

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'AINA O KA MOKU'AINA 'O HAWAII

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
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KENNETH S. FINK, M.D., M.G.A., M.P.H.
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

**Testimony in SUPPORT of HB650 HD2
RELATING TO HEALTH.**

SENATOR JOY SAN BUENA VENTURA, CHAIR
SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON COMMERCE & CONSUMER PROTECTION

Hearing Date: March 23, 2023

Room Number: 229

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.

Testimony of the Board of Nursing

**Before the
Senate Committee on Health and Human Services
and
Senate Committee on Commerce and Consumer Protection
Thursday March 23, 2023
10:00 a.m.
Conference Room 229 and Videoconference**

**On the following measure:
H.B. 650, H.D. 2, RELATING TO HEALTH**

Chair San Buenaventura, Chair Keohokalole, and Members of the Committees:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board supports this bill 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 remove barriers for the practice of APRNs and, more importantly, to provide greater access to health care for Hawaii residents, especially those who reside in rural areas or on the neighbor islands. APRNs are recognized as primary care providers who may practice independently based on their practice specialty.

The bill's inclusion of APRNs in the definitions of "attending provider" and "consulting provider" is aligned with an APRN's education, training, and scope of practice, who are qualified by specialty or experience to diagnose, treat, and provide a prognosis of a patient's terminal disease. As outlined below, Hawaii Administrative Rules section 16-89-81, sets forth an APRN's scope of practice, which includes, but is not limited to:

- The provision of direct care by utilizing advanced scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;
- Manage the plan of care prescribed for the patient;
- Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments or procedures that are basic to the clinical evaluation of physical, developmental, and psychological signs and symptoms;
- Order, interpret, or perform diagnostic, screening, and therapeutic examinations, tests and procedures;
- Formulate a diagnosis;
- Plan, implement, and evaluate care; and
- Order or utilize medical, therapeutic, or corrective measures including, but not limited to, rehabilitation therapies, medical nutritional therapy, social services and psychological and other medical services.

The Board also supports the inclusion of APRNs specializing in psychiatric mental health under the definition of “counseling” to determine whether the patient is capable of making an informed decision regarding ending the patient’s life.

Thank you for the opportunity to testify on this bill.

HB-650-HD-2

Submitted on: 3/19/2023 9:54:12 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Aloha Senators,

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 HD 2.

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

Testimony of Sam Trad, National Director of Care Advocacy, Compassion & Choices
Supportive Testimony Regarding HB 650 HD2
Joint Committees of
Health and Human Services & Commerce and Consumer Protection

Dear Chairs Jarrett Keohokalole & Joy A. San Buenaventura, Vice Chairs Carol Fukunaga & Henry J. C. Aquino, 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) 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

HB-650-HD-2

Submitted on: 3/21/2023 4:23:49 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Good Afternoon Chairs Keohokalole and San Buenaventura, Vice Chairs Fukanaga and Aquino - I am writing in strong support for HB650. I am an oncologist representing the Hawai'i Society of Clinical Oncology, having been on their Board of Directors for over 20 years. In addition I have been the Director of Kaiser Hawai'i'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 Hawai'i'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. Several other states have incorporated this change in their MAID laws. It is inherently unfair to disadvantage patients who live outside of Oahu when they request MAID. APRNs are fully licensed for independent practice in Hawai'i. Allowing them to fully participate in the OCOCA does not represent any expansion of their scope of practice.

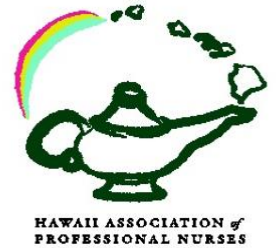
Third, I must comment on recent testimony submitted by the Hawai'i Medical Association on the companion bill to this one, SB442. The HMA's recommendations would do nothing but make it harder for terminal patients to access the OCOCA, by inserting additional and unnecessary requirements for the mental 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 HB650 will improve access to the law and remove these major barriers to full and equal access for all of Hawai'i's citizens who seek to use the OCOCA.

Charles F. Miller, MD, FACP, FASCO

Director, Kaiser Hawai'i's Medical Aid In Dying Program State Affiliate Representative Hawai'i
Society of Clinical Oncology

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Joy San Buenaventura Chair of the Senate Committee on Health and Human Services; The Honorable Senator Jarrett Keohokalole, Chair of the Senate Committee on Commerce and Consumer Protection

From: Hawaii Association of Professional Nurses (HAPN)
Subject: HB650 HD2 – Relating to Health, in strong Support

Hearing: March 23, 2023, 10a.m.

Aloha Senator San Buenaventura, Chair; Senator Aquino, Vice Chair; Senator Keohokalole, Chair; Senator Fukunaga, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony regarding HB650 HD2. 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 the American Association of Nurse Practitioners (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-2

Submitted on: 3/18/2023 4:00:18 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
william metzger	Testifying for Compassion and Choices.	Support	Written Testimony Only

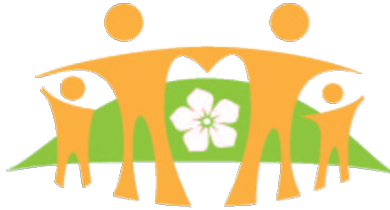
Comments:

We strongly urge all legislators to support/pass the Care and Compassion Act.HB650.

mahalo and aloha,

William Metzger

Melodee Metzger



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

We know systems.
We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

March 23, 2023 10:00 A.M. - VIA VIDEO CONFERENCE – Rm 229

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB650 HD2, 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 327L-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.

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

THE KŪPUNA CAUCUS



HHS-CPN_03-23-23 10:00AM, HB 650

TO: COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

CONCERNING HB 650 HD2 (HSCR1073) RELATING TO HEALTH

POSITION: STRONG SUPPORT

Aloha Chairs Buenaventura and Keohokalole, Vice Chairs Aquino and Fukunaga and members of both committees,

The Kūpuna Caucus of the Democratic Party of Hawai'i has a membership of more than 2,000 politically active and aware seniors and we strongly support this bill.

The Our Care, Our Choice Act has been in effect for over 3 years now. Yet many eligible terminally ill patients are having trouble accessing the law, causing needless suffering. That is why the Department of Health continues to advise amending the law and supports this bill.

Hawaii has an appalling shortage of doctors and mental health workers and many of them are not comfortable addressing the needs of people making end of life choices, even if it is a legal process. Nurse practitioners, advanced practice registered nurses are extremely professional and competent and can fill many requirements in the Our Care, Our Choice Act.

If even one qualified patient is forced to spend their final weeks or months in fear and pain, hoping desperately to use the law only to be unable to, due to lack of available practitioners that is just wrong. Even worse, if they die in pain while waiting the required time periods before they can complete the requirements. Please vote yes on these necessary improvements to the Our Care, Our Choice Act and ensure that every terminally ill person in the Aloha State is empowered to choose end-of-life care that reflects their values, priorities, and beliefs.

Power over your own life is an essential right which no government should inhibit. The greatest respect you can offer to those who know they are dying is gentle assistance to help them along.

Martha E Randolph for the Kūpuna Caucus of the
Democratic Party of Hawaii

**Written Testimony Presented Before the
Senate Committee on Health and Human Services, and
Committee on Commerce and Consumer Protection**

**Hearing: March 23, 2023, @10:00 AM
State Capitol, Via Videoconference**

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



HB 650, HD2 RELATING TO HEALTH

Chair Joy A. San Buenaventura, Vice Chair Henry J.C. Aquino, and members of the Senate Committee on Health, and Chair Jarrett Keohokalole, Vice Chair Carol Fukunaga, and members of the Senate Committee on Commerce and Consumer Protection, for this opportunity to provide testimony in strong support of HB 650, HD2, Relating to Health.

This bill seeks to explicitly authorize advanced practice registered nurses (APRNs) as attending providers and consulting providers capable of performing all necessary duties under the Our Care, Our Choice Act in accordance with their scope of practice and prescribing authority. This bill also seeks to reduce the mandatory waiting period between oral requests made by a terminally ill individual from twenty days to five days and to allow an attending provider to waive the waiting period for terminally ill individuals not expected to survive the mandatory waiting period.

We are members of the American Nurses Association in Hawai'i (Hawai'i-ANA) who speak for over 15,000 Registered Nurses in Hawai'i caring for patients every day, throughout their lifespan, from birth through dying and death. We have supported the passing of the bill to enact this measure in the past, in our interest to provide choices and options to patients addressing end-of-life issues. We continue to support the Act as an option for both patients and providers, to consider in meeting the personal needs of the individual patient.

We believe the information provided by the State of Hawaii Department of Health regarding the use of this Act highlights the very real difficulties individuals in Hawaii are experiencing in meeting the established criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process. In particular patients on the neighbor islands have great difficulty accessing a provider to participate in the prescribed process. Authorizing APRNs to practice medical aid in dying, in accordance with the existing scope of practice and prescribing authority, will expand access for neighbor island patients who choose to avoid needless suffering in their final days of life.

In addition, the waiting period of 20 days is the longest in any state that has enacted such a law to regulate dying with dignity by individual choice. Patients have met all the requirements of the law to bring them to the point of ingesting the prescribed medication when they are required to

wait another 20 days. Surely the provider of care along with the patient and the family can determine that the patient is not likely to survive that long, and therefore the waiting period should be waived, again to provide greater mental ease and comfort to terminally ill individuals and their families.

We respectfully request that SB442 pass out of this committee. Thank you for your continued support for measures that address the healthcare needs of our community.

Contact information for Hawaii – American Nurses Association

President: Dr. Nancy Atmospera-Walch, DNP, MPH, MCHES, LNHA, CCHN, CMC, FAAN
president@hawaii-ana.org

Executive Director: Dr. Linda Beechinor, APRN-Rx, FNP-BC
executivedirector@hawaii-ana.org

Director-at-Large: Bob Gahol, BSN RN, MBA, MPA, MMAS, MSS
director@hawaii-ana.org

Phone (808) 779-3001
500 Lunalilo Home Road, #27-E
Honolulu Hawaii USA 96825

HB-650-HD-2

Submitted on: 3/21/2023 5:56:53 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Testifying for Rainbow Family 808	Support	Written Testimony Only

Comments:

Rainbow Family 808 supports HB650. Please pass this bill.

Mike Golojuch, Sr., Secretary/Board Member



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

We know systems.
We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

March 23, 2023 10:00 A.M. - VIA VIDEO CONFERENCE – Rm 229

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB650 HD2, 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 327L-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.

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

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

Date: 3/21/2023

From: Testimony of Michelle Cantillo, RN, Advance Care Planning Coordinator
representing Hawaii Pacific Health

Re: Supportive Testimony Regarding HB650, HD2

Allowing advanced practice registered nurses (APRN) to have prescriptive authority to be OCOCA attending and consulting providers and having psychiatric nurse practitioners to be counseling providers within their scope of practice. Allowing attending providers to waive the mandatory waiting period if the patient is unlikely to survive the waiting period and reducing the mandatory 20-day waiting period between oral requests to five days.

As a Registered Nurse (RN) and Advance Care Planning (ACP) Coordinator at Hawai'i Pacific Health (HPH), I am involved with patients requests for Medical Aid in Dying (MAiD), OCOCA and collect all the data since January 1, 2019. At HPH we support patients request by seeking out providers that are willing to participate either as attending or consulting physician. Our team helps to educate the patient, their family as well as the patient's medical team on MAiD, OCOCA. On behalf of HPH, I am writing to express HPH support of amending HB650, HD2. This bill will allow more providers to voluntarily participate in MAiD, OCOCA and will help terminally ill patients by granting their dying wishes as their time is limited.

Since January 1, 2019, there are a limited number of physicians who are willing to be an attending physician for MAiD, OCOCA. At HPH, there are only 1.5% of physicians willing to write the aid-in-dying prescription.

HPH providers have been educated on MAiD, OCOCA bill since this law passed and there are processes in place to help support patients and physicians in the clinics. When a patient request to start the MAiD, OCOCA process they are often very hesitant about asking their patients about the law because of the fear of rejection. As an ACP nurse coordinator, either I or a social worker will reach out to physicians to see if they

will consent to participate. There is hesitation and they have shared they are not comfortable in writing the MAiD prescription however are more willing to be the consulting physician. This is their choice. There is a shortage of physicians in primary care and specialty areas in Hawaii and especially outer islands thereby having the bill extend out to APRNs will give more opportunity for our terminally ill patients wanting to use this end-of-life option and having peace of mind.

82% of patients requesting MAiD, OCOCA are patients with metastatic cancer. The current oncologists are stretched very thin, and priority are given for new patient consults and ensuring all patients are seen within in a reasonable time. For the few oncologists who do try to help qualified MAiD terminally ill patients, they work thru their breaks and lunches to help these patients. Many attending physicians have voiced concerns and would like more support from their colleagues and would welcome having their APRNs to have this authority.

HPH is thankful for the few participating physicians who have voluntarily consulted if the patient's current physicians are not willing to participate in the law. APRNs at HPH have expressed their support for this bill. With training, our APRNs will continue to collaborate with their immediate physicians on how best to help support patients request within their prescriptive authority.

For the past 4 years, since the law has been in effect, 27% of terminally ill patients did not meet the 20-day window after their first oral request and expired while waiting. This law gives our patients "peace of mind" to have this end-of-life option. HPH is in favor of waiving the mandatory waiting period and decrease the time from 20 days to 5 days. Our providers are very skilled at assessing their patients and can determine when it is appropriate to provide an expedited pathway for those qualified terminally ill patients who are not expected to survive the mandatory waiting period.

The state passed this law in 2018 to ensure that all terminally ill individuals will have access to the full-range of end-of-life options. Four years later, data has shown that the state of Hawaii needs to improve access. Let us make this law better for our dying patients of Hawaii. Let us support and honor patient wishes.

HPH urges you to support HB650, HD2. Thank you for the consideration of our testimony.

Mahalo,

Michelle Cantillo, RN

Michelle Cantillo, RN, ACP Coordinator
Hawai'i Pacific Health
michelle.cantillo@hawaiipacifichealth.org
808-535-7874



Testimony Opposing HB 650

The proposed amendments to Hawaii's physician assisted suicide law would reduce patient protection against mistakes, coercion and abuse under the "Our Care, Our Choice Act" and should be rejected.

HB 650 both allows non-physician medical providers to perform the essential duties under the law and reduces the waiting period enacted to prevent a hasty decision from becoming irreversibly lethal.

The bill would allow advanced practice registered nurses to perform all functions currently limited to physicians. It could be questioned whether a physician, who often has no relationship with the patient prior to the assisted suicide request, could accurately determine whether their diagnosis and prognosis are accurate, and even more doubtful that they could discern whether the decision to die is entirely voluntary and uncoerced. It should be at least equally questionable whether advanced practice registered nurses can perform these functions, since their training requirements are not as extensive. In fact, Medicare does not allow them to certify terminal status for hospice purposes, so how could they be permitted to certify terminal status for lethal drugs?

Equally concerning is the reduction of the waiting period from 20 to 5 (five) days, with the option of reducing it further based on predictions of a death sooner than 15 (fifteen) days after their first oral request. Specifically, the bill adds the following subsection:

"If the qualified patient's attending provider attests that the qualified patient will, within a reasonable medical judgment, die within fifteen days after making the initial oral request, the five-day waiting period shall be waived and the qualified patient may reiterate the oral request to the attending provider at any time after making the initial oral request."

Since the second oral request can be "at any time" after the first oral request, the second could be a minute after the first, effectively removing the requirement for two oral requests for persons with a 15-day or less prognosis. This leaves only the 48-hour waiting period between the written request and prescription of lethal drugs. Hiring a gardener or plumber gets a longer "cooling off" period under federal law!

This push toward a quick death should raise questions about the pressures being placed on the ill person and questions about the quality of care offered. Assisted suicide is about hastening death, presumably for a dying person, but we know that a six-month prognosis is not reliable. The six-month eligibility does not match the science on terminal predictions. Mistakes are inevitable. Should the law reduce the time for thought and reflection even further than 20 days?

People with terminal conditions also need quality palliative care including pain relief. Although the opioid crisis primarily involves street drug trafficking, it's too often easier to target investigations toward legitimate prescribing by doctors who are easier and safer to find in their offices. This has harmed many patients who need competent pain treatment. Too many patients have been abandoned to their pain.

Patients deserve quality palliative care and they deserve time to reflect on the inherent value of their lives, including in their final days.

Please vote no on HB 650.



Submitted Online: March 22, 2023

HEARING: Thursday, March 23, 2023

TO: Senate Committee on Health & Human Services
Sen. Joy San Buenaventura, Chair
Sen. Henry Aquino, Vice-Chair

Senate Committee on Commerce & Consumer Protection
Sen. Jarrett Keohokalole, Chair
Sen. Carol Fukunaga, Vice-Chair

FROM: Eva Andrade, President

RE: Opposition to HB 650 HD2 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

March 22, 2023

**John B. Kelly
New England Regional Director, Not Dead Yet
66 Fenway APT 22
Boston, MA 02115**

Testimony regarding amending “Our Care, Our Choice Act,” HB 650;

I am with the national disability rights group, Not Dead Yet. We oppose assisted suicide laws as a deadly form of discrimination against disabled people. Expanding these laws only makes matters worse.

Assisted suicide is really all about disability because the people who get lethal prescriptions are disabled, and we learn from Oregon that the top five reported “end-of-life concerns” relate to distress about the disabling features of their serious illness, such as physically depending on other people, feeling embarrassed about physical needs, and feeling like a burden on other people.

HB 650 would enact the following changes:

(1) authorizes physician assistants and advance practice registered nurses to prescribe assisted suicide.

This is a problem because their training and required skills are less than those of doctors who already make lots of mistakes. Studies have shown 12% to 15% of people who enter hospice outlive six months, and NPR reported in 2017 that almost one in five hospice patients are alive at the end of six months. Organon’s reports since Year 23 (2020) show that 4% of program participants are still alive after six months. Last year’s figure was 5.8%.

I urge the House going forward to keep track of this number for the sake of transparency. One of the main reasons that many people oppose capital punishment is the unavoidable reality that 4% of people put on death row are innocent.

In the case of assisted suicide, non-terminal people are being prescribed drugs, and a significant percentage are dying needlessly. The difference between 4% and 12%-15% or nearly 20% is the number of people who lost weeks, months, or even years of life to a prognostic guess.

(2) clarifies that counseling may be provided by PAs and advance practice nurses with specialized training.

This is a problem because these sorts of providers are not generally trained or experienced in the emotional or practical aspects of coping with disability, or the resources to address our needs.

(3) reduces the waiting period between a qualified patient's initial oral request and the provision of a prescription.

This is a problem because it shortens the time for trying to address the person’s concerns.

It sure seems like the so-called safeguards in the original assisted suicide law were the bait in a bait and switch, and now we're at the switch stage, eliminating what are now called "barriers." This reveals that the only real protections in these laws are the legal immunities granted to everyone involved in the assisted suicide EXCEPT the patient.

In February, 2021, I attended a webinar featuring prominent bioethicist and assisted suicide proponent Thaddeus Pope. After his presentation, he answered questions, including one from me asking whether he foresaw eligibility for assisted suicide being extended to non-terminal disabled people. At 1:54 Pope replies, "I do think there will be an expansion. There have been bills that have taken out the six-month prognosis or extended it," but that at the moment (February, 2021), "the big fight legislatively is on the types of clinicians. We're going to expand the types of clinicians from physicians to nurse practitioners and sometimes to PAs and we're going to change the waiting periods. That's the big focus right now."

Incremental steps. States already take an expansive view of who is eligible. Next will come attempts to expand eligibility to non-terminal disabled people who are said to suffer in the same way as terminally ill people.

CITATIONS:

12-15% of hospice enrollees outlive six-month terminal window

Pamela Harris, et al., "Can Hospices Predict which Patients Will Die within Six Months?," J Palliat Med. 2014 Aug 1; 17(8): 894–898. doi: 10.1089/jpm.2013.0631
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4118712/>

NPR nearly 1 in 5 discharged from hospice alive

<https://www.npr.org/sections/health-shots/2017/08/11/542607941/nearly-1-in-5-hospice-patients-discharged-while-still-alive>

4% of people sentenced to die innocent

Innocence Project, "National Academy of Sciences Reports Four Percent of Death Row Inmates are Innocent." April 28, 2014. <https://www.innocenceproject.org/national-academy-of-sciences-reports-four-percent-of-death-row-inmates-are-innocent/>

Bioethicist Thaddeus Pope on short-term goals of expanding eligible clinicians and reducing waiting periods and eventual extension of eligibility to non-terminal disabled people. February 4, 2021.

<https://drive.google.com/file/d/12fqhmO-cDKF96RRYt81AXxe9vNRjMYvS/view?usp=sharing>

Excerpt from Completed Life Initiative, lunch hour with Thaddeus Pope, "Advanced Directives & Assisted Dying: Legal & Ethical Frameworks." <https://completedlife.org/completed-life-lunch-hour-with-thaddeus-m-pope-february-4th-2021/>



**Written Testimony Presented Before the Senate
Committee on Health and Human Services
and
Committee on Commerce and Consumer Protection
Thursday, March 23, 2023 at 10:00 AM
Conference Room 229 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. 2

Chairs San Buenaventura and Keohokalole, Vice Chairs Aquino and Fukunaga, Members of the Committee on Health and Human Services, and Members of the Committee on Commerce and Consumer Protection, thank you for the opportunity for the Hawai'i State Center for Nursing to provide **comments on H.B. 650, H.D. 2, 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.



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

Phone: (808) 521-8995

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair

Senator Carol Fukunaga, Vice Chair

March 23, 2023 10:00 A.M. - VIA VIDEO CONFERENCE – Rm 229

Testimony in Support on HB650 HD2 RELATING TO HEALTH with comments

The Hawai'i Psychological Association (HPA) supports HB650 HD2; 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 327L-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

Dear Chairs, Vice Chairs and members of the Committee on Health and Human Services and the Committee on Commerce and Consumer Protection,

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. 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.

Mahalo,

Susan Amina, RNC, MSN, FNP

HB-650-HD-2

Submitted on: 3/21/2023 10:33:59 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
AUBREY HAWK	Individual	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 make 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’ve made it to the waiting period portion of the process, 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 exceedingly well 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.

HB-650-HD-2

Submitted on: 3/21/2023 5:57:51 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dr. John Souza, Jr.	Individual	Support	Remotely Via Zoom

Comments:

Aloha,

I strongly support this bill and ask that it be amended to include Marriage and Family Therapists.

Mahalo,

Dr. John Souza, Jr., LMFT, DMFT

HB-650-HD-2

Submitted on: 3/17/2023 6:04:10 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Julia Estigoy-Kahoonei	Individual	Support	Written Testimony Only

Comments:

Dying with dignity should be of utmost importance and those terminally ill should be able to chose to end their life on their own terms. I fully support this bill

HB-650-HD-2

Submitted on: 3/18/2023 5:05:26 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Thomas H Joslyn	Individual	Support	Written Testimony Only

Comments:

Please support this bill. There is no down side to enacting this. Please help our citizens whom are at the end of life, by allowing APRN to assist when needed. Thank you. Respectfully submitted.

HB-650-HD-2

Submitted on: 3/18/2023 2:50:07 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nina Buchanan	Individual	Support	Written Testimony Only

Comments:

Aloha,

Thank you for accepting this testimony in support of HB650.

My name is Nina Buchanan, Ph.D. Emerita Professor from the University of Hawaii. I want to tell you my personal experience with the death of my husband, Dr. Robert (Bob) Fox, Emeritus Professor. In July of 2021 Bob was diagnosed with terminal colon cancer. Unfortunately, his cancer was not identified until June 21, 2021 when he had severe stomach pains and was admitted to the Hilo Medical Center Emergency room. After spending time in the hospital in June and again in July, he was finally able to see an oncologist and began a course of chemotherapy. After two weeks it was apparent that he could not continue with the treatment and without successful treatment the doctor estimated he might live from 4 to 6 months.

On September 11, 2021 Bob was admitted to Hawaii's Care Choices at home. The title is a misnomer, there was no choice. Their services, limited to pain and comfort management, were extraordinary but.... in the end INHUMANE for both of us.

I urge you to amend the law to make it possible for those of us on the Big Island to have some real choice and control over our death.

HB-650-HD-2

Submitted on: 3/18/2023 2:50:21 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

I support HB650 HD2. Please support this bill.

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.

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-2

Submitted on: 3/18/2023 3:17:26 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Deborah Nehmad	Individual	Support	Written Testimony Only

Comments:

PLease please please support this vital bill that provides individuals with the rights to make choices that are best for themselves.

3347 Anoa'i Pl
Honolulu, HI 96822
19 March 2023

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services
and

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Senate Committee on Commerce and Consumer Protection
Hawaii.Capitol.Gov/account/submittestimony

Dear Chairs San Buenaventura and Keohokalole, Vice-Chairs Aquino and Fukunaga, and
Members of the respective Committees,

Re: HB650, HD2, r/t Health, public hearing at 10:00 a.m., Fri. 23 March 2023

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 your 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
supported by this law.

While having some safeguards against abuse of MAID is 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)

If there are cases of abuse after years of experience in other states, one would expect them to
be publicized. The Hawaii Medical Association testified on HB650 HD1 on 15 Feb. 2023 that

abuse has been reported and referred (fn.6) to a 2005 article by B. Steinbock on Oregon, which actually says in part,

It is estimated that only one out of a hundred individuals who ask about assisted suicide [in Oregon] carry it out in the end. (p. 238)

Nor do fears about the abuse of vulnerable groups, such as the elderly, poor, uneducated, or minorities, seem to have materialized (p.238)

The cases of Kate Cheney and Michael Freeland [pointed to by Oregon MAID opponents as vulnerable and depressed] are not clear cases of abuse, and even if they were, two cases in seven years is hardly evidence of widespread abuse. Opponents of Oregon's law respond that there may well be other cases. (p.240)

That 2005 article says better research is needed, and I would welcome the latest data, but the data to date do not warrant delaying the improvements contained in HB650, HD1.

In the end, the legislature must balance safeguards and availability, and it is fair to re-evaluate this as more information arrives. However, OCOCA, HRS ch. 327L, will still retain many procedures and requirements if HB650, HD2 becomes law, and safeguards that are too numerous and difficult can in practice defeat the purpose of the law.

This bill is similar to HB1823, HD2, SD2 (2022), which made it to conference last year. HD650, HD2 only authorizes advanced practice registered nurses to provide attending and counseling functions, unlike HB1823 (2022) that also authorized physicians' assistants to perform these roles. HD650, HD2 shortens the time between oral requests from 20 to 5 days, while HB1823 (2022) only shortened that time from 20 to 15 days.

I thank those of you who supported HB1823 (2022) and ask for your continued support for improving MAID laws this year. I also ask those of you new to the issue to support HB650, HD2.

Thank you for hearing this bill and giving the public the opportunity to testify.

Respectfully submitted,
s/Laurence K. Lau

HB-650-HD-2

Submitted on: 3/18/2023 4:31:19 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alexandra Bley-Vroman	Individual	Support	Written Testimony Only

Comments:

I strongly support this bill, which will strengthen the legislation we already have. We can be proud to have the existing law on our books: not every state does. But we are not the first. Several other states, and other countries, have similar laws, and thanks to them we know that exploitation of patients and abuse of these laws are vanishingly rare. On the other hand we have all too much evidence of patients who died in agony because they were not permitted to take advantage of this law in Hawaii. Let us improve our law and make this service available to all those unfortunate enough to need such help.

HB-650-HD-2

Submitted on: 3/18/2023 3:29:36 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

I support HB650 to improve Our Care, Our Choices Act.

HB-650-HD-2

Submitted on: 3/18/2023 4:19:36 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alberta J Freidus-Flagg	Individual	Support	Written Testimony Only

Comments:

Support!

HB-650-HD-2

Submitted on: 3/18/2023 3:29:52 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Members of the Committees on Health & Human Services and Consumer Protection,

Hawaii, and this Legislature, has been in the forefront in providing for its citizens the right to choose a dignified and least painful death when the need arises. We are among a few states with the compassion and vision to afford its people the choice to choose how to live their final days as they see fit.

However, as experience has shown us, our best intentions can be stymied by unreasonable regulations which frustrate the very purpose of this compassionate law. HB650 will finally correct the defects in the existing law by making death with dignity available to people who cannot wait for the unnecessarily long waiting period and unable to find medical providers who can fulfill their wishes in a timely manner despite their declared intention to take advantage of this law.

Please support HB650 to allow for realistic safeguards without frustrating the effectiveness of this otherwise truly compassionate law.

HB-650-HD-2

Submitted on: 3/19/2023 9:33:50 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ludwig Laab	Individual	Support	Written Testimony Only

Comments:

about 15 yrs ago i witnessed a close personal friend who suffered from ALS being admitted to a hospital against his wishes ... all he wanted is to die peacefully yet it took 6 weeks of torture (and a \$100k hospital bill) for him to die ... we are more 'humane' with our pets and animals than with family and friends do YOU want to let strangers dictate how to die?

HB-650-HD-2

Submitted on: 3/18/2023 4:49:06 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Please support HB650 and send it to the governor for his signature. Thank you.

Jane E Arnold

1763 Iwi Way, Apt D

Honolulu HI 96816

HB-650-HD-2

Submitted on: 3/19/2023 7:53:15 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Kindly pass without amendments. This overdue bill will enhance both access and timeliness.

HB-650-HD-2

Submitted on: 3/19/2023 8:23:34 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Barbara J. Service	Individual	Support	Written Testimony Only

Comments:

Aloha!

Our Care, Our Choice became law in 2018; for it to be more effective, it is imperative that it be improved to shorten the time frame. Some have died during the lengthy waiting periods. Those living in rural areas, especially on the Neighbor Islands, have difficulty finding physicians. Allowing APRN's to be the appropriate professionals to be involved would make this option more available to those who want to be able to make their own end-of-life decisions.

Please pass HB650.

Mahalo

Lesa Griffith

Daughter of Ramona Chiya, who chose MAID on June 13, 2022

I strongly support SB442 and HB650.

I assisted my mother, who had a type of non-small cell lung cancer that has no effective treatment, with medical aid in dying in June 2022. It was a process that took months. The oncologist who oversaw my mother's application for medical aid in dying referred her to a psychiatrist for her mental health assessment, and that psychiatrist could not see her for a month. Then the psychiatrist's assessment was lost somewhere between his office and the office of the oncologist's office adding another month to the application process before days of phone calls by me prompted the re-sending of said assessment.

It also took many calls to the oncologist's office at each step to shepherd the application through and know where it stood. When it was finally approved, after the many steps and weeks, we received a simple email saying the prescription was sent to the pharmacy. There is no subsequent guidance.

With Our Care, Our Choice still relatively nascent, it seems not enough medical professionals are involved and up to speed with the MAID application process to make this serious decision less of an arduous journey. It caused my mother needless anxiety over the course of months.

As with so many laws in Hawai'i, the Our Care, Our Choice Act is a forward thinking one, offering a valuable option for residents, but still needs massaging to fully accomplish what it sets out to do. My mother was grateful to have this option, and I am grateful to have been able to assist her in her wishes, saving her from a painful end. If advanced practice registered nurses are authorized to practice medical aid in dying and psychiatric mental health nurse practitioners are authorized to provide counseling to a qualified patient, people like my mother would be greatly helped. Shortened mandatory deadlines would have also made the experience less stressful. Please vote yes to HB650.

TESTIMONY IN STRONG SUPPORT OF HB650

Hawaii State Senate Committees on Health & Human Services and Commerce & Consumer Protection

Thursday, March 23, 2023, 10a

Submitted by Lynn B. Wilson, PhD

March 19, 2023

To: Chair Joy San Buenaventura and Members of the State Senate Committee on Health & Human Services, Chari Jarrett Keohokalole and Members of the State Senate Committee on Commerce & Consumer Protection

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

HB-650-HD-2

Submitted on: 3/20/2023 8:07:37 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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-2

Submitted on: 3/20/2023 8:56:48 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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 HB650 HD2

Please vote YES 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 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.

Aloha Senators,

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 Almost 130 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.

Brian Goodyear, Ph.D.

HB-650-HD-2

Submitted on: 3/20/2023 10:02:38 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Berit Madsen	Individual	Support	Written Testimony Only

Comments:

Berit L. Madsen, MD

PO Box 814

Hana HI 96713

berit.l.madsen@gmail.com

206 459-7181

March 20, 2023

HI State Legislator

Dear Legislator,

I am writing in support of HB650 to improve the Our Care, Our Choice Act (medical aid in dying for the terminally ill).

I am a radiation oncologist with 30 years of experience, mostly in Washington State which has permitted legal medical aid in dying for over 10 years now. During that time I have helped a number of my patients access medical aid in dying. The waiting time in WA is 15 days which is still burdensome to many patients who are in distress despite palliative interventions. Shortening the waiting period in Hawaii to 15 days or less with a provision to reduce the waiting period in cases where death is imminent would allow more patients to have their wish to die at home, peacefully without additional stress and trauma.

An example from my practice in Washington illustrates the need to streamline the process of obtaining medical aid in dying: I received an urgent request from my medical oncology colleague to see his patient, a very dignified and stoic decorated air force pilot who was failing chemotherapy with terminal painful metastatic cancer. He told me that he had been considering medical aid in dying for some time but was reluctant to discuss it with his doctor. He did not want to be the “bed ridden terminal patient”, his independence and dignity were critical. His doctor was barred from participation due to the ethical directives of his employer. The patient was eligible and we completed the required documents and

started the 15 day waiting period. He had hospice and a very supportive family, however, due to the long waiting period, this stoic and proud man took matters into his own hands and shot himself in the head. I believe that if we had seen him sooner or the waiting period had been shorter, his traumatic suicide could have been avoided.

There are many barriers to obtaining medical aid in dying which on paper do not seem burdensome but in conjunction with the societal and medical establishment hesitancy to talk about death and dying even for patients with terminal diseases, make the goal of a peaceful and dignified death unobtainable for our terminal patients. Please shorten the waiting period and give the attending physician latitude in further shortening the waiting time in certain cases. Additional measures that would encourage the discussion and planning for death and dying as well as improving access such as additional providers (advanced practice providers) and support for pharmacists who participate would all be helpful in allowing terminal patients to have the kind of death they desire.

Sincerely,

Berit L. Madsen, MD

HB-650-HD-2

Submitted on: 3/20/2023 1:52:15 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

I offer my testimony in Strong Support of HB650 HD2, 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 HD 2 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-2

Submitted on: 3/20/2023 2:42:07 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Hello all,

So glad this has progressed to you. I support this and hope you all will too. This will improve the procedure for those who choose this option. I'm so grateful that our State has the OCOC act in place and this bill just makes it better. Having this option provides such peace of mind . This was not availble when my father and my husband died - and they would have been so glad that even if not here for them, it is for the rest of us.

Thank you all,

Georgia Bopp

HB-650-HD-2

Submitted on: 3/20/2023 7:40:34 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

I strongly support HB650 because while the Our Care, Our Choice Act has been in effect for more than four years, many eligible terminally ill patients are having trouble accessing the law and surviving the waiting period (20 days), causing needless suffering.

Please take action and vote yes to allow attending providers to waive the mandatory waiting period if the patient is unlikely to survive and meets all other qualifications and vote yes on the new five (5) day waiting period.

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. Please take action and vote yes to allow Advanced Practice Registered Nurses (APRNs) to fill this gap, as they do in virtually all other areas of care.

Please give the qualified patients of Hawai'i the ability to spend their final weeks in peace, without fear and pain, to take control of their dying. I believe that people should be empowered to choose end-of-life care that reflects their values, priorities, and beliefs.

Mahalo for your careful consideration and for hearing this bill.

With thanks and aloha, Carolann Biederman

HB-650-HD-2

Submitted on: 3/21/2023 8:32:40 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Charles K Whitten	Individual	Support	Written Testimony Only

Comments:

I strongly support the bill. It provides a choice--those opposing it would not chose it when the time comes. Even those of us supporting the bill might not choose it when the time comes. People should have the choice in something as momentous as this.

March 23, 2023

The Honorable Joy A. Buenaventura, Chair
Senate Committee on Health and Human Services
And

The Honorable Jarrett Keohokalole, Chair
Senate Committee on Commerce and Consumer Protection
Hawaii State Capitol
415 South Beretania
Honolulu, HI 96813

Thank you for considering HB 650 HD2, 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 HD2 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 HD2 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

HB-650-HD-2

Submitted on: 3/21/2023 10:26:20 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

As a Registered Nurse for over 45 years with a specialty in oncology nursing, I have cared for many cancer patients. I strongly support this bill. It is critical that patients who choose medical aid in dying have access to providers to include APRNS across the state. As retired nursing faculty from UH Manoa School of Nursing (NAWSON), I am very familiar with APRNs training and scope of practice. They are more than capable and competent to fulfill this role. Too many patients have needlessly suffered because of the length of Hawaii's waiting period. I strongly urge you to pass this bill.

Very respectfully, Stephanie Marshall, RN,MS, FAAN

HB-650-HD-2

Submitted on: 3/21/2023 10:34:58 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Vicky Robbins	Individual	Support	Written Testimony Only

Comments:

I support this Bill HB650.

Sincerely,

Vicky R.

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 twenty-four 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-2

Submitted on: 3/21/2023 10:40:52 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
I. Robert Nehmad	Individual	Support	Written Testimony Only

Comments:

I am a resident of the City & County of Honolulu and I support this Bill

I hope that you also support and approve this Bill

Mahalo

HB-650-HD-2

Submitted on: 3/21/2023 11:32:28 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dennis Streveler	Individual	Support	Written Testimony Only

Comments:

TESTIMONY HB650

I'm Dennis Streveler, a retired UH prof whose field is Medical Informatics.

I fully support HB650 and urge its passage as a necessary, moral, humanistic and empathetic measure to provide the dying with the option of relief to those undergoing the throes of dying and who are experiencing unbearable pain and suffering.

It is in keeping with Hawaiian and Native American traditions.

Please, it is time that Hawaii join the vanguard of other states who have enacted similar measures. Let us lead the way toward a more humane policy.

With aloha,
Dennis Streveler

HB-650-HD-2

Submitted on: 3/21/2023 11:19:54 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

It is so important that the State of Hawaii pass HB 650 and show the rest of the country that we respect the lives of all our citizen's- especially those that are facing end of life decisions. Compassion should be what we are all about. Mahalo. Judith Mick, Kailua

HB-650-HD-2

Submitted on: 3/21/2023 11:50:21 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sylvia A Law	Individual	Support	Written Testimony Only

Comments:

March 21, 2023

The Honorable David A. Tarnas, Chair

The Honorable Greg Takayama, Vice Chair

House Committee on Judiciary & Hawaiian Affairs

Hawaii State Capitol

Thank you for considering HB 650, which I strongly support

This proposed legislation provides important improvements to the Our Care Our Choice Act of 2018. HB 650 strengthens existing law by:

**Expanding the definition of provider to include advanced practice registered nurses (APRN), allowing terminally ill people, especially in rural area to obtain competent, professional care.

**Waiving the mandatory waiting period if a patient is not expected to survive the wait.

**Reducing the barriers for individuals seeking medical aid in dying by shortening the statutory 20-day waiting period to five days between oral requests and requested care.

HB 650 will help many people by providing peace of mind that, if needed, they will be able to access the law. I am 80 years old, healthy and competent.

Mahalo,

Sylvia A. Law

HB-650-HD-2

Submitted on: 3/21/2023 12:06:15 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
JoAnn Lepke	Individual	Support	Written Testimony Only

Comments:

I am in support of HB650 HD2.

HB-650-HD-2

Submitted on: 3/21/2023 1:51:09 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Patricia Blair	Individual	Support	Written Testimony Only

Comments:

Improving health.

HB-650-HD-2

Submitted on: 3/21/2023 1:01:29 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Romala Radcliffe	Individual	Support	Written Testimony Only

Comments:

Please pass this bill.

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. 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.

HB-650-HD-2

Submitted on: 3/21/2023 1:25:35 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Martha Buchanan	Individual	Support	Written Testimony Only

Comments:

If you have ever been a caregiver for someone dying you will understand the need for this bill. If you want to die with dignity and perhaps with less pain and suffering, you will want this bill to be passed. My late husband's last request was to be "turned off." We were unable to honor that request. He was in extreme discomfort and more than ready to pass on. We all should have autonomy at our end of life and not be subjected to the consequences of some lawmakers' moral certitude. We must have a right to our own spiritual beliefs. Please pass this bill to make a path available to anyone who is dying and wishes to ease the process, which, as you know, can sometimes be very difficult.

Please do the right thing and pass this bill

HB-650-HD-2

Submitted on: 3/21/2023 11:52:49 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
David Lemon	Individual	Support	Written Testimony Only

Comments:

Respectfully, please move HB650 forward. There is a good chance my wife or I will need this kind of care some day, but in the meantime I believe it's essential to reduce other people's suffering whenever possible. I ask you to do the right thing.

HB-650-HD-2

Submitted on: 3/21/2023 2:12:58 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

I support this bill 1000%

HB-650-HD-2

Submitted on: 3/21/2023 3:58:46 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Please pass this bill for our kupuna and ohana. It is about freedom of choice.

Mahalo,

Kathy Kosec, Kailua-Kona, 96740.

HB-650-HD-2

Submitted on: 3/21/2023 4:24:02 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dominique Meyer Gere	Individual	Support	Written Testimony Only

Comments:

I have helped a few friends during their last weeks of life, and a couple of them died in pain and desperation while waiting to complete the regulatory requirements to qualify for medication under Hawai'i mandatory twenty days waiting period.

Authorizing advanced practice registered nurses to practice medical aid in dying or provide counseling to a qualified patient, reducing the oral requests waiting period to five days, and help terminally ill patients with an expedited pathway when they are not expected to survive the mandatory waiting period would greatly alleviate suffering.

Thousands of terminally ill patients die under extremely painful circumstances, and HB650 could help them to finish their life peacefully, humanely, and with dignity.

HB-650-HD-2

Submitted on: 3/21/2023 5:45:00 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
marcy katz	Individual	Support	Written Testimony Only

Comments:

I wholly support all changes and additions to this bill to protect and assist with dying with dignity law in Hawaii..

marcy Katz

Senate Health & Human Services
Consumer Protection Committee

Thursday March 23, 2023
Hawaii State Capital
10 AM, Room 229

IN SUPPORT

Aloha, my name is Anne Nakamura I am a daughter of a mother who recently passed away from stage 4 lung cancer. I am testifying in favor of HB650.

My brother and I watched our mother change from a human to a living skeleton going through the medical aid in dying (MAID) process. When my mother found out she had stage 4 lung cancer with a short life expectancy she repeatedly said she wanted to pass without any suffering, however, her wishes and her dignity were stripped away due to the Hawaii's lengthy process for MAID.

Terminal illness is NOT a one size fits all- the symptoms, the prognosis and the life expectancy vary from one individual to another. The medical oath of "to do no harm" does not apply to Hawaii's current waiting period for MAID instead it does MORE harm and affects more than just the individual diagnosed with the terminal illness. The suffering is real and the lengthy process is torture.

My mother was a petite woman with a very strong willpower, her English was not the best but she would always apologize to anyone who had to repeat themselves to her. My mother came to Hawaii with the dream of having a better life and future for her children. She raised two kids as a single parent and gave us as much as she could on her own. My mother was not one to ask for help unless she really needed it, which was not very often. My mother was an incredible person.

Due to the unexpected diagnosis she was told less than 6 months but my mother didn't want to know an exact time she would have left before leaving her children. My mother never smoke and never drank alcohol in her life, yet she was diagnosed with advanced adenocarcinoma. My mother's cancer spread from her lungs to the bones in her back causing a fracture in her spine and a constant buildup of fluid around her lungs. The fracture in her spine caused immense pain and discomfort when she tried to lie in bed. Every day and every night she would sleep sitting up in a wheelchair or leaning forward on a table to rest her head.

My mothers health started to rapidly decline from losing her voice, losing the ability to stand or walk, not able to rest or sleep due to the constant pressure on her back with a squeezing pain in her chest, losing the ability to swallow on one side of her mouth, the lack of energy to chew or eat food, and a constant ringing in her ear due to the tumors constricting the blood vessel near her heart.

My brother and I watched our mother change from a human to a living skeleton.

Immediately after the second interview my mother hoped the medication would arrive the same day, she did not want to suffer any longer. My mother would repeat “this waiting and suffering is torture. I can feel my body slowly shutting down. Why can’t I get the medicine now and pass peacefully? This is my choice to pass peacefully and to not suffer all the time.”

However, due to the holiday season my mother had to wait an additional week before receiving the medication. My mothers second interview was the day before Christmas, her final check-in with the primary doctor was the 28th of December and the pharmacy would reopen after New Years.

My mother suffered in agony, mentally and physically, from both the cancer and from the grueling waiting period Hawaii has on the Medical Aid in Dying Act. My mother was not able to pass the way she wanted, with her dignity and without suffering. My mother passed away the day before New Years eve, December 30, 2022.

My brother and I took care of our mother to the best of our abilities, however, we couldn’t take away her suffering she was put through waiting for the MAID process. The trauma of seeing our mother suffer for so long, the helpless feeling of not being able to take away her suffering even while she was taking her final breaths and the constant thought of not being able to fulfill her wishes of passing peacefully will haunt us for the rest of our lives. We do not want anyone else to experience what we went through.

On behalf of my brother and I we are testifying in favor of HB650.

Anne Nakamura
ph# (808) 382-1306


HB-650-HD-2

Submitted on: 3/22/2023 1:33:53 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Libby Tao Kelson-Fulcher	Individual	Support	Written Testimony Only

Comments:

Please pass this bill. Another practical and essential step towards bringing assistance to those who need compassionate aid in dying, when they need it and making the whole process work. Step By Step we are getting there. Mahalo 

HB-650-HD-2

Submitted on: 3/22/2023 6:43:30 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

Dear Chairs and Committee Members,

I am 75 and live in the Moku o Ka'u. This bill's implications are very important to me and I urge you to pass it.

Respectfully, Diane Ware 99-7815 Kapoha Volcano 96785

HB-650-HD-2

Submitted on: 3/22/2023 8:10:28 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Arthur Kaneshiro	Individual	Support	Written Testimony Only

Comments:

I have cancer. I would like the option of choosing when it is my time to die. Thank you for your consideration...

HB-650-HD-2

Submitted on: 3/22/2023 8:37:03 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rick Tabor	Individual	Support	Written Testimony Only

Comments:

Thank you for this opportunity to provide supporting testimony on this important bill authorizing advanced practice registered nurses to practice medical aid in dying in accordance with their scope of practice & allowing the an option of waving the two week wait period.

With a shortage of 100 medical doctors in Hawaii, and the 17 steps a terminally ill must complete to gain approval for medical-aid-in-dying medication, too many die in agony, going against their medical directives. OCOC's amendment would help ease this unfortunate barrier, giving peace of mind to those who choose this option.

I'm recently retired from a 47 year career in mental health. Ten of those years was as a mental health liaison to primary care doctors in Seattle. End of life terminally ill clients were on my caseload. I listened to their struggles along their end of life path. Many wished for an out, before being totally trapped in their painful bodies. Wanting not to traumatize or burden their loved ones. Other's chose to tough it out without any aid, just pain assistance, while others were undecided and in another place as their terminal illness progressed. They each taught me about the process of dying. Tomorrow is never being promised. Live, love and laugh -today! I'm serious, from people's process of dying, I learned to live the best life I could possibly live. That awareness actually happened early in life, and grew through my experiences and career. I recently had an incident with cancer and lost loved ones to cancer. Reality is a wake up call. To those who oppose this bill, I'd say your reasons are 'your reasons.' I have no idea what I'd do if I only had 6 months to live. All I know is, the option should be everyone's right to chose, without barriers.

Thank you for considering this important end-of-life bill amendment. The outcome's huge!

HB-650-HD-2

Submitted on: 3/22/2023 11:08:36 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Eve G Anderson	Individual	Support	Written Testimony Only

Comments:

Eve G. Anderson testifying in favor of HB650HD2. Yes, it is most important that this bill is passed unanimously! A terminally ill patient at the end of life and suffering greatly, must be allowed to make their decision to pass on with great relief.

LATE

HB-650-HD-2

Submitted on: 3/22/2023 10:32:35 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alison Kaneshiro	Individual	Support	Written Testimony Only

Comments:

Aloha Representatives. I have been a RN for over thirty years and an APRN for nearly twelve years. Over my long career I have actively cared for many people who are dying. I frequently care for patients with terminal illnesses and believe that the Our Care, Our Choice Act is a compassionate program and allows for those who are dying to have improved care at the end of their lives. Just as giving APRNs full practice authority has improved access to care for the population of Hawaii, giving APRNs the ability to assist the terminally ill in obtaining medical aid in dying will improve the access to this important end of life care. As stated in HB no 650, Hawaii has a prolonged wait time for qualifying and many patients die during the wait time. Many of these individuals experience suffering and their families and caregivers witness this suffering. By decreasing the wait time to five days, much suffering at the end of life will be relieved. Much Mahalo for your time and working on this important legislation.

PLEASE **DO NOT SUPPORT** THIS BILL!!!

Supporting unnatural death (aka murder) is one of the 4 sins that cry out to God for vengeance – and if it's death that you want, God will surely grant it – but not as you might expect, so be VERY careful of what you want:

From Holy Love Ministry – June 28, 2021

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

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

"Disregard for this Commandment has drawn morals to a new low. **Degeneration of morals threatens the general well-being of every nation.** This is why there are unprecedented atmospheric events. The basic right to life is non-debatable. **Human life must be respected from conception to natural death.** Violation of this Commandment is man's useless attempt to control his own destiny. Basic acceptance of My Will precludes such an attitude. My Will is the basis and foundation of all the Commandments."

CHOOSE LIFE

HB-650-HD-2

Submitted on: 3/18/2023 2:16:54 PM

Testimony for HHS on 3/23/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Gerard Silva	Individual	Oppose	Written Testimony Only

Comments:

Not the Right WAY!!

HB-650-HD-2

Submitted on: 3/19/2023 8:40:03 AM

Testimony for HHS on 3/23/2023 10:00:00 AM

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

Comments:

A much needed change to the law to assist those patients who are suffering horribly mentally and physically with no medical treatment available to alleviate their horrific pain. Please help them by passing HB650.

HB-650-HD-2

Submitted on: 3/23/2023 10:05:43 AM

Testimony for HHS on 3/23/2023 10:00:00 AM



Submitted By	Organization	Testifier Position	Testify
Hunter Heavilin	Individual	Support	Written Testimony Only

Comments:

This important bill will:

1. The bill would increase access to medical aid in dying for terminally ill patients in Hawaii, particularly for those living on the neighbor islands, by authorizing advanced practice registered nurses to practice medical aid in dying in accordance with their scope of practice and prescribing authority.
2. The reduction of the mandatory waiting period from 20 days to 5 days would provide relief to terminally ill patients who may not survive the waiting period and would allow them to access end-of-life care options more quickly.
3. The bill would expand the range of healthcare professionals who can provide counseling to a qualified patient to include advanced practice registered nurses with a psychiatric or clinical nurse specialization, in addition to psychiatrists, psychologists, and clinical social workers, which would provide more options for patients seeking counseling.