

JAN 19 2024

A BILL FOR AN ACT

RELATING TO PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT FORM.

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

1 SECTION 1. The legislature finds that one of the most
2 important documents for patients with a serious illness is a
3 Provider Orders for Life-Sustaining Treatment (POLST), a
4 portable medical order that documents a patient's care plan
5 outside the hospital, reflecting "right now care" for the
6 patient and setting forth the patient's wishes and directions to
7 health care providers regarding the provision of resuscitative
8 and life-sustaining measures. The POLST form is intended for a
9 person with a chronic debilitating illness or a life-limiting
10 disease, such as terminal cancer or end-stage lung or heart
11 disease, and is followed by health care providers, paramedics,
12 and firefighters.

13 The legislature further finds that in 2009, Hawaii was one
14 of the first states to enact law governing POLST and has a
15 strong and widespread program across the State. The legislature
16 finds however, that certain language in existing law impedes
17 patients from obtaining POLST in a timely manner, thereby



1 exposing the sickest and most vulnerable patients to the risk of
2 receiving unwanted and unnecessary care.

3 Specifically, existing law requires the patient's physician
4 or a health care provider to explain to the patient the nature
5 and content of the POLST form, including any medical
6 intervention or procedures, and the difference between an
7 advance health-care directive and the form, and prepare the
8 POLST form based on the patient's preferences and medical
9 indications. Across the State and in a variety of settings,
10 POLST conversations with patients are started by various health
11 care professionals, especially nurses and social workers.
12 However, existing law requires POLST forms to be signed by the
13 "patient's provider", defined as a licensed physician, advanced
14 practice registered nurse, or physician assistant "who has
15 examined the patient" that could be interpreted as requiring a
16 face-to-face encounter with the patient.

17 This requirement is most often an issue for patients in
18 hospice care, who are at the end of their lives, since medicare
19 regulations do not require a face-to-face encounter with a
20 physician or advanced practice registered nurse before six
21 months. In Hawaii, the median length of stay for patients in



1 hospice care is twenty-one days, meaning half of all patients in
2 hospice care pass away within the first three weeks of care. In
3 2022, 4,774 medicare recipients died in hospice care. The
4 challenges patients face to obtain a POLST can have large
5 ramifications on these patients, such as receiving unwanted
6 treatment if a POLST with the most current directions is not in
7 place.

8 Accordingly, the purpose of this Act is to amend the
9 definition of "patient's provider" in existing law governing
10 POLST forms by removing the language "who has examined the
11 patient" to allow licensed physicians, advanced practice
12 registered nurses, and physician assistants to sign POLST for
13 their patients without a face-to-face encounter.

14 SECTION 2. Section 327K-1, Hawaii Revised Statutes, is
15 amended by amending the definition of "Patient's provider" to
16 read as follows:

17 "Patient's provider" means a physician licensed pursuant
18 to chapter 453, a physician assistant licensed pursuant to
19 chapter 453, or an advanced practice registered nurse licensed
20 pursuant to chapter 457 [~~who has examined the patient~~]."

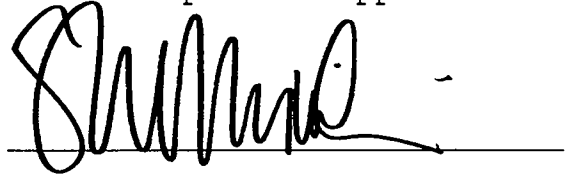


1 SECTION 3. Statutory material to be repealed is bracketed
2 and stricken.

3 SECTION 4. This Act shall take effect upon its approval.

4

INTRODUCED BY:

A handwritten signature in black ink, appearing to be "S. M. ...", is written over a horizontal line. The signature is stylized and cursive.

S.B. NO. 2529

Report Title:

POLST; Health Care Providers; Patient Care; Medical Care;
Hospice

Description:

Amends the definition of "patient's provider" in state law governing Provider Orders for Life-Sustaining Treatment by removing language that requires the provider to examine the patient.

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