

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.**

SENATOR DONOVAN M. DELA CRUZ, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: February 25, 2019

Room Number: 211

1 **Fiscal Implications:** General fund appropriation request of \$350,000.

2 **Department Testimony:** The Department of Health supports SB804 SD1 provided that any
3 appropriations do not displace any Executive Budget requests. The purpose of this measure is to
4 adopt recommendations from the palliative care working group, including testing the hypotheses
5 of recent local research on culturally competent approaches to staff and patient engagement.

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

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

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

17 Mainland-based research reveals clear disparities such that “in every ethnic subgroup studied,
18 Asian Americans and Pacific Islanders were less likely than whites to enroll in hospice” (Ngo-

1 Metzger, et al. 2007). Local research from the University of Hawaii School of Nursing,
2 “Culturally Competent Palliative and Hospice Care Training for Ethnically Diverse Staff in
3 Long-Term Care Facilities,” (Kataoka-Yahiro, et al. 2016) suggests that culturally competent
4 approaches to Asian Americans and Pacific Islanders improve patient and staff knowledge and
5 satisfaction with palliative and hospice care services.

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

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

10

SB-804

Submitted on: 2/24/2019 9:02:16 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:



February 22, 2019

Senate Committee on Ways and Means
The Honorable Senator Donovan Dela Cruz, Chair
The Honorable Senator Gilbert S.C. Keith-Agaran, Vice Chair

**RE: TESTIMONY IN SUPPORT OF SB804
RELATING TO PALLIATIVE CARE**
Hearing: Monday, February 25, 2019 – 10:25 a.m.

Dear Chair Dela Cruz and Members of the Committee:

Thank you for the opportunity to provide testimony in **support of SB804** which establishes the 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; requires reports to the legislature; establishes an advisory group to oversee implantation of the pilot program; and appropriates funds.

Passage of this bill is the right thing to do to improve the quality of life for Hawai`i residents facing serious illness. The ability to deliver home and community based palliative care, especially on the neighbor islands, is a value added service. **SB804** goals are essential in providing the best and most comprehensive care possible. Kaua`i Hospice is in complete **support** of this palliative care work.

As the Executive Director of Kaua`i Hospice, we have over 35 years experience serving the hospice, bereavement, and more recently palliative care needs of people living on the Garden Island. I am keenly aware of the importance of this legislation as it relates to individuals facing serious illness. All palliative care strives to provide the best quality of life for those with serious illness and their loved ones. It allows people to avoid hospitalizations and to remain safely and expertly cared for at home.

Thank you again for the opportunity to submit this testimony in **support of SB804**.

Most sincerely,

Lori J. Miller
Executive Director

/ljm

IN SUPPORT OF SB804

Senate Committee on Commerce, Consumer Protection and Health

Senator Rosalyn Baker, Chair

Senator Stanley Chang, Vice Chair Chang

Senate Committee on Ways and Means

Senator Donovan M. Dela Cruz, Chair

Senator Gilbert S.C. Keith-Agaran, Vice Chair

And Other Committee members

RE: SB804, RELATING TO PALLIATIVE CARE

SB804 RELATING TO PALLIATIVE CARE. This bill establishes the 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, one of which must be located in a county with less than two hundred thousand residents. Requires reports to the legislature. Establishes an advisory group to oversee implementation of the pilot program. Appropriates funds.

My name is Neil J Clendeninn MD, PhD and I am a resident of Kauai County and am the program Director of Palliative Care at Kauai Hospice. I am keenly interested in the further growth of palliative care. This is an important part of medicine and should be widely available to all patients who have life limiting or life threatening diseases. This bill will help establish the need for palliative care in Hawaii and demonstrated its usefulness and how it also lowers costs. A pilot of this type is very essential.

Please support and pass SB804 for the people of Hawaii.

Thank you.

Sincerely

Neil J Clendeninn

PO Box 1005, Hanalei, HI 96714

nclendeninn@kauaihospice.org



February 25, 2019 at 10:25 am
Conference Room 211

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran

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

Re: Testimony in Support
SB 804, 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.

February 22, 2019

Testimony in Support of SB 804

Dear Senator Dela Cruz, and other members of the Committee on Ways and Means,

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.

Best wishes,



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



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SENATE COMMITTEE ON WAYS AND MEANS

Monday, February 25, 2019, 10:25 am, Conference Room 211
SB 804, Relating to Palliative Care

TESTIMONY

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

Chair Dela Cruz and Committee Members:

The League of Women Voters of Hawaii requests amendment of SB 804.

The League has no expertise or position concerning palliative care. However, we request amendment of SB 804 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.

Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

NOTICE OF HEARING

DATE: Monday, February 25, 2019
TIME: 10:25 a.m.
PLACE: Conference Room 211
State Capitol
415 South Beretania Street

**Testimony in Support of SB 804 (SSCR106)
RELATING TO PALLIATIVE CARE**

Establishes the 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, one of which must be located in a county with less than two hundred thousand residents. Requires reports to the legislature. Establishes an advisory group to oversee implementation of the pilot program. Appropriates funds.

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

Thank you for the opportunity to provide testimony in **support of SB 804 (SSCR106)** that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for Senator Baker's introduction of this bill, along with the support and unanimous passage by members of the CPH – 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.

SB 804 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and I am in complete support of this initiative.

Again, mahalo for the opportunity to express my support for **SB 804** relating to Palliative Care.

Formerly
HOSPICE of HILO

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Committee on Ways and Means
The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair

**RE: TESTIMONY IN SUPPORT OF SB804
RELATING TO PALLIATIVE CARE**
Hearing: February 25, 2019 at 10:25 a.m.

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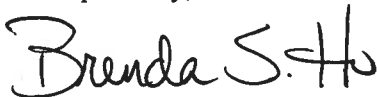
According to the Executive Office on Aging, Hawaii's high percentage of Japanese-American's have one of the longest life expectancies of any ethnic subgroup in the United States, contributing to a critical need for palliative and hospice care. In fact, when national data is broken down by race, Asian-Pacific 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 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 **SB 804** relating to Palliative Care.

Respectfully,



Brenda S. Ho, MS, RN
Chief Executive Officer

SB-804

Submitted on: 2/22/2019 5:15:31 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:

Dear Chair Dela Cruz, Vice Chair Keith-Agaran, and Honorable Members of the Senate Committee on Ways and Means:

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.

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, 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 February 22, 2019

HEARING DATE: February 25, 2019 10:25 a.m. in room 211

TO: Senate Committee on Ways & Means
Sen. Donovan Dela Cruz, Chair
Sen. Gilbert S.C. Keith-Agaran, Vice Chair

FROM: Eva Andrade, President

RE: **Strong Support for SB 804 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.

SB-804

Submitted on: 2/23/2019 4:21:01 PM

Testimony for WAM on 2/25/2019 10:25:00 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 SB804. 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. I urge you to support this bill.

SB-804

Submitted on: 2/23/2019 3:39:56 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shawn K Yagi	Individual	Support	No

Comments:

My name is Shawn Kosho Yagi, 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.

To form a palliative care work group would help my friend's father who is suffered by ALS and also other patients who has serious illness such as Cancer, heart disease etc.

I urge you to support SB804. Thank you for the consideration of my testimony.

SB-804

Submitted on: 2/23/2019 11:03:53 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charlene Iboshi	Individual	Support	No

Comments:

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--a grassroots effort to care for our community's health, and 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

Submitted on: 2/23/2019 9:53:12 AM

Testimony for WAM on 2/25/2019 10:25:00 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

SB-804

Submitted on: 2/23/2019 9:18:59 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:

Committee on Ways and Means
Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

NOTICE OF HEARING

DATE: Monday, February 25, 2019

TIME: 10:25 a.m.

PLACE: Conference Room 211

State Capitol

415 South Beretania Street

Testimony in Support of SB 804 (SSCR106)

RELATING TO PALLIATIVE CARE

Establishes the 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, one of which must be located in a county with less than two hundred thousand residents. Requires reports to the legislature. Establishes an advisory group to oversee implementation of the pilot program. Appropriates funds/

Submitted by: Alan K Okinaka

Thank you for the opportunity to provide testimony in support of SB 804 (SSCR106) that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for Senator Baker's introduction of this bill, along with the support and unanimous passage by members of the CPH – 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. SB 804 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and I am in complete support of this initiative.

Again, mahalo for the opportunity to express my support for SB 804 relating to Palliative Care.

SB-804

Submitted on: 2/23/2019 7:28:51 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:

SB-804

Submitted on: 2/22/2019 7:18:26 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Virginia Hinshaw	Individual	Support	No

Comments:

Hawaii citizens need more education and support regarding palliative care.

February 25, 2019 at 10:25 am
Conference Room 211

Senate Committee on Ways and Means

To: Chair Donovan M. Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran

From: Hope Young
Advance Care Planning Coordinator
Kokua Mau

Re: Testimony in Support SB 804, Relating to Palliative Care

Thank you for the opportunity to testify in support of SB 804, 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 SB 804. 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.

SB 804 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 SB 804. Thank you for the consideration of my testimony.

Me ka mahalo nui,
Hope Young

Malama Kekahi I Kekahi –
Take Care of One Another

SB-804

Submitted on: 2/22/2019 5:59:13 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeracah Lawless	Individual	Support	No

Comments:

As our population continues to age, I find it imperative to invest in supporting them. One way we can do so is through palliative care, which addresses more than pain management - it also treats the physical, spiritual and emotional needs of the seriously ill patient. It is the kind and right thing to do for our community.

SB-804

Submitted on: 2/22/2019 5:52:54 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:

SB-804

Submitted on: 2/22/2019 4:30:09 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:

SB-804

Submitted on: 2/22/2019 4:27:04 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:

February 22, 2019

TO: Senate Committee on Commerce, Consumer Protections and Health
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

FROM: Pam Ozenberger, LSW

RE: SUPPORT FOR SB 804 RELATING TO PALLIATIVE CARE

Dear Chair Baker and Members of the Committee:

Thank you for the opportunity to provide testimony in SUPPORT OF SB 804. I have lived in Hawaii for nearly 10 years and am a Licensed Social Worker with over 4 years experience working in Palliative Care. I am sure that you have read many letters of testimony that have outlined how studies have shown that palliative services improve patient symptoms and quality of life while continuing to pursue life-prolonging treatments for their illnesses. Without a doubt, many have mentioned the cost-savings that palliative programs bring by reducing hospital and emergency room utilization all the while improving patient and family satisfaction with healthcare.

Because you likely know the statistics and logical rationale for supporting palliative care in Hawaii, today, I would like to write to you as a family member of a loved one who benefitted from palliative services offered in another state. In May of 2017, I took a leave of absence from my work as a Palliative Social Worker to go to Kansas City and care for my sick step-mom. Hospice was not an option at this time because she needed life-prolonging transfusions 3x a week. After meeting with her doctors, I was surprised to learn that hospices in KC offer palliative care services (beyond hospice care) to ALL Medicare Part B recipients, regardless if they were on a Medicare Advantage plan or not. The palliative care team in Kansas City allowed my step-mom to spend her final three-months with her family at home, instead of in the hospital. When she was ready, she chose to stop transfusions and transition to hospice care. The relationships we built with the palliative care providers made our transition to hospice easier for my step-mom and our family.

At the time of the writing of this letter, there is no similar palliative program in Hawaii. We have some insurance companies that offer palliative programs to SOME of their members, but nothing available to all. As a Palliative Social Worker who has served some of Hawaii's select few residents who had access to a palliative care program, I could tell you many stories of those who have benefited from palliative services – some of whom have even recovered and are living full lives today (palliative care is not just for the dying). I can also tell you countless stories of Hawaii residents who COULD HAVE BENEFITTED from a palliative program but had no access to such a benefit due to lack of palliative care offerings in Hawaii.

I strongly support SB 804 RELATING TO PALLIATIVE CARE as I believe that there are opportunities for improvement and expansion of palliative care offerings in Hawaii. SB 804 will provide much needed education to the community about palliative care while also gathering data to identify service gaps and other unmet needs.

Thank you,



Pam Ozenberger
pozenberger@gmail.com

LATE

**Ways and Means Committee of the Senate
Chair Senator Donovan Dela Cruz
Vice Chair Gilbert S.C. Keith-Agaran**

Dear Chair Dela Cruz, Vice Chair Gilbert S.C. Keith-Agaran and Other members of the Ways and Means Committee,

RE: Testimony in Support of SB804, RELATING TO PALLIATIVE CARE

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

LATE

SB-804

Submitted on: 2/24/2019 8:45:11 PM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharolyn Lee-Huntoon	Individual	Support	No

Comments:

As a Hospice volunteer for over 13 years, I firmly support SB804, favoring palliative care for the following reasons:

1. Palliative care provides patients and their families with essential knowledge and care for serious illnesses that often lead to hospice care. We know that many individuals and their families are fearful of the end of life. Many have not discussed important issues and are not aware of alternative approaches other than exhaustive home care by family members or long hospital care in crowded hospitals.

A. I worked with a patient whose family was resistant to seeking "hospice" care as they, like many, associated hospice with death. By telling them about a "trial" palliative care program that was offered by hospice, the family accepted the much needed help. The patient was allowed to have radiation treatments to resist growth of tumors pressing upon his spine. The supportive services this family received took a huge burden off his family and enabled them to take needed time to assess the situation with knowledgeable, appropriate, and compassionate team members.

2. Palliative care prevents family burn out. Many caregivers carry financial, emotional, and physical stress that comes with caregiving responsibilities. Palliative care provides relief, reassurance, and support for the caregivers.

A. A present patient was having breathing issues due to pneumonia and congestive heart failure. Caregiver was afraid to ask about hospice care and apparently the doctor did not mention further support--possibly due to the patient's various conditions and age. (late stage Alzheimer's). After the patient was taken into hospice care, the patient improved significantly with palliative care---. Patient appeared comfortable with the use of oxygen and a low dose of morphine. The caregivers were relieved and better able to recognize the medical issues with qualified staff offering palliative care. They did not realize the needs of their family member nor did they realize how overly-stressed they were.

3. Palliative care serves doctors well when they realize that a patient's condition does not meet conditions for so-called "normal" care. Some doctors have great difficulty discussing the need for hospice or the inevitable decline of their patients. Having the

palliative available would meet a need and provide a bridge for further appropriate care and support for the patient, family, and treating doctors.

A. A patient's family was told by the "hospital" doctor that if the patient has pneumonia again, do not bring him back to the hospital. This elderly patient had been admitted many times with pneumonia. The doctor did not mention alternatives and the family was in denial regarding their father's imminent decline. Having palliative care as an option would have been a great alternative for the patient, doctor and family.

With the many experiences I have shared as a hospice volunteer, I firmly believe that having palliative care available can be an invaluable support for patients and their families.

LATE

SB-804

Submitted on: 2/25/2019 8:23:18 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dylan P. Armstrong	Testifying for Oahu County Democrats	Support	No

Comments:

LATE

Committee on Ways and Means

Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

NOTICE OF HEARING

DATE: Monday, February 25, 2019

TIME: 10:25 a.m.

PLACE: Conference Room 211

State Capitol

415 South Beretania Street

Testimony in Support of SB 804 (SSCR106)

RELATING TO PALLIATIVE CARE

Establishes the 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, one of which must be located in a county with less than two hundred thousand residents. Requires reports to the legislature. Establishes an advisory group to oversee implementation of the pilot program. Appropriates funds.

Howard Lee, CEO UHA Health Insurance



Thank you for the opportunity to provide testimony in **support of SB 804 (SSCR106)** that establishes the culturally competent palliative care pilot program to promote palliative care. I am grateful for Senator Baker's introduction of this bill, along with the support and unanimous passage by members of the CPH – 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.

SB 804 goals are an essential step to providing more comprehensive, culturally competent care for the communities we serve, and I am in complete support of this initiative.

Again, mahalo for the opportunity to express my support for **SB 804** relating to Palliative Care.

LATE

SB-804

Submitted on: 2/25/2019 9:40:45 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

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

Comments:

LATE

SB-804

Submitted on: 2/25/2019 9:53:15 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kerri Okamura	Individual	Support	No

Comments:

LATE

SB-804

Submitted on: 2/25/2019 10:02:00 AM

Testimony for WAM on 2/25/2019 10:25:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Nelson	Individual	Support	No

Comments:

Aloha. My name is Elizabeth Nelson and I have worked as a hospice nurse for over 25 years in Hawaii. I am very supportive of Palliative Care. Working in hospice, over and over again I saw and felt people's reluctance to really hear that they had a very serious illness and that hospice meant treatment would stop. Palliative Care can be provided to alleviate pain and other symptoms that are distressing, but people can still continue with palliative(comfort) treatment. This can allow the person to slowly move toward ceasing treatment in the future.

Palliative care teams are available in many of Oahu's hospitals and some palliative care is available at home. But training and education is very needed.

This bill would provide some monies for education and training, for a pilot project to monitor and document efficacy. I strongly support this bill.