



HAWAII MEDICAL ASSOCIATION

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LATE TESTIMONY

Tuesday, March 29, 2011 9:00 AM Conference Room 329

To: COMMITTEE ON HEALTH
Rep. Ryan Yamane, Chair
Rep. Dee Morikawa, Vice Chair

From: Hawaii Medical Association
Dr. Morris Mitsunaga, MD, President
Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HCR 55/ HR 48 REQUESTING THE DEVELOPMENT AND IMPLEMENTATION OF A PAIN AND PALLIATIVE CARE POLICY.

Chairs & Committee Members:

The HMA would like to humbly request that this resolution be amended to make the following changes to Page 2 of HCR 55:

BE IT RESOLVED by the House of Representatives of the Twenty-sixth Legislature of the State of Hawaii, Regular Session of 2011, the Senate concurring, that the Hawaii State Board of Nursing, in collaboration and agreement with the Hawaii Medical Board and the Hawaii Society of Anesthesiologists, are requested to develop and implement a pain and palliative care policy; and

BE IT FURTHER RESOLVED that the Hawaii State Board of Nursing, the Hawaii Medical Board and the Hawaii Society of Anesthesiologists shall report to the Legislature on the development and implementation of a pain and palliative care policy no later than twenty days prior to the convening of the regular session of 2012; and

OFFICERS

PRESIDENT - MORRIS MITSUNAGA, MD PRESIDENT-ELECT - ROGER KIMURA, MD
SECRETARY - THOMAS KOSASA, MD IMMEDIATE PAST PRESIDENT - DR. ROBERT C. MARVIT, MD TREASURER
- STEPHEN KEMBLE, MD EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, DO

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About half of health care is not straightforward. Many patients have atypical symptoms and don't fit the classic "textbook" picture of a diagnosis, and often the diagnosis is unclear. Many have multiple, interacting conditions. Many have side effects to medications, or symptoms that could be side effects, or maybe coincidence, or maybe a new independent condition. Many have drug interactions. Drugs are distributed throughout the entire body, and may cause side effects or allergic reactions affecting any organ system.

Especially on behalf of The Hawaii Society of Anesthesiologists, we urge the committee to refrain from enacting SCR 25 in its current form, which would direct the Board of Nursing to develop and implement a Pain and Palliative Care Policy. Our main concerns with this legislation are the patient safety implications and that it ignores the will of the public if the Board of Nursing is solely in charge of developing and implementing this policy.

First, caring for patients with chronic pain requires a broad understanding of diagnostic evaluation, interaction with consultants from many specialties, and familiarity with and use of a wide range of therapies. The practice of pain medicine extends far beyond the application of technical skills. Rather, it requires a detailed foundation in the fundamental knowledge and skills that can only be mastered as physicians who have extensive medical education and training. The ability to properly diagnose a patient's pain problem and to develop an appropriate treatment plan is critical in selecting and providing the appropriate pain management therapy to effectively treat chronic pain. To provide long-term relief from chronic pain, various types of therapies are needed because there is often more than one appropriate therapy.

Moreover, the treatment of chronic pain differs from the approach to treat acute pain. For example, epidural injections of steroids may be an effective treatment to relieve acute leg pain after a herniated disc, but it may not be the appropriate treatment to relieve chronic low back pain. The education and training of a physician provides the expertise to diagnose and develop appropriate treatment plans or to provide the services that the treatment plan requires. Nurses and other nonphysicians do not have the formal means to gain the requisite medical knowledge and technical skills required to practice the full scope of practice of medicine. It is this medical knowledge and the expanse of interventional technical skills that are required to care for patients with chronic pain.

Due to the complexities involved in the treatment of pain, pain medicine is recognized as a separate medical subspecialty by the American Board of Medical Specialties. Physicians choosing to specialize in pain medicine must now complete a one-year multidisciplinary pain fellowship in addition to successful completion of four years of medical school and four years of anesthesiology residency or appropriate residency training in physical medicine and rehabilitation, neurology or psychiatry. Medical school is a four-year program, where

the first and second years are spent learning the scientific principles of human anatomy and physiology, biochemistry, pharmacology, genetics, microbiology, immunology, pathology of disease states, and similar courses in both the natural and behavioral sciences, as well as in introductory clinical experiences. The third and fourth years of medical school are devoted to full-time clinical rotations and clerkships where the medical student is introduced to the comprehensive clinical care of patients, primarily in the hospital inpatient setting. After successfully completing a residency program and a one-year pain medicine fellowship, they may apply to enter the examination process leading to board-certification in Pain Medicine. **The requirement for multidisciplinary pain medicine fellowship training is recognized by the Accreditation Council for Graduate Medical Education (ACGME) who oversees and accredits the programs.**

The requirements for the pain management fellowship are on the ACGME web site at http://www.acgme.org/acWebsite/RRC_040/040_prIndex.asp. The required education primarily involves experiences and classes that increase medical knowledge of pain issues, assessment and treatment of acute and chronic pain, practice improvement, communication and professionalism, and system-based practice learning (pages 13-19 of the Pain Medicine program requirements). There also are specific requirements for interventional pain procedures and recognition and treatment of their complications (pages 12 through 14). Physicians who are board certified in Pain Medicine have undergone extensive training in the diagnosis and treatment of patients with chronic as well as acute pain problems.

Second, according to **a 2010 nationwide survey, ninety percent of respondents said that a physician's additional years of medical education and training (compared to a nurse practitioner) are vital to optimal patient care,** especially in the event of a complication or medical emergency.

Seventy-five percent of people surveyed believe that only a medical doctor should be allowed to treat chronic pain by prescribing drugs or other substances that have a high potential for addiction or abuse and seventy-eight percent of people surveyed believe that only a medical doctor should use techniques such as spinal injections to diagnose and treat chronic pain.

Therefore, amending SCR 25 to include members of the medical community to develop a pain policy would be consistent with the will of the public.

We appreciate the committee listening to our concerns and we urge the committee not to support SCR 25 in its current form.

Thank you for the opportunity to provide this testimony.



LATE TESTIMONY

HOUSE COMMITTEE ON HEALTH
Rep. Ryan Yamane, Chair

Conference Room 329
March 29, 2010 at 9:00 a.m.

Supporting HCR 55 / HR 48.

The Healthcare Association of Hawaii advocates for 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. Our members employ more than 40,000 people throughout the state, delivering quality care to the people of Hawaii. Thank you for this opportunity to testify in support of HCR 55 / HR 48, which request the State Board of Nursing to develop and implement a pain and palliative care policy.

Palliative care is any form of medical care or treatment that seeks to reduce the severity of disease symptoms rather than effecting a cure. Such symptoms include pain, shortness of breath, fatigue, constipation, nausea, loss of appetite and difficulty sleeping. The goal of palliative care is to prevent suffering and to improve the quality of life for people with severe illnesses. A team of experts, physicians, nurses, and social workers, usually provides palliative care.

Chronic pain affects 86 million adult Americans to some degree. Pain management is a branch of medicine utilizing an interdisciplinary approach to ease suffering and improve the quality of life of those living with pain. Effective management of long term pain frequently requires the coordinated efforts of the management team.

The Healthcare Association supports the development of a pain and palliative care policy. However, the Association would like to suggest an amendment to the resolution to include the Hawaii Medical Board and Kokua Mau, along with the Hawaii State Board of Nursing, to develop the policy, as these groups of health care practitioners are often on teams that provide palliative care and chronic pain management.

With the suggested amendment, the Healthcare Association supports HCR 55 / HR 48.



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

LATE TESTIMONY

COMMITTEE ON HEALTH

Rep. Ryan I. Yamane, Chair
Rep. Dee Morikawa, Vice Chair

DATE: Tuesday, March 29, 2011
TIME: 9:00am
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

SUPPORT FOR HCR 25
SUPPORT FOR HCR 68/HR61
SUPPORT FOR HCR55/HR48

I am Joy Yadao, RN, Director of Advocacy and former Executive Director of the St Francis Palliative Care and Hospice Programs. The St Francis Healthcare System greatly appreciates the support of the House Health Committee regarding palliative care in Hawaii. We are encouraged by the enthusiasm of our legislature to improve Hawaii's healthcare delivery system and the continuum of care.

HCR 25 REQUESTS THE AUDITOR TO CONDUCT AN IMPACT ASSESSMENT REPORT ON LEGISLATION MANDATING COVERAGE OF PALLIATIVE CARE.

HCR 68/HR61 REQUESTS HEALTH INSURERS IN HAWAII TO PROVIDE COVERAGE OR REIMBURSEMENT FOR SERVICES RELATED TO PALLIATIVE CARE.

HCR55/HR48 REQUESTS THE DEVELOPMENT AND IMPLEMENTATION OF A PAIN AND PALLIATIVE CARE POLICY.

Each of the three of these important resolutions addresses an aspect of the needs to improve the delivery of palliative services in this state.

Palliative Care has been a priority of the Sisters of St. Francis since the arrival of Mother Marianne 127 years ago. Caring for those with serious illness requires expertise, compassion and a dedicated team approach to patient and family – centered care.

There are many excellent providers of palliative care in our state. Hospice programs provide palliative care for the terminally ill under the Medicare Benefit. Hospitals all across the state are developing or have established inpatient Palliative Care teams to address pain, symptom management and quality of life. St Francis began its outpatient Palliative Care Program in 2009 addressing the needs in the community and skilled nursing facilities.

There is a need to examine reimbursement in this area as physician palliative care consultations and the team services, which often include advanced practice nurses, licensed clinical social workers, chaplains and other disciplines, are time intense. Conversations and family discussions regarding treatment options, goals of care and value-based decision making require skilled professionals. Physicians and other clinicians complete thorough assessments and develop individualized plans to relieve symptoms of serious illness.

Hawaii is fortunate to have a state-wide Hospice and Palliative Care organization, Kokua Mau, as well as engaged third party payors, like HMSA who are making great efforts to increase the capacity for excellent palliative care. Through HMSA's Integrated Case Management Services as well as the HMSA Foundation, we have been able to provide care for more patients.

We believe that continuing the discussion regarding the value of palliative care and subsequent reimbursement is important and the development of a state-wide policy will enhance our efforts.

St Francis Healthcare System and I personally, appreciate the opportunity to share our thoughts and applaud your dedication to improving health care in Hawaii.

hawaii family forum **LATE TESTIMONY**

EMAIL: HLTestimony@capitol.hawaii.gov
COMMITTEE: House Health Committee
HEARING: Tuesday, March 29, 2011 @ 9:00 a.m.
Conference Room # 329

DATE: March 28, 2011

TO: **House Health Committee**
Representative Ryan Yamane, Chair
Representative Dee Morikawa, Vice Chair

FROM: Allen Cardines, Jr., Executive Director

RE: Support for HCR 55 / HR 48 REQUESTING THE DEVELOPMENT AND IMPLEMENTATION OF
A PAIN AND PALLIATIVE CARE POLICY

Mahalo for the opportunity to testify in support of this resolution. I am Allen Cardines, representing the Hawaii Family Forum. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. We support the intent of this resolution and leave the mechanics and implementation to the experts.

In 1998, Hawaii Family Forum and the Hawaii Medical Association formed a coalition of medical, disability rights and faith organizations called Hawaii's Partnership for Appropriate and Compassionate Care (HPACC).

One of the primary purposes of HPACC is to support improved end-of-life care for Hawaii residents. We have been pleased to see the significant progress in end-of-life care, including palliative care, since 1998. But, as always, more work remains. We commend our community leaders in the hospice and palliative care communities for their ongoing commitment and desire for continuous quality improvement in this important area.

Mahalo for the opportunity to testify in support of this resolution.



HAWAII CATHOLIC CONFERENCE

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COMMITTEE: House Health Committee

HEARING: Wednesday, March 29, 2011 @ 9:00 a.m.

Conference Room # 329

DATE: March 28, 2011

TO: **House Health Committee**
Representative Ryan Yamane, Chair
Representative Dee Morikawa, Vice Chair

LATE TESTIMONY

FROM: Walter Yoshimitsu, Executive Director

RE: Support for HCR 55 / HR 48 | REQUESTING THE DEVELOPMENT AND IMPLEMENTATION OF A PAIN AND PALLIATIVE CARE POLICY

Mahalo for the opportunity to testify in support of this resolution. I am Walter Yoshimitsu, representing the Hawaii Catholic Conference. The Hawaii Catholic Conference is the public policy voice for the Roman Catholic Church in the State of Hawaii, under the leadership of Bishop Larry Silva. We support this resolution that requests the development and implementation of a pain and palliative care policy.

The Hawaii Catholic Conference strongly supports increasing public access to the life-affirming services of hospice and effective palliative care. While we leave to the bills' sponsors the technical explanation as to why this resolution is needed, we would like to provide this committee with three reasons why hospice and palliative care must be at the forefront of our State's health care policy agenda.

First, hospice and palliative care respond effectively and compassionately to the very real needs of the seriously ill. They do so in a manner that affirms the value of the lives at stake, unlike proposals to legalize assisted suicide, which treat the dying as burdensome candidates for killing rather than as fellow human beings deserving of our care.

Second, hospice and palliative care are the preferred means for addressing the needs of persons living with terminal conditions and of their caregivers. Opinion surveys show that when asked, members of the public agree that hospice and palliative care should take priority as the best approaches to accomplishing good end of life care.

Third, improving access to hospice and palliative care has become a goal around which substantial organizational consensus is forming in Hawaii. We have a unique opportunity to put our efforts into better care at the end of life. Mahalo for the opportunity to testify.

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