

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

**Testimony COMMENTING on HB1823 HD1  
RELATING TO HEALTH.**

REP. AARON LING JOHANSON, CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: February 15, 2022

Room Number: Videoconference

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

2 **Department Testimony:** The role of the Department of Health (DOH) for chapter 327L,  
3 Hawaii Revised Statutes, or the "Our Care, Our Choice Act," is ministerial in function, which is  
4 to say that DOH's primary responsibility is the collection and dissemination of forms, data, and  
5 reports in aggregate, as required by law. DOH is compelled to collect data only on qualified  
6 patients who have followed through on every legally required step. As a result, DOH does not  
7 quantify the number of patients who expired prior to executing all the steps, however the  
8 anecdotal input from healthcare providers has been very consistent, that: 1) patients in rural  
9 communities struggle to find a participating provider (attending, consulting, and mental health),  
10 and 2) patients with grave health prognoses expire during the waiting period, often with  
11 tremendous suffering.

12 The department is in the process of evaluating forms for the collection period that ended on  
13 December 31, 2021. There are an estimated 70 patients who completed the medical aid in dying  
14 request process. In the 2020 annual report, there were 37 patients who qualified of which 32  
15 ingested the medication causing their death. This is a consistent upward trend since enactment in  
16 2019.

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

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

**Before the  
House Committee on Consumer Protection & Commerce  
Tuesday, February 15, 2022  
2:00 p.m.  
Via Videoconference**

**On the following measure:  
H.B. 1823, H.D. 1, RELATING TO HEALTH**

Chair Johanson 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 appreciates the intent and offers comments on this bill only with respect to advanced practice registered nurses (APRNs).

The purposes of this bill are to: (1) APRNs and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority; (2) authorize advanced practice registered nurses with psychiatric or clinical nurse specializations and physician assistants to provide counseling to a qualified patient; (3) reduce the mandatory waiting period between oral requests from twenty days to fifteen days; (4) reduce the mandatory waiting period between the initial oral request and the provision of a prescription from fifteen days to ten days if more than ten business days have passed between the initial oral request and an appraisal of the patient by the attending provider or counseling provider; (5) waive the mandatory waiting period for qualified patients not expected to survive the mandatory waiting period; and (6) prohibit the disclosure or discovery of information collected or retained pursuant to incidental or routine communication between the department of health and qualified patients or providers.

The Board appreciates the bill's intent to authorize APRNs to practice medical aid in dying in accordance with their scope of practice and prescribing authority. APRNs are recognized as primary care providers who may practice independently based on their practice specialty. An APRN's education and training include, but are not limited to, a graduate-level degree in nursing and national certification that is specific to the APRN's practice specialty, in accordance with nationally recognized standards of practice.

The Board also appreciates that this bill's definition of "counseling" includes both a "psychiatric mental health nurse practitioner, or clinical nurse specialist" to consult with a patient to determine whether the patient is capable of making an informed decision regarding ending the patient's life. There are four categories of APRNs (nurse practitioner, clinical nurse specialist, certified nurse midwife and certified registered nurse anesthetist), and nurse practitioners or clinical nurse specialists whose practice specialty is in psychiatric mental health may provide consultative services in psychiatric mental health.

Thank you for the opportunity to testify on this bill.

**HB-1823-HD-1**

Submitted on: 2/13/2022 1:43:21 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Brett Kulbis	Honolulu County Republican Party	Oppose	No

Comments:

Honolulu County Republican Party OPPOSES this bill.

When the Our Care Our Choice Act was passed in 2018, the introduction to the bill stated 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. This bill is the first step in removing those safeguards.



**Written Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
Tuesday, February 15, 2022 at 2:00 PM**

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

**Comments on HB 1823, HD1**

Chair Johanson, Vice Chair Kitagawa, and members of the House Committee on Consumer Protection & Commerce, thank you for the opportunity for the Hawai'i State Center for Nursing to provide **comments on HB 1823, HD1 only as it pertains to Section 2** of this measure which, if enacted, would enable Advanced Practice Registered Nurses (APRNs) to participate as an attending, consulting, and counseling provider in the Our Care, Our Choice Program.

Advanced Practice Registered Nurses have had a 75% increase in the number of in-state APRNs since 2011. Nearly 1,300 licensed APRNs reside in Hawai'i. APRNs are noted in national research to be more likely to provide care to underserved people and communities including rural areas, urban areas, to women, and to Medicaid recipients or uninsured people (Buerhaus et al., 2014). Currently, 30% of APRNs reside on a Neighbor Island which also approximates with the percent of APRNs working in HSRA designated primary care shortage areas and medically underserved areas (Hawai'i State Center for Nursing, 2021).

The National Conference of State Legislatures notes that Nurse Practitioners, which are the most common type of APRNs in our state, “are prepared through advanced graduate education and clinical training to provide a range of health services including the diagnosis and management of common as well as complex medical conditions to people of all ages” ([scopeofpracticepolicy.org](http://scopeofpracticepolicy.org)). NCSL also notes that in Hawai'i, APRNs are provided practice authority to the full extent of their education, certification, and prescriptive authority and that APRNs are identified as primary care providers.

Hawai'i adopted the national best practices for APRN regulation, the APRN Consensus Model (2008), which states that licensure, accreditation, and certification combined provide guidance on an APRN's scope of practice. Hawai'i's laws for APRNs ensure public safety during patient care through authorized assessment, diagnosis, and prescriptive authority. APRNs have grown significantly in Hawai'i with APRNs providing care in all regions in the state where people live.

Thank you for the opportunity to provide this information as it relates to your decision making on 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.*

Tuesday, February 15, 2022 at 2:00 PM  
Via Video Conference

**House Committee on Health, Human Services & Homelessness**

To: Representative Aaron Johanson, Chair  
Representative Lisa Kitagawa, Vice Chair

From: Michael Robinson  
Vice President, Government Relations & Community Affairs

Re: **HB 1823, HD1 – Testimony In Support  
Relating to Health**

---

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I am writing in SUPPORT of HB 1823, HD1 which would authorize advanced practice registered nurses and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority. The bill also authorizes psychiatric mental health nurse practitioners and clinical nurse specialists to provide counseling to a qualified patient and reduces the mandatory waiting period between oral requests from twenty to fifteen days.

Through the passage of the Our Care, Our Choice Act in 2018, terminally ill individuals with less than six months to live have access to the full-range of end-of-life care options, and may voluntarily request and receive prescription medication that allows the person to die in a peaceful, humane, and dignified manner. Hawaii's unique geography and the State's shortage of physicians create barriers to access for qualified terminally ill individuals. Finding a physician may be burdensome, especially for individuals on the neighbor islands. Hawaii gives advanced practice registered nurses full scope of practice licensure; however, they do not have authority to administer medical aid in dying, thereby further limiting access to care for many individuals. Hawaii has the longest mandatory waiting period amongst all ten medical-aid-in-dying authorized states and the District of Columbia. Many patients are not surviving the mandatory twenty days.

Allowing advanced practice registered nurses and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority

and shortening the waiting period provide greater access for terminally ill individuals to the medical treatment they require at a critical stage in their lives.

Thank you for the opportunity to testify.



To: The Honorable Representative Yamane, Chair  
The Honorable Representative Tam, Vice-Chair  
Committee on Health, Human Services, & Homelessness

From: Peggy Mierzwa, Government Affairs, AlohaCare

Hearing: Tuesday, February 1, 2022

RE: **HB1823 Relating to Health -Support**

---

AlohaCare appreciates the opportunity to provide testimony in **support** of **HB1823**. This measure will authorize Advanced Practice Registered Nurses (APRN), in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority as well as authorize psychiatric mental health nurse practitioners and clinical nurse specialists, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient. In addition to the changes for APRNs, this measure will also ease the waiting periods to better serve patients who are terminally ill in a timely manner.

Founded in 1994 by the community health centers, AlohaCare is a community-rooted, non-profit health plan serving 80,000 Medicaid and dual-eligible health plan members on all islands. We are the only health plan in Hawaii that exclusively serves Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

Hawaii has struggled with a shortage of physicians for decades. This shortage means that in a variety of medical circumstances, residents, particularly those who reside on neighbor islands, are unable to access timely health care near their home, or even their home island. Addressing this shortage is not a one-solution approach. The Legislature has several measures before them this year ranging from scope of practice to telehealth bills that will help to increase patient's access to care.

This measure will increase patients' access to care by allowing APRNs to practice to the full scope of their licensure. It will give them the authority to prescribe as well as fully practice in alignment with their licensure allowances under the Our Care, Our Choice Act. APRNs can increase access to care. AlohaCare supports increasing equitable access to care through this measure for the residents of Hawaii. Our members and all residents need to have timely access to important health care and procedures.

We will continue to support allowing APRNs and other healthcare professionals to practice to the full scope of their licensure. We believe this approach helps to address gaps in care found throughout the state.

Mahalo for this opportunity to testify in **strong support of HB1823**.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814  
Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • [www.AlohaCare.org](http://www.AlohaCare.org)



Testimony of Sam Trad, Hawai'i State Director, Compassion & Choices  
Supportive Testimony Regarding HB 1823 HD1  
House Committee on Consumer Protection and Commerce

Good morning Chair Aon Johanson, Vice Chair Lisa Kitagawa and Members of the Committee. My name is Sam 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 three years it has been in effect; and thank you for your consideration of HB 1823 HD1. We are here today and pleased to offer our support for these crucial amendments to the Our Care, Our Choice Act.

This legislation is based on the suggested amendments the Department of Health has made to the legislature. 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 by 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, which has only worsened with the COVID-19 pandemic<sup>23</sup> and is especially dire on neighbor islands,<sup>45</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 at least 21 eligible patients who wanted the option

---

<sup>1</sup> Report to the Thirtieth Legislature, Our Care, Our Choice Act Annual Report, Reporting Period 2019, Hawai'i Department of Health. Accessed at:

<https://health.hawaii.gov/opppd/files/2020/06/2020-Annual-OCCOA-Report-1.pdf>

<sup>2</sup> University of Hawai'i System Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, November 2021. Accessed at: <https://www.ahec.hawaii.edu/workforce-page/>

<sup>3</sup> Hawai'i doctor shortage worsens during pandemic, June 15, 2021. Accessed at: [https://www.kitv.com/video/hawaii-doctor-shortage-worsens-during-pandemic/article\\_887db62f-c8ee-5f02-95b5-01d7102395b0.html](https://www.kitv.com/video/hawaii-doctor-shortage-worsens-during-pandemic/article_887db62f-c8ee-5f02-95b5-01d7102395b0.html)

<sup>4</sup> Hawai'i's doctor shortage has worsened after the COVID-19 pandemic, Jan 7, 2021. Accessed at: <https://www.khon2.com/coronavirus/hawaiis-doctor-shortage-has-worsened-after-covid-19-pandemic/>

<sup>5</sup> Physician 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.hawaii.edu/hawaii-doctor-shortage-takes-a-troubling-turn-for-the-worse/>

of medical aid in dying died during the mandatory waiting period, unable to have the peaceful end of life experience they wanted.<sup>6</sup>

Holding true to the intent of the Our Care, Our Choice Act - to ensure that all terminally ill individuals have access to the full range of end-of-life care options - the bill before you seeks to ensure eligible patients can access medical aid in dying by amending the law to:

- Reduce the current mandatory minimum 20 day waiting period between oral requests to 15 days.
- Allow the attending provider the authority to waive the mandatory minimum waiting period if the eligible patient is unlikely to survive the waiting period (the patient must still go through the qualifying process).
- Allow qualified Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) to support patients in the option of medical aid in dying by acting as the attending provider, consulting provider and/or mental health counselor.

All of these amendments will reduce unnecessary burdens terminally ill Hawai'i residents face when trying to access medical aid in dying.

### Expediting and/or reducing the mandatory minimum waiting period as they now do in Oregon, California and New Mexico

Hawai'i currently has the longest mandatory waiting period (20 days) between the first and second oral requests for medical aid in dying, of the 11 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 oral requests.<sup>7</sup> Internal data from Kaiser Hawai'i and Hawai'i Pacific Health show that a significant number of eligible patients do not survive the long waiting period.

This experience matches what we have seen from data and experience throughout the other authorized jurisdictions which have less restrictive measures in place than currently exist in Hawai'i. In 2019, in response to the evidence compiled over 21 years of practice, the Oregon legislature amended its law in an attempt to find a better balance between safeguards

---

<sup>6</sup> Susan Amina, NP, Kaiser HI, OCOCA panel on 1.13.21; Michelle Cantillo R.N., Advance Care Planning Coordinator, HPH, OCOCA panel on 1.13.21.

<sup>7</sup> 'Like a Christmas Present': Hawaii's Medical Aid in Dying Law Eased Patient's Anxiety, The Civil Beat, Jul 1, 2019. Accessed at: <https://www.civilbeat.org/2019/07/a-palpable-sense-of-relief-hawaiis-medical-aid-in-dying-law-eased-patients-anxiety/>

intended to protect patients and access to medical aid in dying. The amended law (SB579) gives doctors the ability to waive the current mandatory minimum 15-day waiting period between the two required oral requests and to waive 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>8</sup> The similar amendment to the OCOCA before you now is a direct result of evidence and data in Hawai'i that clearly demonstrates the need for easier access for eligible terminally ill patients facing imminent death.<sup>9</sup>

Last year, California amended their waiting period from 15 days to 48 hours, because data from healthcare systems in California showed that approximately 30% of eligible patients who want medical aid in dying do not survive the minimum 15 day waiting period.<sup>10</sup> Additionally, New Mexico's medical aid-in-dying law, which went into effect last year, only requires one written request and one 48 hour waiting period between receiving and filling the prescription.<sup>11</sup>

Expanding the Definition of Provider to include those who have it within their current scope of practice: Advanced Practice Registered Nurses (APRN) and Physician Assistants (PAs)

- Hawai'i is one of 25 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>12</sup>
- Physician Assistants may perform all duties and responsibilities delegated to them by their supervising physician and within the scope of practice and prescribing authority for PAs under existing Hawai'i law.
- However, by not including APRNs and PAs within the definition of "provider," the Our Care, Our Choice Act unnecessarily prohibits them from providing high quality health care and support to patients who want the option of medical aid in dying. Amending the law to explicitly allow APRNs and PAs to participate as providers under the Our

---

<sup>8</sup> Senate Bill 579, 80th Oregon Legislative Assembly--2019 Regular Session. Accessed at: <https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB579>

<sup>9</sup> Report to the Thirty-First Legislature, Our Care, Our Choice Act Annual Report, Reporting Period 2020, Hawai'i Department of Health. Accessed at: <https://health.hawaii.gov/opppd/files/2021/06/2020-Annual-OCOCA-report-6.30.21.pdf>

<sup>10</sup> Characterizing Kaiser Permanente Southern California's Experience With the California End of Life Option Act in the First Year of Implementation. JAMA Internal Medicine, H.Q. Nguyen, E.J. Gelman, T.A. Bush, J.S. Lee, M.H. Kanter (2018). Accessed at: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2665731>

<sup>11</sup> Elizabeth Whitefield End of Life Options Act, Ch. 24, art. 7C NMSA 1978. Accessed at: <https://nmonesource.com/nmos/nmsa/en/item/4384/index.do#!b/a7C>

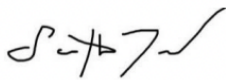
<sup>12</sup> American Association of Nurse Practitioners, 2021 Nurse Practitioner State Practice Environment. Accessed at: <https://storage.aanp.org/www/documents/advocacy/State-Practice-Environment.pdf>

Care, Our Choice Act is generally consistent with their scope of practice and would help address the disparity in access to participating providers, particularly in rural areas and neighbor islands.

- 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 physician 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. Allowing APRNs and PAs to support patients in medical aid in dying will provide patients, like Ron, with more options to access this compassionate option.
- Additionally, other jurisdictions are recognizing that restricting the definition of “provider” to physicians for the purposes of medical aid in dying creates an unnecessary barrier to access. For example, in 2021 New Mexico passed aid-in-dying legislation authorizing APRNs and PAs to serve as either the attending or consulting provider.<sup>13</sup>

Every eligible patient who wants the peace of mind that the Our Care, Our Choice Act provides should be able to benefit from it no matter which island they live on. These smart amendments will remove barriers to patients, especially in rural areas and on neighbor islands, so that they can have the compassionate option of medical aid in dying. Thank you for your time and attention to this matter.

Sincerely,



Sam Trad  
Hawai'i State Director  
Compassion & Choices

---

<sup>13</sup> Elizabeth Whitefield End of Life Options Act, Ch. 24, art. 7C NMSA 1978. Accessed at: <https://nmonesource.com/nmos/nmsa/en/item/4384/index.do#!b/a7C>

**HB-1823-HD-1**

Submitted on: 2/13/2022 8:46:08 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Joy Rodriguez	Burden Lifters, LLC	Support	No

Comments:

Aloha,

Thank you so much for passing this law in 2018. This has made such a difference to people who are suffering with incurable, terminal illness. As an end of life doula, I have walked beside several individuals who have utilized or desired to utilize the OCOCA law. Many of my patients have voiced upset over the time between the first and second oral request and some have died before they were able to utilize the law. They died in a way that they did not desire and the only thing that stood between them and the dignified exit they had imagined was days on a callendar. Many other of my patients wait weeks or months after qualifying before taking life ending medications, or chosing not to ingest. By qualifying for the prescribing, they have taken back their power of choice and when the disease in their body denies them the choice to live, this law gives them back their autonomy and their power to chose how and when they die. I urge you to pass this admendment to increase access and decrease wait time.

Thank you for your time,

Joy Rodriguez

End of Life Doula

Burden Lifters, LLC

**Written Testimony Presented Before the  
Committee on Consumer Protection & Commerce  
Hearing: February 15, 2022 @ 2pm  
State Capitol, via Videoconference**

By Hawai‘i – American Nurses Association (Hawai‘i-ANA)



**HB1823 RELATING TO HEALTH**

Chair Aaron Ling Johanson, Vice Chair Lisa Kitagawa and members of the House of Representatives on the Committee on Consumer Protection & Commerce for this opportunity to provide testimony in strong support of HB 1823 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 Hawai‘i. Over 15,000 Registered Nurses in Hawai‘i care for patients every day, throughout their 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 information provided by the State of Hawai‘i Department of Health regarding the use of this Act highlights the very real difficulties individuals in Hawai‘i are experiencing in meeting the established criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process for themselves.

We respectfully request that HB1823 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)

## TESTIMONY ON BEHALF OF HAWAII PSYCHIATRIC MEDICAL ASSOCIATION

To: Chair Aaron Johanson, Vice-Chair Lisa Kitagawa  
Members of the Committee on Consumer Protection & Commerce

From: Dr. Marva Lawson, Legislative Committee Co-Chair  
Hawaii Psychiatric Medical Association

Time: 2:00 p.m., February 15, 2022

Re: HB 1823, Relating to Health

Position: **OPPOSE**

On behalf of the Hawaii Psychiatric Medical Association (HPMA) we are writing to oppose HB 1823, relating to health. HPMA is a state medical organization whose physician members specialize in the diagnosis, treatment and prevention of mental illnesses including substance use disorders. We strive through public education to dispel the stigma and discrimination of those suffering from a mental illness, and we advocate for safe, high quality care by those appropriately trained. HPMA represents more than 130 psychiatrists in the State of Hawaii.

HPMA opposes HB 1823 which does not require any patient who requests aid-in-dying to undergo an evaluation by a psychiatrist in spite of the fact that many serious medical conditions are known to cause a variety of capacity-impairing mental disorders such as clinical depression, cognitive impairment, and delirium. Indeed, as many as 25% of patients diagnosed with terminal illnesses may suffer from clinical depression. Infection with the human immunodeficiency virus is often associated with increased rates of treatable mood disorders and dementia. Neurodegenerative diseases like Parkinson's disease and ALS (Lou Gehrig's disease) can also cause cognitive impairment and depression. A 2012 study showed that more than half of patients in hospice care exhibit unrecognized cognitive impairment and these deficits are directly related to impaired decision-making capacity. Non-psychiatric physicians do not routinely administer bedside tests of these cognitive functions. Furthermore, a psychological screening tool that could be used by physicians is not sufficient to detect all conditions that could cause impairment, nor does any existing screening tool have the ability to detect a patient who deliberately conceals his/her symptoms.

While a mental health assessment is not routinely required before most medical procedures, the provision of fatal care is unlike any existing treatment. Given the severe consequences of an erroneous outcome, decision-making capacity for fatal care should be held to a higher standard than any other medical intervention. A full mental capacity evaluation is a complex and multifaceted process. A psychologist or psychiatrist who performs a capacity assessment must consider information from collateral sources such as family members or friends and must also review psychiatric treatment records if they exist. Under this law, no provision exists for an evaluator to have access to this information if the patient refuses to give consent. This is a serious shortcoming given that an evaluator would need to speak with a treating psychiatrist as part of any ordered assessment. Similarly, a treating psychiatrist could be barred from communicating potentially relevant information to the prescribing physician if the patient declines to consent to that communication.

HB 1823 also has implications for institutionalized patients in Hawaii's prison and state hospital systems. Institutionalized patients are a protected class of individuals under the federal Civil Rights of Institutionalized Persons Act (CRIPA). Failure to intervene and protect these patients from suicide is commonly accepted as a civil rights violation under CRIPA as well as by established federal case law. A patient committed to a psychiatric facility retains the legal right to make medical decisions. Furthermore, a patient is not eligible for aid-in-dying if he or she is under guardianship or if medical decisions are being made through a health care proxy or Power of Attorney (POA). This law does not require an attending physician to notify a guardian or POA of a patient's suicidal intent when fatal care is denied. An individual who lacks capacity but expresses suicidal thoughts should be considered a psychiatric emergency and an attending physician should be required to notify a patient's guardian to seek psychiatric care on the patient's behalf.

Finally, a study of the public health impact of aid-in-dying laws published in the Southern Medical Journal in October of 2015 discovered that states with aid-in-dying laws have a trend toward higher suicide rates generally. Public health researchers should be granted access to individual case records, with institutional review board approval, to study the effects of this law if passed.

Given the lack of adequate protections for people with mental illness and the great number of unanswered questions regarding "aid in dying" laws' impact on individuals suffering from mental illness, we urge your unfavorable report on HB 1823.

We thank the committee for considering our testimony.



# Hawai'i Psychological Association

*For a Healthy Hawai'i*

P.O. Box 833  
Honolulu, HI 96808

[www.hawaiipsychology.org](http://www.hawaiipsychology.org)

Phone: (808) 521-8995

---

## COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Aaron Ling Johanson, Chair

Rep. Lisa Kitagawa, Vice Chair

Tuesday, February 15, 2022 - 2:00pm - Conference Room 329 - videoconference

Testimony in Support on HB1823 HD1 HEALTH with comments

The Hawai'i Psychological Association (HPA) supports HB1823 HD1; which, among other things, would give advanced practice registered nurses (APRNs) with psychiatric or clinical nurse specializations and physician assistants the authority to engage in certain medical aid in dying services in counseling, as well as reduce the waiting time for patients to be eligible for the program.

These services have been previously limited to physicians, psychiatrists, psychologists, and social workers. HPA takes the position that the counseling called for in this legislation is squarely within the scope of practice of APRNs. They do not need additional training to provide these services. APRNs are experienced counselors and understand medical issues. We see that physician assistants have been added to this bill in the HD1; however, we would like to see some assurance in the language that these physician assistants are adequately trained in mental health.

Moreover, we also support giving authority to Marriage and Family Therapists to provide similar services under the definition of "counseling" in Hawaii Revised Statutes Section 3217L-1 – as they have specialized training in the relational aspects of a dying patient's family and community.

Finally, we believe this bill is extremely timely. There currently is a significant shortage of providers. This bill will increase the supply and access to services – particularly as demand increases with the aging baby boomer generation.

Thank you for the opportunity to provide input into this important bill.

Sincerely,



Raymond A Folen, Ph.D., ABPP.  
Executive Director

**HB-1823-HD-1**

Submitted on: 2/14/2022 9:38:37 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Charles Miller	Hawaii Permanente Medical Group	Support	Yes

Comments:

Dear Chair Johanson and Vice Chair Kitagawa,

I'm a medical oncologist representing the Hawaii Society of Clinical Oncology, the largest organization of cancer specialists in the state and I also serve as Director of Kaiser Hawaii's Medical Aid in Dying (MAID) program. I have the most experience of any physician in the state with patients requesting MAID, and I'm writing to you today to urge you to support HB1823 which makes very necessary improvements to the Our Care, Our Choice Act. In my three years of seeing MAID patients, I have consulted on over 125 patients. For some patients the law works well, but for many eligible terminally ill patients the requirements of the law presents barriers that prevent them accessing the law even though they meet all of the requirements. This causes them needless and very much unwanted suffering. We have data from the State Department of Health, Kaiser Hawaii and Hawai'i Pacific Health, that over 30% of patients who requested MAID died of their underlying medical conditions before the required 20 day waiting period. I strongly believe that providers should be allowed to waive the waiting period for their patients if the patient meets all other requirements but is unlikely to survive 20 days. This is inexcusable and one of the problems that these amendments will address. Twenty days is the longest waiting period of any jurisdiction which support MAID and it should be shortened to at least no more than 15 days.

The other major obstacle to access to aid in dying is the growing shortage of physicians. This makes it very difficult to find the two doctors required to qualify for medical aid in dying, especially on neighbor islands. This bill has a solution to this problem: Advanced Practice Registered Nurses (APRNs), also known as Nurse Practitioners (NPs), are highly trained professionals helping to fill this gap in virtually all other areas of health care. In fact, Hawai'i is one of 22 states that gives APRNs authority to independently carry out all medical acts consistent with their education and training, including prescribing all forms of medication. Yet as the law is written, APRNs are prohibited from helping in this most crucial area. The Our Care, Our Choice Act currently limits their scope of practice, preventing them from supporting their patients who want the option of medical aid in dying.

If even one qualified patient is forced to spend their final weeks in fear and pain, unable to access the law, then that is one patient too many. Please provide the needed relief to terminally ill Hawai'i residents and ensure everyone in the Aloha State is empowered to choose end-of-life care that reflects their values, priorities, and beliefs.

Sincerely,

Charles F. Miller, MD, FACP, FASCO

Hawaii Society of Clinical Oncology

Program Director, Kaiser Hawaii Aid In Dying

House Committee on Consumer Protection & Commerce  
Rep. Aaron Ling Johanson, Chair  
Rep. Lisa Kitagawa, Vice Chair

From: Michelle Cantillo, RN, Advance Care Planning Coordinator, Hawai'i Pacific Health

RE: HB1823 relating to Our Care, Our Choice Act (OCOCA)

I, Michelle Cantillo, RN, Advance Care Planning (ACP) Coordinator representing Hawaii Pacific Health (HPH) am writing to express HPH support of HB 1823. This bill allows more providers to voluntarily participate in OCOCA to help support their terminally ill patients. HB 1823 will help patients to grant their dying wishes as their time is limited.

Over the past 3 years since Medical Aid in Dying (MAiD), OCOCA bill there have only been a limited amount of physicians who are willing to be the attending physician for this law. At HPH, there are only less than 15 physicians who are willing to participate in writing the MAiD prescription. There is a lack of physicians in HI and during the pandemic we have seen providers leaving HI and retiring early. In my role as an ACP coordinator, when patients reach out to me to help them find participating attending physicians it can be very challenging even in a large organization such as HPH. All of the physicians who have written the MAiD prescription for our outer island patients are on O'ahu. We have no physicians at HPH, willing to write the MAiD prescription on Kaua'i currently. I am thankful for the few physicians who goes above and beyond and will volunteer to see patients whose physicians will not participate in the law. Many of the Advanced Practice Registered Nurses (APRN) at HPH have expressed their support to this bill. With training, our APRNs will continue to work closely with physicians and collaborate on how best to help their patients requesting OCOCA.

At HPH, we have seen many patients not meet the 20 day window after their first oral request. In the past three years, 60 patients have completed their 1st oral request and 45 of those patients went on to complete their 2<sup>nd</sup> oral request. Those patients had rapidly decline during this time period. HPH is in favor of waiving the mandatory waiting period and reduce the 20 day waiting period to 15 days. The providers are very skilled at assessing their patients and supports to waive the waiting period for terminally ill patients not expected to survive the mandatory waiting period.

HB1823 will provide Hawai'i's terminally ill patients more support on their last journey in life. We are asking you, as our leaders to honor their wishes.

Michelle Cantillo, RN, ACP Coordinator, HPH



Submitted Online: January 31, 2022

**HEARING:** Thursday, February 1, 2022

**TO:** HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Rep. Aaron Ling Johanson, Chair  
Rep. Lisa Kitagawa, Vice Chair

**FROM:** Eva Andrade, President

**RE:** Opposition to HB1823 HD1 Relating to Health

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. We oppose this bill that chips 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 allow (1) advanced practice registered nurses (APRNs) and physician assistants to practice medical aid in dying in accordance with their scope of practice and prescribing authority. (2) APRNs with psychiatric or clinical nurse specializations and physician assistants to provide counseling to a qualified patient, (3) the reduction in the mandatory waiting period between oral requests from twenty days to fifteen days, and (4) the reduction in the mandatory waiting period between the initial oral request and the provision of a prescription from fifteen days to ten days if more than ten business days have passed between the initial oral request and an appraisal of the patient by the attending provider or counseling provider.

The most problematic part of this bill are two things: (1), waiving the mandatory waiting period for qualified patients not expected to survive the mandatory waiting period. Doctors can only give their best professional “guess” on patient survival. What if they are wrong? If that isn’t alarming enough, this version (2) prohibits “the disclosure or discovery of information collected or retained pursuant to incidental or routine communication between the Department of Health and qualified patients or providers.” While not unusual to protect identities of patients and even providers, we are leary of provisions that completely insulates the information from disclosure pursuant to a subpoena, for example. That is excessive. What happens if a patient’s family believes a provider coerced a patient into requesting physician-assisted suicide or short-cut the process? Families would have few avenues to adequately investigate that under this provision.

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. At that time, to alleviate our concerns, the introduction to the bill stated 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 these safeguards are already being removed or modified.

Although there are those in the community that are receptive to the general concept of assisted suicide, we believe that when the public learns about the dangers of assisted suicide, especially for those who are poor, elderly, disabled, or without access to good medical care, their views shift against the practice. Rather than expand the law, we should continue to provide education on available access to palliative care and hospice services. Please do not sacrifice patient safety during a time of high suicide rates and economic uncertainty.

---

<sup>i</sup> [https://www.capitol.hawaii.gov/session2018/bills/HB2739\\_HD1\\_.HTM](https://www.capitol.hawaii.gov/session2018/bills/HB2739_HD1_.HTM)

**HB-1823-HD-1**

Submitted on: 2/11/2022 2:00:29 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
AUBREY HAWK	Individual	Support	Yes

Comments:

I am a resident of rural Hawaii Island and I strongly support HB1823. In my role as a volunteer patient navigator I try to help terminally ill patients seeking to use the Our Care, Our Choice Act. Too many of them--mostly poor, rural residents not affiliated with a major healthcare system, have been denied this legal end-of-life option. This is either because they cannot find a doctor willing to assist them, or because they cannot survive Hawaii's needlessly long mandatory minimum waiting period—the longest in the nation. Allowing qualified APRNs (i.e., the ~700 APRNs who have Schedule II drug prescriptive authority) to serve OCOCA patients, and shortening the waiting period, would do much to mitigate this dire inequity in health care access.

**HB-1823-HD-1**

Submitted on: 2/11/2022 12:50:34 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Caroline Kunitake	Individual	Support	No

Comments:

Dear Chair Johanson, Vice Chair Kitagawa and Committee on Consumer Protection & Commerce,

I am submitting testimony in support of HB1823 HD1.

I firmly believe that medical aid in dying needs to be accessible to more people, especially on the neighbor islands where there is a shortage of primary care physicians. It is not fair that someone who lives in a less populated county or district will be unable to access the current law on medical aid in dying because they are unable to find a physician (not a registered nurse practitioner) willing to perform medical aid in dying. Nurse practitioners, who take less time to train and have less school loans compared to physicians, will be able to provide medical aid in dying services once the laws are changed to expand their legal scope of practice.

Physicians are reluctant to permanently live in rural areas due to lack of city amenities, competitive private schools for their children, social events and products/services that high earning professionals can afford in a big city. If a physician does not have relatives or a spouse with relatives in the rural area, they often feel socially isolated when living in a rural community.

Due to the shortage of physicians in rural areas, a new primary care physician who moves into the rural area may be reluctant to be responsible for a proportionately high patient case load with serious medical complications. In other words, this primary care doctor will be treating patients who have never received any medical care, have little to no access to medical specialists and/or no income to pay for drugs and medical treatments. Most physicians will choose to work with healthier, more affluent patients and earn more by moving to a city or moving to the mainland where the cost of living is lower.

I am originally from Hawaii County and I was so disappointed to learn that the residents of Hawaii County have a greater difficulty using the Our Care, Our Choice Act (OCOCA) law.

I found the following information below from the Kona Community Hospital website which links a news story from the Hawaii Tribune Herald from Feb. 14, 2021. See below:

<https://kch.hhsc.org/news/hospitals-resist-our-care-our-choice-act/>

The East Hawaii Region of the Hawaii Health Systems Corp., which includes Hilo Medical Center, does not participate in OCOCA-related services on its premises, according to a policy

implemented in Feb. 2021. Those services include the duties required by providers under the law, prescribing or delivering aid-in-dying drugs; and prohibiting patients from self-administering the drug while a patient is in an East Hawaii Region facility. The Hilo Medical Center supports the OCOCA law, but lacks the resources to needed to fulfill all of the requirements of the OCOCA law.

In addition, other hospitals including the Queen's North Hawaii Community Hospital in Waimea (which is on the other side of the island from the district of Hilo) does not participate in the OCOCA-related services. Kona Community hospital does not participate in OCOCA by way of allowing the administration of end-of-life medications on the KCH campus.

Instead these hospitals refer patients to physicians who are willing to provide medical aid in dying treatment away from the hospital campus. Unfortunately, there are not enough primary care doctors especially in Hilo. While living in Hilo, I had so much difficulty finding a primary care physician willing to take a new patient. Most of the physician offices that I contacted in Hilo shared that I probably needed to wait over a year for a slot to open up. If you're lucky enough to even have a primary care doctor in Hilo, you need to cross your fingers that your physician is willing to provide medical aid in dying.

The University of Hawaii John A. Burns School of Medicine website (<https://jabsom.hawaii.edu/report-finds-hawai%CA%BBi-physician-shortage-exacerbated-by-the-pandemic/>) shows that the COVID-19 pandemic has increased the physician shortage on all of our counties. The update on January 2, 2021 reports that older physicians are opting for early retirement and COVID-19 has disrupted and shortened clinical operations. The statewide physician shortage remains between a range of 710 and 1,008.

Please exercise greater compassion for all who wish to use the medical aid in dying law. All of us will not escape death and we will end our lives from old age, sickness and/or death. Empowering terminally ill individuals with more control over their death does not diminish the right of others to live. I believe that HB1823 HD1 will provide greater mental ease and comfort to terminally ill individuals and their families. Please support HB 1823 HD1.

Mahalo,

Caroline Kunitake



**HB-1823-HD-1**

Submitted on: 2/11/2022 2:28:14 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Romala Radcliffe	Individual	Support	No

Comments:

Dear Committee:

Please vote to:

Reduce the current mandatory minimum twenty day waiting period between oral requests to 15 days.

Allow the attending provider the authority to waive the mandatory minimum waiting period if the eligible patient is going to die a painful death during the waiting period.

Allow qualified Advanced Practice Registered Nurses (APRNs) to support patients in the option of medical aid in dying by acting as the attending provider, consulting provider and/or mental health counselor.

Mahalo for your attention to this life and death matter,

Romala Radcliffe

Re: HB 1823 (OCOCA)

To Chair Johanson, Vice Chair Kitagawa and members of the committee,

My name is Susan Amina and I am an Advance Practice Registered Nurse. Since the Our Care, Our Choice Act took effect on January 1, 2019 I, along with another coordinator, have helped navigate over 130 people interested in the medical aid in dying option. Unfortunately, many were not able to obtain the medication as they died before the mandatory 20 day waiting period. In 2021, based on our experience, 13 of the 30 people who died a natural death did so before the second oral request. Those individuals met all the eligibility requirements; however, due to the 20-day roadblock in the law, they could not access the compassionate option of medical aid in dying. It was devastating to family members knowing that their loved ones qualified for and wanted this option; however, could not access it due to their imminent death. Hawai'i currently has the longest waiting period between the first and second oral request for medical aid in dying of the 11 authorized U.S. jurisdictions, the majority have 15 days. In California and New Mexico, the waiting period is 48 hours.

I ask on behalf of patients and families to amend the law to:

- Reduce the current mandatory 20 day waiting period between oral requests to 15 days to improve access for the terminally ill seeking this option.
- Allow the attending provider the authority to waive the mandatory minimum 20-day waiting period if the eligible patient is unlikely to survive the waiting period (the patient must still be evaluated by the three providers: attending, consultant and mental health).

I am employed on O'ahu and work with an excellent team of providers who evaluate the patients in a timely manner. My colleagues on the neighbor islands are less fortunate as it is a struggle for them to find providers. The disparity in access to the Our Care, Our Choice act between O'ahu and the neighbor islands is inequitable and unfair. The compassionate medical aid in dying option is for all Hawai'i residents despite where they live in.

Advance Practice Registered Nurses have an advanced education, broad scope of practice and prescriptive authority which allows them to evaluate, diagnose, and treat a wide range of conditions. We can project the outcome of diseases based on our training and clinical experience. If there is a question regarding prognosis, we would consult with a specialist as my physician partner did recently. As a Nurse Practitioner, I approach patient care with the perspective of, "if this was my mother ..." and provide

compassionate and high-quality care. On the neighbor island there is a good chance “my mother” would die before starting or completing the process.

I ask you on behalf of patients and families who live on all the Hawaiian Islands to amend the law to:

- Allow qualified Advance Practice Registered Nurses support patients with the option of medical aid in dying by acting as the attending, consulting, or mental health provider.

Thank you for your time and attention to this matter.

Sincerely,

Susan Amina, MSN, RNC, FNP

**HB-1823-HD-1**

Submitted on: 2/11/2022 12:35:34 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Ellen Godbey Carson	Individual	Support	No

Comments:

Please support this bill to help protect women's reproductive care and right of access to abortion services. This bill provides much needed amendments to existing law, to assure effective access to quality, confidential care on all our islands. Allowing APRN's to provide abortion services is a good way to use the specialized skills of these health care providers, in a way that helps assure each island has quality providers available when abortion services are needed.

Thank you for your consideration and for protecting women's rights for health care.

**HB-1823-HD-1**

Submitted on: 2/12/2022 8:39:56 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Allen Novak	Individual	Support	No

Comments:

With the shortage of physicians in Hawaii and especially on neighbor islands, this bill will allow consumers to have more access and choice of healthcare provider in our decisions about the care we receive.

February 12, 2022

Honorable Chair Johanson, Vice Chair Kitagawa, and Esteemed House Committee on Consumer Protection & Commerce Members,

I have practiced and taught full-time palliative medicine in Hawaii for over 17 years, and I am writing, as an individual, in **strong opposition to HB 1823**.

With barely three years' experience with the Our Care, Our Choice Act (OCOCA), 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.

- **Certification of a terminal prognosis is not within the scope of practice for Advanced Practice Registered Nurses (APRN's) or Physician Assistants (PA's).** APRN's are an essential component of any high-quality palliative care team. Personally, I am fortunate to work on a daily basis with the most skilled palliative care APRN's in the state. However, Medicare specifically prohibits APRN's and PA'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. In addition, the Our Care, Our Choice Act, like all other legally accelerated death laws in the US, defines the attending provider as having "responsibility for the care of the patient and treatment of the patient's terminal disease." APRN's and PA's do not meet this definition in that they do not have responsibility for the treatment of cancer or the neurodegenerative, pulmonary or cardiac diseases that are the most common terminal illnesses affecting people that pursue legally accelerated death. 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?
- **Waiving the waiting period for those not expected to survive the waiting period is clinically illogical and an invitation to fraud and abuse.** A physician can only reliably predict that a patient will only survive days and not weeks once the patient has entered the actively dying phase. Patients at this stage nearly always lack the ability to perform the cognitive and physical functions required to self-determine their care under the OCOCA. 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 succumbing to pressure to expedite the process. While legally accelerated death 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 objections to two of the other provisions of HB 1823: shortening the waiting period to 15 days, consistent with the practice in other states, and the inclusion of psychiatric APRN's among the behavioral health consultants to confirm capacity. However, PA's lack the additional behavioral health training and expertise of psychiatric APRN's to fulfill the counseling function of the OCOCA.

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

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM

Board-certified in Hospice & Palliative Medicine, Pain Medicine, Addiction Medicine, Internal Medicine  
Kailua, HI

**HB-1823-HD-1**

Submitted on: 2/12/2022 4:23:15 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Kathleen M. Johnson	Individual	Support	No

Comments:

My husband was the second resident of Hawaii to use MAID. Stephen T. Johnson. He was diagnosed with terminal prostate cancer in November 2018, told he would not live to see the summer, and all that he should expect as cancer killed him. He told the oncologist he would not live it out, he'd find a way to end his life. That Kaiser doctor advised the law was passed and effective January 1st. So the quest began January 2nd. The process needs to be smoother, easier access, less confusing and arbitrary delays. His life was already in limbo, on hold, full of stress and increased until he finally had the prescription in hand - having gone through all the hoops, delays and obstacles. I know some people are not as capable nor have the means and support that he did, it needs to be easier and quicker. The relief, almost joy, he had after flying from Kona to pick up the medication at a compound pharmacy in Kailua made him giddy, teasing and laughing with the taxi driver who did not see any reason for joy. But my husband told that happy story many times. He lived 2 final months without stress or concern. But he lost those months between November and March to extreme stress and anxiety. We didn't understand then and I do not understand now who is being protected by delay protocols designed by the law. What does that achieve? Anything that smooths out the process, makes it more accessible, will only improve the quality of life and well being of a dying person, their family and friends. He drank the medication and died on May 5, 2019. Considering the whole story and all he and the family went through, he had a peaceful death with dignity, in control of his destiny. I certainly hope the prescription can be filled on all islands.

Hawaii is one of 11 US jurisdictions whose residents have the full range of options for care at the end of life, including medical aid in dying. At the same time, we have one of the most daunting and over regulated processes in the US. The Our Care Our Choices Act was designed to guarantee access to medical aid in dying to terminally ill individuals while ensuring protection for patients and families and prevent abuses.

The unintended consequence of the desire to protect our residents is that many who wish to exercise their option are unable to do so. The data driven Department of Health 2019 and 2020 Reports to the Legislature on the implementation of the OCOCA show that access to care and the burdensome patient request process are limiting many residents from exercising their right to a death with dignity.

I concur with the DOH 2020 recommended changes to the OCOCA including 1) waiver of any waiting periods if the attending provider and consulting provider agree that patient death is likely prior to the end of the waiting periods; and authorizing advance practice registered nurses to serve as attending providers for patients seeking medical aid in dying.

As the retired dean of the Nancy Atmospera - Walch School of Nursing at UH, I assure you that participation in the act is within the scope of APRN practice and that APRNs have the required skills and compassion to aid patients through the dying process.

I strongly support this thoughtful and well considered effort to update the OCOCA.

Mary G. Boland, DrPH, RN, FAAN  
Dean (retired) Nancy Atmospera-Walch School of Nursing  
University of Hawaii at Mānoa



**HB-1823-HD-1**

Submitted on: 2/13/2022 8:56:03 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Roxanne	Individual	Support	No

Comments:

I support this bill

February 15, 2022

Representative Aaron Ling Johanson, Chair  
Representative Lisa Kitagawa, Vice Chair  
House Committee on Consumer Protection & Commerce  
Hawaii State Capitol  
415 South Beretania  
Honolulu, HI 96813

Thank you for considering HB 1823 HD1 which I strongly support.

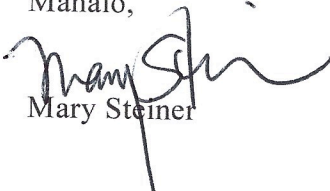
This proposed legislation offers important amendments to the Our Care Our Choice Act (passed in 2018). These amendments are designed to improve access for all residents as well as improve the quality of life for many terminally ill patients who choose to access medical aid in dying.

HB 1823 HD1 improves the existing legislation by:

- Expanding access to the Our Care Our Choice Act by allowing Advanced Practice Registered Nurses (and Pas) to write prescriptions for medical aid in dying. This will help terminally ill individuals, particularly those who reside on neighbor islands and in rural locations better access to the law.
- Allowing consultations with psychiatric nurse practitioners which is consistent with their scope of practice.
- Waiving the mandatory waiting period if a patient is unlikely to survive the current wait called for in the statute. Statistics show that too many people die while counting the days to obtain their prescriptions.
- Reducing the barrier for individuals seeking medical aid in dying. Shortening the 20-day waiting period to 15 days between oral requests will alleviate a terminally ill persons' stress. Our current law is the longest waiting period of the ten authorized jurisdictions in the US.

I sincerely hope this committee will recommend passage of HB 1823 HD1 which will result in helping more people by providing peace of mind that if needed (and if they choose) they will be able to access the law.

Mahalo,

  
Mary Steiner

**HB-1823-HD-1**

Submitted on: 2/13/2022 12:08:19 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Caryn Ireland	Individual	Support	No

Comments:

Please vote "YAY" in support of these important updates to the Our Care, Our Choice Act. As someone who works to increase education, awareness and support for Medical Aid in Dying, there are such caring physicians, mental health professionals and pharmacists helping patients - however, with the physician shortages in the State of Hawaii, it is critical to all APRNs as an additional provider for this work. In addition, there are too many end-of-life patients who have not been able to make it through the waiting period, which has been so difficult for the patient as well as their family & friends. Please support this important work!

**HB-1823-HD-1**

Submitted on: 2/13/2022 2:00:10 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Jane E Arnold	Individual	Support	No

Comments:

Please support HB1823. It will make medical aid in dying easier to obtain, especially for people in rural areas. Thank you.

I am a Hawaii physician who has helped terminally ill patients through the process of getting a prescription for medical aid-in-dying medication under the Our Care, Our Choice Act. 2022 marks my 40<sup>th</sup> anniversary as a physician. My first experience with terminally ill patients was at the beginning of the AIDS epidemic in 1982 when I worked at the University of California, School of Medicine in San Francisco. During this time, I assisted hundreds of terminally ill patients achieve a dignified death. Throughout my career, I have advocated for the right of terminally ill patients to take control of the end of their lives.

I strongly support HB1823.

The law has been in effect for three years. As many medical experts feared, our state's needlessly long 20-day waiting period between the law's two mandatory verbal requests—the longest waiting period in the nation—has turned out to be not a safeguard, but an arbitrarily extended suffering period and a barrier to compassionate care. Tragically, I have seen this happen with my own patients.

I have now helped almost 20 eligible Hawaii residents access the Our Care, Our Choice Act. These individuals have exhausted all possible curative treatment. They are mentally capable. They have come to terms with their inevitable death, and have carefully considered the option of medical aid in dying. Yet they still must struggle through the 16 steps and three weeks of additional suffering that the process requires.

By the time these patients come to me, most have had their own provider decline to help them. With Hawaii's severe doctor shortage, it can be impossible for a patient to find a doctor to help them use the law. This is especially true on the neighbor islands, as I have had to travel to Maui to help alleviate the suffering of a terminally ill cancer patient. Allowing qualified APRNs to serve their patients is the answer. And *qualified* is the key word. Many laypeople do not understand that the subset of APRNs this amendment seeks to allow to serve are highly trained medical providers already legally authorized by the state of Hawaii to fulfill the requirements of the OCOCA, including determination of terminal prognosis and prescription of Schedule II narcotics. The amendment in no way "expands their scope." Rather, it removes the prohibition against them practicing within their scope.

I am a Hawaii physician who has helped terminally ill patients through the process of getting a prescription for medical aid-in-dying medication under the Our Care, Our Choice Act. 2022 marks my 40<sup>th</sup> anniversary as a physician. My first experience with terminally ill patients was at the beginning of the AIDS epidemic in 1982 when I worked at the University of California, School of Medicine in San Francisco. During this time, I assisted hundreds of terminally ill patients achieve a dignified death. Throughout my career, I have advocated for the right of terminally ill patients to take control of the end of their lives.

I strongly support HB1823.

The law has been in effect for three years. As many medical experts feared, our state's needlessly long 20-day waiting period between the law's two mandatory verbal requests—the longest waiting period in the nation—has turned out to be not a safeguard, but an arbitrarily extended suffering period and a barrier to compassionate care. Tragically, I have seen this happen with my own patients.

I have now helped almost 20 eligible Hawaii residents access the Our Care, Our Choice Act. These individuals have exhausted all possible curative treatment. They are mentally capable. They have come to terms with their inevitable death, and have carefully considered the option of medical aid in dying. Yet they still must struggle through the 16 steps and three weeks of additional suffering that the process requires.

By the time these patients come to me, most have had their own provider decline to help them. With Hawaii's severe doctor shortage, it can be impossible for a patient to find a doctor to help them use the law. This is especially true on the neighbor islands, as I have had to travel to Maui to help alleviate the suffering of a terminally ill cancer patient. Allowing qualified APRNs to serve their patients is the answer. And *qualified* is the key word. Many laypeople do not understand that the subset of APRNs this amendment seeks to allow to serve are highly trained medical providers already legally authorized by the state of Hawaii to fulfill the requirements of the OCOCA, including determination of terminal prognosis and prescription of Schedule II narcotics. The amendment in no way "expands their scope." Rather, it removes the prohibition against them practicing within their scope.

**HB-1823-HD-1**

Submitted on: 2/13/2022 8:26:58 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Erika Lindenberger	Individual	Support	No

Comments:

To whom it may concern,

1. After 50 years of nursing working with pts. at various stages of dying I feel time is essential. I'm aware of the first oral report needing 3 signatures.

Could the same privilege also be extended to APRN, nurse practitioner to help facilitate the the process?? Why would a MS in nursing not be recognized for this process but a MSW is ok???

2. 20 day waiting period between first and second oral request is most likely to extend suffering. Some pts. die before but not exactly the dignified death they were hoping for.

Please, seriously consider shortening that waiting period.

Ask yourself seriously are we extending LIFE or are we extending SUFFERING???

Thank you for your time.

Sincerely yours

Erika Lindenberger BSN, MEd.

**HB-1823-HD-1**

Submitted on: 2/13/2022 9:00:24 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Rodney Rodriguez	Individual	Support	No

Comments:

Aloha,

I am submitting this testimony for a friend who wishes to remain anonymous due to the sensitive nature of Medical Aid in Dying and how it can be perceived by some members of our community. The following are the words of a native Hawaiian woman who's mother ingested life ending medication during the winter of 2021 in Honolulu, HI.

"Our family has had first-hand experience with medical aid in dying. My mother who was over 91 yrs old, had experienced many falls within one month; the final fall resulting in an ER visit. Her wishes were stated in her estate planning documents and she also expressed her wishes to the ER physicians. Once we received the recommendation from her ER physician to enter hospice, she was referred to hospice and transferred to the geriatric section of the hospital to die.

My mother didn't want to be in hospice and, after stating her desire to die multiple times to the hospital staff, she took matters into her own hands by refusing food and water. Her decision which was extremely difficult to witness, did a great deal of damage to her physical health as well as her mental clarity. She was supplied pain medication and, for a time, was existing only on pain meds which left her nauseated...which too was painful to witness. Eventually she was unable to speak above a whisper, turn herself in bed to relieve pain, lift her legs and eventually her arms. At the time we were unaware of the Our Care, Our Choice Act and didn't realize that our window to help was closing quickly. Fortunately, one of her hospice case workers told my mother's trustee about the new law and provided assistance in the form of referring us to Joy Rodriguez and her company, Burden Lifters.

Joy met with us to explain the hurdles we would encounter, coordinated with various physicians to get my mother to her ultimate goal, and advised us of the timeline in which everything would take place. After meeting with Joy I was able to discuss the Our Care, Our Choice Act with my mother. She was extremely happy and grateful to know that relief was available and, as a result, resumed eating and drinking much to our relief.



A lot of damage had taken place due to my mother's refusal to eat or drink prior to getting to the psych evaluation portion of the timeline and she did not pass the first evaluation. We thought we had failed her and the window had closed; however given enough time to re-hydrate and fuel her body, my mother was able to have another psych evaluation and passed the second time. We were very fortunate to have Burden Lifters guide us toward success and fulfill my mother's wishes.

After the last hurdle was behind us, my mother was able to return to her house and pass away with dignity in her own home surrounded by people who love her. The hospital staff were very kind to my mother and we appreciated everything they did for and the affection they showed her; however, the tranquility of her being in her own home surrounded by family, with the ability to pass quietly in her sleep under the care of a dedicated, respectful and caring physician was the perfect end to a long and happy life.

We were the boots on the ground for my mother who could no longer care for herself and who did not want to pass away in unfamiliar surroundings without her family there to hold her hands. The physicians who cared for my mother prior to her last ER visit refused to assist with her final wishes due to their own beliefs. I consider my mother and ourselves fortunate to have had access to physicians who have experienced what we did and therefore had different beliefs. Absent the care and dedication of these remarkable physicians, my mother could have languished unhappily in a bed for much longer, rather than the beautiful and peaceful way she exited her body which no longer served her.

The number of physicians who will render assistance in these matters is a very short list. Given the timeline to accomplish what needs to be done, the possibility of any window of success being closed at any time and the shortage of qualified personnel willing to assist anyone wishing to take advantage of medical aid in dying, I believe it is prudent and necessary to expand the definitions of attending and consulting providers to include Advanced Practice Registered Nurses (APRNs) with prescriptive authority, and expanding the definition of "counseling" to include consultations with psychiatric nurse practitioners. Further, allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications is also necessary to avoid the likelihood of eligible patients dying in exactly the way they don't want, yet are hindered by mandatory minimum waiting periods. Also, reducing the waiting period to 15 days between the first and second oral request for medical aid in dying will remove another barrier for individuals who seek to maintain their dignity in their death process. More needs to be done to make the public aware of this new law and the relief it offers to those who desire it. "



**HB-1823-HD-1**

Submitted on: 2/13/2022 10:06:30 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Bob Gahol	Individual	Support	No

Comments:

I am submitting my written testimony in strong support of HB 1823 HD 1. In Hawaii, Advanced Practice Registered Nurses (APRNs) have completed the required education and board certification to practice independently. As licensed, independent practitioners, they practice autonomously and coordinate with health care professionals and other individuals. Due to the shortage of physicians in the state, especially in the neighboring islands, APRNs are extremely important in meeting the healthcare needs of our citizens. Therefore, they should also be given the authority to administer medical aid in dying, including counseling qualified patients. The passing of this bill promotes patient-centered care and will significantly assist patients and their families through the death and dying process. Thank you.

**HB-1823-HD-1**

Submitted on: 2/14/2022 8:37:30 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Malachy Grange	Individual	Support	Yes

Comments:

Dear Chair and Committee Members

- Please pass HB1823 to amend the OCOCA to expand access to Medical Aid in Dying for eligible Hawaii citizens. Making the waiting time flexible and allowing qualified Advanced Practice Nurses to screen and prescribe medications, fulfills the promise that the original OCOCA made: that people with a 6 month prognosis, of sound mind and under no coercion can receive life-ending medications and use it when and where they choose, often with the love and support of family at their side.
- Currently and sadly, this legal access is not working for some who cannot survive the current mandatory waiting period (20 days) or get access to medical providers in a timely way. One can imagine the devastation this brings to patients and families who have thought and prayed long on this choice and are following their moral compass and now this choice is taken away.
- Please do the right thing and pass this bill as is.

**HB-1823-HD-1**

Submitted on: 2/14/2022 8:49:57 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Brian Goodyear	Individual	Support	Yes

Comments:

Aloha Representatives,

I am writing to express my strong support for HB1823 and to urge you to support passage of this bill. I am a clinical psychologist who conducts mental health consultations for terminally ill patients who have requested medical aid in dying.

Since the Our Care, Our Choice Act went into effect I have had the privilege of doing over 80 of these consultations, mostly for Kaiser patients. Based on my experience thus far, I believe that the Act is working as intended for the most part. All of the patients that I have seen have been grateful and relieved to have this option available in case their suffering becomes unbearable at some point. I have also been impressed by how acceptant these patients have been of the fact that they have only a very limited amount of time remaining in their lives.

There are, however, some changes that should be made to the legislation to address certain problems that have arisen for some patients who have requested medical aid in dying and have not been able to take full advantage of the current law. HB1823 directly addresses these problems.

One problem, particularly for patients on the neighbor islands and in rural areas of Oahu, is the shortage of physicians who are able to act as the attending or consulting provider. This mirrors the more general shortage of medical providers in these areas of

the state. Allowing APRNs, who are well qualified to do so, to take on these roles would greatly help to alleviate this shortage.

The second problem is that some critically ill patients have been too ill to survive the 20 day waiting period. Two changes are in order to address this problem. The waiting period could safely be reduced to 15 days to bring the law in line with similar pieces of legislation in other jurisdictions. In addition, the attending provider should be allowed to waive the waiting period completely for patients who are not expected to survive the waiting period. Similar changes have already been enacted in Oregon and California, and are also being considered in other jurisdictions.

Mahalo for your support of these proposed changes.

Brian Goodyear, Ph.D.

2924 Alphonse Place, Honolulu, HI 96816

(808) 285-9393

bsgoodyear@aol.com

**HB-1823-HD-1**

Submitted on: 2/14/2022 9:49:41 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Patti Yasuhara	Individual	Oppose	No

Comments:

**Hawaii state motto -§5-9 State motto. The motto “Ua mau ke ea o ka aina i ka pono,”**

“The "life" of the land is perpetuated in righteousness.” NOT DEATH.

Thank you for voting NO on HB1823, adhere to the State of Hawaii Moto.

Mahalo, Patti Yasuhara, Honolulu, HI District 18

**HB-1823-HD-1**

Submitted on: 2/14/2022 10:37:01 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Erick Peter Ehrhorn	Individual	Support	No

Comments:

To: [COMMITTEE ON CONSUMER PROTECTION & COMMERCE](#)

I have always favorved assisted suicide as people should have the right to exit this life if they desire. However the initial law seems to be a lot of red tape and I doubt many will stop using the second amendment to commit Suicide. The advertiser has previously reported that around 70% of gun deathss in Hawaii are suicides. While many of these may not be applicable, just remember red tape probably will not be looked at kindly by someone who is in pain and dying. Please make it simple. Actually Nurses probably would better than doctors as they tend to have more empathy.

Suicide is not a pleasant subject of discussion but many will do it. I have known people who committed suicide by hanging, tylenol, and the second Amendment. Please don't think you will prevent suicides by not making it easy.



**HB-1823-HD-1**

Submitted on: 2/14/2022 10:18:41 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
stephanie marshall	Individual	Support	No

Comments:

As a registered nurse for over 40 years in oncology and a retired UH Manoa school of nursing faculty, I strongly support this bill in full. APRNS current scope of practice allows them to act as attending and consulting providers for patients who request medical aid in dying . There is a critical need to expand accessibility to these patients and know that there are APRNS in the state who are willing and able to support this.

I fully support the other 2 aspects of this bill in shortening the times between the the first and second request. It is unacceptable that over 30 % of patients die in fear and pain between the first and second request. Allowing the provider to waive the waiting period if needed is the only humane thing to do Please support this bill in full to provide the care and compassion that Hawaii's residents deserve.

Stephanie Marshall RN,FAAN

**HB-1823-HD-1**

Submitted on: 2/14/2022 11:16:43 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Dara Carlin, M.A.	Individual	Oppose	No

Comments:

Stand in STRONG OPPOSITION.

From Holy Love Ministry - June 28, 2021:

Once again, I (Maureen) see a Great Flame that I have come to know as the Heart of God the Father. He says:

"The Fifth Commandment is 'Thou shalt not kill'. These days, this Commandment is flagrantly violated. Any taking of life is profaning the Fifth Commandment. A whole industry - abortion - has been built around violation of this Commandment. This also includes the harvesting and use of stem cells. Beyond that, there is the acceptance of euthanasia and suicide. I am the Lord and Giver of Life. Only I must be the One Who calls life unto Myself."

**HB-1823-HD-1**

Submitted on: 2/14/2022 11:22:11 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Diane Ware	Individual	Support	No

Comments:

Mahalo for your continued support passing this bill.

**HB-1823-HD-1**

Submitted on: 2/14/2022 11:39:50 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Patrick Rorie	Individual	Oppose	No

Comments:

Dear Members of the Consumer Protection and Commerce Committee,

Doctor assisted suicide is murder! Who are we to take a human life?! Please vote "No" to HB1823 - Our care, our choice act.

For the following reasons...

- The majority of physicians do not want to participate, so APRN's and physician assistants have asked to expand their scope of practice. What happens when not enough of these practioners step up?
- Reducing the waiting period only expands the possibility of abuse and coercion. That means families have less time to be part of this important decision-making process.
- Although five days doesn't seem like a big difference, we predict that this window will continue to be closed until waiting time is only 24 hours. Proof of that lies in the 4th point above. Physicians need only to "believe" the time period is too long. The actual language in the bill states: (d) If the qualified patient's attending provider attests that the qualified patient will, within a reasonable medical judgment, die within fifteen days after making the initial oral request, the fifteen day waiting period shall be waived and the qualified patient may reiterate the oral request to the attending provider at any time after making the initial oral request."
- Disclosure and discovery of information "because an attorney makes a request" is one way to ensure there is no coercion or abuse. Taking that away only protects the Department of Health and the physician aiding on their patients death. This is a far cry from the "strongest in the nation" safeguards we were promised.

Most Sincerely and with Aloha,

Patrick Rorie (Hawaii resident since 1987, voter, tax payer, currently residing in Aiea, Hawaii)

**HB-1823-HD-1**

Submitted on: 2/14/2022 11:54:18 AM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
William Striegel	Individual	Oppose	No

Comments:

My wife and I oppose **HB1823 HD1**.

Thank you for the opportunity to express our dislike of **Hawaiian Citizens killing themselves** under any circumstance.

William and Myrna Striegel

My name is Dr. Charlotte Charfen, and I am a board-certified emergency physician that practices emergency medicine on the Big Island in North Kohala and Kona. I am providing written testimony in **support** of HB 1823 which makes very necessary improvements to the Our Care, Our Choice Act.

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 and support about all life matters, especially the end-of-life.

In doing this work, I have now helped several patients that have attempted to access the Our Care Our Choice Act. Some were successful. Many were not. I have seen first-hand the many flaws in this law although I am still very grateful for its existence. I am in full support of amending the law so that more of our residents, especially on outer islands, can have access.

Currently I have now helped twelve patients get access. All of them found me because their own physicians would not or were not allowed to help them due to the hospital system they belonged. Some have gone so far as to be blatantly condescending and cruel when they were approached by the patients that trusted them. One was even told by a physician to take a bottle of Benadryl instead to end their life. This disturbing and reckless statement would have resulted in a terrible outcome and suffering for my patient, that would not have included death. This is the type of ignorant, misinformation that exists in our medical community that I personally do my best to curb but it's not enough. We need compassionate, informed legislative change.

After developing cancer last year, I had to step back from helping patients. I saw even more just how fragile access on the outer islands really is. I was one of three physicians willing to help dying patients with this option. Without me in the workforce, the entire island only had two physicians willing to participate that were completely overwhelmed with requests and their own private patient loads. That is a sad testament to how this law needs change. Advance nurse practitioners are willing to help make this choice more accessible if not enough physicians are prepared. And right now, that appears to be the case, at least on my island.

I believe determining a patient's mental competence and terminal prognosis is well within a trained advance nurse practitioner's scope of practice. I personally use APRNs for my primary and specialty care, even my oncology care. I have also worked alongside them in emergency care for over 20 years. Even if only a few APRNs participated in the law, it would bridge a much-needed gap. We only need 3 to help support our island's population. And I have already identified three that are willing and more than eager to help terminal patients die with their dignity and autonomy.

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. One of my patients died the very day I was legally able to write his prescription. My clinical judgement would have waived his case had I been given that chance under the law and saved his wife the

pain and suffering she endured knowing his wishes were not met because of the current barriers our law affords.

I have heard some report that we have the safest MAID law in the country. I beg to differ. We have the most prohibitive. Barriers do not ensure safety, but they do ensure more pain and suffering in patients and their families that are already struggling with the complexities that come with ones ending.

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



**HB-1823-HD-1**

Submitted on: 2/14/2022 1:24:19 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Lawren Love	Individual	Support	Yes

Comments:

I am a physician on Oahu and am reaching out in support of HB1823. I am an advocate for patient autonomy and the patient's right to access medical aid in dying if that is their choice. Currently, both the mandatory waiting period of 20 days and the limiting of the attending/consulting role to physicians only erect unnecessary barriers for patients who are nearing end of life. We allow a social worker to perform the mental health evaluation, but do not allow the patient's primary provider to act as attending or consultant if that provider is an advanced practice nurse? For those of us in the trenches with patients trying to navigate this process, it is obvious that changes need to be made to simplify access. HB1823 is a good step in the right direction.

Regards,

Lawren Love, MD

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



To: The Honorable Representative Aaron Johanson, Chair of  
the House Committee on Consumer Protection &  
Commerce

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB1823 HD1 – Relating to Health

Hearing: February 15, 2022, 2p.m.

Aloha Representative Johanson, Chair; Representative Kitagawa, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony regarding HB1823 HD1. HAPN is in **strong Support** of placing choice in the hands of patients with whom we work every day. This 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 our scope of practice.

This is a multi-professional bill working toward increasing access to care. This access to care has gotten worse over the years due to many reasons, but most notably the decline in the number of providers to improve access. Research for physicians and APRNs in Hawaii show that there will be even steeper declines in the number of providers to provide general access in the coming years.

We have reviewed the testimony from this year, last year, op-eds, from legislator communication (speeches, position statements, etc.), and from various people throughout all walks of life – it is clear, this is a controversial bill. We understand the need to develop a comprehensive APRN bill, but we know that this type of legislation would not be appropriate as part of any “clean up” bill. What is clear is that our scope of practice allows us to evaluate, assess, manage/treat our patients. We are not asking for scope expansion, because we already have it. We are asking for inclusion in this process that this bill allows to better serve our patients.

HAPN’s mission, to be the voice of APRNs in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients’ access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii. 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, if they can find one, 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. There have been clear indications that patients on our rural islands have been having difficulty finding physicians to support them with their legal right. We support the

recommendations to include APRNs in this law, from our partners at the Department of Health in their assessment and evaluation of this issue.

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,  
Dr. Jeremy Creekmore, APRN  
HAPN President

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

**HB-1823-HD-1**

Submitted on: 2/14/2022 1:48:13 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Robert Orfali	Individual	Support	No

Comments:

Please, make it easier on us to get through the system when we're not at our best. Please streamline what can be streamlined. You are not punishing the person; you are trying to provide safeguards. The current bill protects the safeguards while streamlining the system. Please support it.

**Subject:** HB1823

Dear friends and stakeholders for HB1823:

I am writing in support of increasing the meaning of “qualified providers” to include nurse practitioners, who may participate in Our Care Our Choice, death with dignity in Hawaii. Aid-in-dying is a new area of ethical concern where both public opinion and public policy has evolved rapidly. So much so that professional organizations and individual clinicians are still evolving their positions. The state should allow nurse practitioners to participate as consultants, and if the provider so chooses, they should be allowed to prescribe the medications for the medical-aid-in-dying to be carried out by the terminal patient. Remember, the death with dignity act allows TERMINAL patients, who are MENTALLY capable to access medical-aid-in-dying. The nurse practitioner will not be the sole sign off on this, as the law still states two qualified medical providers and a psych provider be involved in the decision making process. Allowing nurse practitioners to participate as qualifying providers WILL allow better access to this option for terminal patients. If the state chooses, there could be an amendment made, to read that at least one of the three providers signing off on medical-aid-in-dying be a medical doctor MD or DO.

As a family nurse practitioner working in Hilo, Hawaii for the last couple years, I have had to sign off that patients are mentally capable to do a wide assortment of things such as obtain a gun license and become employed in high risk employment opportunities. On a daily basis as a family practice nurse practitioner I have to make high stakes decisions that will affect patients and potentially many peoples health/well being. Although participating in medical-aid-in-dying is a new high-stakes decision for Family and psych NPs, the task of making high-stakes, difficult decisions, based on ethics and medical data is something we do DAILY. I, alongside my psychiatric nurse practitioner colleagues have the training and capability to determine if a person is mentally capable and in most situations, with appropriate information about the patient, I would feel competent and confident in agreeing or disagreeing that their diagnosis is terminal. If we as providers do not feel we have enough information to justify that a person is mentally capable or terminal, then it is our responsibility to the patient, to ourselves, to our profession, and to our license, that we not sign off. **It should be the right of the individual provider**, not the right of the state, to choose if they want to participate in the medical-aid-in-dying process with their patient(s).

I have worked as a family nurse practitioner in Hilo, Hawaii. During my time on the Big Island I have come to learn a lot about the challenges to seeking care that many residents face here- one of the biggest challenges is the limited number of healthcare providers on island. However, patients and residents also face the limitations that many private physicians decide to put on their practice by not choosing to take on complicated, or terminal patients. Fortunately, I worked in a clinic that did not cherry pick; we did not choose to only care for the healthiest patients in the community. Our clinic was one of few that welcomed complex patients, even those who had terminal diagnoses. Working in the Hilo community alongside MANY physicians who chose NOT to take on patients because of their complicated medical histories, or their challenging social situations leaves patients with few options for quality care. Not to mention, many of the physicians in this community have religious and personal objections to the death with dignity law, further making accessibility difficult for terminal patients in our rural community.

These are only part of the reasons as to why I support family practice and psychiatric nurse practitioners be allowed to sign off for patients to participate in Our Care Our Choice, death with dignity. For the patients, especially those who live in rural regions of the state, who are unable to find care with a physician, and for MANY who CHOOSE nurse practitioners as a primary care provider because they love the high quality, individualized, holistic care that they receive, they have a right to allow their family practice provider (regardless of being MD or APRN) to write for their death with dignity if the provider is agreeable.

In addition to this I look at other states, like Washington, who have data that show the majority of terminal patients who have access to request medical-aid-in-dying were white patients (96%) who live in or near urban regions (86%) of the state. I suspect similar data would be found for Hawaii. We, as nurse practitioners, are working to help narrow the gap that already exists for people of color, people who live in rural regions, and for those who come from lower socioeconomic backgrounds. It is our responsibility as healthcare providers to ensure that not only the wealthy and privileged have access to this care option.

Again, I want to reiterate that Our Care Our Choice requires three providers to sign off as its own safety check, to ensure that all providers are in agreement that the patient is both mentally sound, and has a terminal diagnosis. This collaborative work is exactly what nurse practitioners are great at, and for those who do not want to participate in this for religious/personal reasons or simply because they do not feel qualified to make that determination, then that is their right as a provider to make the decision to not participate.

Finally, I want to remind you of this- not all providers are created equal. Just because a provider has an MD/DO behind their name does NOT make them automatically qualified, or the best person to write off on a person's medical-aid-in-dying. I give you the following REAL life example (I will leave out names for privacy):

Just before the pandemic, I had the opportunity to join my community of providers in a lunch workshop to learn more about Our Care Our Choice, so that we could be better versed on the law, and how to support patients if they wanted to use medical-aid-in-dying. This was optional training that I participated in so that I could be better equipped to offer my terminal patients options and answer questions. Unfortunately, this training is not a requirement to be able to prescribe medical-aid-in-dying, and this became VERY clear when a community physician (MD) had prescribed medical-aid-in-dying for his patient on the island, and then proceeded to write "suicide" as cause of death on the death certificate. THEN, the physician was calling to get advice on what to do, as he had erroneously signed the death certificate with the wrong cause of death. THIS IS ABSOLUTELY INCORRECT, as the workshop teaches, the cause of death should have been written as whatever the terminal diagnosis was for that patient (as they are already going to die of this diagnosis in less than 6 months, which is why they even qualify for the medical-aid-in-dying). After the physician wrote this, the family had numerous issues dealing with legal, financial, and paperwork challenges after their loved one passed away. The physician was willing to write the script for the patient, yet was not knowledgeable or trained in what to do to properly sign the death certificate for the patient. This is one of many examples I have that act as a reminder that just because a provider has an MD/DO behind their name does **not** mean they are following

protocol, laws, and doing all the right things for the patient at all times. Just because they have the right alphabet soup does not mean they are actually TRAINED in medical-aid-in-dying. I do not think this physician meant harm, but I do feel his participation in this was negligent as he did not have all the training and information he needed to be able to properly fulfill the duties, including paperwork, that was required of him.

That being said, I WOULD recommend the state make a highly accessible training (ie. virtual/electronic training module) that ALL providers (MD/DO/APRN) participating in medical-aid-in-dying MUST take in order to be considered a qualifying provider.

Additionally, this resource should have extra resources for providers to access at will, in the event they find themselves needing to know/learn more about the process, and so they have a convenient, reliable resource to go to so that they may assist their terminal patients in accessing this option for end-of-life care.

I thank you for your time and consideration. If you have any further questions I can be reached by email or phone.

Kindly,  
Anna

Anna Casillas, MSN, ARNP-C  
Board Certified Family Nurse Practitioner  
Cell: 406-792-5444  
Email: [amcasillas@gmail.com](mailto:amcasillas@gmail.com)

## Medical Aide in Dying legislation

**LATE**

### Who and I and Why do I care?

I am a retired ICU/ED RN and former hospital administrator of some 50 years. I have seen more pain and suffering than I ever expected to see during my tenure. The sad part was that I knew all along that we could do better. I knew we had the capacity and the skills to end suffering for those who were diagnosed as terminal or already in the dying process. On a personal note, My stepmother died of metastasized renal cancer. We tried every pain medication available to us to no avail. Her life was one day of suffering after another. Even when she was knocked out on narcotics, she groaned and rubbed her fractured femur that the cancer had eaten its way thru. She asked me many times to end her suffering. I lay there after medicating her thinking how easy it would be to give her a dose that might stop her breathing, knowing I could not do that. It was a terrible time for our whole family. Since that time, I have dedicated my life to educating people about options at end of life so that they can maintain some semblance of control. I see a lack of this communication between patient and medical professionals as exhibited by those who consult with me.

The current Medical Aide in dying law although a step in the right direction making me proud of our legislatures, needs to be altered to make the law easy to access. If you know anything about Hospice, you know that way too many folks wait until the last minute before accessing this valuable service. This must not be the case with the Medical Aide in Dying law. Once a person has made this difficult decision and has met criteria, we need to make it easy for them. We need to streamline the process so that they can access the medication and then take a deep breath, knowing that they have regained control. Psychology has a huge affect on the body and its response. For many once they are back in the seat of control, the pain is lessened and they actually don't need to take the medication. This is proven time and again.

Please consider making the law the best in the United States. Show the rest of the country what true Aloha stands for.

.



Please if you have ever known or witnessed anyone who has died after suffering insurmountable pain and suffering consider making this process as easy as possible. I know I am counting on it being available to me when the time comes.

,

**LATE**

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Aaron Ling Johanson, Chair

Rep. Lisa Kitagawa, Vice Chair

Tuesday, February 15, 2022 - 2:00pm - Conference Room 329 - videoconference

Testimony in Support on **HB1823 HD1 HEALTH** with comments

The National Association of Social Workers – Hawai'i (NASW- HI) **supports HB1823 HD1**, giving psychiatric mental health nurse practitioners, clinical nurse specialists, and physician assistants the authority to engage in certain medical aid in dying services, as well as reduce the waiting time for patients to be eligible for the program.

These services have been previously limited to physicians, psychiatrists, psychologists, and clinical social workers. NASW- HI supports the addition of qualified APRNs and physician assistants to the cadre of medical and mental health professionals to provide services through this program; however, we would like the bill to clarify that the physician assistants providing “counseling” services are appropriately trained in mental health.

NASW-HI also would also like to see Licensed Marriage and Family Therapists added to the professionals authorized to provide “counseling” services in Hawaii Revised Statutes Section 3217L-1 – as they have specialized mental health training in the relational aspects of a dying patient’s family and community. Accordingly, we ask that Marriage and Family Therapists be added to the professionals authorized to provide “counseling” services on page 5, lines 6-17 of this bill as follows:

"Counseling" means one or more consultations, which may be provided through telehealth, as necessary between a psychiatrist licensed under chapter 453, psychologist licensed under chapter 465, ~~or~~ clinical social worker licensed pursuant to chapter 467E, an advanced practice registered nurse with a psychiatric or clinical nurse specialization licensed under chapter 457, a physician assistant licensed under section 453-5.3, or marriage and family therapist licensed pursuant to chapter 451J and a patient for the purpose of determining that the patient is capable, and that the patient does not appear to be suffering from undertreatment or nontreatment of depression or other conditions, which may interfere with the patient's ability to make an informed decision pursuant to this chapter."

There currently is a significant shortage of providers. As the baby boomer generation ages, provider shortages and access to care in this area will only exacerbate.

Thank you for the opportunity to provide this testimony in support.

Sincerely,

 , MSW, LCSW

Sonja Bigalke-Bannan, MSW, LCSW

Executive Director,

National Association of Social Workers- Hawai'i Chapter

**LATE**

LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

**TESTIMONY OF EVAN OUE ON BEHALF OF  
THE HAWAII ASSOCIATION FOR JUSTICE (HAJ) IN  
OPPOSITION TO HB 1823**

Date: Tuesday February 15, 2022

Time: 2:00 p.m.

My name is Evan Oue and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in **OPPOSITION, and PROPOSING AMENDMENTS** to HB 1823, Relating to Health. HAJ is concerned with HB 1832 as it prohibits certain medical records pertaining to euthanasia from discovery in civil cases.

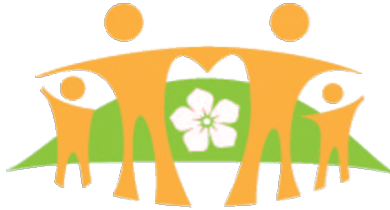
Specifically, the measure amends HRS Section 327L-14(c) to state “Information collected pursuant to this ~~section~~ chapter by the department or retained as the result of incidental or routine communication with providers and qualified patients shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding.” HAJ opposes this provision because it could have the unintended consequence of preventing the discovery of relevant and important information in a civil case, just because the information was sent to the department. For example, if a patient’s medical record was sent to the department, then it could be argued that the patient could not obtain their own medical record in discovery.

In order to avoid such an absurd result, HAJ recommends adding the following sentence to HRS Section 327L-14 to make clear that information sent to the department remains discoverable from entities other than the department and is not precluded from discovery by virtue of the fact it was collected by the department:

“Original sources of information, documents, or records collected pursuant to this chapter by the department or retained as the result of incidental or routine communication with providers and qualified patients shall not be construed as being

immune from discovery or use in any civil, criminal, administrative or proceeding merely because they were collected or retained by the department . Litigants may seek to obtain the information, documents, or records in discovery from parties other than the department.”

This additional language tracks an existing statute with a similar purpose, HRS Section 624-25.5 (2012), pertaining to medical peer review. Thank you for allowing us to testify regarding this measure. Please feel free to contact us should you have any questions or desire additional information.



**LATE**

The Hawaiian Islands Association  
for Marriage and Family Therapy  
(HIAMFT)

We know systems.

We know relationships.

We know FAMILY MATTERS.

---

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Aaron Ling Johanson, Chair

Rep. Lisa Kitagawa, Vice Chair

Tuesday, February 15, 2022 - 2:00pm - Conference Room 329 - videoconference

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB1823 HD1, which would give advanced practice registered nurses, psychiatric mental health nurse practitioners, and physician assistants the authority to engage in certain medical aid in dying services. These services have been previously limited to physicians, psychiatrists, psychologists, and social workers.

While HIAMFT strongly supports this bill, we believe **it can be strengthened to further achieve the purpose and intent of Our Care, Our Choice legislation by adding Marriage and Family Therapists (MFTs) to the corps of healthcare professionals allowed to provide “counseling” services** outlined in Hawaii Revised Statutes section 321L-1 to determine if a patient is capable, and has received adequate treatment for depression or other conditions that may impact his or her ability to make informed aid-in-dying decisions.

In the senate companion to this bill, SB2680 SD1, the Senate Health Committee explained at decision-making (the SD1 is not yet posted) that it will add MFTs to those authorized to provide “counseling” because of their expertise in mental health counseling and family systems. In this vein, we also ask that language be added to clarify that the physician assistants – newly added in this HD1 - who provide “counseling” services, also have the requisite training in mental health.

Marriage and Family Therapists are one of five core mental health professions (along with psychiatrists, psychologists, social workers and advanced practice psychiatric nurses) identified by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) of the US Government. Additional information can be obtained in *The Mental Health Workforce: A Primer* (April 20, 2018). They are trained to diagnose and treat mental health issues, such as but not limited to, anxiety, depression, substance abuse, alcoholism, relationship/marital problems, child-parent problems, ADD/ADHD, and schizophrenia.

**Phone:** (808) 291-5321 **Email:** [hawaiianislandsmfts@gmail.com](mailto:hawaiianislandsmfts@gmail.com) **Address:** PO Box 698 Honolulu, HI 96709

**Website:** [www.hawaiimft.org](http://www.hawaiimft.org) **Social Media:** FB - @mfthawaii, IG - @hawaiimft

Perhaps most germane to this measure, MFTs are specifically trained to attend to a patient's primary relationship networks that may become resources for well-being. With a relational and systemic focus, MFTs use a perspective that considers the full context of a patient's situation. This perspective is particularly important when working with critically serious issues like the intentional ending of one's life.

Moreover, MFTs are specifically trained to understand and help patients discuss all aspects of family life and other interpersonal dynamics. In working with a dying patient, that person may be concerned about one or more family members, pets, or others within their personal family "system." Therapy may represent a last opportunity for saying good-bye or the possibility of healing and forgiveness for both the dying patient and various family and/or other community members.

Accordingly, we ask that Marriage and Family Therapists be added to the professionals authorized to provide "counseling" services on page 4, line 14 of this bill as follows:

"Counseling" means one or more consultations, which may be provided through telehealth, as necessary between a psychiatrist licensed under chapter 453, psychologist licensed under chapter 465, [~~or~~] clinical social worker licensed pursuant to chapter 467E, an advanced practice registered nurse with a psychiatric or clinical nurse specialization licensed under chapter 457, a physician assistant licensed under section 453-5.3, or **marriage and family therapist licensed pursuant to chapter 451J** and a patient for the purpose of determining that the patient is capable, and that the patient does not appear to be suffering from undertreatment or nontreatment of depression or other conditions, which may interfere with the patient's ability to make an informed decision pursuant to this chapter."

Thank you for the opportunity to provide strong support and suggested amendment for this important bill.

Sincerely,



Dr. John Souza, Jr., LMFT, DMFT, President  
The Hawaiian Islands Association for Marriage and Family Therapy

**LATE**

**HB-1823-HD-1**

Submitted on: 2/14/2022 2:00:47 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Rick Tabor	Individual	Support	No

Comments:

Thank You For Your Time & Consideration

RE: HB 1823; Our Care, Our Choice Act; Advanced Practice Registered Nurses; Physician Assistants; Mandatory Waiting Period

I'm writing on behalf of the Kokua Council in strong support for the amendment Our Care, Our Choice Act bill. I am the Kokua's Council's Vice President. I'm also Compassion & Choice Hawai'i's team captain volunteer, President of HPGS (Hawai'i Pacific Gerontological Society), Vice President Hawai'i Meals on Wheels, PABEA (Policy Advisory Board for Elder Affairs) board member, Alzheimer's Association Hawai'i ambassador/champion, volunteer Hawai'i Long Term Care Ombudsmen volunteer, RSVP (Retired and Senior Volunteer Program), Faith Action (F.A.C.E.) Long Term care advisory committee, and Rotary Club of Honolulu, board of directors, chair of the Kupuna Kokua committee and several other nonprofit activities. This is after forty-six years in the mental health professional field as a licensed mental health counselor and a few years as an in-home assistance for profit program as their operations manager. and a year as the community development director for Generations Magazine.

All that stated, just to say, I'm not only aging-in place, I'm very active in the world of Kupuna and all that comes with growing older and dealing with the bumps along the way. Just as our Covid Pandemic began, I discovered a lump. My doctor's office was closed, then they moved to telehealth on-line appointments, and I had to wait to be seen. I waited 6 months. Surgery was needed. a 17 centimeter tumor was removed 8 months after the day I felt the lump. In the past few years I have lost two same aged cousins and an uncle to cancer. I've never smoked, eat healthy, stay in fairly good shape, drink in moderation, Why Me? was all I kept thinking. And was I about to die? Fortunately all my nonprofits didn't give me much time for worry. and my tumor test results found a well-differentiated Liposarcoma. A low risk cancer. Yet the after effects of the surgery took a few months to recover from.

My thoughts were more 'what if' thoughts. Where I found myself relating to my loved cousin & uncle & all the chronically ill clients I had counseled knowing I was now on the other side looking out instead of in. I had already started volunteering with Compassion & Choices, so all their information helped support my thoughts. And I've always supported end of life compassion of choices people made around their peace of mind to choose medical aid in dying if they felt that was their best option. I voted to pass this bill in Oregon shortly after graduation from the University of Oregon and in Washington, where I lived for thirty one years. & am thrilled OCOC passed in Hawai'i, although Hawai'i's law has the most steps of any state and that's what we're trying to work on now.

There is a shortage of doctors in Hawai'i and this shortage is growing. APRN's is just another type of medical provider. Trained to do the same as a M.D. Qualified Advanced Practice Registered Nurses could help alleviate the limited access to a medical provider issue and be one of the three assessors for the OCOC option. The twenty day wait period has been deemed too long by the CDC and most who have opted to follow the OCOC option. Many die before the twenty day wait. I feel a wait period is unnecessary. Waiting after being approved by three professionals only adds another hurdle that often times feels like a pole vault to the individual who's trying to hold on, knowing the end is near and not wanting to go through or put their family through those last days of cancer's miserable death.

In other words, I ask you to please pass this act of humanity for the peace of mind of those who make the difficult decision to exercise their right to dignity and an end of their choosing. Thank you.



**Testimony of Stephanie Packer in Opposition to HB 1823  
February 15, 2022**

**LATE**

I am Stephanie Packer, a California mother of four, and I am testifying in opposition to HB 1823. In 2012, I was diagnosed with scleroderma and given three years to live. As you can see, I have outlived that prognosis and am relieved that I am alive to care for my four children.

Shortly after California passed its law to legalize assisted suicide, my doctors prescribed an expensive new treatment. When I asked my insurance company about coverage of the treatment, my request was denied. I asked if they would cover a lethal dose of drugs under the new assisted suicide law and was told they would for a co-pay of a mere \$1.20. I was stunned that much cheaper lethal drugs would be available to me rather than treatment to save my life. Fortunately, I eventually received coverage for the treatment I sought.

My health journey has not been easy. I have been in and out of hospice for the past five years with predictions that I only had six months or less to live. Each time, I qualified for lethal drugs and live in fear that with my next prognosis, treatment will be denied in favor of cheaper lethal drugs. If a doctor cannot accurately predict the amount of time I have left to live, how can Hawaii now want to entrust this prediction to Advance Practice Registered Nurses and Physician Assistants?

Another issue is reducing the waiting period. I was so sick last summer -- on a ventilator, prevented from seeing my children for two months -- that I wanted to end it all. If the waiting period is shortened as you are suggesting in Hawaii, I could have had lethal drugs prescribed and taken them with no time to reflect on what I was doing. And, there would have been no going back.

My children need me, and as long as I can bear the treatment offered, I want to live. Please don't place mothers and other people in Hawaii in the position I find myself in. I ask Hawaii legislators to vote against HB 1823.

Thank you.



**LATE**

**HB-1823-HD-1**

Submitted on: 2/14/2022 4:11:07 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Eri Shimizu	Individual	Support	No

Comments:

On August 15, 2021, my 82-year-old old father, Stanley Shimizu, was diagnosed with metastatic pancreatic cancer. At the time of his diagnosis, the cancer had already spread to his liver and invaded the small intestine. The biopsy revealed a very aggressive pancreatic cancer, meaning a terminal prognosis with an expected life expectancy of weeks to months. In a matter of three weeks, he went from a strong, stoic man -- who just a few weeks prior had cut down a palm tree -- to one too weak to sit up or drink more than a few sips. Despite the resources of home hospice, a PCA pump (a machine that delivers opioids on demand), and anti-nausea medications, my father suffered terribly. At the very end, he couldn't even sleep because he was so uncomfortable. On September 10, 2021, he passed away after choking on large amounts of bloody vomit. I suspect his tumor completely eroded into his intestine, causing a complete obstruction. He died scared and fearful.

I am a Hospitalist Physician, and I have been with many patients at the end of life. Thus, I felt prepared to care for my father during his last weeks. I have always confidently assured my patients that Hospice care could prevent suffering at the end. I was wrong.

I watched my father, a man with a samurai's soul, suffer and die with fear in his eyes - a mental image that haunts me and an experience I would never want for anyone else. This was preventable. My father could have passed away as he wanted, on his terms, without the suffering and fear. He wanted to die with dignity. In Hawaii, we are fortunate that death with dignity is available. And yet, is it really?

Upon his diagnosis, my father informed his wife and children that he wanted the death with dignity program. He had supported this program even before his illness. We worked with his oncologist and primary care physician to gain approval; he had the required consultation with a psychiatrist. By the time of his passing, he still had not been approved.

The current requirements of Our Care, Our Choice program hinder too many patients, including my father, from actually receiving the help this program should provide.

Legalizing the death with dignity program was a momentous step, but it is not enough. I beg you now to remove the barriers that would make this program accessible to those who genuinely need it.

**LATE**

**HB-1823-HD-1**

Submitted on: 2/14/2022 6:50:30 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Remote Testimony Requested</b>
Michelle Pescaia	Individual	Support	No

Comments:

I SUPPORT HB1823 HD1 and urge you to do the same, in giving more people access to dignity and self determination. In a time when there is so much happening beyond an individual's control, this measure will allow for an increase in access to safe, thoughtful, informed and expedient choices in a critical moment that ensures the highest quality of life.

**LATE**

I'm John Kelly, with NDY, a national disability group that opposes assisted suicide laws as a deadly form of discrimination. Expanding these laws only makes matters worse. [Describe your disability] People may say that this is unrelated to disability, but it's really all about disability because the people who get lethal prescriptions are disabled – sometimes terminally ill too, but not always according to data from Oregon – and the top 5 reported reasons for their requests are all related to disability, such as physical dependence and feelings of being a burden on others.

The expansion bill, HB 1823, does the following:

(1) Authorizing physician assistants to prescribe lethal drugs; this is in addition to Advance Practice Registered Nurses. – This is a problem because their training and required skills are less than those of doctors who already make lots of mistakes.

(2) Clarifying that counseling services to qualified patients may be provided by advance practice registered nurses with psychiatric or clinical nurse specialization or physician assistants; - This is a problem because these sorts of providers are not generally trained or experienced in the emotional or practical aspects of coping with disability, or the resources to address our needs.

(3) Reducing the mandatory waiting period between a qualified patient's initial oral request and the provision of a prescription [delete: pursuant to section 327L[1]4(a) (12), Hawaii Revised Statutes, from fifteen days to ten days if more than ten business days have passed between the initial oral request and an appraisal of the patient by the attending provider or consulting provider;] – This is a problem because it shortens the time for trying to address the person's concerns.

Really, it just seems like the so called safeguards in the original assisted suicide law were selling points, and now we're at the bait and switch stage, rolling back these supposed safeguards and revealing that the only real protections in these laws are the legal immunities granted to everyone involved in the assisted suicide except the patient.

**LATE**

**HB-1823-HD-1**

Submitted on: 2/15/2022 12:12:47 PM

Testimony for CPC on 2/15/2022 2:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Mary Uyeda	retired APRN nurse	Support	Yes

Comments:

Mary M. Uyeda, retired APRN (from HMC)

To our House Committee on Consumer Protection & Commerce (CPC) – Feb.13, ‘22

I support HB 1823 for its removal of access and timing barriers to our terminal residents on the neighbor islands, especially the Big Island.

For example, the Big Island has one physician willing to give terminal patients that choice at end of life. It is known that the specific paperwork is cumbersome, let alone the timing issues of using this alternative but we are deeply grateful for having this law in Hawaii! However, we are still far behind the Oregon law which has addressed their barriers over the last 20+ years. In fact, the CEO of HMC does not support the mention of this law (Our Care, our Choice) within the State Hospital System on the Big Island.

Let us join together and improve our law by removing the access barriers on the outer islands by including APRNs especially since most terminal patients would rather die at home surrounded by the people who care for them, including their APRN. In addition, shorten the waiting period that a terminal patient has to endure in order to have their choice at end of life. In addition, require the State Health System to endorse this State law within their hospital environments.

Help us pass HB 1823 HD1.