JOSH GREEN, M.D.
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

DEPT. COMM. NO. 4589

KENNETH S. FINK, M.D., M.P.H., M.G.A.
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

STATE OF HAWAI'I
DEPARTMENT OF HEALTH
KA ʻOIHANA OLAKINO
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

May 12, 2026

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-Third State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,
Speaker
and Members of the House of
Representatives
Thirty-Third State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report of the Our Care, Our Choice Act to the Legislature, pursuant to Chapter 327L, Section 14, Hawaii Revised Statutes.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

https://health.hawaii.gov/opppd/department-of-health-reports-to-2026-legislature/

Sincerely,

Kenneth S. Fink, M.D., M.P.H., M.G.A.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library

**REPORT TO THE THIRTY-THIRD LEGISLATURE**

**STATE OF HAWAII**

**2026**

**Pursuant to Section 327L-14, Hawaii Revised Statutes, "Our Care, Our Choice Act," Reporting on the Number of Qualified Patients for Whom a Prescription Was Written Pursuant to Chapter 327L, and Other Required Information.**

Prepared by the Department of Health
Office of Planning, Policy, and Program Development

May 11, 2026

**Executive Summary**

The information compiled in this report covers the collection period from January 1, 2025, through end of December 31, 2025. All data in this report come from the Attending Provider, Consulting Provider, and Counseling Provider forms required by law and received by the Department of Health (DOH) during the collection period.

During this reporting period, there were a total of ninety-three (93) qualified patients who received aid-in-dying prescriptions. Seventy-four (74) qualified patients died; of these 74 patients, fifty-nine (59) died due to ingesting aid-in-dying medication. Some form of cancer was indicated as the underlying illness for most patients who received aid-in-dying prescriptions. As indicated on the forms collected, DDMAPh was the primary medication prescribed.

The eligibility process from the first oral request to the date of receipt of the written prescription was an average of twenty-five (25) days. The average waiting period between the first and second oral request was twenty (20) days.

**Patient Access**

According to Hawaii's 2025 Physician Workforce Report provided to the legislature annually by the University of Hawaii, the greatest shortage is primary care statewide. Patients considering medical aid in dying are encouraged to start early, talk with your provider, and ensure your Attending Provider documents the date of your first oral request in your medical record. If the initial Attending Provider opts-out from participating, patients can continue the process with another Attending Provider.

Further, Hawaii is the only state that requires a third health care provider to conduct a mental capacity evaluation. While the department is unable to quantify barriers to participating mental health providers for purposes of accessing OCOCA, the shortages in rural areas are well documented and include federal designations of Mental Health Care Professional Shortage Area.

**Participating Providers**

New providers are highly encouraged to seek guidance from the Department or participating providers on the process, in particular the "Timeline Eligibility Process." The Department also has a website with the required Health Care Provider and Patient Forms.

**Attending Providers**: An Attending Provider (physician or APRN) is a Hawaii licensed provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's illness. There was a total of twenty-six (26) Attending Providers who wrote prescriptions during this reporting period. The largest number of participating attending providers were based on Oahu with sixteen (16), followed by five (5) on Maui, four (4) on Hawaii Island, one (1) on Kauai, and zero (0) on Molokai, and Lanai.

**Consulting Providers**: A Consulting Provider (physician or APRN) is a Hawaii licensed provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's illness. There was a total of fifty-five (55) Consulting Providers during this reporting period. The largest number of participating Consulting Providers were

based on Oahu with thirty-one (31), thirteen (13) on Hawaii Island, followed by nine (9) on Maui, two (2) on Kauai, and zero (0) on Molokai and Lanai.

**Counseling Providers**: Counseling Providers are either a Psychiatrist, Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Advanced Practice Registered Nurse (APRN) with a psychiatric or clinical nurse specialization. There was a total of seventeen (17) Counseling Providers who conducted mental capacity evaluations during this reporting period. The largest number of participating Consulting Providers were based on Oahu with fourteen (14), followed by two (2) on Maui, one (1) on Hawaii Island, and zero (0) on Kauai, Molokai, and Lanai.

**Introduction**
Chapter 327L authorizes Hawaii residents with a terminal illness and six (6) months or less to live to request medical-aid-in-dying prescriptions under the OCOCA. To help patients and providers understand the process required by law, the DOH launched a page on its website where all required forms, instructions, and frequently asked questions can be accessed.

The law establishes eligibility criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process. There are also additional regulatory requirements to address concerns about misuse. Patients interested in seeking a prescription are encouraged to enroll in hospice.

To meet eligibility criteria patients must be:

- Age 18 or older and a Hawaii resident;
- Able to take the prescribed medication themselves;
- Able to make two oral requests not less than 5 days apart to their Attending Provider;
- Able to provide one written request after meeting eligibility criteria from all three (3) health care providers; and
- Mentally capable to make an informed decision.

Details of the eligibility process may be accessed on the DOH OCOCA website.

**Reportable Information**
The DOH collected the following reportable information during the period January 1, 2025, through December 31, 2025 (envelopes post-dated not later than December 31, 2025).

**The following bullets represent data from 2025:**

- The number of qualified patients for whom a prescription was written: 93

- The number of known qualified patients who died: 74
  - The cause of death of these seventy-four (74) qualified patients includes some form of cancer (54), heart disease (9), neurodegenerative disease (6), autoimmune disease (2), degenerative disease (1), multiple comorbidities (1), and lung disease (1).

- The number of qualified patients who died because of self-administering the aid-in-dying prescription: 59

- The number of qualified patients who died while enrolled in hospice or other similar palliative care program: 67

- The number of known deaths in Hawaii from a prescription written per five-thousand deaths in Hawaii: 23

- The number of Attending Providers who wrote prescriptions: 26

Demographics of the (59) qualified patients who died due to self-administrating the aid-in-dying prescription:

| | |
|---|---|
| **Insurance types:** | Private, Medicare, Medicaid, Military/Tricare |
| **Age range:** | 35 - 99 years old |
| **Education range:** | Elementary, High School Diploma, Some College, Bachelor's degree, Master's degree, Doctoral degree, and Professional degree |
| **Race included:** | Asian, Caucasian, Hispanic/Latino, and Native Hawaiian |
| **Sex:** | Female (29), Male (27), Unidentified (3) |
| **Underlying Illness:** | Cancer (40), Heart Disease (8), Neurodegenerative Disease (5), Autoimmune Disease (2), Degenerative Disease (2), Multiple Co-Morbidities (1), and Lung Disease (1) |

Cumulative totals from 2019 to 2025:

| Description | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | Total |
|---|---|---|---|---|---|---|---|---|
| **# of prescriptions written** | 30 | 37 | 70 | 60 | 91 | 73 | 93 | **454** |
| **# of known qualified patients who died** | 28 | 34 | 49 | 55 | 76 | 57 | 74 | **373** |
| **# who died because of self-administering the aid-in-dying prescription** | 15 | 25 | 29 | 37 | 51 | 38 | 59 | **254** |

Number of unique providers per year:

| Provider Type | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|
| **# of Attending Providers** | 13 | 14 | 21 | 17 | 14 | 19 | 26 |
| **# of Consulting Providers** | 21 | 26 | 36 | 39 | 56 | 44 | 55 |
| **# of Counseling Providers** | 10 | 11 | 16 | 18 | 11 | 15 | 17 |

In 2025, there were five (5) APRNs as Attending Providers and five (5) APRNs as Consulting Providers. For Counseling Providers, there were primarily Licensed Clinical Social Workers with seven (7), followed by five (5) Psychologists, three (3) Psychiatrists, one (1) Licensed Marriage and Family Therapist, and one (1) APRN with a psychiatric or clinical nurse specialization.

**Legislative Recommendations**

The Department of Health recommends the repeal of the reporting requirement under Section 327L-14(d)(5), "the number of known deaths in Hawaii from a prescription written pursuant to this chapter per five-thousand deaths in Hawaii." This metric is unnecessary and reveals no substantive additional information since deaths-per-5,000 is an arbitrary rate, and since not all deaths by ingestion of medication dispensed pursuant to Chapter 327L are documented.