

## **Testimony of the Board of Nursing**

**Before the  
House Committee on Consumer Protection & Commerce  
and  
House Committee on Judiciary  
Wednesday, February 12, 2020  
2:00 p.m.  
State Capitol, Conference Room 325**

**On the following measure:  
H.B. 2451, H.D. 1, RELATING TO HEALTH**

Chair Takumi, Chair Lee, and Members of the Committees:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board offers comments on this bill.

The purposes of this bill are to: (1) explicitly recognize advanced practice registered nurses (APRNs) as attending providers and consulting providers capable of performing all necessary duties under the Our Care, Our Choice Act, in accordance with their scope of practice and prescribing authority; (2) reduce the mandatory waiting period between oral requests made by a terminally ill individual from 20 to 15 days; and (3) allow an attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

The Board supports the inclusion of APRNs as attending providers and consulting providers who can provide end-of-life care options, as this will provide state residents, especially those who reside on the neighbor islands, with greater access to these services.

The Board respectfully requests amending the definition of “advanced practice registered nurse” on page 3, lines 15 to 21, as follows: ““Advanced practice registered nurse” means an individual licensed by the board of nursing to practice pursuant to chapter 457.” As Hawaii Revised Statutes chapter 457 and Hawaii Administrative Rules chapter 16-89 already include the qualifications and scope of practice for APRNs, the bill’s citation to specific sections in the nursing law is not necessary. The Board’s amendment would also ensure that an APRN has met the education and training requirements to perform end-of-life services.

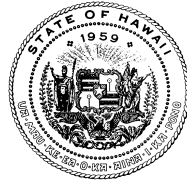
The Board understands the concern that APRNs may not possess the necessary “specialized” training to act as an attending provider or a consulting provider. However, physicians who act as the attending provider or consulting provider are not required to complete “specialized” training. To obtain licensure, the APRN must possess the following qualifications and scope of practice:

- (1) Hold a graduate-level degree in nursing from a nationally accredited nursing program in which the individual has acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients through a significant educational and practical concentration on the direct care of patients and demonstrate a greater breadth of knowledge, synthesis of data, and a greater complexity of skills and interventions;
- (2) Is educationally prepared to assume responsibility and accountability for health promotion and maintenance and to assess, diagnose, and manage patient problems through using and prescribing pharmacologic and non-pharmacologic interventions;
- (3) Has acquired advanced clinical experience;
- (4) Passed a national certification examination that measures role and population-focused competencies and maintains continued competencies through recertification;
- (5) Is in an advance nursing practice in a specialized practice area to include, but not be limited to: family nurse practitioner, adult-gerontology primary care nurse practitioner, or psychiatric-mental health nurse practitioner, which allows the APRN to maintain continued competencies in pharmacology education for prescriptive authority for both controlled and non-controlled substances;
- (6) Provide direct care by utilizing advanced scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;
- (7) Manage the plan of care prescribed for the patient;

- (8) Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments or procedures that are basic to the clinical evaluation of physical, developmental, and psychological signs and symptoms;
- (9) Formulate a diagnosis;
- (10) Has been granted prescriptive authority pursuant to HRS section 457-8.6;  
and
- (11) Has obtained a registration under HRS section 329-32.

In addition, similar to licensed physicians, APRNs are required to complete continuing education to renew their licenses.

Thank you for the opportunity to testify on this bill.



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

**Testimony in SUPPORT of HB2451 HD1  
RELATING TO HEALTH.**

REP. ROY M. TAKUMI, CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

REP. CHRIS LEE  
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: February 11, 2020

Room Number: 325

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) supports HB2451 HD1, the  
3 amendments for which were based on feedback from providers and staff who facilitated patients  
4 through the process pursuant to chapter 327L. DOH continues to assert that medical aid in dying  
5 decisions are a private matter between a patient and their provider, and that the department fulfils  
6 ministerial function.

7 From January 1, 2019 through December 26, 2019, to date, there were a total of 27 qualified  
8 patients who received aid-in-dying prescriptions. Of those 27, 19 patients expired and of that  
9 cohort 15 patients suffered from some form of cancer, 14 ingested aid in dying medications, and  
10 5 did not ingest the aid-in-dying medication. All nineteen patients who expired had private  
11 insurance and/or Medicare.

12 DDMP2 was the most commonly prescribed medication with 13 scripts written; DDMA was  
13 prescribed only 6 times. Twelve attending physicians wrote prescriptions during this reporting  
14 period. Only one attending physician was located on the neighboring islands on the Big Island.  
15 There were no reported complications due to ingesting the medications.

- 1 The eligibility process from the first oral request to the date of receipt of the written prescription
- 2 was approximately 34 days with the shortest period being 20 days.
- 3 Thank you for the opportunity to testify.
- 4



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

---

Testimony Presented Before the  
House Committee on Consumer Protection & Commerce and  
House Committee on Judiciary  
Wednesday, February 12, 2020 at 2:00 p.m.

by  
Mary G. Boland, DrPH, RN, Dean and Professor  
School of Nursing and Dental Hygiene  
and  
Michael Bruno, PhD  
Provost  
University of Hawai'i at Mānoa

### HB 2451 HD1 – RELATING TO HEALTH

Chairs Takumi and Lee, Vice Chairs Ichiyama and San Buenaventura, and members of the Committee on Consumer Protection & Commerce and Committee on Judiciary:

Thank you for this opportunity to provide testimony in **strong support of HB 2451 HD1 with recommended amendments** as it relates to advanced practice registered nurses (APRN) participation in medical aid in dying (MAID) in accordance with their scope of practice and prescriptive authority. The 2019 *American Nurses Association Position Statement on the Nurse's Role when a Patient Requests Medical Aid in Dying*<sup>1</sup> frames the nurse's compassionate response and is based on the *Code of Ethics for Nurses*.

A large body of national evidence shows that APRNs provide high quality safe care for people across the lifespan, in accordance with their education, training, national certification, and licensure. Since 2016, Canada has authorized APRNs to participate in (MAID). In the most recent report, 93% of participating clinicians were physicians and 7% were APRNs.<sup>23</sup>

The delivery of high-quality, compassionate, holistic and patient-centered care, including end-of-life care, is central to all nursing practice. Hallmarks of end-of-life care include respect for patient self-determination, nonjudgmental support for patients' end-of-life preferences and values, and prevention and alleviation of suffering. The individual exploring the dying with dignity option begins a journey that involves their team of care providers. It is a process that no one involved - providers, patient, and family - takes

---

<sup>1</sup> <https://www.nursingworld.org/~49e869/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-when-a-patient-requests-medical-aid-in-dying-web-format.pdf>

<sup>2</sup> [https://laws-lois.justice.gc.ca/eng/annualstatutes/2016\\_3/fulltext.html](https://laws-lois.justice.gc.ca/eng/annualstatutes/2016_3/fulltext.html)

<sup>3</sup> <https://www.canada.ca/en/health-canada/services/publications/health-system-services/medical-assistance-dying-interim-report-april-2019.html>

lightly. Nurses are engaged at every level as we care for terminal individuals across the continuum of care settings and are often the professional with whom patients choose to talk regarding end-of-life decisions. We are trained to evaluate patients' and families' medical and psychosocial needs and are in a pivotal position to evaluate requests for exploration of the Act in the context of the patient's experience. We can explore the meaning of the request, alleviate symptoms that may be contributing to the patient's distress, and facilitate communication between the patient, family, and other members of the health care team.

The Hawai'i Legislature recognizes that access to care is a significant problem statewide and most especially in rural island settings. As such, you recognized that the care provided by APRNs is of high quality by enacting over 25 bills since 2009 enabling APRNs in Hawai'i to practice to the full extent of their education. Since then, the number of APRNs in the state has increased across all the islands including rural settings. National data finds that once a state authorizes the APRN to practice using all their education and skills that nurses migrate to that state. Indeed, this is occurring in Hawai'i thus improving access to care statewide. Second, UH at Mānoa and Hilo are increasing the number of APRNs graduating from our programs – both of which are nationally accredited by the Commission on Collegiate Nursing Education (CCNE) through 2029. Further, the State Board of Nursing statute with accompanying rules provides consumer protection by setting the comprehensive requirements to be recognized as an APRN, including maintaining national certification in the area of service delivery and continuing competency activities.

Since 2014, UH Mānoa and Hilo graduates have completed rigorous requirements to be awarded the Doctor of Nursing Practice (DNP) degree. Their course work requires extensive classroom and clinical learning including advanced diagnostic and pharmacy courses. As important, Mānoa students must complete courses in health policy, bioethics, and law (taken with the students at the William S. Richardson School of Law). The DNP program ensures that the graduate can provide clinical care in a transforming delivery system. Many DNP graduates move on to expand their skill sets by obtaining additional certification in cardiology, gerontology, oncology, palliative care, and psychiatric-mental health nursing.<sup>4</sup>

In Hawai'i, 41% of APRNs work in ambulatory settings, with nearly 33% reporting working in family practice or adult-gerontology. Another 8.5% work in palliative care/hospice, nephrology, cardiology, and oncology; specialties where they care for people with terminal illnesses.<sup>5</sup> Further, APRNs are caring for vulnerable populations enrolled in Medicare and Medicaid programs who lack access to providers.

---

<sup>4</sup> <https://www.nursingworld.org/our-certifications>

<sup>5</sup> <https://www.hawaiiicenterfornursing.org/wp-content/uploads/2019/12/2019-Nursing-Workforce-Supply-Report-vFinal.pdf> Data collected through the voluntary nurse re-licensure survey of nurses.

Our graduates meet both the national and Hawai'i Board of Nursing requirements for advanced pharmacological education, as well as education related to the assessment, diagnosis, and care planning that prepares them to care for patients across the continuum of life. Thus, their scope of practice and education prepares them to serve as both attending provider and consulting provider for persons suffering from a terminal disease. As Dean of the School of Nursing and Dental Hygiene with responsibility for the State Center for Nursing, I commit to ensuring that Hawai'i APRNs are educated and mentored to ensure their competency.

Nurses are the most trusted profession – let's ensure that terminally ill Hawai'i residents can continue to be supported by their APRN provider by passing this measure.

Should the Committee move this measure forward, the University of Hawai'i asks the Committee to consider amending the following definitions:

- Page 3, lines 3-9
  - o "Advanced practice registered nurse" pursuant to chapter 457 by the Hawai'i Board of Nursing.

Thank you for the opportunity to provide testimony in strong support of HB 2451 HD1.



**Written Testimony Presented Before the  
House Committee on Consumer Protection and Commerce  
and  
House Committee on Judiciary**

**Hearing: February 12, 2020, 2:00pm  
State Capitol, Conference Room 325**

By Hawaii – American Nurses Association (Hawaii-ANA)



**HB 2451, HD1 RELATING TO HEALTH**

Chair Roy M. Takumi, Vice Chair Linda Ichiyama and members of the House Committee on Consumer Protection and Commerce, and Chair Chris Lee, Vice Chair Joy A. San Buenaventura, and members of the House Committee on Judiciary for this opportunity to provide testimony in strong support for HB 2451, HD1 Relating to Health. This bill seeks to explicitly recognize advanced practice registered nurses (APRNs) as attending providers and consulting providers capable of performing all necessary duties under the Our Care, Our Choice Act in accordance with their scope of practice and prescribing authority. This bill also seeks to reduce the mandatory waiting period between oral requests made by a terminally ill individual from twenty to fifteen days, and to allow an attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

We are members of the American Nurses Association of Registered Nurses in Hawaii. Over 17,000 Registered Nurses in Hawaii care for patients every day, throughout the lifespan, from birth through dying and death. We have supported the passing of the bill to enact this measure in the past, in our interest to provide choices and options to patients addressing end-of-life issues. We continue to support the Act as an option for both patients and providers, to consider in meeting the personal needs of the individual patient.

We believe the recommendations made by the State of Hawaii Department of Health to the terms of this Act address the very real difficulties individuals in Hawaii are experiencing in meeting the established criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process.

We respectfully request that HB2451, HD1 pass out of this committee. Thank you for your continued support for measures that address the healthcare needs of our community.

Contact information for Hawaii – American Nurses Association  
President: Katie Kemp, BAN, RN-BC  
Executive Director Dr. Linda Beechinor, APRN-Rx, FNP-BC  
phone (808) 779-3001  
500 Lunalilo Home Road, #27-E  
Honolulu Hawaii USA 96825

[president@hawaii-ana.org](mailto:president@hawaii-ana.org)  
[executivedirector@hawaii-ana.org](mailto:executivedirector@hawaii-ana.org)



**HB-2451-HD-1**

Submitted on: 2/11/2020 11:06:30 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Scott Foster	Hawaii Death With Dignity Society	Support	Yes

Comments:

Please see attached pdf file. Mahalo!

**HB-2451-HD-1**

Submitted on: 2/11/2020 1:30:17 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
amy agbayani	Filipina Advocacy Network FAN	Support	No

Comments:

The Filipina Advocacy Network strongly support HB2451 hd1. The proposed amendments are very reasonable and helpful. These amendments are consistent with my belief that all individuals should have the right to die with dignity and to have care, compassion and choice. I am a Filipino Catholic and retired educator. I feel that my cultural and religious beliefs are consistent with my support for this bill. I also believe in the separation of church and state.

I also want to take this opportunity to express my appreciation to someone I admire... Dr. Melivin Palalay, a Filipino Catholic oncologist who was featured in a January 24 Civil Beat article on his experience with and now support for compassionate choice.

**Testimony of Samantha Trad, Hawai'i State Director, Compassion & Choices**  
**Supportive Testimony Regarding HB2451**  
**February 11, 2020**

Chair and Members of the Committee,

My name is Samantha Trad and I am the Hawai'i State Director for Compassion & Choices, the nation's oldest and largest nonprofit organization working to improve care, expand options and empower everyone to chart their own end-of-life journey.

Thank you for passing the Our Care, Our Choice Act, which has provided peace of mind to the terminally ill over the last year it has been in effect; and thank you for your consideration of HB 2451. We are here today and pleased to offer our support for these crucial amendments to improve access to the Our Care, Our Choice Act.

Just one year into implementation of the Hawai'i Our Care, Our Choice Act, the Department of Health conducted an analysis of the implementation of the law, including soliciting input from the medical community. A subsequent report to the legislature<sup>1</sup> found that while compassionately implemented, some of the well intentioned regulatory requirements outlined in the Act are creating unintended barriers and unnecessary burdens in care. Coupled with the state's well known severe physician shortage,<sup>2</sup> especially on neighbor islands<sup>34</sup> these collective barriers have made it very difficult for terminally ill patients seeking to access medical aid in dying. Unfortunately, many individuals died with needless suffering while attempting to navigate the process.

In fact, we know from local healthcare systems that over half a dozen eligible patients who wanted the option of medical aid in dying died during the mandatory waiting period, unable to have the peaceful end of life experience they wanted.<sup>5</sup> Even the 27 patients who did eventually obtain a prescription and self-ingested it in 2019 endured an average waiting period of 34 days. One patient waited 100 days.

---

<sup>1</sup> Report to the Thirtieth Legislature, An Analysis of the analysis of the Implementation of the Our Care, Our Choice Act, Available from:

<https://drive.google.com/file/d/12k7EeRbkUm8TCu3iCew1BEn7gPLjn5SN/view?usp=sharing>

<sup>2</sup> Why the Doctor Shortage Continues in Hawai'i, Big Island New, June 5, 2019. Accessed at: <https://bigislandnow.com/2019/06/05/why-the-doctor-shortage-continues-in-Hawai'i/>

<sup>3</sup> Hawai'i doctor shortage takes a troubling turn for the worse, John A. Burns School of Medicine University of Hawai'i at Mānoa, September 10th, 2019. Accessed at: <https://jabsom.Hawai'i.edu/Hawai'i-doctor-shortage-takes-a-troubling-turn-for-the-wore/>

<sup>4</sup> Hawai'i's doctor shortage is taking 'a troubling turn for the worse,' Hawai'i News Now, June 5, 2019. Accessed at: <https://www.Hawai'inewsnow.com/2019/09/10/Hawai'is-doctor-shortage-is-taking-troubling-turn-worse/>

<sup>5</sup> Too Many People are Dying While Waiting for Medical Aid in Dying, Civil Beat, January 9 2020. Accessed at: <https://www.civilbeat.org/2020/01/report-too-many-people-are-dying-while-waiting-for-medical-aid-in-dying/>

The data and experience have long demonstrated that barriers exist throughout the nine other authorized jurisdictions, which have less restrictive measures in place than currently exist in Hawai'i. In response to the evidence compiled over the last 21 years of practice, the Oregon legislature passed an amendment to the law in an attempt to find a better balance between safeguards intended to protect patients and access to medical aid in dying in 2019. The amendment (SB579) gives doctors the ability to waive the current mandatory minimum 15-day waiting period between the two required oral requests and the 48-hour waiting period after the required written request before the prescription can be provided, if they determine and attest that the patient is likely to die while waiting.<sup>6</sup> The amendment was a direct result of evidence and data that clearly demonstrated the need for easier access for eligible terminally ill patients facing imminent death. This year in Washington, three bills have been introduced to further study and rectify barriers that exist in the state.

Holding true to the intent of the Our Care, Our Choice Act - to ensure that all terminally ill individuals had access to the full range of end-of-life care options - legislators in Hawai'i aren't waiting 21 years to take action. The bill before you seeks to actualize the Department of Health's recommendations following their analysis of the law:

- 1) To adopt an Oregon-style amendment allowing doctors to waive the waiting period for patients whose death is imminent, and;
- 2) Give advanced practice registered nurses (APRNs) the authority to serve as attending providers under the law.

Additionally, this bill seeks to reduce the current mandatory 20-day waiting period - the longest required under any medical aid-in-dying law - to 15 days further reducing the unnecessary burden on the terminally ill seeking this option.

**Reducing the 20-day waiting period to 15 days and allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications.**

Hawai'i has the longest mandatory waiting period (20 days) between the first and second verbal requests for medical aid in dying, of the 10 authorized U.S. jurisdictions. Hawai'i physicians have said that their eligible terminally ill patients are suffering terribly at the end of life and are not surviving the 20-day mandatory waiting period between verbal requests. The Hawai'i Department of Health's report on the first five months of the law showed "the eligibility process from the first oral request to the date of receipt of the written prescription was approximately 37 days" for the eight people who received them from four physicians.<sup>7</sup>

---

<sup>6</sup> Senate Bill 579, 80th Oregon Legislative Assembly--2019 Regular Session. Available from: <https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/SB579/Enrolled>

<sup>7</sup> Hawai'i Department of Health (DOH) 2019 Our Care Our Choice Annual Report, July 1, 2019. Accessed at: <https://health.Hawai'i.gov/opppd/files/2019/06/2019-Annual-OCOCA-Report-062819.pdf>

State health regulators had estimated about 40 of the patients would seek medical aid in dying in 2019.<sup>8</sup>

Sadly, this is not an uncommon occurrence, even in the other authorized states with a 15 day waiting period. This experience is why Oregon recently amended its Death with Dignity law to allow the attending provider to waive the mandatory waiting period entirely if the patient is unlikely to survive it.<sup>9</sup> Both reducing the waiting period and allowing it to be waived in such circumstances will better ensure that otherwise qualified terminally ill individuals are not deprived the comfort and peace of mind they so desire at life's end simply for the sake of checking a regulatory box. A day or two may seem like nothing to the average individual but it is a lifetime in the life of someone in pain and suffering.

### **Compensate for Doctor Shortage by Allowing Advanced Practice Registered Nurses with Prescriptive Authority (APRN Rx) to Provide Medical Aid in Dying**

Hawai'i is one of 22 states that give advanced practice registered nurses (APRNs) authority to independently carry out all medical acts consistent with their education and training, including prescribing all forms of medication, including controlled substances.<sup>10</sup> However, the Our Care, Our Choice Act currently limits the scope of practice for APRNs; they do not have the authority at this time to support their patients who want the option of medical aid in dying by acting as an attending or consulting provider, further limiting the number of qualified medical providers who may participate. Amending the law to explicitly allow APRNs to participate as providers under the Our Care, Our Choice Act is consistent with their scope of practice and would help address the disparity in access to physicians. For example, Ron Meadow, who lived on the Big Island, was terminally ill and eligible for the Our Care, Our Choice Act, spent his final weeks searching for a physicians who would support him in the option of medical aid in dying, so he could end his suffering. Sadly, by the time he found a physician it was too late and Ron died in pain in exactly the way he did not want. Had APRNs been able to support him in the option of medical aid in dying, Ron may have been able to access this compassionate option.

Again, we are pleased to see that lawmakers are recognizing the opportunity for further improvement to the Our Care, Our Choice Act and acting to remove the unnecessary barriers terminally ill individuals face when seeking the comfort of autonomy and self-determination that the Act intended to provide.

---

<sup>8</sup> Preparing For Hawai'i's New Medical Aid In Dying Law, Honolulu Civil Beat, Dec. 18, 2018. Accessed at: [www.civilbeat.org/2018/12/preparing-for-Hawai'i-s-new-medical-aid-in-dying-law/](http://www.civilbeat.org/2018/12/preparing-for-Hawai'i-s-new-medical-aid-in-dying-law/)

<sup>9</sup> New law shortens 'Death With Dignity' waiting period for some patients, The Oregonian, Jul 24, 2019. Accessed at: [www.oregonlive.com/politics/2019/07/new-law-shortens-death-with-dignity-waiting-period-for-some-patients.html](http://www.oregonlive.com/politics/2019/07/new-law-shortens-death-with-dignity-waiting-period-for-some-patients.html)

<sup>10</sup> Centers for Disease Control, "State Law Fact Sheet: A Summary of Nurse Practitioner Scope of Practice Laws, in Effect 2016" available from: [https://www.cdc.gov/dhdsp/pubs/docs/SLFS\\_NSOP\\_508.pdf](https://www.cdc.gov/dhdsp/pubs/docs/SLFS_NSOP_508.pdf)

Thank you for your time and for considering these crucial amendments. I urge you to vote yes on HB 2451.

Mahalo,  
Samantha Trad  
Hawai'i State Director  
Compassion & Choices





**Written Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
and House Committee on Judiciary  
Wednesday February 12, 2020 at 2:00 p.m.  
by  
Laura Reichhardt, MS, AGNP-C, APRN  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**WRITTEN COMMENTS on HB 2451, HD1**

Chairs Takumi and Lee, Vice Chairs Ichiyama and San Buenaventura, and members of the Committee on Consumer Protection & Commerce and Committee on Judiciary; thank you for hearing the measure, HB 2451, HD1, which authorizes advanced practice registered nurses (APRNs) to practice medical aid in dying in accordance with their scope of practice and prescriptive authority. The Hawai'i State Center for Nursing provides written comments on the subject of APRNS in Section 2, only.

APRNs in Hawai'i may care for people across the lifespan, in accordance with their education, training, certification, and licensure. According to the functions specified in the **Hawai'i Administrative Rules Chapter 89-89-81 Practice Specialties**, APRNs may perform the following acts, among others: provide direct care to patients, plan for care of individuals using a synthesis of advanced skills, theories, and knowledge of biologic, pharmacologic, physical, sociocultural and psychological aspects of care to accomplish desired objectives; establish referral networks as appropriate with other health care professionals; and initiate and maintain accurate records and authorize appropriate regulatory and other legal documents. In addition, the two types of APRNs most likely to meet the criteria of "Attending Provider", Nurse Practitioner and Clinical Nurse Specialist, may evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination and assess the normal and abnormal findings from the history, physical, and mental status examinations, and diagnostic reports. Further, in order to maintain prescriptive authority, APRNs must maintain current national certification in the nursing practice specialty by a board-recognized national certifying body and maintain continuing education in pharmacotherapeutics.

Should the Committee move this measure forward, the Center asks the Committee to consider amending the definition of "Advanced Practice Registered Nurse" that appears on page 3, lines 15-21 to instead read:

**"Advanced Practice Registered Nurse" pursuant to chapter 457.**

Thank you for the opportunity to provide written comments related to Section 2 of this measure.

*The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.*



Submitted Online: February 11, 2020

**HEARING:** February 12, 2020 @ 2:00 p.m

**TO:** House Committee on Consumer Protection & Commerce    House Committee on Judiciary  
Rep. Roy Takumi, Chair    Rep. Chris Lee, Chair  
Rep. Linda Ichiyama, Vice Chair    Rep. Joy San Buenventura, Vice Chair

**FROM:** Eva Andrade, President

**RE:** Opposition to HB2451 HD1 Relating to Healthcare

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. We oppose this bill that proposes to chip away at the safeguards that were put in place when the “Our Care, Our Choice” law went into effect.

If this bill is passed, it will (1) allow advanced practice registered nurses to practice medical aid in dying instead of limiting this to physicians who are the only healthcare professionals who are able to determine a patient's prognoses, (2) reduce the mandatory waiting period between oral requests made by a terminally ill individual from twenty days to fifteen days and (3) allow the attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

We expressed our strong opposition when the Our Care Our Choice Act was passed in 2018 because we were (and still are) very concerned about abuse of the law, primarily against frail elders and other vulnerable patients. To alleviate our concerns, many legislators assured us that the “rigorous safeguards will be the strongest of any state in the nation and will protect patients and their loved ones from any potential abuse.”<sup>i</sup> Therefore, we are disheartened to see that although we are only into year one of the law, these safeguards are already being removed or modified.

An editorial in the Star Advertiser recently articulated our concerns: *“In some respects, the changes would push Hawaii into the forefront. Eight other states and the District of Columbia allow medical aid in dying, but Hawaii would be the first to allow APRNs as well as physicians to participate. And Oregon, which legalized aid-in-dying more than 20 years ago, is the only state with a law that allows physicians to waive the waiting period – a change it made just last July, so the full effects may not be known for some time. Is changing the law an act of compassion, making this legal right more accessible to suffering patients? **Or could it make the option less safe for patients who might change their minds? Lawmakers, move with care.**”<sup>ii</sup>* (Emphasis mine).

We strongly recommend that no changes to the law be made until it has been properly evaluated and substantiated with concrete data before any modifications are made.

Mahalo for the opportunity to submit testimony.

---

<sup>i</sup> HB2739 (2018) Introduction, page 3 (lines 17-19) ([https://www.capitol.hawaii.gov/session2018/bills/HB2739\\_HD1\\_.htm](https://www.capitol.hawaii.gov/session2018/bills/HB2739_HD1_.htm))

<sup>ii</sup> <https://www.staradvertiser.com/2020/02/08/editorial/our-view/editorial-secrecy-in-police-reports/> (accessed 02/10/20)

**HB-2451-HD-1**

Submitted on: 2/11/2020 9:15:56 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Katherine W. Brooks	North Hawaii Hospice, Inc.	Support	No

Comments:

Aloha,

At North Hawaii Hospice located on the Big Island we have a shortage of primary care physicians and we have many clinics that are staffed with APRNs who are caring for patients that may wish to access their rights under the Our Care Our Choice Act. We support allowing APRNs to be consulting "physicians."

We also support shortening the waiting period to 15 days because many terminally ill patients do not have 21 days left after symptoms become unbearable. It seems inhumane to require a waiting period in many cases. Shortening the waiting period is a step in the right direction.

Katherine Werner Brooks, MHA, BSn, RN

Executive Director

North Hawaii Hospice, Inc.

Kamuela, HI 96743

**HB-2451-HD-1**

Submitted on: 2/10/2020 10:49:58 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
A Kathleen Lee	Non-profit provider; Reverend in 2 states	Support	No

Comments:

Aloha Honorable Hawai'i Leaders Of the consumer protection and commerce and judiciary committees,

This bill provides an important next step, that many people who are terminally ill & dying need. This small advantage to make suffering that much less at the end of their struggle, may seem small to us but to them, it is a major victory. I am currently taking an end-of-life Doula training and realize even more after this 25 hours of education (and will be training for 3 more days) this is vital to some of our meekest & most needy citizens & kupuna. I am sure this the compassionate & humane action to take. I was the caretaker to my husband as he passed away in our home in Hospice.

Imagine the suffering is one of your parents or loved one. And then I'm sure you would vote to support this bill,

Reverend April Lee

Licensed in the state of Hawaii and the state of Alaska

Please forgive my grammatical errors as I am on my phone.

**HB-2451-HD-1**

Submitted on: 2/10/2020 2:58:50 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 3:15:19 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 3:18:55 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

The first year was a good effort, but needs amendments to serve more who wish to use this law.

Mahalo!

**HB-2451-HD-1**

Submitted on: 2/10/2020 3:37:49 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

I live in rural Hawaii in the Puna district of Hawaii Island. In my volunteer work as a community educator for end-of-life options , I came to know a Kea'au patient who died last summer before he could find a provider willing to support him in his wish to use the OCOCA. The doctor shortage in Hawaii, and especially the Big Island, has been widely reported and is only getting worse. As a result this very sick man and his wife spent more than a month--his last month alive--trying to find a provider to help him. He finally found a doctor in Kona, 90 miles away, but died, suffering and in pain, before he could get an appointment. This is unconscionable.

We need to allow APRNs to prescribe OCOCA medication, we need to shorten the mandatory waiting period between verbal requests, and we need to allow providers to waive that waiting period entirely if the patient will not survive it but qualifies in every other way. Only then will this compassionate law be truly accessible to terminally ill residents who want the option.



**HB-2451-HD-1**

Submitted on: 2/10/2020 3:41:44 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 4:01:39 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Judith A Mick	Individual	Support	No

Comments:

Please pass this humane bill to help those in need of help as they face end of life choices. This is something all of us could face in the future. Even if we ourselves do not choose death with dignity, we should not keep that decision from others. Mahalo for your consideratiaon.

Aloha, Judy Mick, Kailua

**HB-2451-HD-1**

Submitted on: 2/10/2020 4:07:59 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

I think it is fairly obvious why HB2451 is needed. Not everyone will die in the slow and predictable way required by the current medical aid-in-dying bill. HB2451 goes a significant way toward repairing the weaknesses of the current bill and so eliminating needless suffering.

Thank you for considering my opinion.

Jacob Bilmes

1212 Punahou Street, apt. 1008

Honolulu, HI

**HB-2451-HD-1**

Submitted on: 2/10/2020 4:45:14 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 5:00:35 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 5:10:36 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Bob Grossmann	Individual	Support	Yes

Comments:

I fully support the proposed amendments.

Act 2 (2018) can only function if adequate number of providers are willing to assist. With the ballooning physician shortage and aging population, APRNs who are willing, could help to fill the current void. My Primary Care Physician, for instance, is currently unwilling should the need arise.

For one family I was trying to help find providers in 2019, the individual, waiting to use the law, tragically took their life. A shorter and/or waived waiting period would compassionately help those with a terminal condition that rapidly deteriorates.

Going back to the late 1980's, the legislature wrestled with the "Living Will." But before long, living wills were accepted. In fact, a simple form was included in the phone books. Living wills matured into advanced health-care directives and medical power of attorney designations.

In the late 1980's and early 1990's, the legislature considered--for more than six years--whether nurses in advanced practice could prescribe. The authority was granted in 1994.

As of 2019, twenty-five years later, the UH Center for Nursing estimated 989 active APRNs-Rx (of which, 241 serve the neighbor islands).

The years of fear-based testimony against prescriptive authority did not come to pass. APRNs serve a critical role in the state's community health delivery system, for example, as public health nurses in rural areas, at community health centers and other facilities. Many in Hawaii are still under-insured and under-served.

Finally, APRN's are allowed by Hawaii Board of Nursing to diagnose per their scope of practice. For any primary care providers, the diagnosis of a terminal illness is most often collaborated by other diagnostic tools: PET scans, biopsy, neurological tests (Parkinson's, ALS) and so forth.

Thank you for your consideration of amendments for this courageous Act.

Bob Grossmann, PhD

Former House Health Committee Staff

Former Special Assistant to the Director of Health

Former Executive Director of the Primary Care Association

Former Fellow, Office of the Secretary, U.S. DHHS

Former Adjunct Faculty for more than a decade with the Schools of Nursing (University of Hawaii and Hawaii Pacific University), Social Work and Public Health teaching community health at the graduate level.

**HB-2451-HD-1**

Submitted on: 2/10/2020 5:11:55 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

Offer compassion with choices. öŸœ°



**HB-2451-HD-1**

Submitted on: 2/10/2020 5:44:44 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 7:41:26 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

After watching the prolonged and painful death of my mother in law, my wife and I feel strongly that it's critical for terminal patients to have some dignity and control of their final days.

**HB-2451-HD-1**

Submitted on: 2/10/2020 8:08:26 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lynn Robinson-Onderko	Individual	Support	No

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 8:16:25 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

Please pass this!

**HB-2451-HD-1**

Submitted on: 2/10/2020 8:30:51 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 9:02:04 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Eileen M Gawrys	Individual	Support	No

Comments:

**HB-2451-HD-1**

Submitted on: 2/10/2020 9:28:59 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

Honorable Chairs Takumi and Lee and Vice Chairs Ichiyama and San Buenaventura, and Members of the Committees on Consumer Protection and Commerce and Judiciary.

My name is Francis M. Nakamoto and I support HB2451 HD1.

After one year since the effective date of Our Care Our Choice Law, the DOH reported that only half of the 27 patients who obtained medical aid in dying prescriptions actually ingested the drugs to voluntarily end their lives.

Regrettably, it took an average of 34 days for these patients to obtain their prescriptions from the date of their first oral request.

According to participating physicians, for several patients who qualified for a prescription after following the requirements of the laws, time ran out for them because it took too long to acquire the drugs to end their lives because of the unnecessarily lengthy wait time between first oral request to receiving their prescription.

According to the DOH and physicians supporting patients, the lack of physicians who are required to confirm the medical condition of the patients and prescribe the drugs, has unnecessarily delayed successful application of the law. The well known shortage of physicians and mental health professionals has exacerbated the situation. Authorizing qualified APRNs to fill in for medical doctors will fill the existing shortage of available MDs which currently prevent persons living in rural communities to benefit from the law.

The Hawaii law's wait period is among the longest in the country. The 20-day wait period must be shortened and physicians allowed to waive it in cases where, in their judgment, the patient won't live long enough to obtain the drug before they expire. A waiting period is important to discourage impulsive requests but it should not set up arbitrary delays that defeat the very admirable purposes of the law.

Please support these logical and compassionate amendments to the law.

**HB-2451-HD-1**

Submitted on: 2/10/2020 9:40:31 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marsha Joyner	Individual	Support	Yes

Comments:

I'm writing in support of HB2451SB2582

After 25-years of hard work by many individuals and organizations, our Hawai'i Death With Dignity bill was passed as "Our Care, Our Choice Act." in 2018 and was activated on January 1, 2019. However, it never once occurred to me or any other members of the organization the APRNs would be taken out of the final bill.

As you know, in most rural Hawaii there is a shortage of Doctors and APRNs are the only medical care available. Most Advanced Practice Registered Nurses in rural areas has cared for their patients and families throughout their lives, which includes the ending time of life.

Given the education, experience, and the State of Hawaii licensing to qualify as an Advanced Practiced Registered Nurse, to exclude them from practicing medical care at the ending of the patient's life is discriminatory.

Inasmuch as most of the Advance Practiced Registered Nurses are female, deleting them from the original bill will be conceived as gender bias.



**HB-2451-HD-1**

Submitted on: 2/10/2020 11:13:49 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

So barbaric to not pass this legislation. Why premeditatively put such a burden on finances and loved ones, not to mention the extreme burden on the ill person? Compassion over dollars.

**HB-2451-HD-1**

Submitted on: 2/11/2020 6:21:44 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

Aloha Chair Takumi, Chair Lee and Members of the Joint Committee on Consumer Protection & Commerce and Committee on Judiciary,

I am writing to urge you to support HB2451 HD1.

HB 2451 is supported by the Hawaii Department of Health and makes 3 smart amendments to the Our Care, Our Choice Act (OCOCA) to help ensure that all eligible terminally ill patients are able to access medical aid in dying by:

- Allowing Advanced Practice Registered Nurses (APRNs) the ability to support patients under the OCOCA. (This is especially needed on neighbor islands)
- Allowing the attending provider the authority to waive the mandatory minimum waiting period if the patient meets all of the other criteria and is unlikely to survive the waiting period
- Reduce the mandatory minimum waiting period from 20-days to 15-days like Oregon has had for 20+ years.

We need more medical professionals to be able to prescribe orally requested medical aid in dying. I am horrified when I learn that there are Hawaii residents who have followed the law but died before the waiting period. We live in a modern society that tolerates different religious beliefs. Within this modern society, people have a right to live and a right to die. Terminally ill patients wishing to end their life on their own terms does not violate the rights of those who do not want medical aid in dying.

Advanced practice registered nurses, along with physicians, will be able to expand patient access to medical aid in dying in accordance with their scope of practice and prescribing authority. By reducing the mandatory waiting period between oral requests made by a terminally ill individual to fifteen days, more terminally ill patients will be able to end their own mental, emotional and physical suffering within a reasonable amount of time. The attending provider needs to be able to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period. If not, the terminally ill person will die before they are able to exercise their right to medical aid in dying.

Please support this bill. One day you may need this law to end the inevitable suffering of your own life or your loved one.

Mahalo,

Caroline Kunitake

**HB-2451-HD-1**

Submitted on: 2/11/2020 8:27:32 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 8:42:11 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 8:49:00 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

I strongly support HB2451

**HB-2451-HD-1**

Submitted on: 2/11/2020 8:50:30 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

Aloha Representatives,

I am writing to express my strong support for HB2451. I am a clinical psychologist who over the past year has performed about 30 mental health consultations for patients who have requested medical aid in dying under the Our Care, Our Choice Act. Based on my experience, I believe the act is working as intended for the most part. All of the patients that I have seen have been very grateful to have this option available as they approach the end of their lives. Areas that are in need of improvement include facilitating patient access to appropriate providers, particularly for neighbor island and rural Oahu residents, and modifications to the waiting period for patients who are close to the end of their lives and may not survive the current waiting period. The changes proposed in HB2451 directly address these important issues.

Mahalo for you consideration of this bill.

Brian Goodyear, Ph.D.

**HB-2451-HD-1**

Submitted on: 2/11/2020 9:11:15 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Deborah G. Nehmad	Individual	Support	No

Comments:

I strongly support HB 2451. This is such a personal decision and unnecessary roadblocks

should not make an incredibly difficult time more difficult.

Thank you

Deborah Nehmad



**HB-2451-HD-1**

Submitted on: 2/11/2020 9:13:23 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie Mishler RN BSN PCCN	Individual	Oppose	Yes

Comments:

Jackie Mishler RN BSN PCCN 808 561 8673

Please, it is too soon to change a bill that has been in effect less than a year.

The responsible course of action would be to set up a small commission of interested parties to see if the law is working as intended-- we really have no idea if it is or isn't. We are looking at anecdotal reports from the people who didn't want the safeguards in the first place.

This is especially true for a couple of reasons.

1. **This bill was touted to us by the legislature as having the strongest safeguards any bill of this kind had in the Nation.** Now you are asking to weaken those safeguards without documented and validated evidence of necessity. This speaks to the integrity of the legislative body.
2. The law just passed was very controversial, had significant opposition over a very long time (more than 20 years) for a variety of reasons. **These proposed changes would trash a number of thoughtful and reasoned objections that are in the record- without speaking to the reasons for ignoring any of them.**
3. In the long course of the ultimate passage of this law, there was **considerable commentary about whether or not doctors had sufficient training to recognize some of the inherent problems and risks with people who request assisted suicide. A year later proponents are recommending that the authorization to provide lethal drugs devolve to nurses,** who likely have even less training than doctors about the problems and risks inherent in these requests. And, again we don't know if the original law is working as intended or not.
4. Finally, after passing a law touted for its safeguards, proponents are recommending lethal drugs be given to patients cutting through a number of those safeguards, without any screening, review, or accountability to the contravening of the safeguards in the original law, all because in one person's opinion the patient doesn't have as long to live as the waiting period requires. **Anyone who has attended to this issue knows there is considerable testimony and considerable literature on the difficulty and the large number**

**of failures in accurately predicting the date of a patient's demise.** What is the reason for doing this? There is no rationale for why these changes are needed, let alone safe.

Please do not allow this bill to move forward.

**HB-2451-HD-1**

Submitted on: 2/11/2020 9:16:08 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 9:26:59 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
david georges	Individual	Oppose	No

Comments:

As I understand it, D1 (Relating to Health) proposes to eliminate some of the safeguards originally put in place to prevent abuse of the “Our Care, Our Choice” assisted suicide law in Hawaii:

- It explicitly authorizes advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority.
- It reduces the mandatory waiting period between oral requests made by a terminally ill individual from 20 days to 15 days.
- And finally, it allows the attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

I know that the assisted suicide law has only been in effect for one year. Proponents would like to modify the current law to “expand” access for patients, even though there is no data to support changing the law. Proponents of assisted suicide are claiming that they are having a hard time finding physicians to help with approving these suicides. In addition, pharmacists have not been eager to participate.

To make it easier to find a death-practitioner, proponents are advocating for APRNs to be given the authority to approve these suicides. Even if some APRNs are willing to do this, it is unknown as to that will still not provide enough practitioners. Will there be another bill next year adding another level of healthcare professionals? There currently **are no other states that allow APRNs to practice medical aid in dying. This is another attempt to make Hawaii a testing ground to see how far they can push the envelope.**

I recently read this editorial by the [Honolulu Star Advertiser](#) that also expresses concern (under heading "Medical Aid in Dying.")

As expected, only a handful of patients — 27 between Jan. 1 and Dec. 26, 2019 — received aid-in-dying prescriptions. Of those, 19 died: 14 who ingested the medication and five who did not.

In some respects, the changes would push Hawaii into the forefront. Eight other states and the District of Columbia allow medical aid in dying, but Hawaii would be the first to

allow APRNs as well as physicians to participate. And Oregon, which legalized aid-in-dying more than 20 years ago, is the only state with a law that allows physicians to waive the waiting period — a change it made just last July, so the full effects may not be known for some time.

Is changing the law an act of compassion, making this legal right more accessible to suffering patients? ***Or could it make the option less safe for patients who might change their minds?*** Since this assisted suicide law has only been on the books for on year - there has not been sufficient time to properly evaluate the current policy much less new ones.

**HB-2451-HD-1**

Submitted on: 2/11/2020 10:00:28 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jane E Arnold	Individual	Support	No

Comments:

Please support HB 2451 so that terminally ill people have better access to medical aid in dying.

**HB-2451-HD-1**

Submitted on: 2/11/2020 10:07:25 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

I'm 91 years old and this bill is very important to me.

Please support this bill.

Allyn Bromley

**HB-2451-HD-1**

Submitted on: 2/11/2020 10:08:46 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

This bill is important to me. I would be grateful for your support.

Mahalo, Brian Baron -- Manoa



**HB-2451-HD-1**

Submitted on: 2/11/2020 10:20:20 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

Anything that will give an individual the right to end their life, is positive. We should all have that option and not make it contingent upon panels or government. I definitely vote for anything giving the choice up to the individual.

Diane Tippett

**HB-2451-HD-1**

Submitted on: 2/11/2020 10:23:15 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Linda A. S. Day	Individual	Support	No

Comments:

Suffering is something dying people have.

Time is not.

**Please** shorten the wait for relief.

Mahalo.

**HB-2451-HD-1**

Submitted on: 2/11/2020 10:34:52 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 10:40:24 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andrew Kayes, M.D.	Individual	Oppose	No

Comments:

While I am opposed to the original bill, this extension is extremely disappointing.

You are opening up chances for abuse by pushing this forward.

While I am opposed to the idea of physician assisted suicide in general, I can say that the safeguards put in the original law to make this a rare event are a good thing. We should not be trying to make a serious event more common or more ripe for abuse.

We have a physician shortage in Hawaii. The vast majority of doctors, I would say more than 95%, take the Hippocratic Oath seriously. I can honestly say if I were not already in Hawaii, if I were looking for a job and I saw this going on, I would immediately eliminate Hawaii from consideration as I would not wish to practice in a state that callously disregards the 2500 year old Hippocratic oath. Laws like this only will make the Hawaii physician shortage greater as physicians with a conscience who take the Hippocratic oath seriously will not want to come here.

This is also against science and best practices and against the American Medical Association recommendations. A 1986 study in The American Journal of Psychiatry concluded that all terminally ill patients in their study who had either desired premature death or contemplated suicide were judged to be suffering from clinical depressive illness; that is, none of those patients who did not have clinical depression had thoughts of suicide.

And in other studies published in Clinical Practice and the Law, if terminally ill patients who wished to die were treated for depression and kept out of pain, 90-97% no longer wished to die. I could go on and on with many more examples of why we should not have passed this law here in Hawaii....

Please don't expand this. Stop this where it is. Don't take it just from me. Talk to the doctors you know and see for yourself. Talk to the Filipino Medical Society. Talk to the LG. I would bet more than 95 out of 100 physicians would NOT want this bill to pass. I would hope that would be enough to convince you to stop this.

Sincerely,

Andrew V. Kayes, M.D.

Kahului, HI

**HB-2451-HD-1**

Submitted on: 2/11/2020 11:25:01 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

The amendments to the original bill are fair and resonable. We need to reduce the obstacles for those in desparate need of relief.

**HB-2451-HD-1**

Submitted on: 2/11/2020 11:38:02 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 10:59:26 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

I respectfully submit testimony in support of HB 2451. I am a registered nurse with over 40 years experience, many in oncology. I agree with the amendments put forth. APRNs are fully qualified to provide the role of attending or consulting providers. Hawaii residents deserve access to providers who are willing to assist them in this end of life option. I was employed for over 10 years as faculty at UH Manoa School of Nursing and am very familiar with the education APRNs receive. Without reservation, I support this.

Stephanie Marshall, RN, MS, FAAN



**HB-2451-HD-1**

Submitted on: 2/11/2020 11:43:24 AM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Eve G Anderson	Individual	Support	No

## Comments:

I am Eve G. Anderson testifying in favor of HB2451 HD1. The changes suggested improves access to Our Care Our Choice Act. Any patient struggling with a terminal illness knows when enough is enough, and they wish to pass on quietly and comfortably. No one should take this right away from them. This decision is up to the patient, - not the community. Even though very few individuals use Medical Aid in Dying, it is ever so important to grant peace of mind, comfort, and dignity rather than prolonged suffering.

Testimony Against HB 2451, HD1

My name is Dr Craig Nakatsuka, a hospice and palliative care physician and am testifying in opposition to HB 2451 Relating to Health.

As someone who has been intimately involved as a hospice physician with patients who have requested lethal medication for medical aid in dying, I am strongly against HB 2451.

Hospice and Palliative Care physicians are experts at assessing and determining prognosis in regard to those with endstage illnesses. Despite our training and extensive experience, it is very difficult to determine short term prognosis especially with the precision of determining those who are likely to pass away within 3 weeks, the current mandatory waiting period.

The driving prognostic factor in determining the likelihood that a person will expire naturally within a 3 week period is the individual's functional status. That is, as the end draws near in regard to the dying process, the individual will begin to exhibit increasing weakness and decreasing levels of responsiveness. Therefore, a hospice and palliative care physician can only be that precise in concluding that an individual has < 3 weeks survival if that person has profound weakness (usually bedridden and requiring total assistance in all activities, including feeding) and a significantly decreased level of consciousness. Thus, the patient for whom consideration of waiving the waiting period would be the very one that would not qualify for unassisted ingestion of the lethal medication as outlined in the OCAC act.

This amendment to the current OCAC act will therefore serve no practical purpose but only open up situations for abuse of the act. That is, under pressure from patient and families as well as the personal beliefs of the medical provider, it will increase the possibility that the medical provider will falsely frame a patient who is still capable of self-ingestion as having < 3 weeks survival in order to waive the requirement of the OCAC act.

Furthermore, this specific request has been adapted from an almost identical provision that was passed in Oregon under their Medical Aid in Dying law and enacted ONLY ON JANUARY 1, 2020! In other words, it has taken 21 years in Oregon after careful observation of the effects and consequences of the law. As a recent editorial by the Star Advertiser Staff noted, we should proceed with caution.

Respectfully submitted,



Craig Nakatsuka, MD

**HB-2451-HD-1**

Submitted on: 2/11/2020 12:55:42 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David G. Wilson	Individual	Support	No

Comments:

I strongly support removing these barriers blocking eligible terminally ill folks from the medical aid to dying in our state. I cannot be at the Joint Committee hearing tomorrow but will be there in spirit wearing a yellow shirt.

Thank you for your consideration.

David G. Wilson

**HB-2451-HD-1**

Submitted on: 2/10/2020 9:19:54 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Malachy Grange	Individual	Support	Yes

Comments:

The Our Care, Our Choice Act, which became operational in 2019, is a promise to Hawaii citizens in their last 6 months of life, and who meet the requirements, that they can choose when, where and how to die.

Unfortunately for some of our citizens, the symptoms of the dying process cut short their ability to wait for the currently mandated 20 days before getting a prescription. The legal autonomous right to access Medical Aid-in-Dying was not fulfilled for them. We can only imagine their and their families increased suffering because the promises of Medical Aid-in-Dying were not kept for them. Imagine a loved one who experiences this.

Also blocking access is the dearth of Medical Providers in Hawaii who are available to participate in Medical Aid-in-Dying, both on Oahu and the Neighbor Islands, thus extending wait times even more. HB 2451 addresses both of these issues by reducing wait times for those nearing death as deemed appropriate by the patient's medical provider and extending prescribing privileges for Medical Aid-in-Dying to Advanced Practitioner Registered Nurses (APRNs.) These APRNs have the education and training to provide safe, effective, and compassionate care to those seeking Medical Aid-in-Dying, thus decreasing wait times for eligible patients.

Please extend your compassion and wisdom to our sisters and brothers who are nearing their end, thus fulfilling the promises that the Our Care, Our Choice Act made to our eligible citizens seeking this choice, by voting YES on HB 2451.

February 11, 2020

TO: Committee on Consumer Protection and Commerce and Committee on Judiciary

RE: **Testimony in SUPPORT of HB 2451, HD1** – Amendments to the ‘Our Care, Our Choice’ Act

Hearing Date: February 12, 2020, 2:00 PM, Conference Room 325

Honorable Chair Rep. Roy Takumi and Vice Chair Rep. Linda Ichiyama and Members of the Consumer Protection and Commerce Committee;  
Honorable Chair Rep. Chris Lee and Vice Chair Rep. Joy San Buenaventura and Members of the Judiciary Committee

Thanks to the excellent judgment and progressive thinking of the Hawaii State Legislators, Hawaii has a medical aid and dying act – Our Care, Our Choice Act.

The current amendments proposed in HB 2451, HD1 will provide the needed improvements to this act for those who wish to access the option of medical aid in dying.

**Please vote in favor of HB 2451, HD1** making medical aid in dying more accessible with a reduced waiting time and more viable and expedient with specially trained APRNs to assist and attend in cases where needed.

Respectfully submitted,  
Christine Olah  
Honolulu, HI

**HB-2451-HD-1**

Submitted on: 2/11/2020 1:08:37 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Caryn Ireland	Individual	Support	Yes

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 3:25:13 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Golojuch Jr	LGBT Caucus of the Democratic Party of Hawaii	Support	No

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 3:35:12 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alfred Hagen	Individual	Oppose	No

Comments:

Dear State Representative,

No argument in this bill as is written is backed up with any data to support its passage.

1) The state's supply of physicians. This was known at the time the Our Care, Our Choice Act was passed which leads one to question if this is indeed a barrier. How do we know that this so-called barrier exists because there are a number of physicians who decline to participate in the act of assisted suicide? You cite no cases in Hawaii where a "patient" seeking physician assisted suicide was deprived the procedure because a physician was unavailable to assist. No data to support the argument means that there are no grounds to pass this bill.

2) And because there is no data to support #1, then to include advanced practice registered nurses is moot. And, just because Hawaii is one of 22 states that grants authority to these nurses to administer prescription drugs, it is no reason to permit them to administer drugs that will kill a "patient." I question the bill's assumptions. Assisted suicide is a serious life-ending event and cannot nor should not be lumped in with other prescription drugs that do not have as its reason for being administered the death of the one receiving the drugs.

3) Reducing the wait time. Other states' data is cited ("upwards of thirty percent") and "anecdotal experience" for Hawaii for reasons to reduce the wait time from 20 to 15 days and, to eliminate the waiting period altogether for "individuals not expected to survive the mandatory waiting period." Again, no Hawaii hard data and anecdotal evidence. Definition of anecdotal: "not necessarily true or reliable, because based on personal accounts rather than facts or research." Wow! So, it's being proposed that a person's death be accelerated based on data from other states and on personal accounts. And no waiting time for those "not expected" to live before the waiting time expires. And, who know that!

HB2451 HD1 is a BAD bill based on no presented data and conjecture. Please vote NO!

Respectfully submitted,



Alfred Hagen

**HB-2451-HD-1**

Submitted on: 2/11/2020 3:49:11 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Geraldine Marullo	Individual	Support	No

Comments:

Dear Committee(s),

I am in full support.

Not allowing Nurses in Advanced Practice to participate in end of life patient care **restricts the lawful exercise of their rights and privileges under law, and the State Board of Nursing.** It is arbitrary and capricious in nature and not based on fact.

Advanced Practice Nurses (APRNs) deliver babies, provide anesthesia, run primary care clinics mental health clinics and urgent care clinics as well as other settings. They diagnose, prescribe, order lab tests and diagnostics, and treat patients independently and without physician supervision. They have been doing this successfully and compassionately for over 25 years in Hawaii. **Why are we then trying to protect dying patients from APRNs by excluding APRNs from this law?**

Respectfully,.

Geri Marullo R.N. Dr. PH

Former director of Hawaii Nurses and American Nurses Association

Former Deputy Director of Health, Personal Health Services

**HB-2451-HD-1**

Submitted on: 2/11/2020 4:11:53 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Alexandra Bley-Vroman	Individual	Support	No

Comments:

Please pass HB 2451. We need the amendments to the OCOCA law. This law concerns people who are dying (sometimes delicately called “terminally ill”). There is no option to save their lives. The law concerns people whose last days are spent in agony, or fear of incapacitation, or both. There is no option to ease their suffering or to save their bodies or minds. We must respect these people and make it easier for them to go through the inevitable process of dying. Remember that there is no alternative but prolonged suffering. Vote to end it.

**HB-2451-HD-1**

Submitted on: 2/11/2020 4:17:32 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dara Carlin, M.A.	Individual	Oppose	No

Comments:

"Whoever causes one of these little ones who believe in Me to sin, it would be better for him to have a great millstone hung around his neck and to be drowned the the depths of the sea". Matthew 18:6

Because I'd personally be TERRIFIED if this scripture applied (or could ever be applied) to me I thought I should present it here in case those of you who supported the Our Care Our Choice Act into law - as well as those who support HB2451 - weren't aware of it.

The Worldwide English translation of Matthew 18:6 puts it more simply:

"If anyone makes one of them do wrong, he will be punished."

Please understand the "whoever" Jesus references to applies to *anyone/everyone* involved with assisting in the commission of sin and in this case the specific sin would be, "Thou shalt not kill" - so not only the person administering life-ending medication, but the one who prescribes it, the one who sanctions its use and those who would put the ways and wants of man above the laws of God.

For the sake of your own souls, reject HB2451 and abolish the Our Care Our Choice Act.

February 11, 2020

Testimony on HB - 2451

Committee on Health:

I am writing to express my strong support for HB2451.

I have been a voting resident of Hawaii since 2003.

I support the Right to Die with Dignity including the Health Directive statement in case the consent requirement is no longer possible.

At 98 years old this is an important decision for me, one that I have long considered.

Walter F Hughes b. January 27 1922

**HB-2451-HD-1**

Submitted on: 2/11/2020 4:21:31 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

The Catholic religion preaches that suffering and exclusivity are necessary to get to Heaven. Compassionate people do not believe that suffering is necessary for an afterlife. Suffering in pain while waiting for documentation only depletes the body more and uses up the energy that could be directed at communication and reconciliation with loved ones. Please do not let religion dictate society's treatment of the dying.

**HB-2451-HD-1**

Submitted on: 2/11/2020 4:25:50 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:

I support this bill and hope the importance of this bill will pass and allow everyone that choses to have the right to die with dignity to have less of a burden to getting the allowance to do so. I lived in Oregon and it was one of the main reasons I hated to leave that state and the protection it allowed in this matter. My family is aware of my wishes and also feels the same about Our Care, Our Choice. Shortening the painful time a person has to wait to request the time to get the meds necessary for them to complete their choice and the Advanced Practice Registered Nurses to be able to help is especially important to support all our citizens on Oahu as well as the neighbor islands.

Please pass this bill and any others that may be necessary to get this done.

Jan Gaffney

**HB-2451-HD-1**

Submitted on: 2/11/2020 4:43:45 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:



February 11, 2020

Honored House Consumer Protection and Commerce Committee and House Judiciary Committee Members,

I have practiced and taught full-time palliative medicine in Hawaii for over 15 years and I am writing, as an individual, in **opposition to HB2451, HD1**.

With barely a year's experience with the Our Care, Our Choice Act, this bill would take Hawaii from what was touted as the safest physician-assisted suicide legislation in the nation to the one most willing to sacrifice safety in the interests of streamlining the process.

- APRN's are an essential component of any high quality palliative care team. Personally, I am blessed to work on a daily basis with the best pain management and palliative care APRN's in the state. However, no state allows APRN's to prescribe lethal drugs under their physician-assisted suicide law and none of the APRN's in Hawaii I have spoken with support this expansion.
- Medicare specifically prohibits APRN's from certifying 6-month prognosis for hospice (although they may serve as attending). This certification of six-month prognosis is an essential role of the attending and consulting physicians under the OCOCA. Why would Hawaii consider it scope of practice for APRNs to certify terminal prognosis when the federal government does not? On what evidence is this based as being safe or appropriate care?
- Only Oregon, after over twenty years with their Death With Dignity Act, has enacted a waiver of the waiting period that SB2582 proposes and that only became active at the beginning of 2020 so there is zero knowledge of how it is working or not. With barely one year's experience, what evidence do we have, other than perhaps anecdote, that waiving the waiting period is safe or improves care? Clinically, a physician can only reliably predict that a patient will only survive days and not weeks once the patients has entered the actively dying phase. Patients at this stage universally lack the ability to perform the cognitive and physical functions required to self-determine their care under the OCOCA. So passing this provision would open the door to abuse by authorizing patients that are unable to self-determine and self-administer the lethal drugs or abuse by physicians wishing to expedite the process. While physician-assisted suicide is nearly always about controlling life's end, the idea of waiving waiting periods to hasten dying for people who are believed at high risk of dying too soon hardly seems worth any reduction in safety that may come from expediting the process.
- I have no objection to the proposed reduction in waiting period from 20 days to 15 days. The choice of 20 days was neither evidence-based nor consistent with other state practices. My understanding is that it was done to increase the appearance of OCOCA as being safer than other assisted suicide laws. But it is clear that with barely a year's experience with the OCOCA, concerns about access have clearly come to trump safety concerns.

Thank you for your thoughtful consideration as you weigh this serious matter, attempting to find the best balance of avoiding unnecessary suffering for the less than 0.5% of people that typically access physician-assisted suicide and the safety of the 100% of us that will face the end of life.

Respectfully,

A handwritten signature in black ink, appearing to be 'D. Fischberg', written in a cursive style.

Daniel Fischberg, MD, PhD  
Kailua, HI

**HB-2451-HD-1**

Submitted on: 2/11/2020 5:41:28 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr. Guy Yatsushiro	Individual	Oppose	No

Comments:

**HB-2451-HD-1**

Submitted on: 2/11/2020 6:53:20 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Pcola_Davis	Individual	Oppose	No

Comments:

HB2451 testimony

I STRONGLY OPPOSE THIS BILL. Before a decision is made please read the **REPORT TO THE THIRTIETH LEGISLATURE STATE OF HAWAII 2020: DC348 available in PDF**

How can an attending provider predict that 5 days will make a difference? Why not make it one week now or 5 days? This is subterfuge! This is not what was described as Our care, Our choice.

Isn't the real problem that there are not enough prescribers willing to participate in Our Care, Our Choice?

- DO NOT allow APRNs into this process.
- DO NOT Reduce the mandatory waiting. This is one of the original safeguards.

**COMMENTS ON THE REPORT:**

**REPORT TO THE THIRTIETH LEGISLATURE STATE OF HAWAII 2020**

July 31, 2018 through December 26, 2019.

It's easier to look at the data this way:

- Total of **twenty-seven (27) qualified patients** who received aid-in-dying prescriptions.
  - **Nineteen (19) patients expired.**
  - **Fifteen (15) patients died due to some form of cancer,**
  - **Fourteen (14) ingested aid in dying medications,**
  - **and Five (5) did not ingest the aid-in-dying medication.**
- **Eighteen (18) patients who expired**
  - **had private insurance and/or Medicare and**
  - **one (1) indicated United Health Care as the insurer.**
- **DDMP2 was the primary aid in dying medication prescribed with**
- **DDMA being least prescribed at six (6) times.**

- **Twelve (12) attending physicians wrote prescriptions during this reporting period.**
  - **Only one attending physician was located on the neighboring islands on the island of Kauai.**

#### **As the Original Act states**

1. Two oral requests, a minimum of twenty days apart; and
2. One written request,

Meeting these time limits is incumbent on the patient and the provider.

#### **Execution of the website and its forms (WHEN WAS THIS COMPLETED?)**

Receipts of first completed forms in March 2019.

- First report: 48 days between the first oral request to the date of the patient's written prescription.
- **Current average waiting period is 27 days.**
  - The longest waiting period of one patient was 100 days between the first and second oral request compared the minimum requirement of 20 days. **(ANECDOTAL)**

Major Findings are

1) lengthy waiting periods

#### ***Possibly Due to implementing a new process***

The report states:

- Recognized the need for **patient continuity and navigation** such as the use of care
- Recognized the need for **patient continuity and navigation** such as the use of care navigators to assist patients through the process in identifying and accessing participating providers in the community;
- **Recognized the need for continuity and navigation of the process amongst providers in the community versus within large integrated systems such as Kaiser Permanente;**
- Recognized the need for **patient continuity and navigation** such as the use of care
- Recognized the need for **patient continuity and navigation** such as the use of care navigators to assist patients through the process in identifying and accessing participating providers in the community;

- Recognized the need for *continuity and navigation* of the process amongst providers in the community versus within large integrated systems such as Kaiser Permanente;
- Recognized the challenges in accessing available and **participating health care providers** and especially mental health care providers;
- Recognized **process recommendations** whereas the waiting period is too long (i.e. patient illness progresses whereby he or she is unable to swallow the medications or limited access to attending physicians who then take leave)

**Misrepresenting Data:** The report should not correlate waiting period with inability to swallow or an attending physician takes leave. None of the reported data indicated any correlation.

Testimony on HB 2451

February 11, 2020

Dear Chair John M. Mizuno, Vice Chair Bertrand Kobayashi, and members of the House Committee on Health;

I am a daughter of a mentally sound and physically active 98 year old. While it is abundantly clear that his life is probably not going to last too many years longer, I hope he will continue to be with me for as long as possible. That being said, he and I are both strong believers in being able to get aid in dying. We have discussed how difficult and long the process to do that is here in Hawaii, particularly on the Big Island. The shortening of the waiting period and giving professionals the ability to administer assistance sooner is highly supported by him and me and our family. We all believe that we should have some control over our deaths and to be able to pass with dignity if possible. This bill is a good step in that direction.

I do not believe that anyone has the right to oppose this decision for others based on their own religious prejudices.

Please vote in support of this bill.

Sincerely,

Trisha Macomber MPH  
Retired

**HB-2451-HD-1**

Submitted on: 2/11/2020 8:57:20 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

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

Comments:



**HB-2451-HD-1**

Submitted on: 2/11/2020 7:27:40 PM

Testimony for CPC on 2/12/2020 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
marcia	Individual	Oppose	No

Comments:

I am alarmed this authorizes advanced practice registered nurses, in addition to physicians, to practice medical aid in dying. And it reduces the mandatory waiting period between oral requests from twenty days to fifteen days, and waives the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period is still alive. Why are we eliminating safeguards? Expanding to nurses? Reducing the waiting period? We have already contaminated physicians, now we are going to contaminate APRNs? Where does it end? *As a certified rehabilitation counselor, and licensed medical health counselor, this is disastrous for the public good as well as the medical community..*

Marcia Berkowitz, CRC, LMHC