

SCR 211



SENATE COMMITTEE ON HEALTH
Senator David Ige, Chair

SENATE COMMITTEE ON JUDICIARY & GOVERNMENT OPERATIONS
Senator Brian Taniguchi, Chair

Conference Room 016
April 5, 2010 at 3:00 p.m.

Supporting SCR 211 with an amendment.

The Healthcare Association of Hawaii represents its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. Thank you for this opportunity to support SCR 211, which requests the Department of Health to convene a working group to examine overlaps and conflicts among advance care directives.

Advance care directives allow individuals to provide instructions about their preferences regarding the care they would like to receive if they develop a terminal illness or a life-threatening injury. Advance care directives can also designate someone the patient trusts to make decisions about medical care if the patient becomes unable to make (or communicate) these decisions.

Advance care directives can reduce:

- Personal worry
- Feelings of helplessness and guilt by family members
- Futile, costly, specialized interventions that a patient may not want
- Overall health care costs
- Legal concerns for everyone involved

The State of Hawaii recognizes the validity of several types of advance care directives, including the living will, the medical power of attorney, and the CCO-DNR (comfort care only – do not resuscitate) order. In addition, last year the Legislature passed POLST (physician orders for life-sustaining treatment).

All of these advance care directives seem to be working well. However, POLST has had less than a year to operate. Another year would provide enough time to gather relevant information and to identify conflicts with other advance care directives. We suggest an amendment to the resolution to provide for a final report prior to the Regular Session of 2012.

With the suggested amendment, the Healthcare Association of Hawaii supports SCR 211.

To: Senator David Y. Ige, Chair
COMMITTEE ON HEALTH

Senator Brian T. Taniguchi, Chair
COMMITTEE ON JUDICIARY AND GOVERNMENT OPERATIONS

From: Kenneth Zeri, RN, MS
President, Board of Directors
Kokua Mau

Date: April 5, 2010

Subject: Testimony in support of SCR 211
"REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A WORKING GROUP TO EXAMINE OVERLAP AND CONFLICTS AMONG STATUTES RELATING TO PATIENT CARE DIRECTIVES RECOGNIZED IN HAWAII, INCLUDING PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT, "DO NOT RESUSCITATE" ORDERS, AND ADVANCE HEALTH CARE DIRECTIVES."

1. Kokua Mau supports the intent of this Senate Concurrent Resolution and would request that the committee consider the following amendments:
 - A. Extend the date of the report for two years, versus one, due not later than 20 days before the 2012 legislative session, and
 - B. Expand the scope to include the examination of "Rapid Identification Documents" and CCO-DNR bracelets.

2. Discussion

A. We request to extend this to two years primarily because we are just now seeing the initial use of the POLST document in the field. To date, education has been provided to most of the Discharge Planners' offices in major hospitals on Oahu. Additionally, CME education has been provided to Kuakini Geriatric Center, Kapiolani Medical Center for Women and Children, Wilcox Palliative Care team, several nursing homes and the training schedule continues to expand. Additionally, Kokua Mau has just received a \$5,000 grant to promote training across the state, assisting with travel costs to neighbor islands. Finally, most hospitals are just beginning to develop policies for accepting a POLST into the facility and discharging a patient with a revised (or new) POLST.

All this demonstrates that the most significant new change is still being rolled out. It has only been law for about 10 months, and despite being widely lauded as a good tool for healthcare providers and patients, it is still very new. To our best knowledge, only one patient has had a POLST document used by EMS. The form worked the way it was designed, but we only have 1 experience to date.

We believe that an additional year of work will allow us to identify glitches (if any) in the POLST system, and consolidate any necessary corrections into one legislative package, versus coming back a second year.

Additionally, we are concerned that the current budget status as well as furlough schedule for the Department of Health would relegate this request to a pile with no resultant action.

Two years will give us all time to both study POLST and make sure the work was done.

B. We request to expand the scope of the resolution to include the Rapid Identification Document and the current use of CCO – DNR Bracelets. If the intent is to clear up language that is in conflict or confusing between the current laws, we should also take the time to consolidate all the appropriate laws into a comprehensive piece of legislation. Ultimately, I believe that the CCO-DNR should be phased out as well as the Rapid Identification Document.

Thank you for considering this testimony as we work to establishing better policies promoting the best practices in end-of-life care.

I may be reached at my Hospice Hawai'i office at 924-9255 for additional questions.

Respectfully Submitted,

/s
Kenneth Zeri, RN, MS
President Kokua Mau

Testimony in Favor of SCR 211

Monday April 5, 2010; 3PM

From James H. Pietsch

To:

Committee on Health

Senator David Y. Ige, Chair

Senator Josh Green, MD, Vice Chair

Committee on Judiciary and Government Operations

Senator Brian T. Taniguchi, Chair

Senator Dwight Y. Takamine, Vice Chair.

My name is James H. Pietsch. I am a professor of law at the William S. Richardson School of Law and I am an adjunct professor of geriatric medicine and psychiatry at the John A. Burns School of Medicine. I am also the director of the University of Hawai'i Elder Law Program which provides legal services to socially and economically needy persons on Oahu.

I urge the adoption of SCR 121 requesting the department of health to convene a working group to examine overlap and conflicts among statutes relating to patient care directives recognized in Hawaii, including physician orders for life sustaining treatment, "do not resuscitate" orders, and advance health care directives.

I witness on a daily basis the difficulties experienced by health care professionals, caregivers and especially patients, including older persons, and persons with disability with respect to health care decision-making. I believe that there are solutions to the problems, which can be addressed by such a working group at virtually no expense to the taxpayer. I am willing to serve as one of the members of the working group.

Respectfully submitted,

James H. Pietsch

From: Naomi Fujimoto [ncf2000@hotmail.com]
Sent: Monday, April 05, 2010 10:26 AM
To: HTHTestimony
Subject: *****SPAM***** SCR 211 Hearing 4-5-2010 at 3:00 pm in Conference Rm 016

Follow Up Flag: Follow up
Flag Status: Flagged

SCR 211 Requesting the Department of Health to Convene a Working Group to Examine Overlap and Conflicts Among Statutes Relating to Patient Care Directives Recognized in Hawaii, Including Physicians Orders for Life Sustaining Treatment, "Do Not Resuscitate" Orders, and Advance Health Care Directives. Hearing: Monday, April 5, 2010, at 3:00 pm in Conference Room 016 before the Committees on Health and Judiciary and Government Operations

To the Honorable Senator David Ige, Chair, and members of the Committee on Health, and the Honorable Brian T. Taniguchi, Chair, and the members on the Committee on Judiciary and Government Operations

I apologize for my late testimony in strong support of SCR 211 and my inability to appear at the hearing today. I will be traveling out of Hawaii before the time of the hearing.

There are serious conflicts and issues regarding Hawaii's various laws relating to the communication of health care decisions to health care providers: For example, there is an issue regarding which method will control if more than one method is used and if there is a conflict between the information conveyed in the different methods. There is also an issue in that EMS workers appear to think that they do not need to comply with Advance Health Care Directives; however, the Advance Health Care Directive law does not provide an exemption for EMS workers.

The parties listed in this resolution have agreed to work together to try to resolve this issues. Therefore, I respectfully request that you support and pass this resolution.

Sincerely,
Naomi C. Fujimoto