

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB1447 HD1
RELATING TO PALLIATIVE CARE.**

REP. SYLVIA LUKE, CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: February 26, 2019

Room Number: 308

1 **Fiscal Implications:** Unspecified general fund appropriation request, but \$350,000 is
2 recommended.

3 **Department Testimony:** The Department of Health supports HB1447 HD1 provided that any
4 appropriations do not displace any Executive Budget requests. The purpose of this measure is to
5 adopt recommendations from the palliative care working group, including testing the hypotheses
6 of recent local research on culturally competent approaches to staff and patient engagement.

7 Palliative care is a recent medical specialty focused on comfort care and quality of life for
8 patients, including their family, suffering from serious health conditions. Palliative care may be
9 employed while the patient is continuing active treatment through different phases of their life
10 limiting condition. All hospice care is palliative in nature, but not all palliative care is hospice.

11 In 2018, the department convened a working group pursuant to SCR142 HD1 SLH 2018 which
12 tasked the community to recommend strategies to expand palliative care in Hawaii. In
13 partnership with the American Cancer Society Cancer Action Network and Kokua Mau, as well
14 as industry partners, the top recommendations were to:

- 15 1) Increase public and health care provider education;
- 16 2) Support with public funds demonstration projects in the State; and
- 17 3) Evaluate new and existing data sources to further establish community standards of care.

1 Mainland-based research reveals clear disparities such that “in every ethnic subgroup studied,
2 Asian Americans and Pacific Islanders were less likely than whites to enroll in hospice” (Ngo-
3 Metzger, et al. 2007). Local research from the University of Hawaii School of Nursing,
4 “Culturally Competent Palliative and Hospice Care Training for Ethnically Diverse Staff in
5 Long-Term Care Facilities,” (Kataoka-Yahiro, et al. 2016) suggests that culturally competent
6 approaches to Asian Americans and Pacific Islanders improve patient and staff knowledge and
7 satisfaction with palliative and hospice care services.

8 This research may have real-world implications since non-enrollment or late enrollment in
9 palliative care, including but not limited to hospice, increases direct health care costs and the
10 emotional burden of patients and their families.

11 **Offered Amendments:** N/A.

12



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Finance
Tuesday, February 26, 2019 at 11:00 a.m.

By

Jerris Hedges, MD, MS, MMM
Professor and Dean

Lee E. Buenconsejo-Lum, MD, FAAFP

Designated Institutional Official and Graduate Medical Education Director

John A. Burns School of Medicine

And

Michael Bruno, PhD

Interim Vice Chancellor for Academic Affairs and

Vice Chancellor for Research

University of Hawai'i at Mānoa

HB 1447 HD1 – RELATING TO PALLIATIVE CARE

Chair Luke, Vice Chair Cullen, and members of the committee:

Thank you for the opportunity to provide testimony in support of HB 1447 HD1 which would establish a culturally competent palliative care pilot program that is aimed to ultimately increase the utilization of palliative care in Hawai'i for our citizens who suffer from life-threatening illness.

At the University of Hawai'i John A. Burns School Of Medicine (JABSOM), we strive to teach and train high-quality physicians, biomedical scientists, and allied health workers for Hawai'i and the Pacific by providing an opportunity for a medical education previously unavailable to residents of Hawai'i and other Pacific nations. Core to our mission of training the next generation of doctors for Hawai'i is to do so with respect for diversity and for conducting training and delivering care with integrity and intent to eliminate health disparities faced by many of our Hawai'i residents throughout the State. These health disparities include timely receipt of palliative care services.

JABSOM was the fourth medical school in the country to establish a Department of Geriatric Medicine. Within the department is a Division of Palliative Medicine. JABSOM's curriculum for all medical students includes required training in geriatrics and palliative care, as well as delivering that care as part of an interprofessional team. Similarly, JABSOM residents and fellows in geriatric medicine, internal medicine, family medicine and pediatrics also receive extensive training in palliative care as this is critical to reduce the physical and emotional suffering faced by patients and families when a loved one is diagnosed with a life-threatening illness. The collective clinical experiences of JABSOM faculty and residents/fellows who promote and/or provide palliative care services are consistent with the numerous studies cited in HB 1447 – that palliative care services are woefully underutilized, that there is confusion between palliative care and

hospice and that, when patients are finally enrolled, they are only able to benefit from services for less than 2 months.

We fully support this bill and are happy to participate by designating a representative to participate in administration of the program with the Department of Health and others, as well as to continue to support public and healthcare professional education about end-of-life conversations and options, palliative care and hospice, and this pilot program. Many of our JABSOM faculty have developed culturally competent curricula in end-of-life care and are happy to continue collaborating with others to strengthen the curricula and their long-term impact for patients and families.

Mahalo for the opportunity to testify on this matter.

HB-1447-HD-1

Submitted on: 2/22/2019 4:43:37 PM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elena Cabatu	East Hawaii Region of Hawaii Health Systems Corporation	Support	No

Comments:

Please accept this testimony in support for HB1446 HD1 on behalf of the East Hawaii Region of HHSC, consisting of Hilo Medical Center, Hale Ho`ola Hamakua in Honoka`a, Ka`u Hospital and our 13 specialty clinics.



February 26, 2019 at 11:00 am
Conference Room 308

House Committee on Finance

To: Chair Sylvia Luke
Vice Chair Ty J.K. Cullen

From: Paige Heckathorn Choy
Director of Government Affairs
Healthcare Association of Hawaii

Re: **Testimony in Support**
HB 1447 HD 1, Relating to Palliative Care

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to testify in **support** of this measure, which would provide public education on palliative care, encourage earlier adoption of palliative care in a patient's course of treatment, and establish at least two culturally competent palliative care pilot programs. Palliative care provides a comprehensive treatment option for individuals battling serious illness to help alleviate physical and emotional pain that greatly improve these patients' quality of life.

This legislation will help to continue important discussions and actions to promote palliative care and help patients access this important type of care. We are grateful to the legislature for focusing on this important piece of the care continuum and hope your committee will view this legislation favorably.

Thank you for the opportunity to support this measure.

HB-1447-HD-1

Submitted on: 2/22/2019 5:28:37 PM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
GARY SIMON	St. Francis Healthcare System	Support	No

Comments:

Dear Chair Luke, Vice Chair Cullen, and Honorable Members of the House Committee on Finance:

I am Gary Simon, Director of Corporate Affairs and Advocacy for St. Francis Healthcare System.

I am testifying as an individual who has worked in healthcare for over thirty years, and I am offering testimony on behalf of St. Francis Healthcare System.

St. Francis Healthcare System wholeheartedly supports HB 1447 HD1.

Our St. Francis Palliative Care Program has demonstrated positive results in assisting patients with managing their pain and symptoms as well as assisting patients and their families with psychosocial and spiritual support. Furthermore, our Palliative Care Program has been effective in helping patients and their families with the burdensome details in their daily lives, including, but not limited to, coordinating transitions of care from hospitals and care facilities to their homes, navigating the healthcare system, advocating for patients and their families, educating caregivers, assisting with health insurance (including Medicaid), and securing transportation.

St. Francis Healthcare System is pleased that the Legislature is developing a policy and program to expand palliative care and to enhance access to palliative care for those facing serious illness and for their loved ones to reduce their unnecessary suffering and to find the support and care they need.

We urge you to support HB 1447 HD 1, and we urge you to recommend its passage.

We thank you for seriously considering the Bill.

Very sincerely,

Gary Simon

Director of Corporate Affairs and Advocacy

St. Francis Healthcare System

HB-1447-HD-1

Submitted on: 2/25/2019 9:40:01 AM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Rantz	Hilo Medical Center Foundation	Support	No

Comments:

Formerly
HOSPICE of HILO

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Committee on Finance
The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair

**RE: TESTIMONY IN SUPPORT OF HB 1447 HD 1
RELATING TO PALLIATIVE CARE**
Hearing: February 26, 2019 AT 11:00 a.m.

Thank you for the opportunity to provide testimony in **support of HB 1447 HD 1** that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for Representative Belatti's introduction of this bill, along with each supporter – recognizing the importance of palliative care as a vital healthcare issue, and the need for expansion of palliative care services statewide.

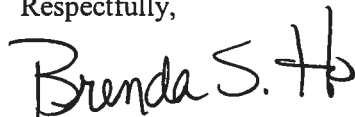
According to the Executive Office on Aging, Hawaii's high percentage of Japanese-American's have one of the longest life expectancies of any ethnic subgroup in the United States, contributing to a critical need for palliative and hospice care. In fact, when national data is broken down by race, Asian-Pacific Islanders make up only 2.6% of hospice patients nationwide. With the State of Hawaii's population self-identifying in the latest census as 74.3% non-white, we have a lot of opportunities to build community awareness and service acceptance.

With 35 years serving the palliative, hospice, and bereavement needs of East Hawai'i, we can attest to the power of palliative care through the example of our community-based palliative care program started in 2016. As our state's senior population continues to grow, and health care focus shifts from acute to chronic illnesses, the need to change from one-time interventions that correct a single problem to the ongoing management of multiple diseases, disabilities, and complex social issues increases. The palliative care model addresses more than pain management; it also treats the physical, spiritual, and emotional needs of the seriously ill patient. **We at Hawai'i Care Choices can confirm that the models and cost-savings found in palliative care are the solutions for the future.**

HB 1447 HD 1 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and we are in complete support of this initiative.

Again, mahalo for the opportunity to express my support for **HB 1447 HD 1** relating to Palliative Care.

Respectfully,



Brenda S. Ho, MS, RN
Chief Executive Officer



American Cancer Society
Cancer Action Network
2370 Nu`uanu Avenue
Honolulu, Hawai`i 96817
808.432.9149
www.acscan.org

House Committee on Finance
Representative Sylvia Luke, Chair
Representative Ty Cullen, Vice Chair

HB 1447, HD1 – RELATING TO PALLIATIVE CARE

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of HB 1447, HD1, which appropriates funds for palliative care education and establish a culturally competent palliative care pilot program.

Palliative care is specialized medical care for people with serious illness. This type of care is focused on providing patients with relief from the symptoms, pain and stress of a serious illness - from point of diagnosis onward. The goal is to improve quality of life for both the patient and the family.

HB 1447, HD1, is based on research of cultural competency in palliative care conducted by the University of Hawaii in 2016. As a first step to increasing palliative care in Hawaii, people facing chronic diseases and life-threatening conditions need to know what palliative care is and how it can increase their quality of life as they go through recovery or face an end-of-life situation.

In 2018, the Legislature adopted SCR 142, HD1, which created the palliative care working group in partnership with the Department of Health, Kokua Mau, and the American Cancer Society Cancer Action Network. HB 1447, HD1, is a continuation of the working group and will allow for further discussions by increasing public awareness, gathering more information, and creating a pilot program to focus on cultural competency. We are committed to continue working with the palliative care community on this important issue for cancer patients and others facing serious illnesses.

Thank you for the opportunity to provide testimony on this important matter.

HB-1447-HD-1

Submitted on: 2/25/2019 9:35:58 AM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Maedo	HawaiiCareChoices	Support	No

Comments:



THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Sylvia Luke, Chair
The Honorable Ty J.K. Cullen, Vice Chair
Members, Committee on Finance
Paula Yoshioka

From: Paula Yoshioka, Vice President, Government Relations and External Affairs, The
Queen's Health Systems

Date: February 25, 2019

Hrg: House Committee on Finance Hearing; Tuesday, February 26, 2019 at 11:00 AM in
Room 308

Re: **Support for H.B. 1447 HD1, Relating to Palliative Care**

The Queen's Health Systems (Queen's) is a not-for-profit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, 66 health care centers and labs, and more than 1,600 physicians statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to testify in support of HB1447 HD1, Relating to Palliative Care, which establishes a culturally competent palliative care pilot program. Palliative care is a proven approach that improves the quality of life of our patients and their families facing challenges associated with life-threatening illness. Through prevention and relief of suffering, palliative care address and manages the physical symptoms, as well as the emotional and spiritual hardship our patients face due to their serious, chronic, and/or terminal conditions.

Thank you for your time and attention to this important issue.

The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

February 22, 2019

Testimony in Support of HB 1447

Dear Representative Luke, and other members of the House Committee on Finance,

With this testimony for HB 1447, I would like to express my strong support for this bill to strengthen and expand Palliative Care in Hawaii. This bill from recommendations from the Palliative Care Task Force, created last year by resolution, and provides next steps in increasing palliative care awareness and usage in Hawaii.

I currently serve as Executive Director of Kōkua Mau, which is the Hospice and Palliative Care Organization for Hawaii. As a network of organizations and individuals around the state, we are committed to increasing palliative care as it is seen as best practice for caring well for people with serious illness, including those as the end of life. This support includes hospice care, which is a type of palliative care for those at the very end of life. Kōkua Mau is committed to creating a continuum of care for those with serious illness, including their loved ones and those who care for them, and is very encouraged by the increase interest in the opportunities that palliative care offers.

We support all part of the bill, which include:

1. Education for the public and professionals
2. Pilot studies to show the efficacy of palliative care
3. Establish data points to best determine standards of care and determine unmet need

Studies show that palliative care increases patient and family satisfaction, decreases patients suffering, increases advance care planning and decreases unnecessary hospital stays. Palliative care can therefore improve patient care, support caregivers, and reduce unnecessary treatments and save money. We see this bill as an important next step in increasing our palliative care capacity statewide.

Please let me know if you have any further questions.

Best wishes,



Jeannette G. Kojane, MPH
Executive Director
Kōkua Mau
jkojane@kokuamau.org

HB-1447-HD-1

Submitted on: 2/25/2019 10:25:26 AM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gregory LaGoy	Hospice Maui, Inc.	Support	No

Comments:

Aloha Legislators,

The current health care system is focused on the control or cure of health problems to the point that there is unnecessary suffering in those whose illness cannot be controlled or cured. Those suffering CAN be given comfort, and the medical art and science of that is called Palliative Care.

A Palliative Care Pilot Project, such as would be supported by this bill, would offer all of us, particularly insurers, evidence that palliative care has an important place in health care, not only to ease suffering, but to add weight to the already mounting evidence that palliative care saves health care dollars. Thank you for supporting this very important bill.

Greg LaGoy, CEO

Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Ty J.K. Cullen, Vice Chair

NOTICE OF HEARING

DATE: Tuesday, February 26, 2019
TIME: 11:00 AM
PLACE: Conference Room 308
State Capitol
415 South Beretania Street

Testimony in Support of HB 1447 HD1
RELATING TO PALLIATIVE CARE

Requires the Department of Health to establish a culturally competent Palliative Care pilot program to promote public education on palliative care and establish home- or community-based palliative care projects.

(Name/Title) Mike Sayama, Executive Director, Community First

Thank you for the opportunity to provide testimony in **support of HB 1447 HD 1** that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for the introduction of this bill, along with each supporter – recognizing the importance of palliative care as a vital healthcare issue, and the need for expansion of palliative care services statewide.

According to the Executive Office on Aging, Hawaii’s high percentage of Japanese-American’s have one of the longest life expectancies of any ethnic subgroup in the United States, contributing to a critical need for palliative and hospice care. In fact, when national data is broken down by race, Asian-Pacific Islanders make up only 2.6% of hospice patients nationwide. With the State of Hawaii’s population self-identifying in the latest census as 74.3% non-white, we have a lot of opportunities to build community awareness and service acceptance.

The palliative care model addresses more than pain management; it also treats the physical, spiritual, and emotional needs of the seriously ill patient.

As our state’s senior population continues to grow, and health care focus shifts from acute to chronic illnesses, the need to change from one-time interventions that correct a single problem to the ongoing management of multiple diseases, disabilities, and complex social issues increases.

HB 1447 HD 1 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and we are in complete support of this initiative.

Again, mahalo for the opportunity to express my support for **HB 1447 HD 1** relating to Palliative Care.

HB-1447-HD-1

Submitted on: 2/25/2019 12:14:35 PM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eva Andrade	Hawaii Family Forum	Support	No

Comments:

Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Ty J.K. Cullen, Vice Chair

NOTICE OF HEARING

DATE: Tuesday, February 26, 2019
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PLACE: Conference Room 308
State Capitol
415 South Beretania Street

Testimony in Support of HB 1447 HD1
RELATING TO PALLIATIVE CARE

Requires the Department of Health to establish a culturally competent Palliative Care pilot program to promote public education on palliative care and establish home- or community-based palliative care projects.

(Name/Title) Susan Mochizuki, Executive Director, East Hawaii IPA

Thank you for the opportunity to provide testimony in **support of HB 1447 HD 1** that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for the introduction of this bill, along with each supporter – recognizing the importance of palliative care as a vital healthcare issue, and the need for expansion of palliative care services statewide.

According to the Executive Office on Aging, Hawaii's high percentage of Japanese-American's have one of the longest life expectancies of any ethnic subgroup in the United States, contributing to a critical need for palliative and hospice care. In fact, when national data is broken down by race, Asian-Pacific Islanders make up only 2.6% of hospice patients nationwide. With the State of Hawaii's population self-identifying in the latest census as 74.3% non-white, we have a lot of opportunities to build community awareness and service acceptance.

The palliative care model addresses more than pain management; it also treats the physical, spiritual, and emotional needs of the seriously ill patient.

As our state's senior population continues to grow, and health care focus shifts from acute to chronic illnesses, the need to change from one-time interventions that correct a single problem to the ongoing management of multiple diseases, disabilities, and complex social issues increases.

HB 1447 HD 1 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and we are in complete support of this initiative.

Again, mahalo for the opportunity to express my support for **HB 1447 HD 1** relating to Palliative Care.

HB-1447-HD-1

Submitted on: 2/22/2019 4:23:40 PM

Testimony for FIN on 2/26/2019 11:00:00 AM

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

Comments:

Finance Committee of the House of Representatives

Chair, Rep. Sylvia Luke

Vice-Chair, Rep. Ty J.K. Cullen

Dear Chair Luke, Vice-Chair Cullen, and Other Members of the Finance Committee,

RE: Testimony in Support of HB1447, RELATING TO PALLIATIVE CARE

My name is Mimi Demura-Devore, and I am writing to express my support for HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

I am a Licensed Clinical Social Worker in Hawaii. Over the past 20 years, I have worked with people who are HIV-positive as a case manager, terminally-ill and their families as a hospice social worker, and currently, I am working with many seniors, seriously ill people and their caregivers as a psychotherapist. I see many people dealing with serious illnesses and their loved ones face many challenges daily that affect their physical, psychosocial and spiritual well-being. It is a very difficult journey to go through on your own, and no one should go through such suffering alone. From my experience, I strongly believe that the early involvement of palliative care support that is comprehensive and culturally competent greatly improves the quality of life of seriously ill people and their loved ones.

I am also a member of the Kokua Mau's Let's Talk Story Program, and I volunteer to provide education on Advance Health Care Directives and End-of-life care to the Japanese-speaking community. Many people are not aware of the options for palliative care and hospice care due to the language barrier that limits their access to such information. With our diverse population in Hawaii, it is important to ensure that all people are aware of their options and have access to palliative care services. In order to do so, putting more efforts into educating health care professionals to increase their knowledge and competency in palliative and hospice care is crucial. Since I have seen many compassionate and dedicated palliative care and hospice care teams help improve people's quality of life, I'd like to see increased and easier access to and utilization of those services throughout the communities in the state of Hawaii.

I ask you for your support of HB1447 to help improve the quality of life of people in Hawaii.

I am not able to appear in person today, but if you have any question, please feel free to contact me. Thank you for the opportunity to express my support for HB1447 relating to Palliative Care.

Respectfully submitted,

Mimi Demura-Devore, LCSW

Date: Feburary 25, 2019

To: The Honorable Sylvia Luke, Chair
The Stanley Ty J.K. Cullens, Vice Chair
House Committee on Finance

Re: Strong Support of HB1447, Relating to Palliative Care

Hrg: Tuesday, February 26, 2019 at 11:00am at House Conference Room 308

Good morning to the members of the House Committee on Finance. Thank you so much for the opportunity to submit testimony in SUPPORT of SB1447 relating to Palliative Care which establishes a pilot program to promote public education and establish palliative care projects.

Palliative care is a very important field yet poorly understood. While it includes, it is not limited to end of life care, it is not limited to hospice. To simply put it- it is about comfort and living well at any stage. Palliative care improves patient outcome and their satisfaction in the quality of the care that they receive.

I support this measure because I have family members that have gone through chronic illnesses such as cancer and Alzheimer's. It is critical that we recognize that palliative care goes beyond just providing curative treatment - it allows those that face chronic diseases to know that they can be provided holistic support as they go through a difficult time in their life.

Studies have demonstrated that palliative care programs that aggressively treat pain and improve care coordination result in shorter hospital stays and lower costs, particularly for the sickest patients. According to the Center to Advance Palliative Care (CAPC), if palliative care were fully penetrated into the nation's hospitals, total savings could amount to \$6 billion per year.

This bill would be the first big step in ensuring that we can have a pilot program focused on palliative care operating in a rural community. The hope is that with this program, we educate communities about the advantages of palliative care and also ensure that our diverse communities in Hawaii are able to access palliative care services despite cultural differences.

With palliative care, it becomes a little less "diseased focus", and a little more focused on life itself. I urge this committee to support an improved quality of life for patients by supporting this measure.

Mahalo,
Chelsea Gonzales

HB-1447-HD-1

Submitted on: 2/22/2019 6:17:40 PM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Clarysse Kami Nunokawa	Individual	Support	No

Comments:

HB-1447-HD-1

Submitted on: 2/23/2019 7:27:57 AM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Douglass Adams	Individual	Support	No

Comments:

HB-1447-HD-1

Submitted on: 2/23/2019 9:14:21 AM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alan Okinaka	Individual	Support	No

Comments:

Committee on Finance
Rep. Sylvia Luke, Chair
Rep. Ty J.K. Cullen, Vice Chair

NOTICE OF HEARING

DATE: Tuesday, February 26, 2019
TIME: 11:00 AM
PLACE: Conference Room 308
State Capitol
415 South Beretania Street
Testimony in Support of HB 1447 HD1
RELATING TO PALLIATIVE CARE

Requires the Department of Health to establish a culturally competent Palliative Care pilot program to promote public education on palliative care and establish home- or community-based palliative care projects.

Submitted by: Alan K Okinaka

Thank you for the opportunity to provide testimony in support of HB 1447 HD 1 that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for the introduction of this bill, along with each supporter – recognizing the importance of palliative care as a vital healthcare issue, and the need for expansion of palliative care services statewide.

According to the Executive Office on Aging, Hawaii’s high percentage of Japanese-American’s have one of the longest life expectancies of any ethnic subgroup in the United States, contributing to a critical need for palliative and hospice care. In fact, when national data is

broken down by race, Asian-Pacific Islanders make up only 2.6% of hospice patients nationwide.

With the State of Hawaii's population self-identifying in the latest census as 74.3% non-white, we have a lot of opportunities to build community awareness and service acceptance. The palliative care model addresses more than pain management; it also treats the physical, spiritual, and emotional needs of the seriously ill patient.

As our state's senior population continues to grow, and health care focus shifts from acute to chronic illnesses, the need to change from one-time interventions that correct a single problem to the ongoing management of multiple diseases, disabilities, and complex social issues increases. HB 1447 HD 1 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and we are in complete support of this initiative.

Again, mahalo for the opportunity to express my support for HB 1447 HD 1 relating to Palliative

HB-1447-HD-1

Submitted on: 2/23/2019 9:54:47 AM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rachel porter	Individual	Support	No

Comments:

As the widow of a cancer patient and a hospice volunteer for 33 years, I can strongly testify that palliative care should absolutely be an essential part of both end-of-life care and any situation in which intractable pain is involved..

Doctors who are not trained in palliative care generally are not skilled in pain control. This is one of the reasons that the current opioid crisis has spiraled out of control-- unskilled doctors have been prescribing pain medications in unwise ways, without addressing the many complicated interconnecting facets of pain.

Particularly in moments of crisis such as end-of-life or intense uncontrolled pain, any attempts to address only the bodily issues via pain medication are doomed to failure. There are no drugs for emotional or spiritual pain; both can manifest as physical pain.

Only a skilled palliative care team can address the whole individual-- body, mind and spirit-- and provide the pain relief the patient so desperately needs.

The skilled pain control that palliative care offers is unquestionably a cost-saving option for our over-taxed medical system. Addressing the mental and spiritual aspects of the patient saves money for all involved: fewer ER visits, less money spent on drugs that don't work, and fewer addiction issues.

Please support palliative care in Hawaii.

Mahalo,

Rachel Porter

HB-1447-HD-1

Submitted on: 2/23/2019 4:26:49 PM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark K.Wilson III	Individual	Support	No

Comments:

My name is Mark Wilson, and I support HB1447. I understand that the bill will provide extra support to expand, education, training, and access to palliative care. I was a hospice volunteer for a number of years and am a supporter of Kokua Mau, so I have witnessed the benefits of palliative care for those dealing with end-of-life issues. At the age of 80 I realize that, like others in my generation, I may be in need of palliative care myself in the not too distant future. I urge you to support this bill.

HB-1447-HD-1

Submitted on: 2/23/2019 11:24:32 PM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Junshin Miyazaki	Individual	Support	No

Comments:

Committee on Finance

Rep. Sylvia Luke, Chair

Rep. Ty J.K. Cullen, Vice Chair

NOTICE OF HEARING

DATE: Tuesday, February 26, 2019

TIME: 11:00 AM

PLACE: Conference Room 308

State Capitol

415 South Beretania Street

Testimony in Support of HB 1447 HD1

RELATING TO PALLIATIVE CARE

Requires the Department of Health to establish a culturally competent Palliative Care pilot program to promote public education on palliative care and establish home- or community-based palliative care projects.

Junshin Miyazaki, resident minister of Hilo Meishoin

Thank you for the opportunity to provide testimony in **support of HB 1447 HD 1** that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for the introduction of this bill, along with each supporter – recognizing the importance of palliative care as a vital healthcare issue, and the need for expansion of palliative care services statewide.

According to the Executive Office on Aging, Hawaii's high percentage of Japanese-American's have one of the longest life expectancies of any ethnic subgroup in the United States, contributing to a critical need for palliative and hospice care. In fact, when national data is broken down by race, Asian-Pacific Islanders make up only 2.6% of hospice patients nationwide. With the State of Hawaii's population self-identifying in the latest census as 74.3% non-white, we have a lot of opportunities to build community awareness and service acceptance.

The palliative care model addresses more than pain management; it also treats the physical, spiritual, and emotional needs of the seriously ill patient.

As our state's senior population continues to grow, and health care focus shifts from acute to chronic illnesses, the need to change from one-time interventions that correct a single problem to the ongoing management of multiple diseases, disabilities, and complex social issues increases.

HB 1447 HD 1 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and we are in complete support of this initiative.

Again, thank you for the opportunity to express my support for **HB 1447 HD 1** relating to Palliative Care.

HB-1447-HD-1

Submitted on: 2/24/2019 9:17:00 AM

Testimony for FIN on 2/26/2019 11:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Daniel Fischberg, MD, PhD	Individual	Support	No

Comments:

House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Uri Martos, and I am writing to express my support for HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

As a recent breast cancer survivor, I can tell you firsthand how important palliative care is. HB1447 will make palliative care more available to people like me who need this special care to help them through their health conditions.

Palliative care was essential to my success in completing treatment with a more positive state of mind. The special care that I received made such a difference and I want all cancer & those suffering chronic illnesses to also have this special care.

Please support HB1447 and help others in our community receive this same care. The pilot program formed under HB1447 would aim toward allowing palliative care to be accessible for all Hawaii residents by promoting cultural competency among our health professionals. A consistent finding of various studies on palliative care show that culturally competent palliative and hospice training is a promising practice to increase patient, family, and provider engagement with end-of-life conversations.

I urge you to support HB1447. Thank you for the consideration of my testimony.

Mahalo,
Uri Martos

House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Gary Tanimitsu, and I am writing to express my support for HB1447. I believe this bill and the pilot program it supports is one big step in allowing the general public and those touched by a chronic or terminal disease to learn more about palliative care, regardless of their socio-economic status or ethnicity.

I am reminded of my uncle, my father's oldest brother, who successfully lived with cancer in the 1980's and 1990's. When he got older he eventually needed to be hospitalized and languished in Queen's Medical Center, suffering painfully every day. When my father and I went to visit him, he spoke to my father and said "Shinitai", which is Japanese for "I want to die."

As soon as a bed opened up at a Skilled Nursing Facility, he was transferred and remained there until he finally and mercifully passed away.

HB1447 is a step in the right direction in ensuring that any patient, regardless of their ethnicity, knows that palliative care is an option that they can pursue in the course of their treatment. In my uncle's case, a conversation about palliative care could have been made with cultural competency taking into account his Japanese American ancestry.

There is also a personal stake in this for me. I'm a Boomer, a member of the largest demographic group in the United States. I'm no longer the bullet proof, invincible young man who thought he would outrun pain and suffering to live forever. I'm older now and facing my mortality with a sober realization that I, too, could have an experience similar to that of my uncle.

HB1447 is a step in the right direction for many reasons. We all deserve to have our need for balanced, compassionate care addressed, but for too many individuals, palliative care is a foreign concept that they may be unfamiliar with. With this bill, we can move forward in promoting education around palliative care in our communities.

Sincerely,
Gary Tanimitsu

House Committee on Health

Rep. John M. Mizuno, Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno and Members of the Committee,

My name is Natalie Nimmer, and I strongly support HB1447, which would establish a culturally competent palliative care pilot program to promote palliative care, gather health care utilization data, and conduct bidding for at least two pilot programs for home or community based palliative care. All cancer patients—regardless of financial status, age, or any other factor—should have access to palliative care; this pilot project could lead greater awareness and access.

When we rang in the new year in 2015, I was a 36-year-old vegan marathon runner. Then in March, I was diagnosed with Stage 3 breast cancer. In addition to pointing out the shock of the news, just about everyone around me said that I needed to get used to a “new normal.”

I endured 7 different chemo drugs over two separate multi-month periods of treatment, as well as 1 minor and 2 major surgeries, and 33 rounds of radiation. In the midst of this, I suffered from debilitating nausea, extreme fatigue, and neutropenic fever (a condition sparked by a compromised immune system in when everything goes wrong—rash from head to toe, high fever, and a range of other maladies). There were many days during the year and a half of treatment when I could not stay awake for more than 2 hours a day and could not walk without assistance to the bathroom.

But I was self-employed and a doctoral candidate at UH-Mānoa, so I did not have the option to drop out of life for 18 months. My nurse practitioner Christa Braun-Ingles and oncologist Keola Beale, performed magic through the use of palliative care treatments. I was able to continue working and attend classes on my good days—even if it meant bringing a pillow and blanket to camp out on the floor when I didn’t have the energy to sit up. In fact, I completed the Hibiscus Half-Marathon between my 3rd and 4th rounds of chemo and presented my graduate research at a conference in the Marshall Islands 2 weeks after my 6th round of chemo. I was bald and weak, but I was still *living* life. Without palliative care treatments, none of this would have been possible. It was a “new normal”, but could still easily be classified as “normal.”

HB1447 would raise awareness about palliative care and increase access to these options. Palliative care is about dignity, but it is also about ensuring that anyone with serious, chronic, or terminal conditions can still *live* while they are on this earth. Please support this “new normal” for Hawai’i, by supporting HB1447.

Thank you for considering my testimony.

Mahalo,
Natalie Nimmer

House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Misty Figuera, and I am writing to express my support for HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

As a young twenty one year old student who has a chronic disease and has been caregiver for the father figure in my life who has cancer, I see the benefits of Palliative care clearly.

Life doesn't stop when cancer and chronic illness comes knocking on the door. Bills still need to be paid, children still have volleyball games that need to be attended, and term papers still need to be written by a due date. Life is stressful in the first place – being sick only makes it worse. For those of us with busy schedules struggling to make it financially, being sick is just not the icing of the top of stress made cake; Suddenly, your schedule becomes filled by trying to find the write doctors, paying to see the wrong ones, and being exhausted physically and mentally. This is why palliative care is so important.

Palliative care is about improving life for cancer patients and those who live with chronic illnesses. When you are given the news that you are very sick, your life Kobayashies. Life becomes harder – for you AND especially your loved ones – after all, they are the ones who watch over you and take care of you. It becomes easy to give up to want to die, because that would be easier.

Palliative care is not only needed and extremely beneficial, but it is NECESSARY. It makes life easier, better, and makes it enjoyable again. What makes Hawaii a great state is the aloha we share – through our daily interactions, through giving our time, and through palliative care. The pilot program formed under HB1447 would be the first step in allowing palliative care to be accessible for all Hawaii residents by promoting cultural competency among our health professionals. A consistent finding of various studies on palliative care show that culturally competent palliative and hospice training is a promising practice to increase patient, family, and provider engagement with quality of life conversations.

I urge you to support HB1447. Thank you for the consideration of my testimony.

Mahalo,
Misty Figuera

House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Jenny Hausler, and I am writing to express my support for HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

My sister Lucy was diagnosed with Stage 4 breast cancer at 58 and passed away at age 63. During the course of her disease she suffered much pain and stress and at the end of her life, especially fear. Had coordinated palliative care been available at the time, her cancer journey and passing would have been eased so much.

Her one wish would be that no one would ever have to go through the pain and suffering she did. This is one of the main reasons I support HB1447.

The pilot program formed under HB1447 would be the first step in allowing palliative care to be accessible for all Hawaii residents by promoting cultural competency among our health professionals. A consistent finding of various studies on palliative care show that culturally competent palliative and hospice training is a promising practice to increase patient, family, and provider engagement with quality of life conversations.

I urge you to support HB1447. Thank you for the consideration of my testimony.

Mahalo,
Jenny Hausler

House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Molly Pierce, and I serve as a volunteer for the American Cancer Society, Cancer Action Network. I would like to submit my testimony in support of HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

Palliative care involves treating the whole patient, not just their disease. Ensuring that someone's mental health is as closely monitored as their physical health or treating pain conditions that arise from the treatment of chronic illness can make all the difference in quality of life. It is not solely reserved for those who are at the end of their lives. Palliative care can improve health outcomes for all patients fighting life threatening or chronic illnesses.

Having seen many family members go through cancer treatments, I can attest that those who were fortunate enough to have doctors who fought for them to receive palliative care were far better prepared to fight their cancer battle. Treating the cancer alone didn't treat the pain, the shortness of breath, or the fragility of mental health that come along with facing a life threatening illness. Access to holistic palliative care helped give my mother the strength and piece of mind I truly believe allowed her to survive. Treating her lack of appetite, helping her regain physical strength, and caring for her mental state instead of just focusing on killing her cancer helped give her the motivation to fight.

Please pass HB1447, which would aim toward allowing palliative care to be accessible for all Hawaii residents by promoting cultural competency among our health professionals.. Give Hawaii the chance to improve quality of life for our loved ones fighting life threatening or chronic illnesses.

Mahalo,
Molly Pierce

House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Gay Okada, and I am writing to express my support for HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

Living in Kona, on the island of Hawaii, health care and palliative care is at the none existence level in some areas.

To form a palliative care work group would help my friends with rheumatoid arthritis and bone cancer. One friend with rheumatoid arthritis (severe) had moved to Kentucky to live with her brother and passed away already. We desperately need your help with this situation.

I urge you to support HB1447. Thank you for the consideration of my testimony.

Mahalo,
Gay Okada

House Committee on Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Alberto Rodriguez, and I am writing to express my support for HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

I have witnessed a loved one's fight against cancer and I want to make sure that others that go through this fight are able to access the holistic care provided by palliative care.

My aunty passed away from cancer and lacked access to palliative care services that would have allowed for a higher level of care for both herself and our family. I now want to make sure that we do everything we can to promote awareness about palliative care services in our state.

In 2014, my aunt was diagnosed with kidney cancer. At the time, she wasn't sure where to turn to and who we could talk to about the services and care as her disease progressed. We often were forced to travel two hours to see a doctor. The appointment was on a first-come/first-served basis. Long lines outside the doctor's office starting at 4 o'clock in the morning, waiting for the secretary to open the door at 8 o'clock and waiting for the doctor to arrive at 12 o'clock or later.

My aunt's health deteriorated quickly and we were a prisoner of the process and health access. She passed away in less than 6 months after diagnosis.

The pilot program formed under HB1447 would be the first step in allowing palliative care to be accessible for all Hawaii residents by promoting cultural competency among our health professionals. A consistent finding of various studies on palliative care show that culturally competent palliative and hospice training is a promising practice to increase patient, family, and provider engagement with quality of life conversations.

I urge you to support HB1447. Thank you for the consideration of my testimony.

Mahalo,
Alberto Rodriguez

Senate Committee on Commerce, Consumer Protection and Health
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

RE: HB1447, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno, Vice-Chair Kobayashi and Other Members of this Committee,

My name is Kyle Loui, and I am writing to express my support for HB1447, which would create a pilot program that would increase the utilization of palliative care through public education and the development of practices specific to the cultural norms of Hawaii's patients and families.

My family has been personally affected by cancer and I wish that we could do more palliative care. My mother has been personally affected by breast cancer. I personally witnessed her go through chemotherapy, and felt her pain as she struggled to go about doing day to day tasks.

All the Doctors were allowed to do was give her pain relief drugs and advice on what to do. Which was insufficient to help her get through the tough process of chemotherapy. I feel she could have benefited from palliative care when going through Chemotherapy. Besides looking up what other people are helping people through those time. She went through a near-death situation, was going through continuous pain, and was extremely depressed.

The pilot program formed under HB1447 would be the first step in allowing palliative care to be accessible for all Hawaii residents by promoting cultural competency among our health professionals. A consistent finding of various studies on palliative care show that culturally competent palliative and hospice training is a promising practice to increase patient, family, and provider engagement with quality of life conversations.

I want this bill to achieve a more personal and effective type of care. It would help to focus palliative care coverage on chronic diseases, hopefully, we can incorporate new stakeholders on this important issue.

Mahalo,
Kyle Loui

February 26, 2019 at 11:00 am
Conference Room 308

Senate Committee on Ways and Means

To: Chair Mizuno, Vice Chair Kobayashi, and members of the committee

From: Hope Young
Advance Care Planning Coordinator
Kokua Mau

Re: Testimony in Support HB 1447, Relating to Palliative Care

Thank you for the opportunity to testify in support of HB 1447, Relating to Palliative Care. Palliative care is a comprehensive treatment option supporting individuals who may be facing serious illness and in need of additional support measures during their illness and/or treatments.

In my experience working with various community organizations, it is a common misconception to combine Palliative care with Hospice care; and for that reason, people often misunderstand the additional support they could receive during a time of crisis. Individuals do not necessarily know to ask for Palliative care because they don't know what Palliative care is. This can change with the support of HB 1447. Educating the public and professionals will improve the utilization of Palliative care, but also will improve the support provided to individuals-- and their loved ones, faced with a serious illness.

HB 1447 is an opportunity to educate the public, but also is an opportunity to improve the care received by individuals faced with serious illness. Support for this bill will show the efficacy of palliative care, and offer palliative care to individuals who might not have known it was available.

Please support HB 1447. Thank you for the consideration of my testimony.

Me ka mahalo nui,
Hope Young

Malama Kekahi I Kekahi –
Take Care of One Another

February 26, 2019

To: Honorable Representative Sylvia Luke, Chair
House Committee on Finance
Conference Room 308, 11:00 a.m.

RE: HB1447 HD1 RELATING TO PALLIATIVE CARE

Dear Chair Luke, Vice Chair Cullen, and Members of the Committee:

On behalf of the Alzheimer's Association, Aloha Chapter, I am pleased to extend our **support** for House Bill 1447 HD 1. This measure requires the Department of Health to establish a culturally competent Palliative Care Pilot Program to promote public education on palliative care and establish home or community based palliative care projects.

Alzheimer's disease is a growing epidemic and is now the nation's sixth leading cause of death. Since the year 2000, there has been a 258% increase in Alzheimer's deaths in Hawaii. Today, more than 28,000 individuals live with Alzheimer's disease or a related dementia. Palliative and hospice care—with a focus on managing and easing symptoms, reducing pain and stress, and increasing comfort—can improve both the quality of care and quality of life for those with advanced dementia.

A recent study shows that nursing home residents with dementia who receive palliative care at the end of life, compared with those who do not receive such care, are more than 3 times less likely to have a hospitalization in the last 30 days of life and are 3.2 times less likely to have an emergency room visit in the last 30 days of life.

People with Alzheimer's and other dementias rely heavily on palliative and hospice care at the end of life. Of all people living with dementia, 18.6 percent receive hospice care in a given year—a higher percentage than other chronic conditions among seniors. Additionally, in the Veterans Administration health care system, 61.4 percent of dementia patients receive palliative care consultations in the last 90 days of life. Finally, nearly half of all people with dementia die in hospice care.

I appreciate the opportunity to testify in **support** of this important legislation.

Sincerely,

Ian Ross
Public Policy and Advocacy Manager
iaross@alz.org | (808) 451-3410