



STATE OF HAWAII
DEPARTMENT OF HEALTH
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**Testimony in SUPPORT of HB650 HD1
RELATING TO HEALTH.**

REP. MARK NAKASHIMA, CHAIR
HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Hearing Date: February 15, 2023

Room Number: 329

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

2 **Department Testimony:** The role of the Department of Health (DOH) pursuant chapter 327L,
3 Hawaii Revised Statutes, or the "Our Care, Our Choice Act," is ministerial in function; the
4 primary activities for which are the collection and dissemination of forms, data, and reports in
5 aggregate. DOH is in the process of evaluating forms for the collection period that ended on
6 December 31, 2022. There are an estimated 90+ patients who completed the medical aid in dying
7 request process, which is consistent with the upward trend since enactment in 2019.

8 The total number of patients who expired prior to the final step is unknown because the data
9 collected are only for qualified patients who have completed the entire process,. However,
10 anecdotal information from participating providers has been consistent about the lack of provider
11 access in certain areas preventing patients from participating or diminishing their chances to
12 complete the medical aid in dying program. As such, a discussion on alternatives to certain
13 provider roles, based on nationally recognized standards of practice and assurances of
14 credentials, may be relevant, as well as a re-examination of waiting periods in light of the trend
15 in other jurisdictions, and absent documented cases of abuse, negligence, and malfeasance.

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

17

Testimony of the Board of Nursing

**Before the
House Committee on Consumer Protection and Commerce
Wednesday February 15, 2023
2:00 p.m.
Conference Room 329 and Videoconference**

**On the following measure:
H.B. 650, H.D. 1, RELATING TO HEALTH**

Chair Nakashima and Members of the Committee:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board appreciates the intent of and offers comments on this bill only with respect to the inclusion of advanced practice registered nurses (APRNs).

The purposes of this bill are to: (1) authorize APRNs to practice medical aid in dying or provide counseling to a qualified patient; (2) amend the mandatory waiting period between oral requests and the provision of a prescription; and (3) provide an expedited pathway for terminally ill qualified patients who are not expected to survive the mandatory waiting period.

The Board supports the bill's intent to recognize APRNs in the definitions for "attending provider" who would be responsible for the care of the patient and treatment of the patient's terminal disease, "consulting provider" who is qualified by specialty or experience to diagnose and prescribe medication, and "counseling" between a patient and an APRN for the purpose of determining that the patient is capable, and does not appear to be suffering from undertreatment or nontreatment of depression or other conditions that may interfere with the patient's ability to make an informed decision.

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.

An APRN with a national certification in the practice specialty in psychiatric mental health may provide consultative service in psychiatric mental health.

Thank you for the opportunity to testify on this bill.



**Written Testimony Presented Before the
House Committee on Consumer Protection & Commerce
Wednesday, February 15, 2023 at 2:00 PM
Conference Room 329 and via Videoconference
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

Comments on H.B. 650, H.D. 1

Chair Nakashima, Vice Chair Sayama, and members of the Committee on Consumer Protection & Commerce, thank you for the opportunity for the Hawai'i State Center for Nursing to provide **comments on H.B. 650, H.D. 1, 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% residing 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](https://www.nursingworld.org/advocacy/scopeofpracticepolicy)). NCSL also notes that in Hawai'i, APRNs are provided practice authority to the full extent of their education and certification, 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 the APRN's scope of practice. Hawai'i's laws for APRNs ensure public safety during patient care through, authorize 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.



Submitted Online: February 13, 2023

HEARING: Wednesday, February 15, 2023

TO: House Committee on Consumer Protection & Commerce
Rep. Mark Nakashima, Chair
Rep. Jackson Sayama, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to HB 650 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 because it undermines the safeguards that were put in place when the “Our Care, Our Choice” law went into effect.

We expressed our strong opposition when the Our Care Our Choice Act was passed in 2018 because of our concern about abuse of the law. The proposed amendment makes the vulnerable “have nots” of our community, who may not know how to navigate the healthcare system and have access to quality palliative and hospice care, victims of Our Care, Our Choice. Ironically, these are the very ones who do not have access to care nor do they have a choice.

When the bill was first introduced, legislators promised 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 abuseⁱ.” As we feared, the legislature has failed to keep that promise. We are disheartened to see that these safeguards are now being removed.

Pain management and palliative care should be the top priority of physicians and other healthcare professionals for each patient they deem may not make it through the “waiting period.” Rather than continue to erode the safeguards, as a state, we need to place a stronger emphasis on making palliative care and hospice services more accessible.

Mahalo for the opportunity to submit testimony in opposition.

ⁱ https://www.capitol.hawaii.gov/sessions/session2018/bills/HB2739_HD1_.HTM

HB-650-HD-1

Submitted on: 2/13/2023 8:35:09 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
AUBREY HAWK	Compassion & Choices	Support	In Person

Comments:

I am a resident of rural Hawaii Island and I strongly support HB650. 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 have been denied this legal end-of-life option, either because they cannot find a provider willing to assist them, or because they cannot survive Hawaii’s needlessly long mandatory minimum waiting period—the longest in the nation.

Without exception, these suffering, dying patients have given the matter serious and well-informed consideration. They do not enter the decision lightly. They do not need to be forced to wait three weeks between two separate oral requests.

Yet incredibly, these patients could even be considered the lucky ones. If they're battling a waiting period, that means they have at least found a provider willing to help them. Countless others are denied even that, due to Hawaii’s severe doctor shortage. APRNs with prescriptive authority are already acting as primary care providers in rural areas. They are already authorized by the State to carry out every single step of the OCOCA process. They are perhaps even more qualified to deal with the nuances of good end-of-life care than MDs who are currently the only providers allowed to prescribe under the law. Please support HB650 with your YES vote.

Testimony of Sara Manns, Hawai'i State Manager, Compassion & Choices
Supportive Testimony Regarding HB 650

Good morning Chair Mark Nakashima, Vice Chair Jackson Sayama and Members of the Committee. My name is Sara Manns and I am the Hawai'i State Manager for Compassion & Choices, the nation's oldest and largest consumer-based 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 (OCOCA), which has provided peace of mind to the terminally ill over the four years it has been in effect; and thank you for your consideration of HB 650. We are here today and pleased to offer our support for these crucial amendments to the Our Care, Our Choice Act.

For the last four years, the Department of Health has collected data and held two summits with providers who have supported patients under the Our Care, Our Choice Act. Since the first year the law was in effect, the Department of Health has repeatedly recommended removing unnecessary roadblocks in the law in a sensible way, so that all eligible patients can access the compassionate option of medical aid in dying. Findings from the annual reports¹ indicate that, while the OCOCA works for people who can access it, doctors, patients and families agree that too many dying people face unnecessary barriers preventing them from accessing this compassionate end of life option.

We know from local healthcare systems that approximately 1 in 4 terminally ill people who request medical aid in dying don't survive the 20 day mandatory minimum waiting period.²

Coupled with the state's well-known severe physician shortage, which has only worsened with the COVID-19 pandemic³⁴ and is especially dire on neighbor islands,⁵⁶ these collective barriers

¹ Hawaii Department of Health 2021 Our Care Our Choice Annual Report, available from: <https://health.hawaii.gov/opppd/files/2022/07/corrected-MAID-2021-Annual-Report.pdf>

² 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.

³ 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/>

⁴ 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

⁵ 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/>

⁶ 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/>

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.

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 terminally ill 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 5 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) to support patients in the option of medical aid in dying by acting as the attending provider, consulting provider and/or mental health counselor as is within their existing scope of practice.

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.⁷ 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 protracted 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

⁷ '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) also 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.⁸ 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.⁹

In 2021, 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.¹⁰ Additionally, New Mexico's medical aid-in-dying law, which went into effect in 2021 only requires one written request and one 48 hour waiting period between receiving and filling the prescription.¹¹

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

- Hawai'i is one of 25 jurisdictions 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.¹²
- However, by not including APRNs 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 to participate as providers under the Our 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

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

⁹ Hawaii Department of Health 2021 Our Care Our Choice Annual Report, available from: <https://health.hawaii.gov/opppd/files/2022/07/corrected-MAID-2021-Annual-Report.pdf>

¹⁰ 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>

¹¹ 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#1b/a7C>

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

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, exactly as he had feared he would.. Allowing APRNs 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 nurse practitioners (APRNs) to serve as either the attending or consulting provider.¹³

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,

Sara Manns

Sara Manns
Hawai'i State Manager
Compassion & Choices

¹³ 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>



Hawaii Medical Association

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COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Mark M. Nakashima, Chair

Rep. Jackson D. Sayama, Vice Chair

Date: February 15, 2023

From: Hawaii Medical Association

Beth England MD, Co-Chair, HMA Public Policy Committee

Re: HB 650 RELATING TO HEALTH

Position: Offering Comments

The Our Care Our Choice Act allows terminally ill patients the opportunity to control the manner of their death. The primary goals of medical aid in dying (MAiD) are to increase patient autonomy, allowing individuals the right to control the circumstances of their death when it is otherwise inevitable, and to decrease suffering in the setting of a terminal disease¹. Our comments on this proposed legislation are only intended to address issues around the implementation of MAiD in order to ensure that even the most vulnerable patients in our community receive quality care and services.

Patients who have completed MAiD in Oregon and Washington were more likely to have some level of college education, have public or private medical insurance, be Caucasian, and over the age of 65⁴. These findings suggest that traditionally vulnerable populations are not the primary recipients of MAiD. It is important to note that these studies are largely observational, and additional research is needed. To ensure that this is the decision of a competent individual with no elements of coercion or under-/untreated psychiatric disease, Hawaii law mandates that the patient undergo a mental health evaluation by a counselor, though definition of “counselor” is not clarified^{2,3}.

The gravity of this decision deserves robust research and careful layers of protection. There is evidence that depression may play a role in a patient’s decision to participate in MAiD, raising concerns regarding determination of patient decision-making capacity. Patients requesting MAiD in Oregon were more likely to have higher levels of depression and hopelessness than their counterparts with similar advanced disease⁵. Additionally, cases of elderly abuse and patients exhibiting concerning suicidal behavior prior to participation are reported⁶.

Hawaii patients deserve the highest standard of care, particularly in matters of life and death.

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2023 Hawaii Medical Association Public Policy Coordination Team

Elizabeth Ann Ignacio, MD, Chair • Beth England, MD, Co-Chair
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HMA respectfully submits the following recommendations that are consistent with the intention of the Our Care Our Choice Act and ensure the safety of our most vulnerable patients:

1. Require that the providers prescribing the terminal prescription for MAiD perform a formal decision-making capacity evaluation following the standards of evaluations completed by psychiatrists, outlined in American Psychiatric Association resource document as follows:

a. “A DC (decision capacity) assessment should start with a full psychiatric interview, as several psychiatric diagnoses are associated with greater impairment in DC. Such workup includes a thorough history, interview, focused physical examination, laboratory testing, additional imaging and procedures when needed, and discussions with hospital staff and family members, if relevant and available.

b. Cognitive assessments such as MMSE or MoCA, with additional testing as indicated (e.g., Hamilton Depression Rating Scale, Young Mania Rating Scale, Positive and Negative Symptoms Scale, neuropsychological testing) should be performed for any DC evaluation, since cognitive impairment is highly associated with DC impairment.

c. Assumptions should not be made that all patients with psychiatric illnesses, including neurocognitive disorders, lack DC, nor that patients on psychiatric commitment order necessarily lack DC.

d. Efforts should be made to determine underlying factors contributing to decisional incapacity, and to correct any reversible factors in efforts to restore DC.”⁷

2. Mandate that the Department of Health publish the data requested in the Our Care Our Choice Act §14 (D)(1-8) in an annual report available to the public.³

3. Require that the patient’s primary provider assess for the possibility of coercion, as outlined in the Maine Death With Dignity Act, Sec. 1. 22 MRSA c. 418, §2140(6)(E): “Confirm that the patient's request does not arise from coercion or undue influence by another individual by discussing with the patient, outside the presence of any other individual, except for an interpreter, whether the patient is feeling coerced or unduly influenced”⁸.

Thank you for allowing the Hawaii Medical Association to offer comments on this measure.

REFERENCES

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2. "States with Legal Physician-Assisted Suicide - Euthanasia - ProCon.Org." Euthanasia, <https://euthanasia.procon.org/states-with-legal-physician-assisted-suicide/>. Accessed 18 Mar. 2022.
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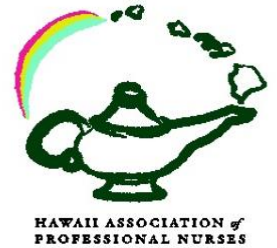
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Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Mark Nakashima, Chair of
the House Committee on Consumer Protection and
Commerce

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB650 HD1 – Relating to Health, in strong Support

Hearing: February 15, 2023, 2p.m.

Aloha Representative Nakashima, Chair; Representative Sayama, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony regarding HB650 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 in years past 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.

In other committee hearings, there has been questions regarding APRNs and if we can certify for hospice. Prognostication is not exact and as a result, should a patient live beyond 6 months in hospice care, CMS allows APRNs to recertify patients for hospice. Currently there is a bill in the federal congress that is working toward changing this (allowing APRNs to certify for hospice from the start) among other areas of need where APRNs can make a difference. Here is the announcement from AANP: <https://www.aanp.org/news-feed/aanp-applauds-senate-introduction-of-ican-act>

We have reviewed the testimony from past years, op-eds, from legislator communication (speeches, position statements, etc.), and from various people throughout all walks of life. What is clear is that our scope of practice allows us to evaluate, assess, and manage/treat our patients. 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 previous 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-650-HD-1

Submitted on: 2/14/2023 10:36:02 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Charles F Miller	Hawaii Society of Clinical Oncology	Support	Remotely Via Zoom

Comments:

Good Afternoon Chair Nakashimara, Vice Chair Sayama - I am writing in strong support for HB650. I am an oncologist representing the Hawaii Society of Clinical Oncology, having been on their Board of Directors for over 20 years. In addition I have been the Director of Kaiser Hawaii's Medical Aid In Dying (MAID) Program since the law was first implemented in January 2019. During the past four years I have served as the attending physician for over 140 patients who requested aid in dying. While the original Our Care, Our Choice Act (OCOCA) works for many patients, it is clear from my personal experience that there are significant barriers to allowing all patients who request use of the law.

First, fully 30% of the patients that I saw over the past four years were unable to complete the 20 day waiting period. They died in exactly the way they were trying to avoid by being unable to access the law.

This issue has been recognized in other states that have MAID laws and several jurisdictions have not only shortened their waiting periods but also allow the attending physician to waive the waiting period if in their clinical judgment the patient will not survive the wait. HB650 will remove this barrier to access and allow many more patients who request MAID to use this option.

Second, in the past four years access to the law has been very limited on the neighbor islands. This is due in part to Hawaii's severe shortage of physicians but also due to the fact that many physicians have opted out of participating in the OCOCA. By permitting fully licensed, accredited and qualified Advanced Practice Nurse Practitioners (APRNs) to serve as attending, consulting and mental health providers much of the access disparity on neighbor islands would be alleviated. It is inherently unfair to disadvantage patients who live outside of Oahu when they request MAID. APRNs are fully licensed for independent practice in Hawaii. Allowing them to fully participate in the OCOCA does not represent any expansion of their scope of practice.

Third, I must comment on recent testimony submitted by the Hawaii Medical Association on the companion bill to this one, SB442. The HMA's recommendations would do nothing but make it harder for terminal patients to access the OCOCA, by inserting additional and unnecessary requirements for the mental health evaluation of these patients. I strongly urge the committee to NOT consider any of the recommendations proposed by the HMA with regard to either HB650 or SB442.

I believe I have more experience with the OCOCA than any other physician in the state and strongly believe SB 442 will improve access to the law and remove these major barriers to full and equal access for all of Hawaii's citizens who seek to use the OCOCA.



Charles F Miller Testifying for Hawaii Society of Clinical Oncology Support Written and virtual Testimony

Charles F. Miller, MD, FACP, FASCO
Director, Kaiser Hawaii's Medical Aid In Dying Program State Affiliate Representative Hawaii
Society of Clinical Oncology



Hawai'i Psychological Association

For a Healthy Hawai'i

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COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Mark M. Nakashima, Chair

Rep. Jackson D. Sayama, Vice Chair

Wednesday, February 15, 2023 - 2:00pm via Videoconference; CR 329

Testimony in Support on HB650 HD1 RELATING TO HEALTH with comments

The Hawai'i Psychological Association (HPA) supports HB650 HD1; which, among other things, would give advanced practice registered nurses (APRNs) with psychiatric or clinical nurse specializations 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 with the requisite psychiatric training. **However, we would like the language to make clear that Clinical Nurse Specialists are also adequately trained in mental health.**

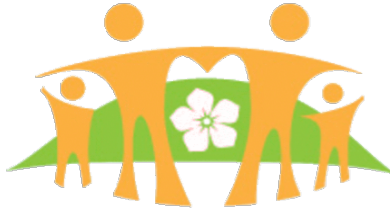
Moreover, **we also support giving authority to Marriage and Family Therapists to provide similar services under the definition of "counseling"** in Hawaii Revised Statutes Section 3217L-1 – as they have specialized training in the relational aspects of a dying patient's family and community.

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



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. Mark M. Nakashima, Chair

Rep. Jackson D. Sayama, Vice Chair

Wednesday, February 15, 2023 - 2:00pm via Videoconference; CR 329

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB650 HD1, which would give advanced practice registered nurses 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.

We believe that MFTs are uniquely qualified and should be 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 advanced practice nurses or those with a clinical nurse specialization – who would newly be allowed to 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 **Address:** PO Box 698 Honolulu, HI 96709
Website: 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 9-19 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, or advanced practice registered nurse or clinical nurse specialist licensed under chapter 457 with psychiatric or mental health training, 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]~~ that 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 amendments for this important bill.

Sincerely,



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

Testimony of Sam Trad, National Director of Care Advocacy, Compassion & Choices
Supportive Testimony Regarding HB 650

Dear Chair Mark M. Nakashima, Vice Chair Jackson D. Sayama, and Members of the Committee,

My name is Sam Trad and I am the National Director of Care Advocacy for Compassion & Choices. Formerly, I was the Hawai'i State Director when the Our Care, Our Choice Act (OCOCA) was authorized in 2018. I am forever grateful to everyone who helped pass the Our Care, Our Choice Act. Thank you! I have been part of the implementation process since then.

The Our Care, Our Choice Act was modeled after the first medical aid in dying law in Oregon, which went into effect 25 years ago. Since then, we have learned that while the law works well for those who can access it, there are barriers that prevent access for all eligible dying people. Removing barriers helps fulfill the intention of the Our Care, Our Choice Act which is that all eligible dying people will have access to the option of medical aid in dying.

Currently, the OCOCA has [17 steps](#) in it that a terminally ill person must complete in order to get a prescription for medical aid in dying, including one step that is a 20 day mandatory minimum waiting period. 20 days is often far more than a dying person has left when they initially request medical aid in dying to ease their suffering. That is why we strongly recommend reducing the waiting period from 20 days down to 5 days between the oral requests..

This bill will keep all 17 steps in place, but with a reduced waiting period and allowing Advanced Practice Registered Nurses (APRNs)s to participate in the law, a dying person who wants the compassionate option of medical aid in dying will face less barriers to access. .

The proposed amendments keep intact the same basic eligibility requirements and core safeguards that have always protected vulnerable patients. Adults must have a terminal illness with 6 months or less to live, be mentally capable, and be able to self-administer the medication. This law does not allow healthcare providers, family, or anyone else, including the dying person to administer the medication by IV injection or infusion. A person cannot qualify for medical aid in dying solely because of advanced age, disability and chronic health conditions..

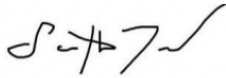
When a person is terminally ill, they usually do not ask for medical aid in dying until they need it. It takes weeks to months for many patients to get through the 17-step process even without the waiting period. Terminally ill patients do not have the luxury of time on their side. They do not have time to wait for 20+ days to get through the 17

steps to access the law. It can be impossible to make doctor appointments, especially the three needed to access the law. Including APRNs will make it easier for patients to get the appointments they need in order to qualify for the law. They will still need to be seen by 3 different clinicians before they can qualify for medical aid in dying.

We continue to get calls from dying people and their loved ones, who are desperate to access the law, but are all too often unable to and die in exactly the way they did not want. With your support, these improvements that are recommended by the Department of Health will go a long way in improving access to the Our Care, Our Choice Act.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Trad', with a stylized flourish at the end.

Sam Trad
National Director of Care Advocacy
Compassion & Choices

February 13, 2023

Dear Chair and Members of the House Committee on Consumer Protection & Commerce (CPC), thank you for considering HB 650, revisions to the Our Care, Our Choice Act, approved by the Legislature and signed by Governor Ige in 2009. [SEP]

My name is Malachy Grange and I am a retired RN and spent many years working in end of life care in Oregon and in Hawaii in end of life care. I currently serve as a hospice volunteer here. I have seen close up how this choice of accessing Medical Aid in Dying has brought great peace and comfort to dying people and their families and loved ones.

Simply put, we ask for two revisions:

1/

Authorize Advanced Practice Registered Nurses, APRNs, to provide medical aid in dying services, to qualified patients. They are licensed by the State of Hawaii, and trained under their scope of practice.

2/ Shorten the mandatory waiting period the law now requires and which can block access to Medical Aid in Dying for eligible patients.

The Committee has a mission here: to use their compassion and wisdom to approve the Our Care Our Choice Act (OCOCA) revisions . They will improve access for eligible Hawaii citizens to Medical Aid in Dying

Committee members, I ask you to imagine this: You are the son or daughter, a friend, a family member, of your loved one who after much prayer and discussion, and using their moral compass, decides to access Medical Aid in Dying.

A celebration of life, death and forgiveness has been planned. Friends and loved ones, some from the Mainland, have gathered for these Final Acts of Love.

Imagine the pain and devastation to patients and their families when their loved ones die before how and when they were planning to pass away; instead, uncontrolled circumstances take over. Love and support for eligible patients have gone for nil. But they should be able to access the Our Care Our Choice Act as the law intended. Please be wise, please be compassionate, and please approve these revisions.

Malachy Grange RN the.malachy@gmail.com _808-226-5894

2/14/2023

Dear Chair, Vice Chair and members of the House Committee on Consumer Protection & Commerce,

Re: HB 650

I am a Nurse Practitioner and prior to my retirement, I assisted over 80 patients with the Medical Aid in Dying (MAiD) process from January 2019 – July 2022. As a MAiD Care Coordinator, I met with patients and families to review the process, schedule provider appointments, track the required timeframes outlined in the Our Care, Our Choice Act (OCOCA), collaborate with the hospice, offer emotional support and attend deaths as requested by the patient. I became a nurse to make a difference in people's lives, at the end of my career I realized I was also making a difference in people's deaths. Patients were so grateful to have this option, to have some control at the end of life. It was not uncommon after the patient had the medication, their depression/anxiety lessened and there was reassurance, if need be, they could end intolerable suffering.

The proposed amendments; to decrease the waiting period from 20 days to 5 days along with allowing the provider to waive this if it is likely the patient will not survive and allow APRNs to be a provider are crucial in order to provide this option to all Hawaii residents. This would allow equitable care for patients who are gravely ill and those who reside especially on the neighbor islands.

The current 20-day waiting period is a barrier for those that are interested in MAiD as some are so ill that they will not survive the waiting period. Once the patient was referred to me, I made every attempt to schedule the three provider appointments as soon as possible however the waiting period does not begin until all the providers deem the patient eligible. The mental health provider will still need to determine if the patient has the mental capacity to make this decision. Time is of the essence for these patients and the current law prevents them from an option they desperately seek. Based on my experience approximately 25% of patients died between January 2019 – July 2022 before they could complete the 20-day waiting period. This is unacceptable with no clear reason for such an extended waiting period. Patients and family members would ask why they had to wait so long for the prescription. All I could say was "it's the law" as I was unable to provide any further rationale. It was frustrating for the patient, the family and myself to see the patient denied access to MAiD based on such a prolonged waiting period.

Allowing qualified APRNs to be one of the providers is in alignment with the APRNs training, education and prescriptive authority. We are educated to perform assessments, diagnose and treat medical conditions, assess medical decision-making capability and prescribe medications. We have the judgement required to determine prognosis. Based on my interaction with patients and review of their medical record, I would share with the attending physician my prognostic opinion when I felt either death was imminent or the patient did not meet the 6 month or less prognostic criteria. The attending physician agreed with me each time. There is proposed national legislation, *The Improving Care and Access to Nurses Act* (H.R. 8812) that would allow APRNs to certify and recertify a patient's terminal illness for hospice eligibility. In addition, considering the lack of providers on the neighbor islands it is a disservice especially to those residents not to utilize APRNs to expand access to MAiD. Patients should

not feel abandoned, as one patient who lives on the island of Hawaii expressed to his physician when he was unable to find a provider to start the MAiD process.

As a healthcare provider and an advocate for dying patients, I ask you to amend the OCOCA to improve access for the patients with a short time to live and those who struggle to find providers to reduce superfluous hardship.

Sincerely,

Susan Amina, RNC, MSN, FNP

HB-650-HD-1

Submitted on: 2/14/2023 11:06:11 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lokelani Rodrigues	Individual	Support	In Person

Comments:

I support this measure.

Jacqueline M. Mishler RN BSN BCPA
Post Office Box 892
Kula, Hawaii 96790
808 561 8673

Our Care, Our Choice Act Expansion HB 650 Opposition

House Committee of Consumer Protection and Commerce

Hearing regarding HB 650 Wednesday 2/15/23 at 2:00 PM Room 329

Honorable members of CPC especially the Honorable Representatives Terez Amato, Natalia Hussey-Burdick, Adrian Tam, Elijah Pierick and Jackson Sayama-new to this legislature.

I am Jackie Mishler-a Board Certified Patient Advocate and retired RN from Maui.

Simon and Garfunkel sang "Silence like a cancer grows..."

Institutional memory (I was there) will tell you that more than half the people in Hawaii never wanted assisted suicide and euthanasia to begin with. OCOC Act.

Honorable Representative Della Au Belatti promised us that Hawaii would have the strongest Safeguards in the Nation. If that legislative promise is to be kept these bills being promoted should at the very least give us 10+ years before we start dropping off those promised strong safeguards. (The time agreed it takes to see the effects & issues of new legislation). Please remember that less than a handful of States allow assisted suicide even now.

There is no proven necessity for reducing safeguards at this time. Even if we grant that PAS and euthanasia would ease suffering in individual cases, we have to ask ourselves...

- What are the risks we run as a society by allowing this measure?
 - (Lowering our 'strong' safeguards)
- Are there alternative ways to alleviate suffering which have lower risks?
 - (Wait and see the unintended consequences that need addressing)

Please seek a solution which will be as good for the patient but will be better than this plan to expand the killing for the society.

Nurses cannot (for insurance purposes write a terminal diagnosis for a patient). Why should we suddenly allow them (who as a profession don't necessarily want it) to write lethal prescriptions? Thank you for your consideration, please defer.

HB-650-HD-1

Submitted on: 2/13/2023 11:35:52 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kathleen M. Johnson	Individual	Support	Written Testimony Only

Comments:

My husband, Stephen T. Johnson, a retired firefighter, was one of the first users of MAID. He had advanced metastatic prostate cancer. When he was diagnosed in December 2018, Dr. Miller and Kaiser immediately stepped in to assist every step of the confusing process of the new law to gain approval to fill a MAID prescription. It was very cumbersome and time consuming, stressful and anxiety filled until he finally had the prescription filled after a flight to Oahu and taxi ride to Kailua to a compounding pharmacy. His anxiety was gone and he happily returned home late afternoon that day. The MAID prescription awaited his decision - which was made on May 5, 2019 at age 75. He lived his life exactly as he wanted to; and controlled his dying as he wanted to. This was a gift to him, me and our family. I hope the process will become less cumbersome, that those without means or in remote locations can work their way through with the help of navigators. If this is an option people chose, barriers should be removed to make it a smooth process. I am in support of any changes that ease the availability and completion of the MAID process. It should be up to the individuals and families; not up to politicians and those of opposing beliefs. Thank you for listening to me. Kathleen M. Johnson, Kailua-Kona

HB-650-HD-1

Submitted on: 2/13/2023 11:45:57 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kathy Kosec	Individual	Support	Written Testimony Only

Comments:

Patients and all humans need to have choices as they approach the end of life. Our Care, Our Choice-HB650 gives us some role during that very difficult time. Please approve this bill. I had to watch my sister go through great pain and fear after she waited too long for her choice to die in a compassionate way of her stage 4 ovarian cancer. Please help others avoid the trauma of all that pain and agony.

Kathy Kosec, retired RN, Kailua-Kona, HI

HB-650-HD-1

Submitted on: 2/13/2023 11:53:11 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Diane Ware	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

I urge you once again to pass this bill. At 75 this is becoming more and more important to me as my body and mind are showing signs of aging.

Respectfully,

HB-650-HD-1

Submitted on: 2/13/2023 12:03:21 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judith A Mick	Individual	Support	Written Testimony Only

Comments:

Please support HB 650 and help all our residents have a healthier life- everyone deserves this.

Mahalo, Judy Mick, Kailua

I am writing in strong support of HB 650. The Hawaii Our Care Our Choices law prescribes a process that many ill persons and their care providers find daunting and burdensome. The unintended consequence is that many who wish to exercise their option to a death with dignity, as provided through the legislation, are unable to do so. It's time to update the law to meet the desire of those persons living with terminal illness for a death with dignity.

The data driven Department of Health 2019, 2020, and 2021 Reports to the Legislature on the implementation of the OCOCA document the challenges faced by consumers particularly the inability of residents in rural island communities to access this option.

I concur with the HB650 recommended changes to the OCOCA including 1) shortening the mandatory waiting period to 5 days; 2) 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 3) authorizing advanced practice registered nurses (nurse practitioners) to serve as attending, consulting, and counseling providers for patients seeking medical aid in dying.

As the Dean Emerita 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 assess the competency of patients and aid their dying process.

I strongly support this thoughtful and well considered bill that updates the OCOCA.

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

HB-650-HD-1

Submitted on: 2/13/2023 12:22:30 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Bob Grossmann	Individual	Support	Written Testimony Only

Comments:

Amendments will improve timeliness and access. APRNs will help with underserved areas of the state. This is a community/public health concern, not a religious issue due to separation of state and church.

HB-650-HD-1

Submitted on: 2/13/2023 12:49:18 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Selene Mersereau	Individual	Support	Written Testimony Only

Comments:

Please support this measure. It is impossible for us to know the degrees of suffering and pain that accompany terminal illnesses. Let us be compassion and hear what might be needed.

HB-650-HD-1

Submitted on: 2/13/2023 12:52:11 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Caryn Ireland	Individual	Support	Written Testimony Only

Comments:

Testimony of Caryn Ireland, Independent Consultant, Compassion & Choices

Supportive Testimony Regarding HB 650 HD1

Please vote YAY in support of these important updates to the Our Care, Our Choice Act. As someone who focuses on increasing awareness, education and support for Medical Aid in Dying, I have had the opportunity to work with such caring physicians, mental health professionals and pharmacists who have helped patients. However, with the physician shortages across the State of Hawaii, there are times when it has been very difficult for a patient to find a physician to help them with this end-of-life option. It is critical to add APRNs as an additional provider for this work.

In addition, there have been too many end-of-life patients who have not been able to make it through the required waiting period, which is so difficult for the patient and their family & friends. Please support the suggested improvements to lessen and/or waive the waiting period when necessary.

Thank you for helping to improve the Our Care, Our Choice Act.

HB-650-HD-1

Submitted on: 2/13/2023 1:23:14 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Allen Novak	Individual	Support	Written Testimony Only

Comments:

i initially practiced nursing on Oahu, but for the past 30 years have practiced in Hilo.

HB650 should pass as ammended to allow Hawaii citizens more access and choice in the care they receive.

Allen Novak

HB-650-HD-1

Submitted on: 2/13/2023 1:46:08 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jane E Arnold	Individual	Support	Written Testimony Only

Comments:

Please support HB650. Thank you.

Jane E Arnold

1763 Iwi Way, Apt D

Honolulu HI 96816

HB-650-HD-1

Submitted on: 2/13/2023 1:27:46 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Lucien Wong	Individual	Support	Written Testimony Only

Comments:

Please be merciful and pass HB650 for the sake of those patients with no hope of recovery suffering excruciating physical and psychological pain.

Mahalo!

HB-650-HD-1

Submitted on: 2/13/2023 1:49:29 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Chelsea Domingcil	Individual	Oppose	Written Testimony Only

Comments:

Aloha Kakou,

The gaps in access to medications for Medical Aid in Dying should not be passed onto the APRN's of the state of Hawai`i. There should remain a limitation on the role of the APRN's for prescribing medications for medical aid in dying.

According to CMS a **physician** must certify that a patient is deemed terminally ill and has a prognosis of 6 months or less "The certification should be based on the clinical judgment of the hospice medical director (or physician member of the interdisciplinary group (IDG), and the patient's attending physician, if he/she has one. Nurse practitioners and physician assistants cannot certify or recertify an individual is terminally ill."

https://www.cgsmedicare.com/hhh/coverage/coverage_guidelines/cert_recert_requirements.html

This determination in prognosis of 6 months or less is necessary for medications to be prescribed to patients who have a terminal diagnosis under this law. If I am unable to determine if a patient is terminally ill by CMS, why would I be able to determine such under this law?

I have been a part of the care team for all of the patients who have completed this process on the island of Kaua`i and those who have gone on to receive the medications but elected not to take the medications. I believe that my role in hospice care is important at the end of life for all of these patients. However, I do not believe that the role of an APRN should be to prescribe the medications for medical aid in dying.

Mahalo for your time,

Chelsea Domingcil, MSN, APRN, FNP-BC, ACHPN

HB-650-HD-1

Submitted on: 2/13/2023 2:18:04 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Joy Rodriguez	Individual	Support	Written Testimony Only

Comments:

I am writing in support of HB650, the Our Care, Our Choice Amendment. As a bed-side end of life doula, I have personally sat beside terminally ill Hawaiian residents who have utilized the OCOCA. I have witnessed the hardship created by the inability to access care and the helpless frustration created by a longer-than-necessary waiting period and I respectfully urge the passing of the amendment to allow for a 5-day waiting period, waiving the wait if medically necessary, and the use of APRNs as providers.

As a doula, I've held space for the frustration and exhaustion of very sick people. They know that they are dying of a terminal illness and that their quality of life, already intolerable, will only get worse. But they are so tired. This process of dying is so hard, both spiritually and physically. By allowing APRNs to be providers, you allow more suffering people to access the law. I have never met a person who ingested life ending medication who wanted to die, they simply no longer have the option of living. As one client said, "well, it's the best of all the bad options." APRNs would allow dying people the choice that would otherwise be denied to them due to limited provider availability.

The people who utilized the law have had conversations with their loved ones and have wrestled with their decision. The decision to ingest aid-in-dying medication is not made lightly. The 20-day waiting period implies a lack of confidence in the individual's capacity, and three medical professionals attest to that capacity. Does this law distrust those professionals along with the qualified individual? With great certainty, I believe that if the wait were 0 days or 100 days, the individual's decision would remain the same. The only difference is the outcome. By shortening the waiting period to 5 days, it allows greater access to the law. And, unfortunately, by the time a person is finally able to line up three providers, sometimes they don't have the 5 days to wait. In the case of medical necessity, I urge the waiving of the waiting period.

As an end of life doula, I co-facilitate a bereavement group for the loved ones of people who have utilized the Our Care, Our Choice Act in Hawai'i. I have heard from many of them a frustration over access. I have heard anger and disenfranchised grief. And for some, I have heard guilt. Guilt, because they had to fight so hard to get their loved one the death that was their right by law. Because of the difficulty in finding providers, one of the members of my group shared that they had to "be really pushy" and "really do work to track down the doctors." They spent days leaving messages and getting no response. It is very difficult to find the providers that both are willing to do the work and have the space in their schedule for the required visits and paperwork. And that leaves the bereaved feeling like they had an active role

in their loved one's death. A terminally ill person should be able to access life ending medication because the terminally ill person qualifies under the law, not because their spouse had the patience and fortitude to keep calling and emailing their providers. By allowing greater access to care, you are saving the bereaved from needless added suffering.

Thank you for taking the time to read our testimonies. I am confident that when you consider all of our voices, you will decide to support HB650

Respectfully,

Joy Rodriguez

TESTIMONY IN STRONG SUPPORT OF HB650

Hawaii State House Committee on Consumer Protection & Commerce

Wednesday, February 15, 2023, 2p

Submitted by Lynn B. Wilson, PhD

February 13, 2023

To: Chair Mark Nakashima and Members of the State House Committee on Consumer Protection & Commerce

Re: Urging your strong support for removing barriers to access Hawaii's Our Care, Our Choice Act

Greetings:

I have appreciated previous votes to pass the original "Our Care, Our Choice Act" and, building on that, your support this year for HB650 aimed at removing barriers to access in the act is extremely important.

Data demonstrates safe use. Many prescriptions have been written in Hawaii since the law went into effect. Staying in line with nearly 40 years of combined national data, there has not been a single incident of coercion or abuse in Hawaii or in any other states that have authorized medical aid in dying.

My story. The proposed amendments are important to me personally. I was diagnosed in 2016 with an aggressive form of breast cancer. While my prognosis now looks good—it's been over six years since my diagnosis and treatment—I am convinced we all deserve to be able to access this law as an end of life option. We need to make sure these amendments are in place so that terminally ill patients will not suffer needlessly at their end of life because they are unable to receive the supportive care they need.

Support needed to increase access to the law:

1) Amend waiting period. Although the law is working, there remains a lack of doctors who are participating. Many who try to access the medical aid in dying option cannot find doctors to support them, and many do not survive the 20-day waiting period. This has led to exacerbating stress for the dying person at a time when comfort is needed most. It increases distress for families at the very moment when they need to stay grounded and share their loving. Both Kaiser Permanente and Hawaii Pacific Health have set up streamlined processes to assist their patients in accessing medical aid in dying, but nearly a quarter of their eligible patients did not survive the waiting period and died in exactly the way they did not want. Therefore, I appeal to you, our legislators, to amend the Our Care, Our Choice Act waiting period so it can be waived if the eligible patient will not survive the waiting period, just as they already do in Oregon.

2) Amend qualifications for prescriptive powers. The law can be especially difficult to access on our neighbor islands. That is why the Hawaii State Department of Health has recommended that qualified Advanced Practice Registered Nurses (APRNs) be able to fully support eligible patients in the option of medical aid in dying, including writing prescriptions for qualified patients. Moreover, it is extremely hard for terminally ill patients, if they are not part of Kaiser or Hawaii Pacific Health, to find doctors who are willing to write a prescription. APRNs already have prescriptive authority in our state, thanks to your leadership. And they should have the ability to serve as the attending physician, especially because of the doctor shortage across our state. With this amendment, APRNs will become qualified to serve as either the attending or consulting for the law.

These amendments to HB650, recommended by our Department of Health, just make sense—contributing to the well being of families across the state who have loved ones at the end of life.

It's time for Hawaii to approve the Hawaii State DOH improvements to the Our Care, Our Choice Act to increase access so that everyone who prefers this legal option has equal access to implement the choices they have for themselves at one of the most significant moments of their lives.

Aloha,
Lynn B. Wilson, PhD
Waipahu, Hawaii 96797

Testimony in support of HB650

This proposed bill makes improvements to OCOCA, allowing persons suffering and wishing to exercise options for aid in dying.

Allowing APRMs prescriptive authority would help improve access to participating providers in rural areas and on neighbor islands.

Allowing providers to waive the mandator waiting period in cases where the patient is not likely to survive allows the patient compassionate options.

Granted a waiting period between first and second request, is valid. However, twenty days is a very long period for a person in intense pain. Therefore, reducing the waiting period to five days is reasonable.

Therefore, I support HB650

HB-650-HD-1

Submitted on: 2/13/2023 3:25:04 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marguerite Lambert	Individual	Support	Written Testimony Only

Comments:

I support HB650 to improve Our Care Our Choice Act.

HB-650-HD-1

Submitted on: 2/13/2023 3:45:07 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Brian Goodyear	Individual	Support	Written Testimony Only

Comments:

Aloha Representatives,

I am writing to express my strong support for HB650 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 120 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.

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. HB650 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. First, the waiting period could safely be reduced to 5 days without any adverse consequence. Second, the attending provider should be allowed to waive the waiting period completely for patients who are not expected to survive the waiting period. Just today, I flew to Maui to see a patient who, I believe, is not likely to survive until the end of the 20-day waiting period. These changes would be most beneficial for similar patients.

Mahalo for your support of these proposed changes.

HB-650-HD-1

Submitted on: 2/13/2023 3:53:20 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
betts cruz	Individual	Support	Written Testimony Only

Comments:

Re: My sister Nancy Louise

I support HB650. This is our story, I wrote the below back in 2018 and nothing has gotten in the way of our feelings for this right to life/death. The only changes are that we lost our brother in 2018. Mahalo for listening and caring.

The above is the real face of “Death with Dignity”, this is a photo of my sister Nancy, my vibrant, healthy sister Nancy, taken just prior to her finding out she had the beginning onset of ALS (Lou Gehrig’s disease). She was living in California at the time and wanted to come to Hawaii, however she chose to move back to Vermont where her children had been born and primarily so that our retired sister Marnie could care for her.

After medical confirmation of ALS, Nancy knew she wanted and needed to return to Oregon, where her children lived. In 2008 she returned so that she could take advantage of the state’s Right To Die law. Once there we rallied around her and rented a home near her son. Our whole family and circle of friends, along with Compassion & Choices, Hospice and the ALS society made her final months on this earth a learning lesson for all involved.

Oregon’s law is thorough and complete. My sister was able to have control over the most important thing at the end of life: to say when, where and with whom she chose to leave this earth and enter Heaven above. If you or a loved one end up having medical issues that are incurable AND your doctors agree that you have a terminal illness with less than 6 months to live, why not as an individual have the choice to select how and when we die?

After months of supportive planning and following the appropriate procedures in Oregon, we as a family were able to be with Nancy as she prepared for a peaceful death. She chose the backyard on a Sunday in April, with the sun shining and her children and family around her. She swallowed the contents of the prescribed medication and went into a sleep-like coma. Her wish was for us to dance and blow bubbles, sending her off with love. This happened from many points across the US once we knew she had crossed over.

Nancy's family and friends embraced her decision, supporting her because of the love and respect we all had for her. Nancy had led a life full of love and giving and we wondered why she was taken from us at such an early age. Her life and our story helped change the law in Vermont. As a family we are thankful California has passed the law in our home state, our

brother suffers from Parkinson's and we worry for his future. We hope to get it accomplished here in my home state of Hawaii.

This is such an important right for each one of us and Oregon has set the standard for its thorough process. For some folks just knowing the law is in place is enough, others it might be having the written prescription. For some filling the prescription and having it on hand is sufficient. Others who, like my sister, know they do not want to be on a ventilator or a feeding tube are able to CHOOSE and have the right and freedom to die at home, on their own terms. For my sister this was vitally important. For our family it continues to be an extremely important right of choice for us, our children and our children's children. This is such an important issue. Please pass the bill. Mahalo for your time and energy moving this legislation forward.

February 15, 2023

The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair
House Committee on Consumer Protection & Commerce
Hawaii State Capitol
415 South Beretania
Honolulu, HI 96813

Thank you for considering HB 650 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 to improve the quality of life for many terminally ill patients who choose to access medical aid in dying.

HB 650 HD1 improves upon the existing legislation by:

- Expanding access to the Our Care Our Choice Act by expanding the definition of attending provider and consulting provider to include advanced practice registered nurses (APRN). This will help terminally ill individuals, particularly those who reside on neighbor islands and in rural areas, access to the law.
- Allowing counseling to a qualified patient by an APRN who specializes in a psychiatric or clinical nurse practice. Terminally ill people on the neighbor islands (and on Oahu as well) report their difficulties in locating psychiatrists and clinical social workers able to provide counseling.
- Waiving the mandatory waiting period if a patient is not expected to survive the wait.
- Reducing the barrier for individuals seeking medical aid in dying by shortening the 20-day waiting period called for in the statute to 5 days between oral requests. This will alleviate a terminally ill persons' stress considerably.

I sincerely hope this committee will recommend passage of HB 650 HD1 which will result in helping more people by providing peace of mind that if needed they will be able to access the law.

Mahalo,

Mary Steiner

3347 Anoa'i Pl
Honolulu, HI 96822
13 February 2023

The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair
House Committee on Consumer Protection and Commerce
[Hawaii.Capitol.Gov/account/submittestimony](https://hawaii.capitol.gov/account/submittestimony)

Re: HB 650 HD1, r/t Health, public hearing at 2:00 p.m., day. 15 Feb. 2023

Dear Chair Nakashima, Vice Chair Sayama, and Members of the Committee,

I strongly support this bill amending Hawaii's Our Care Our Choice Act (OCOCA), HRS ch. 327L, on medical aid in dying (MAID) and urge you to pass it out of committee.

It is important to help the Neighbor Island residents use the Our Care Our Choice Act by expanding the number of qualified professionals who can participate, given the shortage of health care professionals there. It is also important to reduce the overall time and procedures so a dying person can reduce their suffering. This bill would do those things.

I am in my 70s and support MAID because I want that option for myself, when I so choose. If suffering or some other condition becomes more than I care to bear, I do not want to be limited to starving myself to death while in great pain. I have read that pain relief fails in some cases, and I note that people have a constitutional right to refuse treatment when mentally competent. I believe that individual liberty and human dignity are also important values relevant to this law.

While safeguards against abuse of MAID are reasonable, the Department of Health's (DOH's) 2019-2021 annual reports to the legislature, the latest I could find, do not reveal abuses of the elderly and frail. <https://health.hawaii.gov/opppd/ococ/>. In contrast, the DOH testified:

As a result, DOH does not quantify the number of patients who expired prior to executing all the steps, however the anecdotal input from healthcare providers has been very consistent, that: 1) patients in rural communities struggle to find a participating provider (attending, consulting, and mental health), and 2) patients with grave health prognoses expire during the waiting period, often with tremendous suffering. (DOH, 2-1-2022 on HB 1823)

The Hawaii Medical Association testified on SB442 on 8 Feb. 2023 that abuse has been reported and referred to a 2005 article. I would welcome the latest data.

In the end, the legislature must balance safeguards and availability, and it is fair to re-evaluate this as more information arrives. However, safeguards that are too numerous and difficult can in practice defeat the purpose of the law.

This bill is substantially similar to HB1823, HD2, SD2 (2022), which made it to conference last year. HB650 only authorizes advanced practice registered nurses to perform certain functions, while HB1823 (2022) also included physicians' assistants, and HB650 shortens the time between oral requests from 20 to 5 days, instead of to 15 days as in HB1823 (2022). I thank those of you who supported HB1823 (2022) and ask for your continued support for improving MAID laws.

Respectfully submitted,
s/Laurence K. Lau

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 HB650 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, I had to step back from helping patients. I saw even more just how fragile access on the neighbor 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 approximately 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 5 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-650-HD-1

Submitted on: 2/13/2023 8:52:37 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kaliko Loveland	Individual	Support	Written Testimony Only

Comments:

My father in law had stage 4 cancer, it was bad enough that he fractured his shoulder by just getting out of bed. The pain and suffering he went through was horrendous. He tried using pain meds to ease his pain but it altered his mood and thinking to where he rather have dealt with the pain than be woozy. He did use his maid option and no more suffering. It was a process to get all the clearance and requirements to obtain the meds. He was scared to take it at 1st but after a couple more days of extreme pain he drank the potion. He relaxed and went to sleep peaceful no pain or suffering and took his last breath. I support MAID

HB-650-HD-1

Submitted on: 2/13/2023 9:52:06 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Francis Nakamoto	Individual	Support	Written Testimony Only

Comments:

Chair Mark Nakashima, Vice Chair Jackson Sayama and Members of the House Committee on Consumer Protection & Commerce

I support HB650, which would allow APRNs to provide medical aid in dying services in many areas of Hawaii not adequately served by medical doctors. The bill will also allow the shortening of the waiting period in rare cases where the immediacy of death requires it.

Much testimony has been received demonstrating the difficulties encountered by Hawaii residents seeking death with dignity under Hawaii’s OCOC Act. To often, the 20-day waiting period serves as a deterrent, if not barrier, for those seeking prescriptions for terminal medicines. Persons who obviously desire to end their lives in dignity and without suffering are thwarted due to the arbitrary restrictions, both in the current wait periods and the unavailability of willing medical providers to assist them. In many cases, the lack of medical doctors and the remoteness of their residence prevents them access to medical aid in dying.

Hopefully, an elderly couple in Hawaii will not find themselves in the desperate situation recently faced by the couple in Florida, Ellen and Jerry Gilland, who planned a murder-suicide pact for the wife to kill the apparently terminally ill husband in his hospital bed then kill herself, if he took a turn for the worse and didn’t have the strength to do it himself.

Conceivably, under Hawaii’s Our Care Our Choice Law, the 20-day waiting period, if applicable in this couple’s case, would have forced them to take the tragic and desperate measures they did. To be sure, the likelihood of a identical situation in Hawaii is remote, but the arbitrary barriers to rational and dignified application of the worthy purposes of OCOC still exists and must be removed.

In reviewing testimony of others, I noted the position taken by the Hawaii Medical Association. Regrettably, far from improving the situation under current law, its proposal only worsens the plight of Hawaii residents seeking death with dignity.

HMA acknowledges the laudable purposes of OCOC Act to increase patient autonomy, right to control circumstances of their death and decrease suffering.

But HMA 's recommendations undermine OCOC purposes by increasing the difficulty of obtaining a terminal medication prescription and prolonging the time available to obtain the intended results of the law.

By adding a requirement of a formal psychiatric decision-making capacity evaluation, following American Psychiatric Association standards that's expected of licensed psychiatrists, and mandating an assessment with a full psychiatric interview, including a thorough history, interview, focus, physical examination, laboratory, testing, additional imaging and procedures and discussions with hospital staff and family members, the HMA recommendation for all practical purposes, defeats the ability of any person desiring MAID to obtain their desired dignified death.

Any attending provider, faced with these requirements, would hesitate in conducting such a psychiatric evaluation, if required, and to risk legal liability. Any provider, willing to write a prescription, would be compelled to retain a licensed psychiatrist to perform the time-consuming task, and certainly extend the already unrealistic time that OCOC provides to obtain relief from a painful, undignified death. This would essentially set an additional standard of care for the attention physician.

The intention of the Legislature should be to expedite the process to allow people to die with dignity, not make it more difficult, more complicated, more costly and less likely to succeed.

I oppose any effort, even well-intentioned, to add another layer of unnecessary medical evaluation which will be imposed by this proposal. A reasonable and sufficient evaluation can best be accomplished by the attending or consulting physician (or APRN) who knows the patient and family best from prior intimate, personal contact while treating the dying person for the condition or disease that compelled the desire for MAID.

I strongly urge you to support passage of HB650, without amendments, during this session. There is no logical, compassionate reason to defer it any further.

Francis M. Nakamoto

HB-650-HD-1

Submitted on: 2/13/2023 10:01:12 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Caroline Kunitake	Individual	Support	Written Testimony Only

Comments:

Please support HB650.

HB-650-HD-1

Submitted on: 2/14/2023 9:30:53 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
stephanie marshall	Individual	Support	Written Testimony Only

Comments:

As a registered nurse for over 45 years working with oncology patients, I strongly support this bill to improve OCOCA law. I have followed this law over the past few years and recognize the need for additional providers to provide this option to those who request it. I am retired nursing faculty from UH Manoa, very familiar with the role and scope of practice of APRNs. They are competent and fully capable of providing this role. In addition, I have known patients who did not make the waiting period and needlessly suffered. I am asking for your support to pass this bill, it is the humane and compassionate choice to make.

Thank you for your time,

Stephanie Marshall RN,MA, FAAN

HB-650-HD-1

Submitted on: 2/14/2023 7:54:39 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Georgia Bopp	Individual	Support	Written Testimony Only

Comments:

I'm hopeful you will pass HB650. The OCOCA has given me and many others peace of mind but it needs to be improved and HB650 will do that. Thank you for your support.

Aloha, Georgia Bopp (age 81)

HB-650-HD-1

Submitted on: 2/14/2023 10:00:15 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Roberta Murray	Individual	Support	Written Testimony Only

Comments:

HB650 Our Care Our Choice Act (OCOCA) Advanced practice registered nurses; mandatory waiting period

More than ten years ago, my husband was diagnosed with ALS, better known as Lou Gehrig’s Disease. ALS is a chronic medical condition in which the body’s muscles do not receive signals from the nerve endings to move. So the muscles don’t do what they’re supposed to do. At first, he was unable to lift his arms. Then it became difficult for him to hold a fork or spoon. Eventually his legs gave out. He was in a power wheelchair for awhile. Later he was confined to a hospital bed at home where he stayed, day in and day out.

People with ALS (PALS) have difficulty swallowing and breathing. As ALS advances, a tracheotomy tube is inserted in the throat to open the airways. A BiPAP respirator forces air into the lungs and helps the lungs exhale. When they can no longer eat, a PEG feeding tube is inserted near the stomach to get nutrients into the body. While my husband could still swallow food, we’d have to feed him very small bites. He could drink liquids through a big straw. I often wondered whether he retained that ability because he had used his voice as a radio broadcaster and sang with a baritone. However when he could no longer swallow his meds without choking, I ground them in a mortar and pestle then mixed them into a spoonful of butterscotch pudding.

The end game for PALS appears when the muscles surrounding the diaphragm no longer contract and death arrives by slow suffocation. Yet one’s mind is still alert, trapped in a useless body, wondering if there is enough mindful meditation or being in the present moment to overcome the pain and fear of witnessing your own death.

Had OCOCA been available as an option for my husband, I know that he would have been grateful for the chance to make a decision to end his life based on his own terms.

Allowing APRNS to implement OCOCA and shortening the mandatory waiting period will give more comfort and control to terminally patients at during transition.

I strongly support the passage of HB 650

Respectfully Submitted

Roberta Wong Murray

HB-650-HD-1

Submitted on: 2/14/2023 11:20:22 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Carolann Biederman	Individual	Support	Written Testimony Only

Comments:

Aloha,

I strongly support this bill and hope you will too. The Our Care, Our Choice Act has been in effect for more than four years, yet many eligible terminally ill patients are having trouble accessing the law and surviving the waiting period (20 days), causing needless suffering.

I support allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications.

Health inequities in our state impact people in all communities. For patients seeking medical aid in dying, the inability to find a supportive provider means they simply don't get to access this compassionate option, despite it being their legal right.

The physician shortage also makes it very difficult for eligible patients to find the two doctors required to assist them, especially outside of Oahu. The bill would allow Advanced Practice Registered Nurses (APRNs) to fill this gap, as they do in virtually all other areas of care.

Please remove the barriers in the language of the law so that qualified patients can spend their final weeks in peace, without fear and pain. I believe that people should be empowered to choose end-of-life care that reflects their values, priorities, and beliefs.

With thanks and aloha, Carolann Biederman

HB-650-HD-1

Submitted on: 2/14/2023 11:42:26 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kim Coco Iwamoto	Individual	Support	Written Testimony Only

Comments:

I offer my testimony in Strong Support of HB650 HD1, known as Our Care, Our Choice Act, which would authorize advanced practice registered nurses to practice medical aid in dying in accordance with their scope of practice and prescribing authority, authorize advanced practice registered nurses with a psychiatric or clinical nurse specialization to provide counseling to a qualified patient, reduce the mandatory waiting period between oral requests from twenty days to five days; and provide an expedited pathway for terminally ill qualified patients who are not expected to survive the mandatory waiting period.

When the original statute was enacted four years ago, we knew it was not perfect and some practical housekeeping and tweaking would need to be done to effect the purpose and intent of this patient-centered law. HB650 offers solutions to all the obstacles patients have faced, and care providers and patient advocates have documented, when using the law as currently written.

In addition,I ask this committee to return the effective date back to the original bill: June 30,2023; the previous committee inserted an “ineffective” date "to June 30, 3000, to encourage further discussion.” HB650 was assigned to three committees which already encourages sufficient discussion - this bill does not deserve to be disappeared in conference committee.

HB-650-HD-1

Submitted on: 2/14/2023 11:42:08 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kalawai'a Goo	Individual	Support	Written Testimony Only

Comments:

Strong Support for Bill: HB650 Our Care, Our Choice Act Aloha, I am a licensed social worker (LSW) working with hospice. In my experience, the Our Care, Our Choice Act (OCOCA) in its current form is problematic in its length between oral request and obstacles to access. Many of my patients express interest, but are intimidated by the process and end up passing in pain. A phrase I often hear from my patients is, 'I was against it, until it was me.' I strongly support any measure to make the OCOCA process more accessible. I am available for questions and/or further clarification. Mahalo, Kalawai'a Goo, LSW kalawaiag@hotmail.com

HB-650-HD-1

Submitted on: 2/14/2023 12:18:15 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Stephen L Tschudi	Individual	Support	Written Testimony Only

Comments:

Supportive Testimony Regarding HB 650

Esteemed Chair Della au Bellati, Vice Chair Jenna Takenouchi, and Members of the Committee,

My name is Stephen Tschudi and I am writing as a private citizen with related experience, having lived through the loss of parents whose suffering would have been greatly reduced had medical aid in dying been available to them. I strongly support HB650 in the measures it adopts to remove barriers that prevent access to medical aid in dying for all eligible dying people. Removing barriers helps fulfill the intention of the Our Care, Our Choice Act: that all eligible dying people will have access to the option of medical aid in dying. The current 20 day mandatory minimum waiting period is often longer than a dying person has left when they first request medical aid in dying to ease their suffering. That is why the reduction to a 5 day period between the oral requests is a logical and compassionate step. The reduced waiting period and the provision for Advanced Practice Registered Nurses (APRNs) to provide aid in dying will allow a dying person who wants the compassionate option of medical aid in dying to be able to access it, even given our current shortage of practicing physicians. I do not need to add more to the expert testimony you have already seen from Compassion & Choices and other supporters. Thank you for following a path marked out by simple human compassion.

Stephen Tschudi

Palolo

HB-650-HD-1

Submitted on: 2/14/2023 11:49:04 AM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
HARRY J BRYAN III	Individual	Support	Written Testimony Only

Comments:

To whom it may concern:

My short input hopefully will persuade you to pass HB650. I speak to you as a 75 yr old kupuna, resident of Keaau, Hawaii Island and 60+ yr resident of Hawaii. I am also an honorably discharged Vietnam War vet.

I am now retired and under the care of our new East Hawaii Health Cancer Center, dealing with my 3rd tumor (starting 7yrs ago with a tumor in my liver, then a year ago 2 new tumors were found in my lungs). The Our Care, Our Choice Act is simply too difficult to access. I am supportive of any improvements to expedite the process of simply gaining choice in this phase of my life [and death].

Mahalo for your compassion,

Harry J. Bryan III

HB-650-HD-1

Submitted on: 2/14/2023 12:48:15 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wendy Gibson-Viviani	Individual	Support	Written Testimony Only

Comments:

To: THE COMMITTEE ON CONSUMER PROTECTION & COMMERCE:

Dear Honorable Rep. Mark M. Nakashima, Chair, Rep. Jackson D. Sayama, Vice Chair and Members of the Committee,

I am a cannabis nurse educator and have been a resident of Oahu for 30 years. I'm writing in support of HB 650. I feel it will remove some of the roadblocks to MAID- medication assisted end-of life care.

I helped take care of my mother when she was dying of lung cancer and my father when he was dying from a rare blood condition. My mother would not have wanted to participate in the MAID program, but my father sure would have if he had been given the opportunity. He stockpiled old prescription medications so he could (and did) help himself check out of this world when he decided he was "ready to go". He would have appreciated MAID and likely been angry if faced with a 20-day wait period. I understand the need for a waiting period, but 20 days is excessive.

I see that HB650 will help remove some of the roadblocks that patients are experiencing now.

I support these changes:

1. Reduction of the 20-day waiting period to 5 days and
2. an override of the waiting period, if the patient may expire before the time is up
3. Allowing APRNs who are qualified to participate as attending providers.
4. Allow marriage and Family therapists to provide counseling

I believe these changes will NOT compromise any of the safeguards against abuse that are in place.

Thank you for the opportunity to provide testimony on this important bill,

Wendy Gibson-Viviani RN/BSN

Kailua

(808) 321-4503

HB-650-HD-1

Submitted on: 2/14/2023 2:32:03 PM

Testimony for CPC on 2/15/2023 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Stonewall Caucus of the Democratic Party of Hawaii	Support	Remotely Via Zoom

Comments:

Aloha Representatives,

The Stonewall Caucus of the Democratic Party of Hawai‘i; Hawai‘i’s oldest and largest policy and political LGBTQIA+ focused organization fully supports HB 650 HD1.

We hope you all will support this important piece of legislation.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
Stonewall Caucus for the DPH