



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

**Testimony in SUPPORT of SB804 SD1  
RELATING TO PALLIATIVE CARE.**

REP. JOHN M. MIZUNO, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 12, 2019

Room Number: 329

1 **Fiscal Implications:** Unspecified general fund appropriation request. The Department of  
2 Health respectfully recommends \$350,000.

3 **Department Testimony:** The Department of Health supports SB804 SD1 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 is likely to 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 like the  
10 emotional burden of patients and their families.

11 In short, Hawaii’s families should have much earlier access to palliative care options than the  
12 current health environment provides, which is very inadequate. Thank you for the opportunity to  
13 testify in strong support of SB804 SD1.

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

15

**SB-804-SD-1**

Submitted on: 3/11/2019 10:19:28 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

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

Comments:

On behalf of the East Hawaii Region of Hawaii Health Systems Corporation, please accept our support for SB804 SD1.

**SB-804-SD-1**

Submitted on: 3/8/2019 4:29:36 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
GARY SIMON	St. Francis Healthcare System	Support	Yes

Comments:

Dear Chair Mizuno and Honorable Members of the House Committee on Health:

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 SB 804 SD 1.***

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 SB 804 SD 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



ONLINE SUBMITTAL  
Submitted on March 8, 2019

**HEARING DATE:** March 12, 2019 9:00 a.m. in room #329

**TO:** House Committee on Health  
Rep. John Mizuno, Chair  
Rep. Bertrand Kobayashi, Vice Chair

**FROM:** Eva Andrade, President

**RE:** **Strong Support for SB 804 SD1 Relating to Palliative Care**

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening life, family and religious freedom in Hawaii. We support this bill that establishes 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.

When someone we love faces the fear of a terminal diagnosis—and all the emotions and decisions that come with it—more than ever, they need to know that we believe their life is worth fighting for.

The National Hospice and Palliative Care Organization describes palliative care as “patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs to facilitate patient autonomy, access to information and choices.” Palliative care focuses on treating the *person*, as well as the disease, and helps provide support and inclusion for family members.

Palliative care improves quality of life and survival and creates care efficiencies that curb costs. Although we believe that Hawai'i leads the way in many aspects because of the hard work of groups like Hospice Hawai'i, St. Francis Hospice, Kokua Mau, and others, there are often barriers to getting patients with serious illness access to palliative care. These include:

- Lack of knowledge and understanding about palliative care;
- Variability in access based on geographic location, physician training, and services offered;
- Inadequate workforce to meet the needs of patients and families especially in some of our local cultural groups;
- Insufficient research to guide and measure quality of care.

We strongly support activities that increase public education and the development of practices that will specifically address the cultural norms of Hawaii's patients and families. The effort will ensure that comprehensive and accurate information about palliative care is available to the wider public, and that benefits the entire community. By passing this bill, Hawai'i legislators will be taking a significant step towards helping our sickest patients get access to the best care for them and their families.

Let's work together to make sure those with the most serious illnesses in our community know we're not giving up on them. Mahalo for the opportunity to testify.



**March 12, 2019 at 9:00 am**  
**Conference Room 329**

**House Committee on Health**

To: Chair John M. Mizuno  
Vice Chair Bertrand Kobayashi

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

Re: **Testimony in Support**  
**SB 804 SD 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.

March 11, 2019

**Testimony in Support of SB 804, SD1**

Dear Representative Mizuno, and other members of the House Committee on Health,

With this testimony for SB804, 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. I will be attending the hearing on March 12.

Best wishes,



Jeannette G. Kojane, MPH  
Executive Director  
Kōkua Mau  
[jkojane@kokuamau.org](mailto:jkojane@kokuamau.org)





American Cancer Society  
Cancer Action Network  
2370 Nu`uanu Avenue  
Honolulu, Hawai`i 96817  
808.432.9149  
[www.acscan.org](http://www.acscan.org)

House Committee on Health  
Representative John Mizuno, Chair  
Representative Bert Kobayashi, Vice Chair

**SB 804, SD1 – RELATING TO PALLIATIVE CARE**

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

Thank you for the opportunity to provide written testimony in support of SB 804, SD1, which appropriates unspecified funds for palliative care education and establish a culturally competent palliative care pilot program. Measure effective on July 1, 2050.

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.

SB 804, SD1, 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. SB 804 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.

We would recommend that the committee consider the following amendments to clarify the inclusive intent of the pilot and to include language from a similar bill heard in this committee, HB 1447, HD1, for the purposes of facilitating collaboration. Page 4, Lines 1 – 5, subsection (a), paragraph (2):

“(2) Conduct competitive bidding for at least two pilot programs for home or community based palliative care. At least one pilot program shall be implemented in a county with a total population of less than three [~~two~~] hundred thousand residents.”

Amending section 3 of the measure to reflect the collaboration called for in HB 1447:

“In administering the pilot program, the department of health shall collaborate with:

- (1) The mayors of the counties in which the projects are implemented, or their respective designees;
- (2) The chief executive of a hospital in the region in which the projects are implemented;
- (3) A representative from the John A. Burns School of Medicine;
- (4) A representative from the American Cancer Society;
- (5) A representative from Kokua Mau;
- (6) A patient, or family member of a patient, who previously received palliative care; and
- (7) A registered nurse or advanced practice registered nurse.”

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



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HOUSE COMMITTEE ON HEALTH

Tuesday, March 12, 2019, 9 am, Conference Room 329  
SB 804, SD 1 Relating to Palliative Care

**TESTIMONY**

Douglas Meller, Legislative Committee, League of Women Voters of Hawaii

Chair Mizuno and Committee Members:

**The League of Women Voters of Hawaii requests amendment of SB 804, SD 1.**

The League has no expertise or position concerning palliative care. However, we request amendment of SB 804, SD 1 so that the “advisory group” which would “oversee” implementation of the palliative care pilot program is subject to Chapter 92, Hawaii Revised Statutes. There is no compelling justification to totally exempt the proposed “advisory group” from the Sunshine Law.

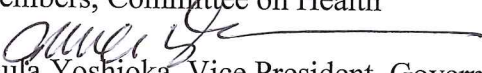
Thank you for the opportunity to submit testimony.



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable John M. Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
Members, Committee on Health

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

Date: March 11, 2019

Hrg: House Committee on Health Hearing; Tuesday, March 12, 2019 at 9:00 AM in Room 329

Re: **Support for S.B. 804, S.D.1 Relating to Palliative Care**

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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 S.B. 804, S.D. 1 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.*

**SB-804-SD-1**

Submitted on: 3/11/2019 8:04:36 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Howard Lee	Individual	Support	No

Comments:

I support more education and awareness of palliative care.

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

Brandi Nakamoto  
PO BOX 11768  
Honolulu, HI 96828

Tuesday, March 12, 2019

Support for S.B. No. 804, Relating to Palliative Care

My name is Brandi Nakamoto and I am a graduate student at the Myron B. Thompson School of Social Work at the University of Hawaii at Manoa. I have a passion for the fields of gerontology, hospice and palliative care, and for advocating for Hawaii's aged and aging population.

I am writing in support of S.B. No. 804 because I believe that palliative care is currently an undervalued and underutilized resource in our state. As an advocate for our aging population, a hospice social work intern, and a daughter who lost her mother to cancer who received both palliative and hospice care, I strongly support activities that increase the utilization of palliative care through public education and development of practices specific to the cultural norms of Hawaii's patients and families. I believe that once the public is educated on palliative care and grows to understand and accept it, those who are eligible will greatly benefit from it the way that my family and I did.

Studies have shown that palliative care not only improves patients' symptoms and quality of end of life care, but they also allow patients to receive their care at home and avoid hospitalizations and reduce prolonged grief and PTSD among bereaved family members. Palliative care is about more than pain and symptom management—it also provides psychosocial, emotional and spiritual support. It is a program that helps patients and their families with the often unanticipated burdens of their medical diagnoses such as navigating the healthcare system, advance healthcare planning, caregiver education, assistance with health insurance, coordinating transitions of care from hospitals and care facilities to their homes and anticipatory grief needs.

I strongly support S.B. No. 804 because I believe that palliative care optimizes one's quality of life by anticipating, preventing and treating suffering, and benefits not just the individual patient, but their loved ones as well. Therefore, through the means of public education and establishment of pilot programs, I believe comprehensive and accurate information about palliative care can be made available to the wider public, benefit the entire community, and make palliative care better understood, accepted, and utilized.

Thank you for the opportunity to provide my testimony on S.B. No. 804.

Sincerely,

Brandi V. P. Nakamoto

**SB-804-SD-1**

Submitted on: 3/11/2019 9:03:35 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brenda S. Ho	Individual	Support	No

Comments:

Dear Chair Mizuno and Members of the Committee:

Thank you for the opportunity to provide testimony in **support of SB 804 SD1 (SSCR 1109)** that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for the support and unanimous passage by members of the CPH and WAM – 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.**

**SB 804 SD 1 (SSCR 1109)** 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 provide testimony on this important measure.

Respectfully,

Brenda S. Ho, MS, RN



Chief Executive Officer

My name is Charlene Iboshi from Hawaii Island. I currently serve our community through many civic organizations and am on the Board of Community First, a non-profit organization established in 2014. We are a grassroots effort to care for our community's health. I am a committee member on the State's PABEA Legislative Committee.

One of the Grass-roots Initiatives of Community First is to educate the community regarding Advance Health Care Directives, the need for the end-of-life "conversations. and have community members complete their AHCDs. As part of this effort, we have educated ourselves of the growing needs of the elders and those who have life-threatening conditions. We have worked with Hawaii Care Choices on Hawaii Island and Kokua Mau on Oahu. In the past couple of years, we have monthly sessions at our Aging Disability Resource for the AHCDs Workshops.

What we have learned is that we have a "diverse" community, but many people here culturally are challenged by "barriers" to discuss death, end-of-life conversations and having community conversations about "palliative care" as part of the continuum of care before death. Fear through culturally appropriate strategies can overcome cultural barriers for engagement, including—"if we talk about it, illness and death will come to those who discuss it. It's like "jinxing" a healthy life. I don't need help because my "family" will take care of the me, because it's their duty. Our island has one of the most diverse ethnic groups, including the Hawaiian and Micronesian communities, who do not engage the palliative and hospice care until crises care needs arise.

The need to discuss providing meaningful discussions for palliative and hospice care is more critical now with the "Silver Tsunami." In my life journey as a caretaker for several people and professional career prosecuting cases of "untimely" deaths and serious injuries, I recognize the need for a data-driven, culturally sensitive-discussions and strategies to engage our community and provide the available "palliative care and hospice" services.

Please pass **SB 804** for more comprehensive, culturally competent care for our communities. I would eliminate the 200,000 population-restriction, otherwise, Hawaii Island may not qualify as a pilot-site. Thank you for the opportunity to testify.

**SB-804-SD-1**

Submitted on: 3/11/2019 11:43:25 AM

Testimony for HLT on 3/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Chenit Ong-Flahertu	Individual	Support	No

Comments:

Honorable Legislators

I am a nurse in the community on the island of Hawaii. The community I serve are one of the oldest in our nation. They face challenges to care here, in particular, access to care as their needs grow with age. Many of them resort to the emergency room and end up in acute hospitals for exacerbation of disease symptoms that can be managed at home if Hawaii is given the capacity to provide skilled nursing care at home to manage symptoms and better coordinate care i.e. community-based palliative care. We know from the experience in California that community-based palliative care can save upto \$4500/person/year, and it relieves emergency rooms and hospitals of caring for disease processes that can be prevented.

I urge that you support this pilot in one of our smaller communities outside Oahu. We have much to learn, and to benefit from it.

Thank you for your kind attention.

Sincerely

Chenit Ong-Flaherty, DNP

**SB-804-SD-1**

Submitted on: 3/10/2019 10:39:23 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

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

Comments:

My name is Mark Wilson, and I strongly support SB 804. 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 terminal illness. 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. Please support SB 804.

Mark Wilson

**LATE**

**SB-804-SD-1**

Submitted on: 3/11/2019 3:41:54 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Haidee Abe	Individual	Support	No

Comments:

Headquarters



## HONPA HONGWANJI MISSION OF HAWAII

1727 PALI HIGHWAY / HONOLULU, HAWAII 96813 / PH: 522-9200 / FAX: 522-9209

**LATE**

Date: March 12, 2019

To: The Honorable John Mizuno, Chair  
The Honorable Bertrand Kobayashi, Vice Chair  
Members, House Committee on Health

From: Bishop Eric Matsumoto  
Honpa Hongwanji Mission of Hawaii

RE: **Support for SB 804, SD1 Relating to Palliative Care**

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The Honpa Hongwanji Mission of Hawaii is a Shin Buddhist community that is celebrating its 130<sup>th</sup> Anniversary in 2019. We are the largest Buddhist denomination in Hawaii with over thirty temples across the state. Our mission is to share the living Teachings of Jodo Shinshu Buddhism so that all beings may enjoy lives of harmony, peace, and gratitude.

I appreciate the opportunity to offer testimony in support of SB 804, SD1 Relating to Palliative Care which seeks to establish a culturally competent palliative care pilot program. Palliative care has been proven to improve the quality of life for patients and their families facing chronic and/or life-limiting illness. With the goal of preventing or relieving suffering, palliative care addresses not only physical symptoms but also emotional and spiritual distress.

Increasing public education and the development of culturally appropriate practices will help ensure that comprehensive and accurate information about the benefits of palliative care is available to a wider population. Increasing access to palliative care is beneficial for our entire community.

Mahalo for your attention to this important issue.

**LATE**

**SB-804-SD-1**

Submitted on: 3/11/2019 7:44:19 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

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

Comments:



**LATE**

**SB-804-SD-1**

Submitted on: 3/11/2019 10:55:26 PM

Testimony for HLT on 3/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Melodie Aduja	O`ahu County Committee on Legislative Priorities of the Democratic Party of Hawai`i	Support	No

Comments:

**LATE**

**SB-804-SD-1**

Submitted on: 3/12/2019 5:33:26 AM  
Testimony for HLT on 3/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Paul K. Ferreira	Individual	Support	No

Comments:

**LATE**

**SB-804-SD-1**

Submitted on: 3/11/2019 3:56:27 PM  
Testimony for HLT on 3/12/2019 9:00:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Clarysse Kami Nunokawa	Individual	Support	No

Comments:

**LATE**

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

RE: SB804, 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 SB804, 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. SB804 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 SB804 and help others in our community receive this same care. The pilot program formed under SB804 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 SB804. 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: SB804, 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 SB804. 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.

SB804 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.

SB804 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  
SB804, RELATING TO PALLIATIVE CARE

Dear Chair Mizuno and Members of the Committee,

My name is Natalie Nimmer, and I strongly support SB804, 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 which 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 3<sup>rd</sup> and 4<sup>th</sup> rounds of chemo and presented my graduate research at a conference in the Marshall Islands 2 weeks after my 6<sup>th</sup> 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.”

SB804 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 SB804.

Thank you for considering my testimony.

Mahalo,  
Natalie Nimmer

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

RE: SB804, 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 SB804, 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 SB804 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 SB804. 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: SB804, 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 SB804, 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 SB804.

The pilot program formed under SB804 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 SB804. 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: SB804, 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 SB804, 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 peace 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 SB804, 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: SB804, 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 SB804, 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 SB804. 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: SB804, 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 SB804, 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 SB804 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 SB804. Thank you for the consideration of my testimony.

Mahalo,  
Alberto Rodriguez

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

RE: SB804, 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 SB804, 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 SB804 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

TESTIMONY RE: SB 804 by Rae Seitz, MD

I wish to submit this testimony in support of SB 804 regarding Palliative Care.

There is perhaps no single subspecialty of medicine more impactful than palliative medicine on the quality of care, degree of engagement of patients and their loved ones, and degree of shared decision-making regarding the care a person receives when faced with serious or life-threatening conditions. The activities of palliative medicine are basically four-fold:

1. Conduct a comprehensive, holistic review of an individual's medical condition and options for care, assess the capacity and literacy of the individual to integrate information so as to enable true shared decision-making between patients, families, and providers.
2. Conduct conversations with patients and loved ones to ensure their understanding, concerns, anxieties, and goals are fully understood. Enabling an individual to "find his or her voice" and to be able to effectively express themselves is something that requires skill and patience to be able to accomplish. Palliative medicine specialists have these skills as a cornerstone of their training and experience.
3. Conduct open and honest conversations with all the providers of care to an individual so as to obtain the most complete and comprehensive understanding of what each provider understands and has learned about the individual. It is critical to assess, from each of their perspectives, what they believe an individual's options for care are, the risks and benefits, and the prospects for achieving those benefits. In this way palliative care can improve coordination of care, clarify goals of care so as to enable all providers to better work towards the same goals, and to make more efficient the care rendered to the individual.
4. Provide a plan of care which is centered on the patient's understanding of his/her condition and options, his/her wishes and goals. This plan of care often is updated by the palliative care team which, optimally, maintains a longitudinal relationship with the patient. At this point this is program-dependent but should be aspired to by all palliative care programs. This continuity of care and adjustments to care plans based on changing conditions, understanding, and goals is especially valuable when an individual faces serious or life-threatening situations.

It is important to recognize the foundation upon which palliative medicine is conducted: skillful, values-neutral communication facilitated by experienced and skilled interdisciplinary teams. When done well the result is a safer, more cohesive plan of care which places the individual squarely in the driver's seat. These skills can be acquired and palliative medicine specialists have a specific responsibility to help build those skills and knowledge with others who may touch these individuals. This is why most palliative medicine specialists regularly participate in workshops, lectures, and development of materials to build better capacity of our healthcare providers to themselves conduct more skillful and productive conversations with their patients and families. I would suggest that the bill be strengthened by adding clear language that palliative care builds upon a foundation of true shared decision-making and that this effort needs to be supported and enabled.

I am a palliative medicine specialist and a founding board member of Kokua Mau, Hawaii's hospice and palliative care organization. I have been the major architect and developer of palliative care programs state-wide, including home-based and hospital-based programs. I have taught at JABSOM, in the community widely, nationally, and internationally. I have published in the field. Most recently I was appointed to the Department of Health Advisory Panel to help organize the implementation of the Our Care Our Choice Act.

Thank you for your kind consideration of this testimony.

I may be reached at (808)285-3102 for any additional information.

Rae S. Seitz, MD  
5710 Haleola Street  
Honolulu, HI 96821

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

RE: SB804, RELATING TO PALLIATIVE CARE

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

My name is Mimi Demura-Devore, and I am writing to express my support for SB804, 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 SB804 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 SB804 relating to Palliative Care.

Respectfully submitted,

Mimi Demura-Devore, LCSW



March 9, 2019

**LATE**

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

**Senate Bill 768 SD1 – Relating to Adolescent Mental Health Services**

Dear Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify on SB 768, SD1.

We appreciate the intent of this measure, but would like to express concerns. We believe that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) adequately provides for the privacy of any patient. Moreover, by creating an additional privacy requirement, we believe this measure goes against the intent of Hawaii's 2012 HIPAA Harmonization Law, which consolidated Hawaii's approximately 50 separate privacy laws to conform with HIPAA.

Thank you for allowing us to testify expressing concerns on SB 768, SD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members