity) assessment should start with a full psychiatric interview, as several psychiatric diagnoses are associated with greater impairment in DC. Such workup includes a thorough history, interview, focused physical examination, laboratory testing, additional imaging and procedures where needed, and discussions with hospital staff and family members, if relevant and available.
b. Cognitive assessments such as MMSE or MoCA, with additional testing as indicated (e.g., Hamilton Depression Rating Scale, Young Mania Rating Scale, Positive and Negative Symptoms Scale, neuropsychological testing) should be performed for any DC evaluation, since cognitive impairment is highly associated with DC impairment.
c. Assumptions should not be made that all patients with psychiatric illnesses, including neurocognitive disorders, lack DC, nor that patients on psychiatric commitment order necessarily lack DC.
d. Efforts should be made to determine underlying factors contributing to decisional incapacity, and to correct any reversible factors in efforts to restore DC."[7]

2. Mandate that the Department of Health publish the data requested in the Our Care Our Choice Act §14 (D)(1-8) in an annual report available to the public.[3]
3. Require that the patient's primary provider assess for the possibility of coercion, as outlined in the Maine Death With Dignity Act, Sec. 1. 22 MRSA c. 418, §2140(6)(E): "Confirm that the patient's request does not arise from coercion or undue influence by another individual by discussing with the patient, outside the presence of any other individual, except for an interpreter, whether the patient is feeling coerced or unduly influenced"[8].

Thank you for allowing the Hawaii Medical Association to offer comments on this measure.

REFERENCES

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2. "States with Legal Physician-Assisted Suicide - Euthanasia - ProCon.Org." *Euthanasia*, https://euthanasia.procon.org/states-with-legal-physician-assisted-suicide/. Accessed 18 Mar. 2022.
3. *A BILL FOR AN ACT*. (n.d.). Retrieved March 20, 2022, from https://health.hawaii.gov/opppd/files/2018/11/OCOC-Act2.pdf.
4. *Predictors of Pursuit of Physician-Assisted Death - ScienceDirect*. (n.d.). Retrieved March 20, 2022, from https://www.sciencedirect.com/science/article/pii/S0885392414003984.
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6. Steinbock B. The case for physician assisted suicide: not (yet) proven. *Journal of Medical Ethics* 2005;**31:**235-241.

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1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376
www.hawaiimedicalassociation.org

7. Resource Document on Decisional Capacity Determinations in Consultation-Liaison Psychiatry: A Guide for the General Psychiatrist Approved by the Joint Reference Committee, June 2019 APA Operations Manual. Prepared by: James A. Bourgeois, OD, MD; Maria Tiamson-Kassab, MD; Kathleen A. Sheehan, MD; Diana Robinson, MD; Mira Zein, MD on behalf of the Council on Consultation-Liaison Psychiatry
8. *PATIENT-DIRECTED CARE 2020 ANNUAL REPORT.* (n.d.). Retrieved March 20, 2022, from https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Patient-Directed%20Care%20%28Death%20with%20Dignity%29%20Annual%20Report%20--%204-2021.pdf.

SB-442
Submitted on: 2/5/2023 6:32:26 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
AUBREY HAWK	Individual	Support	In Person

Comments:

I am a resident of rural Hawaii Island and I strongly support SB442. 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.

SB-442
Submitted on: 2/4/2023 2:57:15 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
marcy katz	Individual	Support	Written Testimony Only

Comments:

Please pass this bill.

°Nurse practitioners, or Practice Registered Nurses probably see more patients than the primary geriatric doctors and intimately know their needs and should be allowed to prescribe the medication.This was the case with my own mother when she was dying. She died before the law was passed here, so there was no help for her suffering.

° Please shorten the waiting period from 20 to 15 days for the medication. Sadly among the very few who took the meds, there were those who died waiting for permission to get the meds.

°the imperative need for a mental evaluation by a psychologist or psychiatrist should be dropped in order to let the attending doctor or APRN or specialist to make that decision to call in one on a case by case basis.

Sincerely, Marcy and Robert Katz

SB-442
Submitted on: 2/4/2023 3:55:45 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

Chair San Buenaventura, Vice Chair Aquino and Members of the Committee on Health and Human Services

I support SB442, 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 SB442 during this session. There is no logical, compassionate reason to defer it any further.

SB-442
Submitted on: 2/5/2023 10:39:53 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

Aloha Senators,

I am writing to express my strong support for SB442 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 over 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. SB442 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.

Brian Goodyear, Ph.D.

SB-442
Submitted on: 2/5/2023 10:36:55 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joy Rodriguez	Individual	Support	Written Testimony Only

Comments:

I am writing in support of SB442, the Our Care, Our Choice Amendment. As a bed-side end of life doula, I have personally sat beside terminally ill Hawai'i residents who have utilized and tried to utilize the OCOCA. I have witnessed the hardship created by the inability to access care and the helpless frustration created by a longer-than-necessary waiting period. I respectfully urge the passing of the amendment to allow for a 5-day waiting period, waiving the wait if medically necessary, and the use of APRNs as providers.

As a doula, I've held space for the frustration and exhaustion of very sick people. They know that they are dying of a terminal illness and that their quality of life, already intolerable, will only get worse. But they are so tired. This process of dying is so hard, both spiritually and physically. By allowing APRNs to be providers, you allow more suffering people to access the law. I have never met a person who ingested life ending medication who wanted to die, they simply no longer have the option of living. As one client said, "well, it's the best of all the bad options." APRNs would allow dying people the choice that would otherwise be denied to them due to limited provider availability.

The people who utilized the law have had conversations with their loved ones and have wrestled with their decision. The decision to ingest aid-in-dying medication is not made lightly. The 20-day waiting period implies a lack of confidence in the individual's capacity, and three medical professionals attest to that capacity. Does this law distrust those professionals along with the qualified individual? With great certainty, I believe that if the wait were 0 days or 100 days, the individual's decision would remain the same. The only difference is the outcome. By shortening the waiting period to 5 days, it allows greater access to the law. And, unfortunately, by the time a person is finally able to line up three providers, sometimes they don't have the 5 days to wait. In the case of medical necessity, I urge the waiving of the waiting period.

As an end of life doula, I co-facilitate a bereavement group for the loved ones of people who have utilized the Our Care, Our Choice Act in Hawai'i. I have heard from many of them a frustration over access. I have heard anger and disenfranchised grief. And for some, I have heard guilt. Guilt, because they had to fight so hard to get their loved one the death that was their right by law. Because of the difficulty in finding providers, one of the members of my group shared that they had to "be really pushy" and "really do work to track down the doctors." They spent days leaving messages and getting no response. It is very difficult to find the providers that both are willing to do the work and have the space in their schedule for the required visits and paperwork. And that leaves the bereaved feeling like they had an active role in their loved one's

death. A terminally ill person should be able to access life ending medication because the terminally ill person qualifies under the law, not because their spouse had the patience and fortitude to keep calling and emailing their providers. By allowing greater access to care, you are saving the bereaved from needless added suffering.

Thank you for taking the time to read our testimonies. I am confident that when you consider all of our voices, you will decide to support SB442.

Respectfully,

Joy Rodriguez

February 8, 2023

The Honorable Joy A. Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health & Human Services
Hawaii State Capitol
415 South Beretania
Honolulu, HI 96813

Thank you for considering SB 442, 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.

SB 442 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 considerably alleviate a terminally ill persons' stress.

I sincerely hope this committee will recommend passage of SB 442 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

I am writing in strong support of SB442. 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

2/6/2023

Dear Chair Joy San Buenaventura and members of the Health and Human Services Committee,

Re: SB 442

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), collaborate with the hospice, 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. There is proposed national legislation, *The Improving Care and Access to Nurses Act* (H.R. 8812) that would allow APRNs to certify and recertify a patient's terminal illness for hospice eligibility. 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

SB-442
Submitted on: 2/6/2023 2:25:59 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

TO: Senate.Committee on Health and Human Services

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

SUBJECT: Support SB 442 Our Care Our Choice

Dear Chair and Committee Members:

My name is Marion Poirier, and I strongly support this measure from my experiences in non-profit Hawaiii organizations. APRN's are both qualified and needed to fulfill the requirements of this legislation.

The other aspect of this bill is to shorten the wait period. Hawaii citizens' needs are currently not being satisfactorily meet with our current framework. People need their prescription sooner rather than later.

Please pass this bill in your capacity of compassionate lawmakers. Thank you very much.

SB-442
Submitted on: 2/7/2023 10:57:37 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Laura White	Individual	Support	Written Testimony Only

Comments:

I strongly suppport the above bill amending OCOCA on medical aid in dying and urge you to pass it out of your committee. I am in my 70s and support MAID because I want the option for myself if I so choose. It is important to help Neighbor Island residents use the OCOCA by expanding the number of qualified professionals who can participate. It is also important to reduce the overall time and procedures so the suffering of a dying person can be reduced. This bill would do those things.

SB-442
Submitted on: 2/7/2023 8:52:15 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

I strongly support this bill that allows APRNS to act as providers for patients who request medical aid in dying. I am a registered nurse for over 45 years and retired faculty from UH Manoa School of Nursing. I am very familiar with APRNs scope of practice and training requirements. They are fully capable and competent to act in this role and should be allowed to do so.

Over my years of practice, I took care of many oncology patients and watched them suffer needlessly. I strongly endorse both decreasing the waiting period and allowing a waiver option if needed. Compassionate care is the essence of our practice. I respectfully ask that you pass this bill. Thank you for your time.

Stephanie Marshall RN, MS, FAAN

3347 Anoai Pl
Honolulu, HI 96822
7 February 2023

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services
Hawaii.Capitol.Gov/account/submittestimony

Re: SB 442, r/t Health, public hearing at 1:00 p.m., Weds. 8 Feb. 2023

Dear Chair San Buenaventura, Vice-Chair Aquino, 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 your 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 similar to HB1823, HD2, SD2 (2022), which made it to conference last year. Major differences are that SB442 authorizes advanced practice registered nurses to provide attending and counseling functions, while HB1823 (2022) also authorized physicians' assistants to perform these roles. SB442 shortens the time between oral requests from 20 to 5 days, while HB1823 (2022) shortened that time from 20 to 15 days.

I thank those of you who supported HB1823 (2022) and ask for your continued support for improving MAID laws this year.

Respectfully submitted,
s/Laurence K. Lau

SB-442
Submitted on: 2/6/2023 10:48:36 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

Testimony of Caryn Ireland, Independent Consultant, Compassion & Choices

Supportive Testimony Regarding SB 442

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.

SB-442
Submitted on: 2/4/2023 4:50:18 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

The proposed amendments will improve both timeliness and access. APRNs, given their scope of practice, should have been able to serve under Act 2 SLH 2018. Rural areas, in particular, are under-served.

SB-442
Submitted on: 2/4/2023 7:17:31 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

Please vote "no" on SB442. Mahalo!

SB-442
Submitted on: 2/6/2023 9:29:21 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lora Burbage	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I oppose SB442.

These very hard sad decisions should require a physician and not anyone less skilled.

I am also opposed to shortening the time from 20 days to 5 days and also to waiving the wait period. We should be helping people to be comfortable in this time period and not help them take their lives even sooner.

Mahalo,

Lora Burbage

SB-442
Submitted on: 2/4/2023 6:01:47 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

I am opposed to any person killing another, that decision belongs to Jesus

From Holy Love Ministry, March 22, 2016 – Blessed Mother speaking to visionary, Maureen:

Mary, Refuge of Holy Love says: "Praise be to Jesus."

"**God does not condone the taking of life - not in abortion, euthanasia or any form of terrorism.** Those who believe they act in the Name of God by taking life have been misled by Satan. Demons are all around you encouraging small acts of evil, often under the guise of good and hoping to lead souls into greater evil."

"This is why I tell you, the way to defeat evil in the world today is to recognize it and oppose it. Holy Love is the measure of what is good and what is evil. Certainly violence and **the taking of human life do not reflect love of God and neighbor**. You cannot accommodate evil by refusing to label it as it is. You cannot bargain with Satan."

"God is All-Mercy and All-Love. The more you trust in Him, the more He will direct your hearts and your lives. He will lead you to good and help you to oppose evil. He desires your stronger discernment."

SB-442
Submitted on: 2/6/2023 9:01:17 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Catherine Collado	Individual	Oppose	Written Testimony Only

Comments:

I OPPOSE SB422, for the following reasons:

- **Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.**
- **Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.**
- **Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.**

Thank you for your consideration.

SB-442
Submitted on: 2/7/2023 9:35:57 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jennifer Cabjuan	Individual	Oppose	Written Testimony Only

Comments:

I strongly oppose this culture of death bill-please do not pass this measure

- **Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.**
- **Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.**
- **Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.**

SB-442
Submitted on: 2/6/2023 10:05:25 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Denise Tory	Individual	Oppose	Written Testimony Only

Comments:

Request to OPPOSE for the following reasons:

- **Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.**
- **Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.**
- **Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.**

SB-442
Submitted on: 2/6/2023 9:06:06 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cynthia Jones	Individual	Oppose	Written Testimony Only

Comments:

Opposed to SB442:

1. Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.

2. Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.

3. Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.

SB-442
Submitted on: 2/6/2023 9:04:11 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rochelle Tamme	Individual	Oppose	Written Testimony Only

Comments:

Request to OPPOSE for the following reasons:

- **Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.**
- **Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.**
- **Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.**
-

SB-442
Submitted on: 2/6/2023 10:03:21 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
John Robles	Individual	Oppose	Written Testimony Only

Comments:

Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.

Aloha Hawai'i Senators,

I am writing as a concerned Hawai'i resident and U.S. citizen to **request that you OPPOSE SB442** for the following reasons:

1. Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.

2. Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.

3. Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.

Mahalo for reading my testimony and I humbly ask that you OPPOSE SB442.

Sincerely,
Chris Caoagdan

SB-442
Submitted on: 2/7/2023 8:07:16 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jr Tupai	Individual	Oppose	Written Testimony Only

Comments:

Mahalo Madam Chair Buenaventura, Vice Chair Aquino and members of the Senate Committee on Health and Human Services for the opportunity to testify in strong opposition to SB442. I oppose this bill for the following reasons;

- Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.
- Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.
- Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.

Again, mahalo for the opportunity to testify in opposition to SB442.

SB-442
Submitted on: 2/7/2023 2:13:29 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

Request to OPPOSE for the following reasons:

- **Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.**
- **Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.**
- **Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.**

SB-442
Submitted on: 2/7/2023 8:25:01 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
TERI SAVAIINAEA	Individual	Oppose	Written Testimony Only

Comments:

Request to OPPOSE for the following

reasons:

- **Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this. option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.**
- **Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.**
- **Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.**

SB-442
Submitted on: 2/7/2023 10:26:41 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

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

Comments:

SB442 Written Testimony

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, then if the patient meets certain qualifications, the waiting period is suspended all together! Sounds like a formula for abuse.

This bill is a dumbed down version of its original, a mere formality to have someone from the medical community to witness the a state-sanctioned killing of someone who has a terminal disease rather than providing love and compassion to a dying person. This is not humane, decent or kind.

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

SB-442
Submitted on: 2/6/2023 8:07:34 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cindy R Ajimine	Individual	Oppose	Written Testimony Only

Comments:

Request to OPPOSE for the following reasons:

- **Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.**
- **Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.**
- **Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.**

SB-442
Submitted on: 2/7/2023 11:05:10 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Gabriella Marzullo	Individual	Oppose	Written Testimony Only

Comments:

1. Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.

2. Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.

3. Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.

SB-442
Submitted on: 2/7/2023 9:18:10 AM
Testimony for HHS on 2/8/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Shery Ann Wright	Individual	Oppose	Written Testimony Only

Comments:

1. Expanding the type of professionals to lower and lower tiers of training should only be done after examining the true data: how many lives are truly not being "fulfilled" by lack of access to this option. Until we know that, the risk of inappropriate assessments are not worth the cost of murder/inappropriate deaths.

2. Facing a terminal illness is more often than not, fraught with wavering emotions and desires. To reduce the waiting period from 20 to 5 days without data to support this change will not allow the patient and family time to make a truly informed decision. Committing suicide in the home via medications and without medical support present is not understood by most non-medical people.

3. Social Contagion: In this COVID climate that has led to an epidemic of loneliness and anxiety, that "acceptability" can only lead to applying for the lethal medications out of despair.

SB-442
Submitted on: 2/7/2023 7:08:40 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

LATE

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

Comments:

Please do not pass SB442. There is no sound reasoning behind a measure that aims to rush the dying process, when a terminally-ill person will die in the time and space determined by God alone. Life is sacred at all stages, and no person has the authority to take the life of another person.

Mahalo for hearing my testimony on this serious matter. Please OPPOSE SB442.

Sincerely,

Lisa Shorba

Resident of Honolulu

SB-442
Submitted on: 2/7/2023 9:45:17 PM
Testimony for HHS on 2/8/2023 1:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Testify
Brett Kulbis	Individual	Oppose	Written Testimony Only

Comments:

Chair San Buenaventura,

As someone who believes in life, from conception to natural death, I oppose SB 442.

Since assisted suicide was first allowed in Hawai'i, proponents believed that doctors would always support it. It is obvious to me that more and more doctors are refusing to perform assisted suicides because it violates their hippocratic oath.

Now, proponents of assisted suicide want assisted suicide authority to be expanded to advance practice nurses. How long will it be before advance practice nurses also begin to refuse. Then what, will proponents be back here in a couple of years to push for this authority be given to pharmacists?

Mahalo