

NEIL ABERCROMBIE
GOVERNOR OF HAWAII

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ACTING DIRECTOR OF HEALTH



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Committee on Health

SB2227, RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

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

Monday, February 3, 2014; Conference Room 229

1:30 p.m.

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

Purpose and Justification: This bill is similar to SB2867, 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.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: jlakin@hah.org
Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Sunday, February 02, 2014 12:20:40 PM
Attachments: [SB 2227 POLST.pdf](#)

SB2227

Submitted on: 2/2/2014

Testimony for HTH on Feb 3, 2014 13:30PM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|----------------------------------|---------------------------|---------------------------|
| Jeremy Lakin | Healthcare Association of Hawaii | Support | Yes |

Comments: Testifying in person in support: George Greene President & CEO Healthcare Association of Hawaii

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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Monday – February 3, 2014 – 1:30pm
Conference Room 229

The Senate Committee on Health

To: Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Testimony in Support**
SB 2227 — 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 SB 2227, which promotes efficiency in advance care planning. SB 2227 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 SB 2227, 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 SB 2227.

**Written Testimony Presented Before the
Senate Committee on Health
February 3, 2013, 1:15 p.m.
by
Dale M. Allison, PhD, APRN-Rx, FAAN
Board Member
Hawai`i State Center for Nursing**

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair, Josh Green, Vice Chair Roselyn Baker, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, SB 2227.

The Hawai`i State Center for Nursing (HSCFN) 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 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 APRNs¹ 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

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

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).



S.B. 2227

RELATING TO PROVIDER ORDERS FOR LIFE SUSTAINING TREATMENT

Senate Committee on Health

February 4, 2014; 1:30pm

The Queen's Health Systems strongly supports SB 2227 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 SB2227 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 SB 2227.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: lenora@hawaii.edu
Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Sunday, February 02, 2014 5:15:09 AM
Attachments: [SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE 2 3 LL.docx](#)

SB2227

Submitted on: 2/2/2014

Testimony for HTH on Feb 3, 2014 13:30PM in Conference Room 229

| Submitted By | Organization | Testifier Position | Present at Hearing |
|---------------------|---|---------------------------|---------------------------|
| Dr. Lenora Lorenzo | AMERICAN ASSOCIATION OF NURSE PRACTITIONERS | Support | No |

Comments: As a practicing APRN, this bill will increase access to care for patients by allowing APRN's to practice to the extent of our training and licensure and provide needed end of life care decision making with provider and patients. Thus after dialogue with our patients to ensure informed decisions we would be able to honor their wishes in all health settings and prevent delays or additional costs to health care and consumers.

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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Written Testimony Presented Before the
Senate Committee on Health
February 3, 2014, 1:30 p.m.

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

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT.

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

The American Association of Nurse Practitioners and I as a Practicing APRN 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 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 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

As a practicing APRN, this bill will increase access to care for patients by allowing APRN's to practice to the extent of our training and licensure and provide needed end of life care decision making with provider and patients. Thus after dialogue with our patients to ensure informed decisions we would be able to honor their wishes in all health settings and prevent delays or additional costs to health care and consumers.

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

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 Health
Monday, February 3, 2014 - 1:30 PM
by
Alice M. Tse, PhD, APRN**

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair Green, Vice Chair Baker, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, SB 2227.

I, Alice Tse, 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).

APRN's hold long term understanding and trusting relationships with their clients, especially in rural, medically underserved areas. This is especially relevant in areas with shortages of primary care physicians.

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 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.

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Therefore, I, Alice M. Tse, APRN, PhD, respectfully requests passage of this measure. I appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

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
House Committee on Health
Monday February 3, 2014, 1:15 pm
By The Committee on Health

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair: Senator Josh Green, Vice Chair: Senator Rosalyn H. Baker and members of the Senate Committee on Health,

Thank you for this opportunity to provide testimony on SB 2227.

SB 2227 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 the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

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Therefore, as an APRN, nurse educator, and community member I respectfully request passage of this measure. I appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

Christine Beck MSN/MA, APRN, FNP-BC, P/CHCNS-BC, CTN

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).

February 1, 2014

Esteemed Committee Members:

I am a state and national leader in hospice and palliative medicine and I am writing in strong support of SB2227.

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. Even 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 SB2227.

Thank you for your thoughtful attention to this important matter.

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM



KŌKUA MAU
"Continuous Care"

Hawai'i Hospice and Palliative Care Organization

P.O. Box 62155 • Honolulu, HI 96839 • Tel: 808-585-9977 • Fax: 808-988-3877 • www.kokuamau.org

Testimony in Support of HB 2052 – RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

This testimony is in support of HB 2052, important legislation that will expand access POLST across the state. Since its implementation in 2009, POLST has been successful in Hawaii. HB2052 will allow APRNs in addition to physicians to sign this important document. This means that more people will be able to have a POLST, if they chose to do so, to document their wishes for care. APRNs play an important role in care in Hawaii, not only in rural areas and long term care settings but also in our major hospitals in the middle of Honolulu. Including these highly trained professionals means that the people of Hawaii facing serious illness as well as their loved ones can better avoid crisis, reduce stress and get the appropriate care they want and need by having a portable providers orders that can be honored by EMS as well as other medical professionals.

In my role as Executive Director of Kokua Mau, Hawaii's Hospice and Palliative Care Organization, I see the importance of POLST. We have spearheaded efforts to educate professionals as well as the general public about POLST and host all POLST materials on our website (www.kokuamau.org). There is a POLST Task Force, staffed by Kokua Mau, which includes local experts who have worked on this legislation as well as providing training and addressing questions which arise from practitioners. The motivation for this legislation arose from that committee who experience first hand the bottlenecks that occur in completing POLST and welcome the addition of APRNs.

I hear stories, from all parts of the state, about how POLST has helped to avert crisis and provide comfort to families who strive to care for their loved ones. POLST is an important part of Advance Care Planning and is making a difference around the state. Nationally, POLST is seen as a best practice and the expansion of signing privileges to include APRNs is in keeping with national recommendations.

We enthusiastically support this legislation. Please contact me if you have any questions.

Jeannette Kojane

Executive Director
Kokua Mau

**Written Testimony Presented Before the
Senate Committee on Health
Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair
Monday February 3, 2014 1:30pm p.m.
by
Valisa Saunders MN, APRN, GNP-BC**

**SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT
(POLST)**

Chair Green, Vice Chair Rosalyn Baker, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, SB 2227.

SB 2227 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 with serious health problems will make informed decisions and receive the most appropriate care for their condition and goals. The POLST can also help ensure that their wishes are honored across health care settings. The POLST is the only document that Emergency Medical Services (EMS) Personnel can legally use as directions on code status and other medical interventions but allows them to help those in need with a variety of interventions. The POLST is not only important for communicating goals of care between settings, but provides a systematic approach to communicating with our clients and their families when appropriate. The POLST can be updated, as wishes or goals change consistent with the client's preferences stated in Advance Health Care Directives

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.

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 families to process these 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.

Therefore, I, Valisa Saunders MN, APRN, respectfully requests passage of this measure. I appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

Mahalo Nui Loa,

Valisa Saunders MN, APRN, GNP-BC
Geriatric Nurse Practitioner
Hawaii Health Systems Corporation
University of Hawaii at Manoa
Schools of Nursing and Medicine
Valisa@hawaii.rr.com

Aloha Senators Green, Baker, and members of the Committee on Health,

As an advance practice registered nurse (APRN) with The Pain and Palliative Care Department at The Queen's Medical Center, discussions related to patient choices and end-of-life care are a routine part of the care I provide to palliative care patients and families. As these patients transition toward discharge from the hospital, I include in my discussions, when appropriate, the POLST document. It only makes sense that as a practitioner qualified in having end-of-life care discussions with patients and families, I should also be authorized to sign the document. I am in support of renaming the POLST to mean "provider orders for life-sustaining treatment."

Mahalo,

Lynn N. Muneno, APRN, ACNS-BC, ACHPN
Pain and Palliative Care Dept
The Queen's Medical Center
1301 Punchbowl Street
Honolulu, HI 96813

**Written Testimony Presented Before the
Senate Committee on Health
by
Denise Cohen**

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair Green, Vice Chair Baker, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2227.

I strongly 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.

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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 allow¹ APRNs¹ 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

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

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 Health
February 3, 2013 1:30 p.m.
by
Susan Lee**

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair Senator Josh Green, Vice Chair Senator Rosalyn H. Baker, and members of the Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, SB 2227.

Susan Lee 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 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 APRNs¹ 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*

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

Written Testimony Presented Before the
Senate Committee on Health
Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair
Monday February 3, 2014 1:30pm p.m.
By
Lynne Leung, R.N.

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair Green, Vice Chair Baker, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, HB 2227.

SB 2227 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).

For the past five years, I have worked as a geriatric R.N. at Hale Kupuna Heritage Home on the island of Kauai. As the physician shortage in Hawai'i continues, I have seen the growing need for APRNs in the long term care setting. From past experience, I feel that APRNs have been an asset to our facility. In addition to providing our residents with compassionate, holistic care, I have seen APRNs guide families through the difficult decision making process that comes with end of life care discussions. Because APRNs do not have the authority to sign the POLST form, this can lead to significant delays in the initiation of a resident's plan of care. For those who are terminally ill or in the active stages of dying, prompt initiation of their plan of care is crucial in maintaining their quality of life and dignity.

Therefore, I, Lynne Leung, R.N., respectfully request passage of this measure. I appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

Mahalo Nui Loa,

Lynne Leung, R.N.