

HB2052

HD2 SD1



Written Testimony Presented Before the
Senate Committee on Judiciary and Labor
March 25, 2014 10:00 a.m.
Conference Room 016

by
Dale Allison, PhD, WHNP-BC, FNP, APRN-Rx, FAAN
Member, HSCN Advisory Board
Hawaii State Center for Nursing
University of Hawai'i at Manoa

HB 2052, HD2, SD1 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING
TREATMENT.

Chair Hee, Vice Chair Shimabukuro, and members of the Senate Committee on Judiciary and Labor, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052, HD2, SD1, except for the effective date.

The Hawaii State Center for Nursing supports increasing access to POLST by updating references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; particularly, expanding health care provider signatory authority to include advanced practice registered nurses (APRNs); and correcting inconsistencies over terms used to describe who may sign a POLST form on behalf of a patient. POLST is a tool to help ensure that patients make informed decisions and that their wishes are honored across health care settings. POLST requires a meaningful dialog between patients and their physicians or APRNs (especially in rural, medically underserved areas of Hawai'i).

HB 2052, HD2, SD1 is consistent with barrier-breaking legislation made between 2009-2011, when the Legislature authorized¹ APRNs to function independently as primary care providers to help relieve the oncoming shortage of primary care physicians².

¹ **Act 169, SLH 2009** required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents,

However, the Hawaii State Center for Nursing supports having “This Act shall take effect upon its approval” restored.

Therefore, the Hawaii State Center for Nursing respectfully requests passage of this measure. Thank you for the opportunity to testify.

verification and evaluation forms the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 57, SLH 2010 the adoption of the National Council of State Boards of Nursing’s Model Nurse Practice Act and Model Nursing Administrative Rules.

Act 110, SLH 2011 required each hospital in the State licensed under Hawai`i Revised Statutes (HRS), § 321-14.5 is required to allow¹ APRNs ¹ and qualified APRNs granted prescriptive authority to practice within the full scope of practice including as a primary care provider. APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the APRN’s specialty. Able to prescribe drugs without working relationship agreement with a licensed physician

² A 2010 study by the John A. Burns School of Medicine reported a current shortage of 600 physicians (more than 20% of the current supply) and an impending shortage of 1,600 by 2020. "Because physician shortages of the magnitude described will directly impact the health and well-being of virtually all residents of Hawai`i, something must be done. Unfortunately, there is no easy fix to the problem. The problem is most acute on the island of Hawai`i, but people everywhere, including urban O`ahu are also starting to feel the effects in a variety of specialties... If Hawai`i’s utilization of physician services were to match the average mainland usage, our current demand for physicians would be about 3,500. If Hawai`i’s population grows as anticipated without change being made in the system of care or current utilization patterns, our state will need over 4,000 doctors by the year 2020. It is expected that even with active recruitment Hawai`i will probably suffer a net loss of approximately 50 physicians every year in the face of dramatically rising demand. If the delivery system remains the same as today, many Hawai`i residents will not have timely access to care. The indigent and elderly will feel it first. As the shortage deepens, we’ll all experience the effects". The ten top solutions identified by the working groups to be addressed most urgently include the use of non-physician clinicians (*Report to the 2011 Hawaii State Legislature: Report on Findings from the Hawaii Physician Workforce Assessment Project*. Withy, K. and Sakamoto, D.T. John A. Burns School of Medicine, December, 2010).



Written Testimony Presented Before the
Senate Committee on Judiciary and Labor
March 25 , 2014 10:00 a.m.
Conference Room 229

by
Kathy Yokouchi, Policy Analyst
Hawaii State Center for Nursing
University of Hawai'i at Manoa

HB 2052, HD2, SD1 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT.

Chair Hee, Vice Chair Shimabukuro, and members of the Senate Committee on Judiciary and Labor, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052, HD2, SD1, except for the effective date.

The Hawaii State Center for Nursing supports increasing access to POLST by updating references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; particularly, expanding health care provider signatory authority to include advanced practice registered nurses (APRNs); and correcting inconsistencies over terms used to describe who may sign a POLST form on behalf of a patient. POLST is a tool to help ensure that patients make informed decisions and that their wishes are honored across health care settings. POLST requires a meaningful dialog between patients and their physicians or APRNs (especially in rural, medically underserved areas of Hawai'i).

HB 2052, HD2, SD1 is consistent with barrier-breaking legislation made between 2009-2011, when the Legislature authorized¹ APRNs to function independently as primary care providers to help relieve the oncoming shortage of primary care physicians².

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Tuesday – March 25, 2014 – 10:00am
Conference Room 229

The Senate Committee on Judiciary and Labor

To: Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
HB 2052, HD 2, SD 1 — Relating to Provider Orders for Life Sustaining Treatment

The Healthcare Association of Hawaii (HAH) is a 116-member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide.

Thank you for the opportunity to testify in support of HB 2052, HD 2, SD 1, which promotes efficiency in advance care planning. HB 2052, HD 2, SD 1 modernizes provider orders for life-sustaining treatment by changing references of "physician orders for life-sustaining treatment" in the Hawaii Revised Statutes to "provider orders for life-sustaining treatment," expanding signatory authority to include advanced practice registered nurses. HAH supports the intent and spirit of HB2052, HD 2, SD 1, which is to improve the quality of life for patients though expanded efficiency and consistency in advance care planning.

HAH supports HB 2052, HD 2, SD 1, but respectfully requests the committee to adopt the proposed amendments from The Queen's Medical Center and Hospice Hawaii. These amendments strengthen the bill by reinstating language that will ensure the bill works as intended.

Thank you for the opportunity to testify in support of HB 2052, HD 2, SD 1.

Legislative Committee

Wailua Brandman, Chair
Amy Vasconcellos, Vice Chair
Beverly Laurongaboy Inocencio
Mandy Ki'aha
Sondra Leiggi
Danielle Naahielua
Moani Vertido
Cynthia Cadwell, Ex-Officio



HAWAII ASSOCIATION *of*
PROFESSIONAL NURSES

Written Testimony Presented Before the
Senate Committee on Judiciary and Labor
March 25, 2014 10:00 am

HB 2052 HD2 SD1 RELATING TO PROVIDER ORDERS FOR LIFE
SUSTAINING TREATMENT

Chair Hee, Vice Chair Shimabukuro, and members of the Senate Committee on Judiciary and Labor, thank you for this opportunity to provide testimony in **STRONG SUPPORT** of this bill, HB 2052 HD2 SD1.

The measure supports increasing access to POLST by updating references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; particularly, expanding health care provider signatory authority to include advanced practice registered nurses (APRNs); and correcting inconsistencies over terms used to describe who may sign a POLST form on behalf of a patient.

Countless individuals living in the State of Hawaii have selected an APRN as their primary care provider; this is especially true in medically underserved and rural areas. However, these same individuals would be denied access to POLST with their preferred provider as a result of the current legislative language in place.

Therefore, HAPN respectfully requests that this Committee pass HB 2052 HD2 SD1, unamended. Thank you for the opportunity to testify.

Amy Vasconcellos, Vice Chair
Legislative Committee
Hawaii Association of Professional Nurses

LĀNA'Ī COMMUNITY HEALTH CENTER

P. O. Box 630142
Lāna'ī City, HI 96763-0142



Phone: 808-565-6919 x114
Fax: 808-565-9111
dshaw@lanaicommunityhealthcenter.org

The Community is our Patient -- men, women, children, uninsured, insured!

**Testimony in Support of HB 2052 HD2 SD1
Relating to Health
Submitted by Diana M V Shaw, PhD, MPH, MBA, FACMPE
March 25, 2014, 10:00AM., Room 016**

I am writing to offer my strongest support for HB2052 HD2 SD1. As a member of the Hawaii State Rural Health Association, and a rural community member, I would like to take the opportunity to thank you for working toward allowing individuals to make their wishes known about their healthcare. Everyone should have the right to choose what life saving procedures they want to have done to them. Therefore I believe that updating references from “physician orders for life-sustaining treatment” to “provider orders for life-sustaining treatment” in chapter 327K, HRS is an excellent idea. HB2052 HD2 SD1 will help increase the number of people who have provider orders for life-sustaining treatment in place. This will increase the chance that the wishes of individuals are met, as well as decrease medical expenditures on undesired lifesaving procedures. Thank you for your attention to this matter and please keep up the good work!

Sincerely,

A handwritten signature in black ink, appearing to read 'D.V. Shaw', written in a cursive style.

Diana M V Shaw, PhD, MPH, MBA, FACMPE
Executive Director

E Ola nō Lāna'ī
LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī

March 24, 2014

Dear Chair Hee and other members of the committee,

Thank you for the opportunity to comment on HB2052 HD2 SD1.

I serve as the Executive Director of Kokua Mau, Hawaii’s Hospice and Palliative Care Organization which is the lead agency in Hawaii for POLST. Kokua Mau staffs the statewide multi-sectoral POLST Task Force and our website is the clearing house for information about POLST. It is because of our very positive experiences with POLST around the state over the last 5 years that we have worked to expand the signing privileges for POLST to include APRNs. We believe that POLST is a crucial document for people facing seriously illness to insure that they get the right care at the right time in the right place and that their wishes are honored. We also believe POLST helps families make sure that loved ones are well cared for throughout their lives.

We agree with the changes that have been made to HB2052 HD2 SD1. However we would like for one change to make sure the language of the amended bill is as strong as possible.

1. Change the term “Legal Representative” to “Legally Authorized Representative.” LAR is the more common legal term and we would like to be consistent with best legal practice. This is a suggestion made by Prof. Jim Pietsch as well as the POLST Task Force. We would like this change in the bill.

Additionally we would like to clarify that there was an error in **the HB2052 HD2 SD1 committee on Health Report (SSCR 2959)**: The requirement to have a provider sign the POLST form has **not** been removed as stated in amendment 4.

The requirement to have a provider sign the POLST form had *not* been completely removed from the HD2, as stated in HB2052, HD2, SD1, SSCR2959, Page 2, Amendment 4, but rather it has been *restored* to its place in current statute (See HB2052, HD2, SD1, Page 6, lines 12-15). This is a key piece of the legislation and this was an oversight in the report. (Sen. Green agreed that this should be changed in an email conversation that was also forwarded to you on 3/24/14.)

In the past I have testified about the importance of POLST and stand on my testimony about the importance of the expansion of signing privileges to APRNs to remove bottlenecks and increase access to POLST.

Sincerely,

Jeannette G. Kojane, MPH
Executive Director



H.B. 2052, H.D.2, S.D.1

RELATING TO PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT

Senate Committee on Judiciary and Labor

March 25, 2014; 10:00 a.m.

We are Cherylee Chang, M.D., Director of the Stroke Center and Medical Director of the Neuroscience Institute/Neurocritical Care and Daniel Fischberg, MD, PhD, FAAHPM, Medical Director for the largest hospital-based palliative care program in Hawaii at The Queen's Medical Center and Vice-Chair of the Board of Kokua Mau, Hawaii's hospice and palliative care organization, in **strong support** of H.B. 2052, HD2, SD1 to allow APRNs to participate in signatory authority for Physician Orders for Life Sustaining Treatments (POLST). However, for the committee's consideration, we would like to respectfully suggest additional recommendations to replace the use of "legal representative" with "legally authorized representative" throughout the proposed measure. This will better ensure consistency with the use of the term in other healthcare contexts.

H.B. 2052, HD2, SD1 expands POLST access by allowing APRNs to participate in signatory authority. When it comes to avoiding unwanted medical treatments at the end of life, Physician Orders for Life Sustaining Treatments have been shown to be nearly 100% effective in preventing unwanted treatments while other directives, such as living wills, have not been shown effective. Unfortunately, access to care continues to be an issue, particularly for those with advanced illness. Many patients that would wish to complete a POLST to avoid unwanted medical treatment are confined to their beds at home, in a nursing facility, or a hospice. Advanced practice nurses have been critical in providing needed medical care to these patients. Not permitting Advanced Practice Nurses to sign POLST forms means many patients in need cannot complete them, leaving them vulnerable to unwanted, aggressive treatment, such as electric shocks to the chest or placement on an artificial respirator, at the end of life when most people would prefer to focus on their comfort and dignity.

With our highlighted suggested changes, the measure would read:

SECTION 2. Chapter 327K, Hawaii Revised Statutes, is amended by amending its title to read as follows:

" [PHYSICIAN] PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT "

SECTION 3. Section 327K-1, Hawaii Revised Statutes, is amended as follows:

1. By adding a new definition to be appropriately inserted and to read:

"Legally authorized representative" means an agent, guardian, or surrogate, as those terms are defined in section 327E-2, or agent designated through a power of attorney for health care, as defined in section 327E-2"

2. By amending the definitions of "form", "patient's physician", and "physician orders for life-sustaining treatment form" to read:

"Form" means a [~~physician~~] provider orders for life-sustaining treatment form adopted by the department.

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

"[~~Physician~~] Provider orders for life-sustaining treatment form" means a form signed by a patient, or if incapacitated, by the patient's [~~surrogate~~] **legally authorized representative**, and the patient's [~~physician,~~] provider, that records the patient's wishes and that directs a health care provider regarding the provision of resuscitative and life-sustaining measures. A [~~physician~~] provider orders for life-sustaining treatment form is not an advance health-care directive."

3. By deleting the definition of "surrogate".

~~["Surrogate" shall have the same meaning as in section 327E-2.]~~

SECTION 4. Section 327K-2, Hawaii Revised Statutes, is amended as follows:

1. By amending subsection (a) to read:

"(a) The following may execute a form:

- (1) The patient;
- (2) The patient's [~~physician~~] provider; and
- (3) The [~~surrogate~~] **legally authorized representative**, but only if the patient:
 - (A) Lacks capacity; or
 - (B) Has designated that the [~~surrogate~~] **legally authorized representative** is authorized to execute the form.

The patient's [~~physician~~] provider may medically evaluate the patient and, based upon the evaluation, may recommend new orders consistent with the most current information available about the individual's health status and goals of care. The patient's [~~physician~~] provider shall consult with the patient or the patient's [~~surrogate~~] **legally authorized representative** before issuing any new orders on a form. The patient or the patient's [~~surrogate~~] **legally authorized representative** may choose to execute or not execute any new form. If a patient is incapacitated, the patient's [~~surrogate~~] **legally authorized representative** shall consult with the patient's [~~physician~~] provider before requesting the patient's [~~physician~~] provider to modify treatment orders on the form. To be valid, a form shall be signed by the patient's physician and the patient, or the patient's physician and the patient's surrogate. At any time, a patient, or, if incapacitated, the patient's [~~surrogate~~] **legally authorized representative**, may request alternative treatment that differs from the treatment indicated on the form."

2. By amending subsection (d) to read:

"(d) A patient having capacity, or, if the patient is incapacitated, the patient's [~~surrogate,~~] **legally authorized representative,** may revoke a form at any time and in any manner that communicates intent to revoke."

SECTION 5. Section 327K-3, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) No physician, advanced practice registered nurse, health care professional, nurse's aide, hospice provider, home care provider, including private duty and medicare home health providers, emergency medical services provider, adult residential care home operator, skilled nursing facility operator, hospital, or person employed by or under contract with a hospital shall be subject to criminal prosecution, civil liability, or be deemed to have engaged in unprofessional conduct for:

- (1) Carrying out in good faith, a decision regarding treatment orders, including cardiopulmonary resuscitation by or on behalf of a patient pursuant to orders in a form and in compliance with the standards and procedures set forth in this chapter; or
- (2) Providing cardiopulmonary resuscitation to a patient for whom an order not to resuscitate has been issued on a form; provided the person reasonably and in good faith:
 - (A) Was unaware of the issuance of an order not to resuscitate; or
 - (B) Believed that any consent to treatment orders, including the order not to resuscitate, had been revoked or canceled."

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 7. This Act shall take effect on upon its approval.

Additionally we would like to clarify that there was an error in the outline of highlighted changes delineated on HB2052 HD2 SD1's committee report (SSCR 2959). The requirement to have a provider sign the POLST form had *not* been completely removed from the HD2, as stated in HB2052, HD2, SD1, SSCR2959, Page 2, Amendment 4, but rather it has been *restored* to its place in current statute (See HB2052, HD2, SD1, Page 6, lines 12-15).

Thank you for the opportunity to provide testimony in support of this measure.

COMMITTEE ON JUDICIARY AND LABOR

Tuesday March 25, 2014 10 a.m.
by

Lenora Lorenzo DNP, APRN, FAANP
Family, Geriatrics and Diabetes Nurse Practitioner
Region 9 Director, American Association of Nurse Practitioners

HB 2052 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT.

Chair Hee, Vice Chair Simabukuro and members of the Committee On Judiciary And Labor, thank you for this opportunity to provide testimony in strong support of this bill SB 2227.

The American Association of Nurse Practitioners and I as a practicing APRN supports increasing access to POLST by updating references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; particularly, expanding health care provider signatory authority to include advanced practice registered nurses (APRNs); and correcting inconsistencies over terms used to describe who may sign a POLST form on behalf of a patient. POLST is a tool to help ensure that patients make informed decisions and that their wishes are honored across health care settings. POLST requires a meaningful dialog between patients and their physicians or APRNs (especially in rural, medically underserved areas of Hawai'i.

SB 2227 is consistent with barrier-breaking legislation made between 2009-2011, when the Legislature authorized¹ APRNs to function independently as primary care providers to help relieve the oncoming shortage of primary care physicians².

¹**Act 169, SLH 2009** required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms of the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 57, SLH 2010 the adoption of the National Council of State Boards of Nursing's Model Nurse Practice Act and Model Nursing Administrative Rules.

Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 is required to allow¹ APRNs and qualified APRNs granted prescriptive authority to practice within the full scope of practice including as a primary care provider. APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the APRN's specialty. Able to prescribe drugs without working relationship agreement with a licensed physician

²A 2010 study by the John A. Burns School of Medicine reported a current shortage of 600 physicians (more than 20% of the current supply) and an impending shortage of 1,600 by 2020. "Because physician shortages of the magnitude described will directly impact the health and well-being of virtually all residents of Hawai'i, something must be done. Unfortunately, there is no easy fix to the problem. The problem is most acute on the island of Hawai'i, but people everywhere, including urban O'ahu are also starting to feel the effects in a variety of specialties... If Hawai'i's utilization of physician services were to match the average mainland usage, our current demand for physicians would be about 3,500. If Hawai'i's population grows as anticipated without change being made in the system of care or current utilization patterns, our state will need over 4,000 doctors by the year 2020. It is expected that even with active recruitment Hawai'i will probably suffer a net loss of approximately 50 physicians every year in the face of dramatically rising demand. If the delivery system remains the same as today, many Hawai'i residents will not have timely access to care. The indigent and elderly will feel it first. As the shortage deepens, we'll all experience the effects". The ten top solutions identified by the working groups to be addressed most urgently include the use of non-physician clinicians (*Report to the 2011 Hawaii State Legislature: Report on Findings from the Hawaii Physician Workforce Assessment Project*. Withy, K. and Sakamoto, D.T. John A. Burns School of Medicine, December, 2010).

Therefore, the American Association of Nurse Practitioners and I as a practicing APRN respectfully requests passage of this measure. We appreciate your continuing support of health care for our Kapunas and nursing in Hawai'i. Thank you for the opportunity to testify.

To: Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile S. L. Shimabukuro, Vice Chair

From: Kenneth Zeri, RN, MS
President Hospice Hawaii

Date: March 24, 2014

Subject: HB 2052 HD2 SD1: Testimony in support with amendments:
Related to Providers Orders for Life Sustaining Treatment (POLST)

1. Hospice Hawaii wholeheartedly supports HB 2052 which accomplishes three important items:
 - a. Expands the signatory capability in our current POLST to allow Advance Practice Registered Nurses (APRN) to sign a POLST order. Hawaii was one of the leading states in the nation to implement a state-wide fully portable POLST system. However, shortly after implementation it became clear that individuals living in more rural communities, Veterans getting care inside the VA system and nursing home residents were more likely to be seen by an APRN than an MD. Nationwide, APRNs are being included in the rules and regulations to sign a POLST. This bill corrects that oversight and expands access to POLST.
 - b. Re-names the form to "Provider" instead of "Physician."
 - c. Corrects inconsistent language regarding who may sign on a patient's behalf, if that individual is unable.
2. This Bill DOES NOT:
 - a. Change any language in the Advance Directive laws, (HRS 327E) in particular governing who may become a "non-designated" decision maker. Nor does this bill allow for the designation of a decision maker on the POLST form.

Requested Amendments: We have carefully reviewed all the testimony offered throughout the course of this bill development and wish to request that the term, where used, "legal representative" be changed to "legally authorized representative". We believe this is a clearer phrase.

Comment on the report form Senate Health, SCR 2959: In this report, Senator Green commented on an amendment made: *"(4) Removing the requirement that a POLST form be signed by the patient's provider, in addition to the patient or the patient's legal representative;"*

I want to clarify that while the report suggests that that line was eliminated, thus potentially eliminating the need for a Provider's signature, in fact, that

specific House amendment was deleted and the original language in 327K (2) remains intact, establishing the requirements for validity. *“To be valid, a form shall be signed by the patient's physician and the patient, or the patient's physician and the patient's surrogate.”* The intent is that both the provider and the patient (or legally authorized representative) sign the form.

Thank you for considering this bill. I may be reached at my office, 924-9255 for further clarification, if needed.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: geesey@hawaii.edu
Subject: Submitted testimony for HB2052 on Mar 25, 2014 10:00AM
Date: Sunday, March 23, 2014 7:39:15 PM

HB2052

Submitted on: 3/23/2014

Testimony for JDL on Mar 25, 2014 10:00AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: Aloha Committee Members; Please authorize the APRNs who provide care to our community members to sign POLST orders. Mahalo, Yvonne Geesey, JD, MSN Advanced Practice Registered Nurse

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

Senate Judiciary Hearing on HB2502 SD1
Regarding POLST Physician/Provider Order for Life Sustaining Treatment

Jackie Mishler RN BSN PCCN
Post Office Box 892
Kula, Hawaii 96790
561-8673

If someone is in the position of making life and death decisions and choices for a patient such as authorizing a Do Not Resuscitate order, stopping antibiotics, etc., that authorization should be clear and oversight should be possible. Right now that is not the case. This bill magnifies this weakness in **protecting** the incapacitated patient.

I am not able to change my work schedule to attend but would like to ask that Judiciary adopt the position taken by the House Judiciary in HB2052 HD 2 and not allow a non designated surrogate to fill out a POLST form.

If the Judiciary Committee cannot take that position then I suggest they adopt the Senate Judiciary version that passed out of this committee before and *require* rather than urge the DOH to come up with a standard written declaration of surrogate form that conforms to section 327E-5 (i) Hawaii Revised Statutes which requires a supervising health-care provider to require a surrogate to provide a written declaration under the penalty of false swearing stating facts and circumstances reasonably sufficient to establish the claimed authority. The inclusion of this language in a standard written declaration of surrogate form increases the accountability of surrogates in making life and death decisions for patients who lack decisional capacity to provide informed consent to or refuse medical treatments.

Thank you for this opportunity to testify. Please call me if you need further clarification or if I can answer any questions that may arise from this testimony.

Kelley Withy, MD, PhD
571 Kaimalino St.
Kailua, HI 96734

Written Testimony in Support of House Bill 2052

I am writing to offer my strongest support for HB2052. As President of the Hawaii State Rural Health Association, Director of the Area Health Education Center and a physician workforce researcher, I would like to take the opportunity to thank you for working toward allowing individuals to make their wishes about their healthcare known. Being a physician, I have seen both the miracles and the mishaps of medicine. End of life care can fall into both of these categories. Many times our medical advancements can help save lives, but sometimes it can prolong pain and suffering. Personally, I have completed a living will and clarified my wishes in the case that I am too incapacitated to express them at the time. But most people don't know how to do this. In addition, if the paperwork requires a physician cosignature, we have a bottleneck, because there just aren't enough physicians in Hawaii. My research has shown that Hawaii has 700 fewer physicians than a comparable population on the mainland US. The shortage is most severe in rural areas such as Hawaii Island. I believe that every individual has the right to decide how s/he will be treated when it comes to intubation, feeding tubes, cardiac defibrillation. HB2052 will help increase the number of people who have provider orders for life-sustaining treatment in place. This will increase the chance that the wishes of individuals are met, as well as decrease medical expenditures on undesired lifesaving procedures. Thank you for your attention to this matter and please keep up the good work!

Kelley Withy, MD, PhD

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: diabeatit@aol.com
Subject: *Submitted testimony for HB2052 on Mar 25, 2014 10:00AM*
Date: Monday, March 24, 2014 8:15:15 AM

HB2052

Submitted on: 3/24/2014

Testimony for JDL on Mar 25, 2014 10:00AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lynda Hirakami	Individual	Support	No

Comments:

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