

**NEIL ABERCROMBIE**  
GOVERNOR OF HAWAII

**GARY L. GILL**  
ACTING DIRECTOR OF HEALTH



**WESLEY LUM, PH.D., MPH**  
DIRECTOR

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**STATE OF HAWAII**  
**EXECUTIVE OFFICE ON AGING**  
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HONOLULU, HAWAII 96813-2831

### **Committee on Health**

## **HB 2052, RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT**

**Testimony of Wes Lum**  
**Director, Executive Office on Aging**  
**Attached Agency to the Department of Health**

**Friday, January 24, 2014; Conference Room 329**

**9:00 a.m.**

**EOA's Position:** The Executive Office on Aging (EOA) supports this measure.

**Purpose and Justification:** This bill is similar to HB2317, which is part of the Governor's package, that expands healthcare provider signatory authority to include advanced practice registered nurses (APRN) and corrects inconsistencies over terms used to describe who may sign for a Physician Orders for Life-Sustaining Treatment (POLST) form on behalf of a patient.

This measure also reflects the recommendation of the State Plan on Alzheimer's Disease and Related Dementias (ADRD) to realize the goal of enhancing care quality and efficiency. We believe that in order for Hawaii to achieve the vision of the best quality of life for those touched by dementia, it is imperative to achieve the highest quality of culturally competent care possible and a state infrastructure sensitive to the needs of people with ADRD and their care partners. Consumers and their families need to have all appropriate services and care to maximize quality of life, delivered in a coordinated way from early and accurate diagnosis to the end of life. POSLT is a

holistic method of planning for end of life care and a specific set of medical orders that ensure that patients' wishes are honored. Therefore, expanding healthcare provider signatory authority to include APRNs will assist with a timely completion of a POLST for persons with dementia. Thank you for the opportunity to testify.

**Friday – January 24, 2013 – 9:00am**  
**Conference Room 329**

**The House Committee on Health**

To: Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair

From: Art Gladstone  
Chief Nurse Executive – Hawai'i Pacific Health  
Chief Executive Officer – Straub Clinic & Hospital

**Re: Testimony in Support**  
**HB 2052 Relating to Provider Orders for Life Sustaining Treatment**

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My name is Art Gladstone, Chief Nurse Executive for Hawai'i Pacific Health (HPH) and Chief Executive Officer for Straub Clinic & Hospital. HPH is a nonprofit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 49 outpatient clinics and service sites, more than 5,400 employees and 1,300 physicians on staff.

Both Hawai'i Pacific Health and Straub Clinic & Hospital is writing in support of HB 2052 which expands signatory authority to include advanced practice nurses (APRN). POLST is a holistic method of planning for end-of-life care and a specific set of medical orders that ensure patients' wishes are honored. The ability for APRNs to complete a POLST directly with patients and family members will better enable our care model to address the needs of our patients.

We ask for your help and support in passing HB 2052 from this committee. Thank you.

**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, January 23, 2014 6:32 PM  
**To:** HLTtestimony  
**Cc:** nuyolks@gmail.com  
**Subject:** Submitted testimony for HB2052 on Jan 24, 2014 09:00AM

**HB2052**

Submitted on: 1/23/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kathleen Yokouchi	Hawaii State Center for Nursing	Support	No

Comments: The Hawaii State Center for Nursing is in strong support of this measure.

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.

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**H.B. 2052 RELATING TO PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT**  
**House Committee on Health**  
**January 24, 2014, 9:00 a.m.**  
**Room 329**

The Queen's Health Systems strongly supports HB 2052 which 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," and expanding signatory authority to include advanced practice registered nurses, expanding its use and aligning Hawaii's laws with other State's similar laws.

Competent adults have a right to plan ahead for health care decisions through the execution of advance medical directives, and to have the wishes expressed in those documents respected. Provider orders for life sustaining treatment complements an advance medical directive by converting a person's wishes regarding life-sustaining treatment, such as those set forth in an advance medical directive, into a medical order. The use of POLST medical orders can overcome many of the problems associated with advance directives, which are often locked away in file drawers or safe deposit boxes and unavailable to health care providers when the need arises to ensure that the patient's wishes are followed.

A completed provider order for life-sustaining is signed by the patient's attending physician or, if HB2052 is passed, an APRN and provides a specific and detailed set of instructions for a health care professional or health care institution to follow in regard to the patient's preference for the use of various medical interventions. POLST medical order helps ensure that patients' health care preferences are honored by health care providers.

Thank you for the opportunity to provide testimony in support of HB 2052.



**H.B. 2052 RELATING TO PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT**  
**House Committee on Health**  
**January 24, 2014, 9:00 a.m.**  
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Competent adults have a right to plan ahead for health care decisions through the execution of advance medical directives, and to have the wishes expressed in those documents respected. Provider orders for life sustaining treatment complements an advance medical directive by converting a person's wishes regarding life-sustaining treatment, such as those set forth in an advance medical directive, into a medical order. The use of POLST medical orders can overcome many of the problems associated with advance directives, which are often locked away in file drawers or safe deposit boxes and unavailable to health care providers when the need arises to ensure that the patient's wishes are followed.

A completed provider order for life-sustaining is signed by the patient's attending physician or, if HB2052 is passed, an APRN and provides a specific and detailed set of instructions for a health care professional or health care institution to follow in regard to the patient's preference for the use of various medical interventions. POLST medical order helps ensure that patients' health care preferences are honored by health care providers.

Thank you for the opportunity to provide testimony in support of HB 2052.

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

January 24, 2014

The Honorable Della Au Belatti, Chair  
The Honorable Dee Morikawa, Vice Chair  
House Committee on Health

**Re: HB 2052 – Relating to Provider Orders for Life-Sustaining Treatment**

Dear Chair Belatti, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 2052, which increases access to physician orders for life-sustaining treatment (POLST).

It has long been HMSA's mission to improve the health and well-being of our members, and for all the people of Hawaii. A POLST form serves as a portable and recognized vehicle for documenting an individuals' end-of-life care and medical orders. We acknowledge the importance of communication between patients and health care providers.

Updating the references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; will allow advanced practice registered nurses (APRN) to also complete a POLST directly with patients and families. We believe that expanding access to APRNs to complete POLST forms will be highly beneficial for individuals, especially those living in rural areas or the neighbor-islands.

Thank you for the opportunity to testify in support of HB 2052. Increasing access to POLST will improve the health and well-being for all the people of Hawai'i.

Sincerely,

A handwritten signature in black ink, appearing to read "JD", with a long horizontal flourish extending to the right.

Jennifer Diesman  
Vice President  
Government Relations

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

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052.

I am Dr. Lenora Lorenzo, APRN and Region 9 Director of the American Association of Nurse Practitioners. We support 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 is consistent with barrier-breaking legislation made between 2009-2011, when the Legislature authorized <sup>[1]</sup> APRNs to function independently as primary care providers to help relieve the oncoming shortage of primary care physicians <sup>[2]</sup>.

Therefore, we respectfully requests passage of this measure. We appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

Therefore, we respectfully requests passage of this measure. We appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

O au me ka ha`a ha`a (I am humbly yours),

Dr. Lenora Lorenzo, Nurse Practitioner  
 DNP, APRN-RX, BC-FNP, GNP, ADM, CDE, FAANP  
 American Association of Nurse Practitioners  
 Region 9 Director (Arizona, Nevada, California, Hawaii and US Territories of Guam, American Samoa & the Marianna Islands)  
 Adjunct Faculty University of Hawai'i School of Nursing & Dental Hygeine  
 Nurse Practitioner Post Traumatic Stress Disorder Residential Program  
 APRN Council Chairperson  
 Veterans Health Administration, Pacific Islands Health Care System  
 PO Box 474, Haleiwa, Hawaii 96712  
 (808) 222 4330

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[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 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 allow <sup>[1]</sup> APRNs <sup>[1]</sup> 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).

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

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052.

The Hawaii Association of Professional Nurses (HAPN) 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 is consistent with barrier-breaking legislation made between 2009-2011, when the Legislature authorized<sup>1</sup> APRNs to function independently as primary care providers to help relieve the oncoming shortage of primary care physicians<sup>2</sup>. Therefore, HAPN respectfully requests passage of this measure. We appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

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Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052.

The Hawaii State Center for Nursing (HSCN) 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).

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Therefore, HSCN respectfully requests passage of this measure. We appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

Sincerely,  
Kathy Yokouchi, Policy Analyst  
Hawaii State Center for Nursing  
University of Hawaii at Manoa  
Webster Hall 402  
2528 McCarthy Mall  
Honolulu, HI 96822



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**Friday – January 24, 2013 – 9:00am**  
**Conference Room 329**

**The House Committee on Health**

To: Representative Della Au Belatti, Chair  
Representative Dee Morikawa, Vice Chair

From: George Greene  
President & CEO  
Healthcare Association of Hawaii

Re: **Testimony in Support**  
**HB 2052 — 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 HB2052, which promotes efficiency in advance care planning. HB 2052 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, which is to improve the quality of life for patients through expanded efficiency and consistency in advance care planning.

Thank you for the opportunity to testify in support of HB 2052.



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Thank you for the opportunity to testify in support of HB 2052.

**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth Zeri	Hospice Hawaii	Support	No

Comments: Dear Chair Au Belatti and members of the committee; Please accept this late testimony in support of HB 2052 related to Providers Orders for Life Sustaining Treatments. Hawaii was one of the leading states in the nation to create a POLST law. Now that number has more than doubled to about 1/2 the nation. As I personally worked at the national level to support the development of POLST type laws across the nation, and as I taught dozens of classes across the state, it became clear that we needed to make a few technical corrections to our law. To change from "Physician" to "Provider" and add permission for an APRN to sign a POLST order increases access to this tool to our rural communities, long-term care residents and others such as VA patients. Further, the bill corrects inconsistent language regarding who may sign on a patient's behalf, if that person is unable. Nothing in this bill changes decision making powers or limits placed upon designated or non-designated decision makers as established in 327E. (Advance Directive Law) Thank you for considering this bill. I am currently traveling back to Hawaii (typing this in Houston!) and will be available to answer questions through my office on Monday, Jan 27. My number is 924-9255. Ken Zeri

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**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Kalahiki	UHA-University Health Alliance	Comments Only	No

Comments: We are in support of this bill that will expand signing privileges for POLST to include APRNs and clear up some inconsistent legal language.

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January 23, 2014

Esteemed Committee Members:

I am a state and national leader in hospice and palliative medicine and I am writing in strong support of HB2052.

I serve as Medical Director for the largest hospital-based palliative care program at The Queen's Medical Center. I am Vice-Chair of the Board of *Kokua Mau*, Hawaii's hospice and palliative care organization. I am Vice-President of Hawaii Physician's for Compassionate Care. I am Chief of the Division of Palliative Medicine and Professor of Geriatric Medicine at the John A. Burns School of Medicine of the University of Hawaii. Nationally, I serve on the Board of Directors and Chair of the Publications Committee for the American Academy of Hospice and Palliative Medicine. I have authored numerous book chapters and peer-reviewed journal articles in the field of palliative medicine. My opinions expressed here are my own.

As an expert in the field of end-of-life care I know that loss of control is one of the greatest fears of those living with advanced illness. Any sense of control can bring immense comfort and peace of mind. When it comes to avoiding unwanted medical treatments at the end of life, Physician Orders for Life Sustaining Treatments (POLST) are unsurpassed. In many studies, POLST have been shown to be nearly 100% effective in preventing unwanted treatments while other directives, such as living wills, have not been shown effective. Furthermore, POLST have never been shown to be a barrier to people receiving the treatments that they do desire. Patients are free to indicate if they wish full life-prolonging measures, comfort measures, or a balanced approach between the two.

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 in hospice. Advanced practice nurses have been critical in providing needed medical care to these patients. On my own team, advanced practice nurses outnumber physicians 5 to 3. Not permitting Advance 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 a focus on their comfort and dignity.

Please help those of us caring for people with advanced illness. Please pass HB2052.

Thank you for your thoughtful attention to this important matter.

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052.

HB 2052 would update language on an important form, the Provider Order for Life Sustaining Treatment (POLST.) This form is to be signed by a patient and their health care provider to reflect decisions the patient has made regarding end-of-life care options. 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 providers, especially in rural, medically underserved areas of Hawai'i.

HB 2052 is consistent with barrier-breaking legislation passed in recent years when the Legislature authorized APRNs to function independently as primary care providers to increase access through the health care workforce.

I am an APRN in practice in Hilo. Hawaii Island experiences a distressing shortage of specialty and primary health care providers. APRNs have begun to fill the gap, and play an important role in providing otherwise inaccessible health care to the residents of Hawaii Island.

Nurse Practitioners (NPs) are an important part of the health care workforce in Hawaii, serving Hawaiians in all walks of life throughout their childhood and adult years. Current law restricts the POLST form to a physician signature, which is inefficient and unnecessary when an existing practitioner-patient relationship exists with an NP.

There are over a thousand licensed and certified NPs who are already prepared and educated to sign this form. Many NPs already discuss end-of-life care options with their patients on a routine basis, and these measures simply allow them to "treat the paperwork" that reflects the care they provide.

Pass HB 2052 out of committee today to recognize the important relationship between Hawaii patients and their health care providers. I look forward to hearing back from you. Thank you in advance for your support of this legislation.

Allen Novak, APRN  
Hilo, Hawaii

**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Debra Kettleson	Individual	Support	No

Comments: Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052. HB 2052 would update language on an important form, the Provider Order for Life Sustaining Treatment (POLST.) This form is to be signed by a patient and their health care provider to reflect decisions the patient has made regarding end-of-life care options. 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 providers, especially in rural, medically underserved areas of Hawai'i. HB 2052 is consistent with barrier-breaking legislation passed in recent years when the Legislature authorized APRNs to function independently as primary care providers to increase access through the health care workforce. Nurse Practitioners (NPs) are an important part of the health care workforce in Hawaii, serving Hawaiians in all walks of life throughout their childhood and adult years. Current law restricts the POLST form to a physician signature, which is inefficient and unnecessary when an existing practitioner-patient relationship exists with an NP. There are over a thousand licensed and certified NPs who are already prepared and educated to sign this form. Many NPs already discuss end-of-life care options with their patients on a routine basis, and these measures simply allow them to "treat the paperwork" that reflects the care they provide. Pass HB 2052 out of committee today to recognize the important relationship between Hawaii patients and their health care providers. I look forward to hearing back from you. Thank you in advance for your support of this legislation.

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Written Testimony Presented Before the

House Committee on Finance

Presented by

Denise Cohen, PhD, APRN-Rx

HB 2052

Aloha Chair Belatti, Vice Chairs Morkawa, and the members of the Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2052.

*HB 2052 would update language on an important form, the Provider Order for Life Sustaining Treatment (POLST.) This form is to be signed by a patient and their health care provider to reflect decisions the patient has made regarding end-of-life care options. 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 providers, especially in rural, medically underserved areas of Hawai'i.*

*HB 2052 is consistent with barrier-breaking legislation passed in recent years when the Legislature authorized APRNs to function independently as primary care providers to increase access through the health care workforce.*

*Nurse Practitioners (NPs) are an important part of the health care workforce in Hawaii,*

*servicing Hawaiians in all walks of life throughout their childhood and adult years. Current law restricts the POLST form to a physician signature, which is inefficient and unnecessary when an existing practitioner-patient relationship exists with an NP.*

*There are over a thousand licensed and certified NPs who are already prepared and educated to sign this form. Many NPs already discuss end-of-life care options with their patients on a routine basis, and these measures simply allow them to “treat the paperwork” that reflects the care they provide.*

*Pass HB 2052 out of committee today to recognize the important relationship between Hawaii patients and their health care providers. I look forward to hearing back from you. Thank you in advance for your support of this legislation.*

**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Erik Anderson	Individual	Support	No

## Comments:

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**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Erwin Danzer	Individual	Support	No

## Comments:

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**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jacob W Moore Jr	Individual	Support	No

Comments: My name is Jacob (Jake) Moore and I have been a licensed Nurse Practitioner in Hawaii for 11 years. I am testifying as an individual and not as a representative for any organization for which I am employed. I strongly support the revision of HB2052 to allow Nurse Practitioners to prepare and sign POLST forms with clients. I work geriatric clients in multiple settings--assisted living, nursing home, hospice, and home bound frail elderly. I discuss end of life planning, code status, and last wishes daily. By enabling Nurse Practitioners to sign the POLST document, it would expedite the process by eliminating the delay in waiting for a physician signature, it would reduce health cares expenses by clarifying medical treatment goals, and it would provide peace of mind to Hawaii's senior community and their loved ones as they prepare for the last chapter in their life. Thank you for considering my testimony. Jacob (Jake) Moore, MSN, APRN-Rx

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**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie	Individual	Comments Only	No

Comments: I am a Certified Progressive Care nurse from Maui. I support and promote Advance Directives as a community service and have had special concerns about POLST legislation. Normally I would expect to present this testimony in person, but I was not able to rearrange my schedule due to the short notice of the hearing. I want to thank the Committee for hearing this bill and for considering testimony. I would like the Committee to understand that the objections raised in this testimony are in the interest of improving, not arguing with the need for, this legislation. What I take issue with are largely the unintended consequences of this legislation, not the intent. I take it as a given that any order not to provide full emergency care should be unambiguous, deliberate, transparent, informed, and clearly documented. In light of this, it does not seem appropriate that a non-designated surrogate, as stipulated in this legislation, be allowed to sign forms authorizing Do Not Resuscitate (DNR) orders, orders not to provide antibiotics, or allowing the withdrawal of food and fluids. By definition, a non-designated surrogate is a surrogate decision maker who was not designated by the patient. This legislation, as written, allows a person essentially self-designated to hold the power of life and death for a patient. Over time much effort has been taken to craft and promote a formal process for designating a surrogate decision maker as part of an Advance Directive (the "agent," chosen in the durable power of attorney for health care). This legislation magnifies a serious weakness in an area where high standards of transparency and documentation should be maintained. HRS 327E allows a person to designate themselves the surrogate decision maker for an incapacitated patient and to make decisions for that patient without verification of who they are, why they are the surrogate for that patient, or how they came to assume that responsibility. A designated surrogate or agent, who holds these same responsibilities and who is chosen in advance by the patient, is selected in a transparent, formal, and clearly documented process. It seems completely inconsistent to allow someone not selected by the patient to assume those same heavy responsibilities without a similarly formal, documented, and transparent process. Since this POLST legislation cites 327E as their authority for signature, I urge the Committee to modify HRS 327E to incorporate within this bill a more formal, specified, and required process, including a statement about why the non-designated surrogate was selected, how the selection took place, and what the relationship is to the patient, including an actual or potential financial relationship. Much has been done to provide the public with safeguards and reassurances around the execution of Advance Directives. Surely we would want to maintain that high level of public reassurance about the integrity, thoroughness, and accountability involved in the selection of non-designated surrogates. While some would argue that such high standards make the process more difficult, I would argue that we owe our citizens nothing less. Thank you for your consideration.

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**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
joan e foley	Individual	Comments Only	No

Comments: This is to support the POLST changes in recognition that APRNs provide a significant amount of our populations primary care. When they are working with a physician provider they are frequently the one who provides the day to day care and knows the patient and family more intimately which is needed in this type of counseling. Please pass the POLST changes which will improve access to informed health care for our people.

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**morikawa2-Joanna**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Thursday, January 23, 2014 7:33 PM  
**To:** HLTtestimony  
**Cc:** jkoijane@kokuamau.org  
**Subject:** Submitted testimony for HB2052 on Jan 24, 2014 09:00AM  
**Attachments:** polst testimony1.23.14.doc

**HB2052**

Submitted on: 1/23/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jeannette Kojane	Individual	Support	No

Comments:

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Written Testimony Presented Before the  
House Committee on Health  
January 24, 2014 9:00AM  
by

Roxann M S Rowe, APRN-Rx, GNP-BC

HB2052 Provider Orders for Life-Sustaining Treatment; Advanced Practice Registered Nurses; Legal Representatives

Chair Person and Vic Chairperson, TAKAYAMA, BELATTI, CABANILLA, CACHOLA, CARROLL, CREAGAN, HASHEM, ICHIYAMA, KOBAYASHI, MIZUNO, NISHIMOTO, OHNO, OSHIRO, SAY, TOKIOKA, TSUJI, WARD, YAMASHITA, Jordan, thank you for allowing me to provide testimony in strong support of HB 2052.

I am a gerontological nurse practitioner, and strongly support HB 2052 because it will improve the ability of Advanced Practice Registered Nurses (APRNs) to ensure that patients with serious health problems will receive the most appropriate care for their condition and goals. The Physician (Provider) Orders for Life Sustaining Treatment (POLST) are not only very important for communicating goals of care for our patients between settings, but it provides a systematic approach to communicating with our clients and their families when appropriate.

I have been working in Hawaii in this Geriatric APRN role for 8 years and am currently work on the Big Island of Hawaii providing primary health care to home bound Veterans in rural Hawaii. Throughout my career in Hawaii, I have been involved in care of the elderly and terminally ill and am often the lead provider in counseling patients and families on end of life goals of care during their acute and chronic diseases and when Hospice care may be appropriate. However, my inability to sign the form often delays implementation of the care plan. While I always work in collaboration with attending physicians, specialists and other members of the team, we are not always in the same area at the same time and the time between initiation and completion is unduly delayed. There may also be challenges when a family member lives in another area as well or is unable to visit the facility in a timely way.

More than half the States that have POLST forms of some kind allow APRNs to sign these forms and I hope that Hawaii will join those ranks with this bill to improve medical directives for care so that patients get the right care in the right place at the right time.

I support that the language of this POLST document be changed to Provider Orders for Life-Sustaining Treatment and that APRNs who manage their patients be able to sign this document.

**HB2052**

Submitted on: 1/24/2014

Testimony for HLT on Jan 24, 2014 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Lee	Individual	Support	No

## Comments:

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My name is Valisa Saunders and I submit this testimony as an individual and do not represent my employer, Hawaii Health Systems Corporation.

I am a geriatric nurse practitioner, and strongly support HB 2052 because it will improve the ability of Advanced Practice Registered Nurses (APRNs) to ensure that patients with serious health problems will receive the most appropriate care for their condition and goals. The Provider Orders for Life Sustaining Treatment (POLST) are not only very important for communicating goals of care for our patients between settings, but it provides a systematic approach to communicating with our clients and their families when appropriate. The POLST is the only document that Emergency Medical Personnel can legally use as directions on code status and other issues but allows them to help those in need with a variety of interventions.

I have been working in Hawaii in this Geriatric APRN role for 30 years and am currently work at the two State Long Term Care Facilities on Oahu, Maluhia and Leahi Hospitals. Prior to starting in this role in 2011, I worked at Kaiser Permanente for 25 years in geriatrics in clinics, home visits, acute and long term care facilities. Throughout my career in Hawaii, I have been involved in care of the elderly, disabled and terminally ill. I am often the lead provider in counseling patients and families on end of life goals of care during their acute and chronic diseases and when Hospice care may be appropriate. However, my inability to sign the form often delays implementation of the care plan. While I always work in collaboration with attending physicians, specialists and other members of the team, we are not always in the same area at the same time and the time between initiation and completion is unduly delayed. There may also be challenges when a family member lives in another area as well or is unable to visit the facility in a timely way.

More than half the States that have POLST forms of some kind allow APRNs to sign these forms and quickly trending in this direction. Many organizations and physicians often turn to the APRN to assist family's process this important decisions about their health care in their final chapters of life. I think it is also of note that the Medicare Modernization Act of 2003 (MMA, 2003) authorized Nurse Practitioners to be "Hospice Attending" and that role is now a reality in Hawaii in several organizations and they are being used in Palliative Care programs as well. This recognition is testimony to the federal government's recognition of the APRN in end of life care, and the POLST is one important tool in that process.





I hope that Hawaii will join the growing number of states recognizing this role for APRNs to improve medical directives for care so that patients get the right care in the right place at the right time.

Mahalo,  
Valisa Saunders MN, APRN, GNP-BC  
Geriatric Nurse Practitioner  
Hawaii Health Systems Corporation  
University of Hawaii at Manoa  
Schools of Nursing and Medicine



Nurse Practitioners guide patients through many difficulties in life.  
Allowing the Nurse Practitioner to sign a POLST completes the circle of life long care.

It also allows the Nurse Practitioner who has an existing relationship with a patient to be the one who is signing the document, rather than requiring a third party to get involved at such a fragile point in a person's life.

Sincerely,  
Jennifer Harvey, BSN, RN