



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
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**Testimony in SUPPORT of SB2582  
RELATING TO HEALTH.**

SENATOR ROSALYN H. BAKER, CHAIR  
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 4, 2020

Room Number: 229

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

2 **Department Testimony:** The Department of Health (DOH) supports SB2582, for which the  
3 amendments were based on feedback from providers and staff who facilitated patients through  
4 the process pursuant to chapter 327L.

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

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

14 The eligibility process from the first oral request to the date of receipt of the written prescription  
15 was approximately 34 days with the shortest period being 20 days.

16 Thank you for the opportunity to testify.

17

**Testimony of the Board of Nursing**

**Before the  
Senate Committee on Commerce, Consumer Protection and Health  
Tuesday, February 4, 2020  
9:30 a.m.  
State Capitol, Conference Room 229**

**On the following measure:  
S.B. 2582, RELATING TO HEALTH**

Chair Baker and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board will review this bill at its next publicly scheduled meeting on February 6, 2020.

The purposes of this bill are to: (1) authorize advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority; (2) reduce the mandatory waiting period between oral requests from 20 days to 15 days; and (3) waive the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period.

Thank you for the opportunity to testify on this bill.

## Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Rosalyn Baker, Chair of the  
Senate Committee on Commerce, Consumer Protection,  
and Health

From: Hawaii Association of Professional Nurses (HAPN)  
Subject: SB2582– Relating to Health

Hearing: February 4, 2020, 9:30 a.m. Conference room 229, State Capitol

Aloha Senator Baker, Chair; Senator Chang, Vice Chair; Committee Members Senator Nishihara, Senator Ruderman, Senator Thielen, Senator Wakai, and Senator Fevella

Thank you for the opportunity to submit testimony regarding SB2582. HAPN is in **strong support** of placing choice in the hands of patients who we work with every day, which includes patient choice in who their provider is when making a decision of this magnitude. We have reviewed the recommendations made by the Department of Health to include Advanced Practice Registered Nurses (APRN) to practice medical aid in dying in accordance with their scope of practice. We also support reducing the mandatory waiting period to 15 days and allowing the provider to waive this waiting period as they deem appropriate after evaluation and discussion with the patient about their options.

HAPN has worked to be the voice of APRNs across our state, spearheading the move to full practice authority, a responsibility trusted in us by the patients we work with every day. We have worked to improve the physical and mental health of our communities. As our ability to provide close care with our patients progressed, we also opened up our own clinics to provide the care our patients deserve. As a result, the current law requires that a patient remove themselves from the excellent care their APRN has provided them over the years to discuss this end of life option with physicians who may not have the same patient-provider relationship.

APRNs have played an important role in the healthcare of our communities and we will continue to be by our patients' side as they make many different healthcare decisions throughout their lives. We support the recommendations from our partners at the Department of Health in their assessment and evaluation of this issue.

In order to improve access to care, HAPN would like to recommend an amendment in the definition of "Counseling" include Psychiatric Mental Health Nurse Practitioners who also play a vital role in the mental healthcare of our communities.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,  
John Paul Moses, APRN  
HAPN President

Dr. Bradley Kuo, APRN  
HAPN Legislative Committee, Chair  
HAPN Immediate Past President



**Written Testimony Presented Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
Tuesday, February 4, 2020 at 9:30 a.m.**

**by  
Laura Reichhardt, MS, AGNP-C, APRN  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**WRITTEN COMMENTS on SB2582**

Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection, and Health, thank you for hearing the measure, SB2582, 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 to section 2 of this measure.

APRNs in Hawai'i may care for people across the lifespan and health continuum, in accordance with their education, training, certification, and licensure. According to the functions specified in the **HAR Chapter 16-89-81 Practice Specialties**, 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. Currently, in our state, nearly 85% of APRNs maintain prescriptive authority, with over 90% of APRNs on Hawai'i, Maui, and Kaua'i Counties holding this authority (HSCN nursing workforce supply data tables, 2019).

Should the Committee move this measure forward, the Center asks the Committee to consider amending the following definitions:

- "Advanced practice registered nurse" pursuant to chapter 457 by the Hawai'i Board of Nursing.
- "Consulting provider" means a physician licensed pursuant to chapter 453 or an advanced practice registered nurse pursuant to chapter 457 who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

Thank you for the opportunity to provide written comments related 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.*

**SB-2582**

Submitted on: 2/1/2020 11:27:37 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brett Kulbis	Testifying for Honolulu County Republican Party	Oppose	No

Comments:

Honolulu County Republican Party opposes SB 2582.

The bill 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: (1) 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; (2) It reduces the mandatory waiting period between oral requests made by a terminally ill individual from 20 days to 15 days; (3) and finally, it allows the attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period. 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-doctor, proponents are advocating for APRNs to be given the authority to approve these suicides. It is uncertain whether APRNs are willing to do this and what the outcome will be if there still is not enough medical professionals willing to participate. Will there be another bill next year adding another level of healthcare professionals? Keep in mind there are no 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.



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

**LATE**

Testimony Presented Before the  
Senate Committee on Commerce, Consumer Protection & Health  
Tuesday, February 4, 2020 at 9:30 a.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

### SB 2582 – RELATING TO HEALTH

Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection and Health:

Thank you for this opportunity to provide testimony in **strong support of SB 2582 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 lightly. Nurses are engaged at every level as we care for terminal individuals across the

<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>

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 2021. 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.

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,

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

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

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
  - "Advanced practice registered nurse" pursuant to chapter 457 by the Hawaii Board of Nursing.
- Page 3, line 20 - Page 4, line 4
  - "Consulting provider" means a physician licensed pursuant to chapter 453 or an advanced practice registered nurse pursuant to chapter 457 who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

Thank you for the opportunity to provide testimony in strong support of SB 2582.



**SB-2582**

Submitted on: 2/1/2020 5:38:02 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

The Filipina Advocacy Network strongly support SB2582. 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 SB2582**  
**Senate Commerce, Consumer Protection, and Health Committee**  
**February 4, 2020**

Good morning 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 SB 2582. 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.

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<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>

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<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.

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<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 SB 2582.

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

**LATE**

**SB-2582**

Submitted on: 2/3/2020 2:35:40 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Aloha Chair Baker, Vice Chair Chang and Committee Members,

The LGBT Caucus of the Democratic Party of Hawai'i stands in full support of the passage of Senate Bill 2582.

This bill will ensure greater access to medical aid in dying and the LGBT Caucus stands fully behind greater access.

Mahalo for the opportunity to testify,

Michael Golojuch, Jr.  
Chair  
LGBT Caucus of the Democratic Party of Hawai'i

**SB-2582**

Submitted on: 1/31/2020 7:57:02 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

As a cancer survivor, I support SB2582. Access to primary care doctors is not easy in Hawaii, even in Oahu. Many primary care doctors do not take QUEST/Medicaid patients so access to care is also restricted by income. Many do not take new patients. We should not make patients that have a terminal diagnosis jump through impossible hoops. We already have limited access to providers willing fill the prescription, and also, there is very limited access to Psychiatrists and Psychologists on all islands. All of these factors, given the uniqueness of Hawaii's remote location, make it important to establish guidelines that are doable and fair.

**SB-2582**

Submitted on: 1/31/2020 8:47:57 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Aloha Senators,

I am a clinical psychologist who over the past year has performed almost 30 mental health consultations for patients requesting medical aid in dying. Based on my experience thus far, I believe the Our Care, Our Choice Act is working as intended for the most part. Improvements that are needed include facilitating access to providers, particularly for patients residing on the neighbor islands and in rural Oahu, and shortening the waiting period for patients to receive prescriptions, particularly for seriously ill patients who may not survive the waiting period. SB2582 directly addresses these issues.

Mahalo for your consideration of this bill.

Brian Goodyear, Ph.D.



**SB-2582**

Submitted on: 1/31/2020 12:19:18 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christa Braun-Inglis	Individual	Support	No

Comments:

APRNs in Hawaii are indepent healthcare providers who contribute significantly to quality healthcare. Not having APRNs in the current OCOCA is a barrier for patients and families. Many APRNs serve as primary care providers in rural areas and as providers for patients with terminal illnesses. APRNs can definitely serve as a both an attending and consulting provider for patients who are considering medical aid in dying.

**SB-2582**

Submitted on: 1/31/2020 11:55:25 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Last year's Act was a wonderful start. These will improve it.

Mahalo for your support!

**SB-2582**

Submitted on: 1/31/2020 10:27:10 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Please pass SB 2582 so that very sick people have access to medical aid in dying with less red tape and less stress.

Jane Arnold

1763 Iwi Way, #D

Honolulu HI 96816

**SB-2582**

Submitted on: 1/31/2020 1:12:01 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

<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 East Hawaii island. I know a cancer patient who, together with his wife, spent his final weeks in the summer of 2019 struggling to find a supportive doctor who would help him with an OCOCA prescription. He got no's from his oncologist, radiologist, PCP and hospice--basically: "sorry, I won't help you, you're on your own."

Finally after much research he was able to find a doc in Kona who would help. This patient lived 90 miles away in Kea'au. He was unable to meet this new doctor in time, so instead of having a measure of control and peace of mind in his last days, he spent his final week in pain and his wife was in agony as well, knowing she could not help him.

We need a bigger pool of potential prescribers so that patients who qualify can actually use the law. I am wholeheartedly in support of allowing APRNs to prescribe OCOCA medication, and of shortening the mandatory waiting period between verbal requests.

**SB-2582**

Submitted on: 2/1/2020 6:25:20 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joseph O'Brien	Individual	Support	No

Comments:

**Dear Senator:**

**I voice strong support for this measure (SB 2582).**

**It would reduce the mandatory waiting period between oral requests from twenty days to fifteen days. It would waive the mandatory waiting period for terminally ill individuals not expected to survive the mandatory waiting period.**

**Thank you very much.**

**Joseph O'Brien**

**Honolulu**

**SB-2582**

Submitted on: 1/31/2020 4:04:51 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Stephen L Tschudi	Individual	Support	No

Comments:

Esteemed Senators,

Please allow this reasonable amendment to the current legislation in force on aid-in-dying to pass, to ensure that patients at the end of life are able to assert their human dignity, and to bring Hawaii's medical aid-in-dying laws in line with those of other jurisdictions.

Respectfully,

Stephen Tschudi  
Palolo Valley

January 31, 2020

Honored Senate Commerce, Consumer Protection and Health Committee Members,

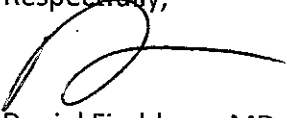
I have taught and practiced full-time palliative medicine in Hawaii for over 15 years and I am writing, as an individual, **in opposition to SB2582**.

With barely a year's experience with the Our Care, Our Choice Act, this bill would take Hawaii from the state that was touted as having the safest physician-assisted suicide legislation in the nation to the state most willing to sacrifice safety in the interests of "stream-lining" 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. As members of an effective transdisciplinary team we are highly aware of one another's skill sets and respect that we cannot replace each other anymore than we could replace our chaplain or social work colleagues. 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 an attending). This certification of six-month prognosis is an essential role of the attending under 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 in Hawaii?
- 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 either having 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 dropping 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 laws 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', with a long horizontal stroke extending to the right.

Daniel Fischberg, MD, PhD, FAAHPM  
Kailua, HI



**SB-2582**

Submitted on: 1/31/2020 4:38:38 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**SB-2582**

Submitted on: 1/31/2020 5:04:03 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
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 PCP, 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.

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 (UH and HPU), Social Work and Public Health teaching community health at the graduate level.



Submitted Online: February 2, 2020

Hearing: February 4, 2020 @ 9:30 a.m.

TO: Senate Committee on Consumer Protection & Health  
Sen. Rosalyn Baker, Chair  
Sen. Stanley Chang, Vice-Chair

FROM: Eva Andrade, President

RE: Opposition to SB2582 Relating to Health

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 undo the safeguards that were put in place when the Our Care Our Choice law went into effect only a year ago.

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 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) 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 in year one of the law, these safeguards are already being removed or modified.

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.

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<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))

**SB-2582**

Submitted on: 2/3/2020 12:54:00 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Francis Nakamoto	Individual	Support	Yes

Comments:

Chair Baker, Vice Chair Chang and members of the Committee on Commerce, Consumer Protection and Health,

I support SB2582.

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.

**SB-2582**

Submitted on: 2/3/2020 7:01:12 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie	Individual	Oppose	Yes

Comments:

Jackie Mishler RN BSN PCCN

As a nurse and having been heavily involved with the advance directive legislation in the past years I strenuously object to folding Our Choice, Our Care Act into HRS 327. I would like to point out an area of institutional memory...

HRS 327 explicitly excludes assisted suicide. AND further, folding this into the advance directive legislation effectively means that anyones neighbor or friend can put up their hand and choose assisted suicide for the patient they become the voluntary surrogate opening up the floodgates for abuse.

Please look this bill over in detail before passing it forward: **it is seriously flawed and will cost lives of innocent and vulnerable people.**

Thank you for this opportunity to testify.

**SB-2582**

Submitted on: 1/31/2020 4:09:12 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Please pass SB2582. I'm so grateful to our Hawaii leaders for the OCOC act. Please pass SB2582 to make OCOC even better . We are fortunate to live in such a forward thinking State - able to deal with this sensitive issue.

Thank you,

Georgia Bopp

Mary M. Uyeda, APRN

To the Hawaii State Senate – Committee on Health – January 31, 2020

I support SB 2582, as a patient's right to choose in their own unique situation, at the end of life.

During my 30 years of bedside nursing in Intensive Care, I have personally witnessed a wide range of deaths from perfectly peaceful to prolonged agony, often dependent on the physician and nurses in charge of their care.

Most of us would choose to have a confidential understanding with our own primary physician. But this luxury no longer exists with the Physician shortage on the island of Hawaii. In addition, many physicians are uncomfortable with terminal sedation. In these days of high-tech medicine, we are often just a number occupying the bed subject to the accountability of those in charge of us. Often a Living Will is overlooked or outdated, and, while it does preserve the option of no treatment, it does not address a comfortable death. By the way, "no treatment" does not translate to "no care" at the end of our lives.

As a nurse, it became my mission to ensure that a terminal patient and their family had the best setup, with preferred outcomes. It was not always an easy exit since some confused patients or families had unresolved issues. Also when a ventilator was being removed (called extubation) the terminal sedation orders were often liberal, providing for larger-than-usual doses of a combination of pain and tranquilizer medications. This would make a novice nurse feel liable with larger doses, especially if the patient started gurgling or seizing as families stood by watching.

As a nurse, I felt vulnerable for doing the right thing, easing the patient's efforts as death approached. When it is my turn to exit this world, I hope that a brave physician and nurse might join hands to do the same for me.

I believe that I have earned the right to die with dignity in my own bed at home with loved ones, like my parents did. The Oregon law has built-in safeguards which prevailed over the last 20 years and Hawaii continues to lag far behind.

I support SB 2582, which has been long overdue during my 30 year career as a nurse.



**SB-2582**

Submitted on: 1/31/2020 8:46:30 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Please support this bill to increase access to this important service.

**SB-2582**

Submitted on: 2/1/2020 7:13:10 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

<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.

**SB-2582**

Submitted on: 2/1/2020 7:37:51 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I am in full support of SB2582 to make the process easier for the Our Care Our Choice - Medical Aid in Dying. Our culture in Hawaii is to fight to the end, which is a noble and great way to look at things, however it does lend itself to the point where pts run out of time to be eligible for the peace of mind that the Our Care Our Choice Act provides. Access is another issue for these patients and these changes - will help to solve these issues. Mahalo for making our community a better place.

**SB-2582**

Submitted on: 2/1/2020 9:04:39 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I am in favor of this compassionate bill and would be grateful for your support.

Thank you,

Allyn Bromley, Manoa

**SB-2582**

Submitted on: 2/1/2020 12:32:50 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Compassion for self and others. Aloha

**SB-2582**

Submitted on: 2/1/2020 1:56:33 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I am a patient with end-stage lung cancer. I am not expected to survive this disease. if and when my disease progresses to the point where there no remaining viable therapies, I am fearful that during my final months or days, my pain and suffering will be long lasting. With the passage of this measure, patients like me who may have little time left as the final therapies fail, will have another option to end a patient's suffering, once a certified provider certifies I have no other viable treatments to prolong life that I will be able ask and receive the RX to end my life to shorten the suffering. I am strongly suppting the bill to allow the physician the authority to waive the required waiting period per individual's situation.

Thank you for the opportunity to comment.

**SB-2582**

Submitted on: 1/31/2020 5:25:57 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

As a nurse for 38 years, most recently in Hospice, i support this bill completely. Thank you!

**SB-2582**

Submitted on: 2/1/2020 3:35:39 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I am a physician, and I do support physician aid in dying. I see this from the point of view of a professional in health care, and from that of a human who has watched loved ones suffer on their death beds. While I do support physician aid in dying, I feel strongly that we must be careful to safeguard the process, and who is responsible for overseeing it.

While I do support physician aid in dying, I do not think this should be expanded to include APRN oversight. While I value greatly the roles of APRNs in health care delivery, it should be noted that APRN certification can be obtained as an online degree, with only 9 months of clinical rotations that vary in their level of oversight and preceptorship. I do support APRNs in the health care system, however, there is no other decision in medicine as serious and grave as advising a dying patient in the scenario in which they may elect to end their life, and end their suffering. I feel this should be reserved for physicians.

I am in support of the other aspects of this bill that shorten the waiting period, and afford for expediting when a patient is not likely to survive the waiting period.



**SB-2582**

Submitted on: 2/1/2020 2:23:59 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I am nearly 80 and my health has been comprised. My strongest wish is, when the time comes, to have a gentle death.

I'd be most grateful for your committiee's support for this bill.

Respectfully,

Brian Baron, 2207 Mohala Way, Honolulu, HI 96822

**SB-2582**

Submitted on: 2/1/2020 4:43:41 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**SB-2582**

Submitted on: 2/2/2020 7:37:41 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**SB-2582**

Submitted on: 2/2/2020 7:52:36 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Charles F Miller	Individual	Support	No

Comments:

I am a physician who serves as the Director of the Kaiser Hawaii Medical Aid in Dying Program. In the last year I have been referred over 40 Patients who requested aid in dying. Unfortunately six of those patients died of their diseases during the 20 day waiting period. In additon, I have made eight trips to Maui and Big Island because no physicians on those islands were willing to serve as attending physicians for their patients requesting aid in dying. I strongly support this bill to help correct significant barriers for patients to access the Our Care, Our Choice Act

**SB-2582**

Submitted on: 2/1/2020 6:43:06 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**SB-2582**

Submitted on: 2/2/2020 8:07:28 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I strongly support this bill . I am a registered nurse for over 40 years with a masters degree in oncology nursing and have taken care of terminally ill patients, saw their suffering and would have chosen medical aid in dying if available. Knowing that there are a lack of physician providers in the state who are willing to provide this to patients, I strongly support allowing APRNS to act as providers to fulfill these patients wishes. I have worked alongside APRNS over my career and also worked as faculty for over ten years at UH Manoa School of Nursing and have the utmost confidence that APRNS are totally qualified to perform this role .

**SB-2582**

Submitted on: 2/2/2020 11:30:42 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

It is the compassionate and right thing to do.

Mahalo

Lucien Wong

February 4, 2020

Senator Rosalyn Baker, Chair  
Senator Stanley Chang, Vice Chair  
State Senate Committee on Commerce, Consumer Protection and Health  
Hawaii State Capitol  
415 South Beretania Street, #229  
Honolulu, HI 96813

RE: In Support of SB 2582 Relating to Health

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

Thank you for hearing SB 2582. This is an important amendment to the Our Care Our Choice Act.

The act, passed in 2018, can help to alleviate anxiety, pain and suffering of terminally ill individuals. We knew when the bill was enacted it would need “tweaking” which is why we are here now. SB 2582 provides important options for care of sick people.

Medical care in Hawaii isn’t as available as we would like, especially on the neighbor islands. Allowing qualified Advanced Practice Registered Nurses (APRNs) to act as attending or consulting physicians will provide terminally ill people with more care options. Many of us have physicians who are uncomfortable writing prescriptions for medical aid in dying (MAID). This amendment would open the field to more attending and consulting providers who might help.

Terminally ill people should not have to worry about meeting timeframes and schedules which is why I also support lowering the mandatory number of days between asks for medication from 20 to 15 days. This also is the reason why I support allowing an expedited process for terminally ill patients who are not expected to survive the regulatory wait.

I sincerely hope you will help more people and pass these important amendments to the Our Care Our Choice Act.

Mahalo nui loa,

Mary Steiner  
808-225-4563



**SB-2582**

Submitted on: 2/2/2020 5:53:07 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Aloha Senators,

I wish to note my strong support for SB2582. This bill affords licensed APRNs the ability to serve as both attending provider and consulting provider for persons suffering from a terminal disease and wishing to take advantage of the Hawaii Medical Aid in Dying act. The APRNs licensed in Hawaii are trained and credentialed to serve in this capacity.

Jerris Hedges, MD

Dean, University of Hawaii John A. Burns, School of Medicine

**SB-2582**

Submitted on: 2/2/2020 8:45:17 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I want to be able to honor my patients' last wishes. I have experienced cases where I couldn't because the patient declined too rapidly to wait 20 days. These sick patients who are suffering deserve to exercise the same right of choice over their own death as other patients.

**SB-2582**

Submitted on: 2/2/2020 9:35:32 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Aloha!

I support this bill.

This is not new, it is a clarification of what is already happening. It allows those who want to take advantage of the Our Care Our Choice Act in a timely manner, eliminating some of the many barriers to achieving their goals, particularly with regards to rural, outer island communities where medical assistance is sometimes difficult to obtain.

The objections I'm hearing seem to be on the order of "I don't want this". Well, I will probably never use this either, but I want those who want to use it to be able to! The key is choice. Please don't take away the choice.

Thank you for considering this bill. Please pass it forward.

Mahalo,

Jean Simon

**SB-2582**

Submitted on: 2/2/2020 9:43:40 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert H. Pantell, MD	Individual	Support	No

Comments:

Senator Baker, Senator Chang and Members of the Committee on Commerce, Consumer Protection and Health

I strongly support SB 2582

The 1974 publication of The Burlington Randomized Trial of the Nurse Practitioner in the nation's most highly respected medical journal, The New England Journal of Medicine, documented similar quality of care by nurse practitioners and physicians. That report led to more than 500 other scientific studies addressing nurse practitioner or advanced practice registered nurse (APRN) quality of care. Subsequently all 50 states now have statutes giving APRNs the ability to independently prescribe medications, including controlled substances. In Hawaii, this prescriptive authority is regulated and monitored by the Board of Nursing.

At issue is whether APRNs, now able to provide care and write prescriptions for critically ill and complex patients across the lifespan, be allowed to continue providing care and comfort as a person's life ends. I emphatically recommend a **yes** vote.

I have been a physician for over 50 years and in that time-period have both supervised and worked collaboratively with APRNs in 5 states, including the past 5+ years in Hawaii.

During that time, I have also been involved in the formal education of APRNs while I was on the faculty of 5 different medical schools. The rigor of APRN education and training is comparable, and in certain aspects superior, to medical education. In recent years many of the textbooks, including pharmacology, are written by APRNs and nurse-

scientists. The competence and caring of APRNs is unquestionable as is their need for serving individuals in our State, particularly in rural areas with the greatest need.

As I have trusted nurse midwives to help bring my children into this world, I cannot see an impediment to their helping me exit.

Respectfully submitted,

Robert H. Pantell, MD

Kailua

**SB-2582**

Submitted on: 2/3/2020 7:47:54 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dr Marion Ceruti	Individual	Oppose	No

Comments:

Health-care professionals should spend their time helping people live, not die. What other state in the US has a law like this? Kill SB2528 now.

**SB-2582**

Submitted on: 2/2/2020 5:57:48 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**SB-2582**

Submitted on: 2/3/2020 8:17:47 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Geraldine Marullo	Individual	Support	Yes

Comments:

Dear Committee Members,

I am in full support. Nurses in Advanced Practice with prescribing rights have been serving Hawaii patients since 1994. Since then, especially during acute shortages of physicians **for example, they have been sole providers of:**

labor and delivery services in Molokai

mental health clinics for the seriously mentally ill with complex pharmacological needs on Kauai and Hilo

**and independent practitioners as solo practitioners equal team members to physicians, while providing:**

anesthesia services

trauma services in emergency units

urgent care services

intensive care services (adult and pediatric ICUs and other intensive care settings)

outpatient clinics and private practices including primary and specialty care

almost all other specialties

These highly educated and experienced Nurses in advanced practice have earned their place over the last 28 years to now provide services to those in need of compassionate end of life care. **To deny such is more than likely based on:**

old stereotypes and biases

lack of awareness of the rigorous education and practice certifications required



and not in recognition of their rights as providers to practice within their legal status and educational requirements set forth by the State Board of Nursing

**Please also include in this list, the ability to serve Hawaii's patients in end of life decisions.**

**Sincerely,**

Geri Marullo R.N.Dr.PH

Former Director Hawaii and American Nurses' Association

Former Deputy Director of Health, Personal Health Services, Hawaii

**SB-2582**

Submitted on: 2/3/2020 8:40:15 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

My name is Dr. Charlotte Charfen and I am a board-certified emergency physician that practices emergency medicine on the Big Island in Kona. Because of my ER work over 20 years across our nation, I have come to realize the severe lack of communication and discussion when it comes to end-of-life issues. I see how that often translates into fear and suffering for the patient, families and medical providers. This led me to create a nonprofit called Life & Death Wellness to educate anyone that will listen about all life matters, especially end-of-life.

In doing this work, I was approached by a terminal patient on my island to help him with MAID because his primary and oncology physicians would not even speak to him about the issue. His first words to me were that he felt abandoned, and he hoped I would at least listen and consider his case. He immediately signed up with hospice and began the process of MAID. He is a very autonomous and private individual but what I witnessed as we worked together was that he was letting in many palliative modalities to include end-of-life doulas, hospice, myself and MAID.

And guess what has happened? His quality of life and his quantity has expanded past his terminal prognosis. He is still alive and thriving even as he declines physically. He attributes having access to MAID as one of the things that has allowed him to be open to other palliative help. This is an aspect of the law that I think sometimes gets overlooked. Not everyone will live longer, but my experience is they will live more fully with the time they have left by having access.

I am in full support of amending the law so that more of our residents can have access. To date, I am the only physician that has prescribed on Big Island. That is multifactorial I am sure. But I do know and work with advance nurse practitioners that would be willing to help make this choice more accessible if not enough physicians are willing. And right now, that appears to be the case at least on my island.

And as a physician I believe it would be helpful and humane to limit the waiting period from 20 to 15 days and allow providers the flexibility of waiving the waiting period if our sound judgment determines the patient will most likely not survive but would qualify.

Thank you for accepting my testimony. I am always willing to speak to this matter if I can help in any way.

Mahalo,

Dr. Charlotte Charfen

**SB-2582**

Submitted on: 2/3/2020 8:59:27 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

We utilize APRNs for several services; including “face to face” assessments for hospice eligibility recertification periods, and palliative or supportive care patients in their care setting. They can assist w/ pts from anything to medication reconciliation or symptom management.

**SB-2582**

Submitted on: 2/3/2020 9:29:23 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Shawna Chong-Ishii	Individual	Oppose	No

Comments:

**LATE**

**SB-2582**

Submitted on: 2/3/2020 9:38:26 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**LATE**

**SB-2582**

Submitted on: 2/3/2020 10:16:01 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

Eve G. Anderson - I am testifying in favor of SB2582. This bill will improve access to all end of life options for terminally ill residents on every island. Our terminally ill patients deserve peace of mind as they enter their final days. This bill is very important.

**LATE**

**SB-2582**

Submitted on: 2/3/2020 12:54:10 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

In strong support.



**LATE**

**SB-2582**

Submitted on: 2/3/2020 1:02:30 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**LATE**

**SB-2582**

Submitted on: 2/3/2020 1:57:34 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

SB2582, is again, only a futher deterioration of the safeguards put in-place to protect the dying and the sanctity of life but besides that, there's something called the Hypocratic Oath that PROHIBITS what this legislation proposes!!!

HOW do we insist upon ethical practices when legislation such as this undermines it? Ethics only then gets applied on a person-to-person basis? Please THINK about the larger implications and consequences of supporting such ill-conceived notions presented in SB2582.

This is BAD legislation and bad for anyone involved in it; please oppose and prohibit SB2582 from proceeding any further ~

**LATE**

**SB-2582**

Submitted on: 2/3/2020 2:26:20 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

This legislation is asking me to violate the Hippocratic Oath:

"I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect."

I oppose this bill and all others like it.

**LATE**

**SB-2582**

Submitted on: 2/3/2020 3:27:08 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

**LATE**

**From:** [hofbauer1001](#)  
**To:** [CPH Testimony](#)  
**Date:** Monday, February 3, 2020 3:48:30 PM

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Please vote "NO" on SB3047 and SB2582

As a constituent. I am pleading with you to please vote NO on these bills:  
SB3047 and SB2582.

I don't want assisted suicide passed in Hawaii.

Please do not disregard the safeguards in the law. passed in Hawaii.

Please do not pass this legislation.

Respectfully,  
Lorene B Hofbauer

Sent from my Verizon, Samsung Galaxy smartphone

**LATE**

**SB-2582**

Submitted on: 2/3/2020 4:23:04 PM

Testimony for CPH on 2/4/2020 9:30:00 AM

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

Comments:

I STRONGLY OPPOSE THIS BILL.

(1) **DO NOT** Authorize advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority; and **DO NOT add to their scope of practice or prescribing authority**

(2) **DO NOT ADD APRNS** who are qualified by specialty or experience to diagnose and prescribe medication **UNDER Consulting provider** (means a physician licensed pursuant to chapter 453 who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease[.], or an advanced practice registered nurse licensed pursuant to chapter 457, who is qualified by specialty or experience to diagnose and prescribe medication.)

(3) **DO NOT** Reduce the mandatory waiting period between oral requests from twenty days to fifteen days; under the guise of providing an expedited pathway for those terminally ill individuals not expected to survive the mandatory waiting period.

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 last year as Our care, Our choice.

**SB-2582**

Submitted on: 2/4/2020 6:42:45 AM

Testimony for CPH on 2/4/2020 9:30:00 AM

**LATE**

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

Comments: