

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

Re: **Testimony in Support**
SB 2227 Relating to Provider Orders for Life Sustaining Treatment

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 SB 2227 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 SB 2227 from this committee. Thank you.

To: Committee on Health
Senator Josh Green, Chair
Senator Rosalyn Baker, Vice Chair

From: Kenneth Zeri, President, Hospice Hawaii

Date: Feb 3, 2014

Subject: Testimony in support of SB 2227 Related to Providers Orders for Life Sustaining Treatment (POLST)

1. Hospice Hawaii wholeheartedly supports SB 2227 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.

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

**Written Testimony Presented Before the
Senate Committee on Health
Monday, February 3, 2014 - 1:30 PM
By: Roxanne Cruz, MSW Student
Intern at St. Francis Hospice/Bereavement services of Hawaii**

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, Roxanne Cruz, 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.

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. Be 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

¹

Therefore, I, Roxanne Cruz MSW Intern at St. Francis Hospice Hawaii, 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.

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: fconde@queens.org
Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Monday, February 03, 2014 9:59:44 AM

SB2227

Submitted on: 2/3/2014

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

Submitted By	Organization	Testifier Position	Present at Hearing
Francisco Conde	Individual	Support	No

Comments: As an advanced practice nurse in oncology, I support this bill.

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Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Sunday, February 02, 2014 7:01:54 PM

SB2227

Submitted on: 2/2/2014

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

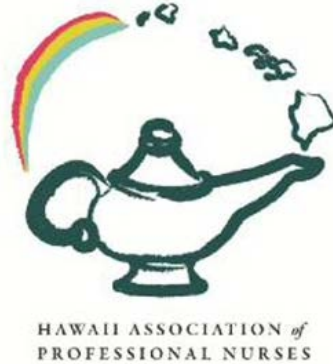
Submitted By	Organization	Testifier Position	Present at Hearing
Jackie	Individual	Comments Only	Yes

Comments: My name is Jackie Mishler and 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. There are significant, but correctable, problems with the bill as written which I felt were important enough to present to the committee in person. 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 the authority for signature, I urge the Committee to modify HRS 327E to incorporate within this bill a more formal, specified, and required process for a non-designated surrogate, 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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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

February 2, 2014

SB 2227 RELATING TO Provider Orders to Life Sustaining Treatment

2-3-14 1:30 PM

Written Testimony Presented Before the

[COMMITTEE ON HEALTH](#)

Senator Josh Green, Chair
Senator Rosalyn H. Baker, Vice-Chair

Chair Green, Vice Chair Baker and members of the Senate Committee on Health, mahalo for this opportunity to testify in **STRONG SUPPORT** of SB 2227, Relating to Provider Orders to Life Sustaining Treatment.

SB2227 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.

This bill 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 physicians.²

Therefore, the Hawaii Association of Professional Nurses (HAPN) respectfully requests passage of this measure. HAPN appreciates your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify in **STRONG SUPPORT** of SB 2227.

Wailua Brandman APRN FAANP, Chair

Legislative Committee

² **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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Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 is required to allow² APRNs² 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).

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: aloengard@gmail.com
Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Monday, February 03, 2014 11:31:29 AM

SB2227

Submitted on: 2/3/2014

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

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Loengard MD	Individual	Comments Only	No

Comments: As a geriatrician and hospice and palliative medicine physician I strongly support this change in the POLST legislation. The POLST document is the only way for physicians to write orders which will ensure that patients receive the type of care they desire in the pre-hospital setting. As we see an increase in Nurse Practitioners caring for our growing aged population, both in outpatient offices and in home-based services, it will be critical for these health professionals - who can practice without a collaborating MD - to have the ability to review patient desires for treatment and sign a POLST. Our goal as MD/NPs should be to provide care that is consistent with patient goals and desires. A POLST is critical in assuring this is done when there is a change in status and 911 is called. Please vote yes on this proposed measure. Anna Loengard MD

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Testimony on SB 2227 relating to Provider Orders for Life-Sustaining Treatment

My name is James H. Pietsch and, while I teach in the schools of law, medicine and nursing at the University of Hawaii, this testimony is submitted in my individual capacity and does not necessarily reflect the views of the university.

First of all, I fully support expanding health care provider signatory authority to Advance Practice Registered Nurses. However, I do have a few suggested changes and additions to the bill.

In Section 3.1 of the bill I would suggest changing the term “Legal Representative” to “Legally Authorized Representative” which is used in other health care contexts. I would also suggest deleting the reference to “power of attorney” which is a legal document and not an individual authorized to make health care decisions. If clarity is desired for the type of agent, the definition could include “an agent designated in a power of attorney for health care.” Accordingly, I would suggest Section 3.1 of the bill be amended to read: ...“Legally Authorized Representative” means a guardian, agent, or surrogate as those terms are defined in section 327E-2 or ...“Legally Authorized Representative” means a guardian, agent designated in a power of attorney for health care, or surrogate, as those terms are defined in t section 327E-2.

Further, since there are several flaws in the POLST form currently utilized in the health care community, I would suggest including an optional sample form in the statute. An optional sample advance health care directive is provided in Chapter 327E--Uniform Health Care Decisions Act (Modified) and has proven to be very useful to consumers and health care providers. Alternatively, I would suggest requiring the Department of Health to develop or approve such a form through the administrative process.

Finally, although perhaps ancillary to discussion of this bill, there continue to be problematic areas with respect to the authority of so called “non-designated surrogates” to make certain health care decisions on behalf of an incapacitated patient on the POLST form and specifically decisions to withhold or withdraw artificial hydration and nutrition as provided in Chapter 327E. To many, the underlying provision, specifically section 327E-5 (g) is confusing and can have a direct effect on decisions made by the provider and legally authorized representative when addressing end-of-life issues for the patient. It should be changed or explanations ed or safeguards should be included in Chapter 327K or at least in the POLST form developed for use by consumers and health care providers.

Thank you for the opportunity to provide this testimony.

Respectfully submitted,

James H. Pietsch

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To: [HTHTestimony](#)
Cc: ktessier@hawaii.edu
Subject: *Submitted testimony for SB2227 on Feb 3, 2014 13:30PM*
Date: Sunday, February 02, 2014 4:37:03 PM

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
Karen Tessier	Individual	Support	No

Comments:

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Date: Monday, February 03, 2014 4:23:21 PM

SB2227

Submitted on: 2/3/2014

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

Submitted By	Organization	Testifier Position	Present at Hearing
warren wong	Individual	Support	No

Comments: I am a geriatrician who works extensively with senior citizens. In my role, I have worked for many years with nurse practitioners. They play a key role in end of life care and I advocate that nurse practitioners be allowed to sign POLST forms.
Warren Wong, MD

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Subject: SB2227
Date: Monday, February 03, 2014 1:30:48 PM

February 3, 2014
SB 2227 RELATING TO Provider Orders to Life Sustaining Treatment
2-3-14 1:30 PM

Written Testimony Presented Before the

[COMMITTEE ON HEALTH](#)

Senator Josh Green, Chair

Senator Rosalyn H. Baker, Vice-Chair

Chair Green, Vice Chair Baker and members of the Senate Committee on Health, mahalo for this opportunity to testify in **STRONG SUPPORT** of SB 2227, Relating to Provider Orders to Life Sustaining Treatment.

SB2227 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.

Lynda Hirakami

APRN-RX Family Nurse Practitioner

E Malama Kakou Family Practice

15-3014 Pahoia Village Rd

Pahoia, HI 96778

(808) 938-9105

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

February 3, 2014

The Honorable Josh Green M.D., Chair
The Honorable Rosalyn Baker Vice Chair
Senate Committee on Health

Re: SB 2227 – Relating to Provider Orders for Life-Sustaining Treatment

Dear Chair Green, Vice Chair Baker, and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in strong support of SB 2227, 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 living in rural areas or the neighbor-islands.

We strongly support SB 2227, and believe that increasing access to POLST will further improve the health and well-being for all the people of Hawai'i.

Thank you for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink that reads "Mark K. Oto".

Mark K. Oto
Director
Government Relations

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: bathenk@yahoo.com
Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Monday, February 03, 2014 12:45:54 PM

SB2227

Submitted on: 2/3/2014

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

Submitted By	Organization	Testifier Position	Present at Hearing
kristin bathen	Individual	Support	No

Comments: APRNs are invaluable in the process of advance care planning and more often than not, are the providers having these important and often difficult discussions. It only makes sense that they be allowed to sign the POLST form, thus documenting the discussion that occurred between the APRN and the patient.

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Cc: jshirley@queens.org
Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Monday, February 03, 2014 12:00:19 PM

SB2227

Submitted on: 2/3/2014

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

Submitted By	Organization	Testifier Position	Present at Hearing
James Andrew Shirley	Individual	Support	No

Comments: I support APRNs being able to complete/sign POLST forms. Andy Shirley APRN, RN, ACNP-BC

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Cc: michelle.cantillo@hawaiipacifichealth.org
Subject: Submitted testimony for SB2227 on Feb 3, 2014 13:30PM
Date: Monday, February 03, 2014 9:15:35 AM

SB2227

Submitted on: 2/3/2014

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

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Cantillo	Individual	Support	No

Comments: Fully support the new bill for POLST. APRNs have helped with the advance care planning discussions collaboratively with the physicians and am encouraged to hear the new bill will support their authority to sign off on the POLST. Thank you, Michelle Cantillo, RN Advance Care Planning Coordinator

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**Written Testimony Presented Before the
Senate Committee on Health
February 3, 2013 10:00 a.m.
by
Rosario (Chat) Augustin, APRN, CCM**

SB 2227 RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair Josh Green, Vice Chair Rosalyn H. 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 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).

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.

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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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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

Therefore, I 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.

Rosario (Chat) Augustin, APRN, CCM

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).

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SB2227

Submitted on: 2/3/2014

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Submitted By	Organization	Testifier Position	Present at Hearing
kristin bathen	Individual	Support	No

Comments: APRNs are invaluable in the process of advance care planning and more often than not, are the providers having these important and often difficult discussions. It only makes sense that they be allowed to sign the POLST form, thus documenting the discussion that occurred between the APRN and the patient.

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Date: Monday, February 03, 2014 12:07:36 PM

SB2227

Submitted on: 2/3/2014

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

Submitted By	Organization	Testifier Position	Present at Hearing
Toni Furrow	Individual	Support	No

Comments:

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