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GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

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Testimony in SUPPORT of HB650 HD2 SD1
RELATING TO HEALTH.

SENATOR KARL RHOADS, CHAIR
SENATE COMMITTEE ON JUDICIARY

Hearing Date: March 30, 2023 Room Number: 016

Fiscal Implications: N/A.

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

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

Offered Amendments: N/A.

Hawaiʻi Psychological Association

For a Healthy Hawaiʻi

P.O. Box 833 www.hawaiipsychology.org Phone: (808) 521 -8995
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COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

March 30, 2023 9:35 A.M. - VIA VIDEO CONFERENCE – Rm 016

Testimony in Support on HB650 HD2 SD1 RELATING TO HEALTH

The Hawaiʻi Psychological Association (HPA) supports HB650 HD2 SD1; which, among other things, would give advanced practice registered nurses (APRNs) with psychiatric or clinical nurse specializations, along with licensed marriage and family therapists the authority to engage in certain medical aid in dying services in counseling – which have been 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, as well as for Marriage and Family Therapists.

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

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

Sincerely,

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

The Hawaiian Islands Association
for Marriage and Family Therapy
(HIAMFT)
We know systems.
We know relationships.
We know FAMILY MATTERS.

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

March 30, 2023 9:35 A.M. - VIA VIDEO CONFERENCE – Rm 016

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports HB650 HD2 SD1, which among other things, would give licensed marriage and family therapists along with advanced practice registered nurses and clinical nurse specialists with psychiatric or mental health training to provide counseling to qualified patients. These counseling services have been previously limited to physicians, psychiatrists, psychologists, and social workers.

We believe that because of their expertise in mental health counseling and family systems, Marriage and Family Therapists are uniquely qualified to provide the “counseling” called for in this legislation – which is to determine whether 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.

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 the counseling called for in 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.

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

Sincerely,

John Souza J LMFT, DMFT

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

Americans United for Life

Written Testimony of Bradley N. Kehr, J.D.
Policy Counsel, Americans United for Life
In Opposition of House Bill No. 650
Submitted to the Senate Committee on Judiciary
March 30, 2023

Dear Chairman Rhoads and Members of the Committee:

My Name is Bradley N. Kehr, and I serve as Policy Counsel at Americans United for Life ("AUL"). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides on end-of-life issues,[1] tracks state bioethics legislation,[2] and regularly testifies on pro-life legislation in Congress and the states. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and end-of-life public policy.

Thank you for the opportunity to provide written testimony against House Bill No. 650 ("bill"). I have thoroughly examined this bill, and it is in my opinion that the bill goes against the prevailing consensus that states have a duty to protect life, places already-vulnerable persons at greater risk, and fails to protect the integrity and ethics of the medical profession.

I. *Suicide by Physician Targets Already-Vulnerable Persons and Puts Them at Greater Risk of Abuse and Coercion*

Hawaii has a responsibility to protect its most vulnerable persons—including people living in poverty, the elderly, and those living with disabilities—from abuse, neglect, and coercion. These individuals are already exposed to greater risks, thus, legalizing suicide by physician is neither "compassionate" nor an appropriate solution for those who may suffer depression or loss of hope at the end of their lives.

Contrary to the prevailing cultural narrative, patients are not considering suicide by physician for pain management. Rather, state reports show that patients seek assisted suicide because of the challenges they face living with severe illnesses or disabilities. In 2021, only 26.9% of Oregon patients and 46.0% of Washington patients cited "[i]nadequate pain control, or concern

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[1] *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE (last visited Jan. 16, 2022), https://aul.org/law-and-policy/.
[2] *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE (last visited Jan. 16, 2022), https://aul.org/law-and-policy/state-legislation-tracker/.

about it" as a reason for choosing suicide by physician.[3] As bioethicist Ezekiel Emanuel has noted, "the main drivers [of those contemplating suicide by physician] are depression, hopelessness, and fear of loss of autonomy and control. . . . In this light, assisted suicide looks less like a good death in the face of unremitting pain and more like plain old suicide."[4] Like Emanuel, many professionals in the bioethics, legal, and medical fields have seen the writing on the wall and have raised significant questions regarding the existence of abuses and failures in states with approved suicide by physician, including a lack of reporting and accountability, coercion, and failure to assure the competency of the requesting patient.[5]

In addition, the cultural narrative around legalizing physician-assisted suicide has led to a "suicide contagion," or the Werther Effect.[6] As an example, empirical evidence shows that media coverage of suicide inspires others to commit suicide as well.[7] Studies have demonstrated that legalizing suicide by physician in certain states has led to a *rise in overall suicide rates*—assisted and unassisted—in those states.[8] After accounting for demographic, socioeconomic, and other state-specific factors, suicide by physician is associated with a 6.3% increase in overall suicide rates.[9] Unfortunately, these effects are even greater for individuals older than 65, which has seen a 14.5% increase in overall suicide rates for that demographic.[10] As a result, suicide prevention experts have criticized suicide by physician advertising campaigns.[11]

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[3] OR. PUB. HEALTH DIV., OREGON DEATH WITH DIGNITY ACT: 2021 DATA SUMMARY 13 (Feb. 28, 2022); WASH. DISEASE CONTROL & HEALTH STATS., 2021 DEATH WITH DIGNITY ACT REPORT 11 (July 15, 2022).

[4] Ezekiel J. Emanuel, *Four Myths About Doctor-Assisted Suicide,* N.Y. Times (Oct. 27, 2012), https://opinionator.blogs.nytimes.com/2012/10/27/four-myths-about-doctor-assisted-suicide/.

[5] José Pereira, *Legalizing Euthanasia or Assisted Suicide: The Illusion of Safeguards and Controls*, 18 CURRENT ONCOLOGY e38 (2011) (Finding that "laws and safeguards are regularly ignored and transgressed in all the jurisdictions and that transgressions are not prosecuted."); *see also* WASHINGTON 2018 REPORT (In 2018, 51% of patients who requested a lethal dose of medicine in Washington did so, at least in part, because they did not want to be a "burden" on family members, raising the concern that patients were pushed to suicide.).

[6] *See, e.g.*, Vivien Kogler & Alexander Noyon, *The Werther Effect—About the Handling of Suicide in the Media*, OPEN ACCESS GOVERNMENT (May 17, 2018), https://www.openaccessgovernment.org/the-werther-effect/42915/. There is, however and more positively, a converse Papageno Effect whereby media attention surrounding people with suicidal ideation who choose not to commit suicide inspires others to follow suit. *See, e.g.*, Alexa Moody, *The Two Effects: Werther vs Papageno*, PLEASE LIVE (Jun. 5, 2015), http://www.pleaselive.org/blog/the-two-effects-werther-vs-papageno-alexa-moody/.

[7] *See id.*; *see also* S. Stack, *Media Coverage as a Risk Factor in Suicide*, 57 J. EPIDEMIOL. COMMUNITY HEALTH 238 (2003); E. Etzersdorfer et al., *A Dose-Response Relationship Between Imitational Suicides and Newspaper Distribution*, 8 ARCH. SUICIDE RES. 137 (2004).

[8] *See* David Albert Jones & David Paton, *How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide*, 108 S. MED. J. 10 (2015) https://pdfs.semanticscholar.org/6df3/55333ceecc41b361da6dc996d90a17b96e9c.pdf; *see also* David Albert Jones, *Suicide Prevention: Does Legalizing Assisted Suicide Make Things Better or Worse?*, Anscombe Bioethics Centre (2022), https://bioethics.org.uk/media/mhrka5f3/suicide-prevention-does-legalising-assisted-suicide-make-things-better-or-worse-prof-david-albert-jones.pdf.

[9] *Id.*

[10] *Id.*

[11] *See* Nancy Valko, *A Tale of Two Suicides: Brittany Maynard and My Daughter*, Celebrate Life, Jan-Feb 2015, available at https://www.clmagazine.org/topic/end-of-life/a-tale-of-two-suicides-brittany-maynard-and-my-

H.B. 650 targets vulnerable individuals who are suffering from depression and hopelessness and communicates the message that their lives are not worth living. This bill will only stoke the flames of the suicide contagion, which may result in more unassisted suicides. However, vulnerable individuals are indeed worthy of life and equal protection under the law, and state prohibitions on assisted suicide reflect and reinforce the well-supported policy "that the lives of the terminally ill, disabled and elderly people must be no less valued than the lives of the young and healthy."[12]

II. *The Bill's Expansion of Providers and Reduction in Wait Time Further Erodes Inadequate and Ineffective Safeguards Protecting Vulnerable Patients*

This bill opens Hawaii's law to further abuse. For example, the bill fails to address the need for a mental health assessment requirement. The underlying law requires the physician to determine that the individual making the request is a "qualifying patient." "Qualifying patient" is merely defined as someone "who (i) has been determined to possess capacity to make an informed decision[13] regarding consent to medical aid in dying and (ii) has complied with the requirements of this article related to obtaining medical aid in dying." Yet, the patient is only referred to a "capacity reviewer"[14] for a mental health assessment if the physician is "uncertain as to whether he is capable of making an informed decision regarding consent to medical aid in dying…" A "capacity reviewer" can either be a psychologist or a social worker. Thus, this bill allows for social workers to perform these assessments and determine whether the individual is a "qualifying patient" and can end their own life.

These safeguards are ineffective because the bill fails to define "capacity" or what makes an individual "capable of making an informed decision." This means that even if the individual is suffering from depression, that will not preclude a physician from prescribing them life-ending medication. Significantly, scholarship shows "[a] high proportion of patients who request physician-assisted suicide are suffering from depression or present depressive symptoms."[15] "[A]round 25–50% of patients who have made requests for assisted suicide showed signs of

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daughter/ (suicide prevention experts criticizing a billboard stating, "My Life My Death My Choice," which provided a website address, as "irresponsible and downright dangerous; it is the equivalent of handing a gun to someone who is suicidal").

[12] *Washington v. Glucksberg*, 521 U.S. 702, 731-32 (1997).

[13] Defined in the bill as "a decision made by a patient who has been informed by his attending health care provider as to (i) his medical diagnosis and prognosis; (ii) the probable results of taking a self-administered controlled substance prescribed to the patient for the purpose of ending his life in a humane and dignified manner; (iii) the potential risks of taking a self-administered controlled substance prescribed to the patient for the purpose of ending his life in a humane and dignified manner; (iv) any feasible alternatives to medical aid in dying, including comfort care, hospice care, and pain control; and (v) his right to withdraw consent to medical aid in dying at any time and to decide not to continue with medical aid in dying or any other care or treatment.

[14] Defined in the bill as "a licensed psychologist or social worker who is qualified by training or experience to assess whether a person is capable of making an informed decision regarding consent to medical aid in dying."

[15] Jonathan Y. Tsou, *Depression and Suicide Are Natural Kinds: Implications for Physician-Assisted Suicide*, 36 INT'L J. L. & PSYCHIATRY 461, 461 (2013).

depression and 2–10% of patients who have received physician-assisted suicide were depressed."[16] These patients' "desire for hastened death is significantly associated with a diagnosis of major depression."[17] Their psychiatric disability also may impair decision-making, "such as the decision to end one's life."[18]

Despite the high rates of depression in patients considering assisted suicide, counseling referrals are uncommon.[19] In Oregon in 2021, assisted suicide physicians prescribed lethal drugs to 383 patients yet only referred two of these patients for counseling—approximately 0.5% of patients.[20] Even when there is counseling, psychiatrists have limited ability in diagnosing depression. One study shows that "[o]nly 6% of psychiatrists were very confident that in a single evaluation they could adequately assess whether a psychiatric disorder was impairing the judgment of a patient requesting assisted suicide."[21] If trained psychiatrists have difficulty adequately assessing the mental wellbeing of end-of-life patients, social workers will encounter even more difficulties in making such assessments, especially given their limited training and qualifications compared to psychiatrists. Nevertheless, this bill allows for social workers to determine if an individual has the "capacity" to take their own life. This raises serious concerns because if the physician refers the patient to a "capacity reviewer," the bill allows for just one session between the psychologist or social worker and the patient before the patient can be deemed to have the necessary "capacity." For these reasons it is difficult to argue that this "safeguard" in H.B. 650 will allow for an accurate assessment of an individual's mental health.

In addition, the bill assumes that physicians can make the correct diagnosis that a patient has a terminal disease, injury, or condition which "will result in the patient's death within the next six months." This fails as a safeguard as well because terminality is not easy to predict, and doctors have difficulty accurately dating terminal illness life expectancy. As the National Council on Disability notes, "[a]ssisted suicide laws assume that doctors can estimate whether or not a patient diagnosed as terminally ill will die within 6 months. It is common for medical prognoses of a short life expectancy to be wrong."[22] Likewise, "[t]here is no requirement that the doctors consider the likely impact of medical treatment, counseling, and other supports on survival."[23]

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[16] *Id*. at 466; *see also* Linda Ganzini et al., *Prevalence of Depression and Anxiety in Patients Requesting Physicians' Aid in Dying: Cross Sectional Survey*, 337 BMJ 1682 (2008) (finding 25% of surveyed Oregon patients who had requested lethal medication had clinical depression and the "[statute] may not adequately protect all mentally ill patients").

[17] *Id*.

[18] *Id*.

[19] Catherine Glenn Foster, *The Fatal Flaws of Assisted Suicide*, 44 HUM. LIFE REV. 51, 54 (2018).

[20] Or. Pub. Heath Div., Oregon Death With Dignity Act: 2021 Data Summary 8 (Feb. 28, 2022).

[21] Linda Ganzini et al., *Attitudes of Oregon Psychiatrists Toward Physician-Assisted Suicide*, 153 AM. J. PSYCHIATRY 1469 (1996).

[22] Nat'l Council On Disability, The Danger Of Assisted Suicide Laws, Bioethics And Disability Series 21 (2019).

[23] *Id*. at 22.

Studies have shown "experts put the [misdiagnosis] rate at around 40%,"[24] and there have been cases reported where, despite the lack of underlying symptoms, the doctor made an "error"[25] which resulted in the individual's death. Prognoses can be made in error as well, with one study showing at least 17% of patients were misinformed of their diagnosis.[26] Nicholas Christakis, a Harvard professor of sociology and medicine, agreed "doctors often get terminality wrong in determining eligibility for hospice care,"[27] and Arthur Caplan, the director of the Center for Bioethics at the University of Pennsylvania, considers a six month requirement arbitrary.[28] Even the Oregon Health Authority admitted, "[t]he question is: should the disease be allowed to take its course, absent further treatment, is the patient likely to die within six months? . . . [Y]ou could also argue that even if the treatment [or] medication could actually cure the disease, and the patient cannot pay for the treatment, then the disease remains incurable."[29]

III. *Suicide by Physician Erodes the Integrity and Ethics of the Medical Profession and Allows for Physicians to Experiment with Lethal Drugs on End-of-Life Patients*

Prohibitions on suicide by physician protect the integrity and ethics of medical professionals, including their obligation to serve patients as healers, to "keep the sick from harm and injustice," and to "refrain from giving anybody a deadly drug if asked for it, nor make a suggestion to this effect."[30] Despite these ethical obligations, physicians are using experimental lethal drugs when assisting in suicide. There is no standardized drug nor required dosage for assisted suicide. "Of course, there is no federally approved drug for which the primary indication is the cessation of the mental or physical suffering by the termination of life."[31] The Food and Drug Act regulates pharmaceuticals at the federal level and requires "that both 'safety' and 'efficacy' of a drug for its intended purpose (its 'indication') be demonstrated in order to approve the drug for distribution and marketing to the public."[32] Lethal medication could never meet the safety or efficacy requirements for treating mental or physical ailments.

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[24] Trisha Torrey, *How Common is Misdiagnosis or Missed Diagnosis?*, VeryWell Health (Aug. 2, 2018), https://www.verywellhealth.com/how-common-is-misdiagnosis-or-missed-diagnosis-2615481

[25] *See, e.g.*, Malcom Curtis, *Doctor Acquitted for Aiding Senior's Suicide*, The Local, Apr. 24, 2014 (reporting the doctor was not held accountable for his negligence).

[26] Nina Shapiro, *Terminal Uncertainty*, Seattle Weekly, Jan. 13, 2009, http://www.seattleweekly.com/2009-01-14/news/terminal-uncertainty/.

[27] *See id.*

[28] *See id.*

[29] Fabian Stahle, *Oregon Health Authority Reveals Hidden Problems with the Oregon Assisted Suicide Model*, Jan. 2018 (emphasis added), available at https://www.masscitizensforlife.org/oregon-health-authority-reveals-hidden-problems-with-the-oregon-assisted-suicide-model.

[30] The Supreme Court has recognized the enduring value of the Hippocratic Oath: "[The Hippocratic Oath] represents the apex of the development of strict ethical concepts in medicine, and its influence endures to this day. . . .[W]ith the end of antiquity . . . [t]he Oath 'became the nucleus of all medical ethics' and 'was applauded as the embodiment of truth'" *Roe v. Wade*, 410 U.S. 113, 131-132 (1973).

[31] Steven H. Aden, *You Can Go Your Own Way: Exploring the Relationship Between Personal and Political Autonomy in Gonzales v. Oregon*, 15 Temp. PolL. & Civ. Rts. L. Rev. 323, 339 (2006).

[32] *Id*. at 340.

Around 2016, suicide doctors turned away from using short-acting barbiturates due to price gouging and supply issues.[33] Consequently, suicide doctors began mixing experimental drug compounds at lethal dosages to assist suicides.[34] As the U.S. Food and Drug Administration ("FDA") notes on its website, "[c]ompounded drugs are not FDA-approved. *This means that FDA does not review these drugs to evaluate their safety, effectiveness, or quality before they reach patients*."[35] This means physicians have experimented their lethal drug compounds on end-of-life patients with "no government-approved clinical drug trial, and no Institutional Review Board oversight when they prescribed the concoction to patients." Notably, the bill is silent as to what drugs doctors must use and there are no safeguards preventing doctors from using experimental lethal drug compounds directly on patients.[36]

Ultimately, H.B. 650 harms the medical profession, physicians, and people who may be struggling to process the shock of a difficult diagnosis. It opens the door for physicians to be forced to violate their conscience rights[37] and medical ethics, such as the Hippocratic Oath, and increases the risk that patients will be coerced or pressured into prematurely ending their lives when pitched with suicide by physician as a viable treatment option with alleged benefits. Even the U.S. Supreme Court has acknowledged that "[t]he State also has an interest in protecting the integrity and ethics of the medical profession."[38] In Justice Antonin Scalia's dissent to another Supreme Court case involving a ban on the use of controlled substances for suicide by physician, he pointed out: "Virtually every relevant source of authoritative meaning confirms that the phrase 'legitimate medical purpose' does not include intentionally assisting suicide. 'Medicine' refers to '[t]he science and art dealing with the prevention, cure, or alleviation of disease' . . . . [T]he AMA has determined that '[p]hysician-assisted suicide is fundamentally incompatible with the physician's role as healer.'"[39]

IV. *The Majority of States Affirmatively Prohibit Medical Suicide*

The majority of states prohibit physician-assisted suicide and impose criminal penalties on anyone who helps another person commit suicide. Hawaii should remain in this majority. Since

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[33] Sean Riley, *Navigating the New Era of Assisted Suicide and Execution Drugs*, 4 J. L. & BIOSCIS. 424, 429– 430 (2017).

[34] *See* Robert Wood et al., *Attending Physicians Packet*, End OF Life Wash. 1, 7 (Apr. 11, 2022), https://endoflifewa.org/wp-content/uploads/2022/04/EOLWA-AP-Packet_4.11.22.pdf (describing suicide doctors' experiments with different lethal drug compounds).

[35] Compounding Laws and Policies, U.S. Food & Drug Admin (Sept. 10, 2020), https://www.fda.gov/drugs/human-drug-compounding/compounding-laws-and-policies (emphasis added).

[36] Jennie Dear, *The Doctors Who Invented a New Way to Help People Die*, The Atl. (Jan. 22, 2019), https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/.

[37] *Cf. Christian Med. & Dental Ass'ns v. Bonta*, No. 5:22-cv-335 (C.D. Cal. Sept. 2, 2022) (issuing a preliminary injunction against California's requirement that doctors medically document a patient's lethal drug request, which counts towards the two required drug requests, despite doctors' conscientious objections to assisting a suicide); *Lacy v. Balderas*, No. 1:22-cv-953 (D.N.M. filed Dec. 14, 2022) (alleging New Mexico provisions that require doctors to tell patients of the availability of suicide assistance and refer for the practice infringe upon conscience rights).

[38] *Glucksberg*, 521 U.S. at 731.

[39] *Gonzales v. Oregon*, 546 U.S. 243, 285–86 (2006) (Scalia, J., dissenting) (third internal quotation citing *Glucksberg* 521 U.S. at 731).

Oregon first legalized the practice in 1996, "about 200 assisted-suicide bills have failed in more than half the states."[40] In *Washington v. Glucksberg*, the U.S. Supreme Court summed up the consensus of the states: "In almost every State—indeed, in almost every western democracy—it is a crime to assist a suicide. The States' assisted-suicide bans are not innovations. Rather, they are longstanding expressions of the States' commitment to the protection and preservation of all human life."[41]

This longstanding consensus among the vast majority of states is unsurprising given the "opposition to and condemnation of suicide—and, therefore, of assisting suicide—are consistent and enduring themes of our philosophical, legal and cultural heritages."[42] Indeed, over twenty years ago, the Court in *Glucksberg* held there is no fundamental right to suicide by physician in the U.S. Constitution, finding instead that there exists for the states "an 'unqualified interest in the preservation of human life[,]' . . . in preventing suicide, and in studying, identifying, and treating its causes."[43]

Thus, only by rejecting H.B. 650 can this Committee further Hawaii's important state interest in preserving human life, as well as its duty to protect the lives of her citizens, especially the lives of the most vulnerable groups in our society

V. *Conclusion*

Hawaii should continue to uphold its duty to protect the lives of all its citizens—especially vulnerable people groups such as the ill, elderly, and disabled—and maintain the integrity and ethics of the medical profession by rejecting suicide by physician and voting against H.B. 650.

Respectfully Submitted,

Bradley N. Kehr, J.D.
Policy Counsel
AMERICANS UNITED FOR LIFE

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[40] Catherine Glenn Foster, *The Fatal Flaws of Assisted Suicide*, 44 Human Life Rev. 51, 53 (2018).

[41] *Glucksberg*, 521 U.S. at 710.

[42] *Id.* at 711.

[43] *Id.* at 729–30.

Hawaii Medical Association
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SENATE COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Date: March 30, 2023
From: Hawaii Medical Association
Bernard Robinson, HMA Public Policy Committee

Re: HB 650 HD2 SD1 Relating to Health - Kupuna Caucus; Our Care, Our Choice Act; Medical-Aid-In-Dying; Advanced Practice Registered Nurses; Clinical Nurse Specialists; Marriage and Family Therapists; Mandatory Waiting Period; Waiver

Position: Comments

The Our Care Our Choice Act allows terminally ill patients the opportunity to control the manner of their death. The primary goals of medical aid in dying (MAiD) are to increase patient autonomy, allowing individuals the right to control the circumstances of their death when it is otherwise inevitable, and to decrease suffering in the setting of a terminal disease[1]. HB 650 SD1 would (1) Authorize advanced practice registered nurses to practice medical-aid-in-dying in accordance with their scope of practice and prescribing authority; (2) Authorize licensed advanced practice registered nurses and clinical nurse specialists with psychiatric or mental health training and licensed marriage and family therapists, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient; (3) Reduce from twenty to five days, the mandatory waiting period between the two oral requests required for a qualified patient to obtain a prescription for medication that may be self-administered to end the patient's life in accordance with applicable state law; and (4) Waive the mandatory waiting period for terminally ill qualified patients who are not expected to survive the mandatory waiting period.

HMA comments on this proposed legislation are only intended to address issues around the implementation of MAiD in order to ensure that even the most vulnerable patients in our community receive quality care and services.

Patients who have completed MAiD in Oregon and Washington were more likely to have some level of college education, have public or private medical insurance, be Caucasian, and over the age of 65[4]. These findings suggest that traditionally vulnerable populations are not the primary recipients of MAiD. It is important to note that these studies are largely observational, and additional research is needed. To ensure that this is the decision of a competent individual with no elements of coercion or under-/untreated psychiatric disease, the patient is required to have an evaluation by a counselor[2]. Hawaii adds additional protection by mandating a mental health evaluation be performed by a counselor, though definition of “counselor” is not clarified[3].

The gravity of this decision deserves robust research and careful layers of protection. There is evidence that depression may play a role in a patient’s decision to participate in MAiD, raising concerns regarding determination of patient decision-making capacity. Patients requesting MAiD in Oregon were more likely to have higher levels of depression and hopelessness than their counterparts with similar advanced disease[5].

Additionally, cases of elderly abuse and patients exhibiting concerning suicidal behavior prior to participation are reported.

Hawaii patients deserve the highest standard of care, particularly in matters of life and death. HMA respectfully submits the following recommendations that are consistent with the intention of the Our Care Our Choice Act and ensure the safety of our most vulnerable patients:

- The provider team should perform a formal decision-making capacity evaluation following the standards of evaluations completed by Psychiatrists, outlined by the American Psychiatric Association (APA). This evaluation is performed to exclude treatable underlying mental illness such as depression or anorexia nervosa, conditions that can be difficult to diagnose and can go unrecognized.

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

  The provider team training and certification (including licensed physicians, advanced practice registered nurses, clinical nurse specialists, physician assistants, psychologists and licensed clinical social workers) should include signs and symptoms of mental illness which affect decision making capacity, as well as the assessment of coercion or undue influence, to include:

  The vulnerability of the patient, including
  (A) incapacity and illness
  (B) intellectual disability or cognitive impairment
  (C) education
  (D) social isolation
  (E) social dependency

  The nature of the patient's relationship with a primary caregiver, household members, or other influential individuals, including
  (A) controlling access to the patient's daily needs and medication, controlling access to interactions with others or controlling access to needed information or services
  (B) the use of affection, excessive persuasion, or intimidation to initiate changes in personal or property rights
  (C) other factors relevant to the detection of elder exploitation or abuse

- The provider team should report patient requests and patients who initiate the MAiD process, but do not complete it. It may be reasonable to waive the waiting period in some terminally ill patients. The Hawaii Department of Health (DOH) should collect and report data regarding patient/provider requests for MAiD in order to better quantify access challenges.

HMA greatly appreciates the input of community and all Hawaii providers in the maintenance of Quality and Safety with Medical Aid in Dying, as well as the substantial support for terminally ill patients along this process. Resources that include data from the state including the Hawaii Department of Health are helpful, and longitudinal analyses are important in the development of thoughtful and compassionate policies. As physicians we are called upon to be fully present and supportive for dying patients, and HMA encourages continued open dialogue on this sensitive and centrally important subject.

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

(continued)

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Testimony of Sam Trad, National Director of Care Advocacy, Compassion & Choices
Supportive Testimony Regarding HB 650 HD2 SD1
Senate Committee on Judiciary

Dear Chair Karl Rhoads, Vice Chair Mike Gabbard, and Members of the Committee,

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

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

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

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

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

When a person is terminally ill, they usually do not ask for medical aid in dying until they need it. It takes weeks to months for many patients to get through the 17-step process even without the waiting period. Terminally ill patients do not have the luxury of time on their side. They do not have time to wait for 20+ days to get through the 17 steps to access the law. It can be impossible to make doctor appointments, especially the three needed to access the law. Including APRNs will make it easier for patients to get the appointments they need in order to qualify for the law. They will still need to be seen by 3 different clinicians before they can qualify for medical aid in dying.

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

Thank you for your consideration.
Sincerely,

Sam Trad
National Director of Care Advocacy
Compassion & Choices

HB-650-SD-1
Submitted on: 3/26/2023 11:40:35 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Testifying for Stonewall Caucus of the Democratic Party of Hawai‘i	Support	Written Testimony Only

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 SD 1.

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 the Board of Nursing

Before the
Senate Committee on Judiciary
Thursday March 30, 2023
9:35 a.m.
Conference Room 016 and Videoconference

On the following measure:
H.B. 650, H.D. 2, S.D. 1 RELATING TO HEALTH

WRITTEN TESTIMONY ONLY

Chair Rhoads 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; (2) authorize licensed APRNs and clinical nurse specialists with psychiatric or mental health training and licensed marriage and family therapists to provide counseling to a qualified patient; (3) reduce from twenty to five days, the mandatory waiting period between the two oral requests required for a qualified patient to obtain a prescription for medication; and (4) waive the mandatory waiting period 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.

25 YEARS
hawaii familyforum
1998-2023

Submitted online: March 28, 2023

HEARING: Thursday, March 30, 2023

TO: Senate Committee on Judiciary
Sen. Karl Rhoads, Chair
Sen. Mike Gabbard, Vice Chair

FROM: Eva Andrade, President

RE: Opposition to HB 650 HD2 SD 1 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 abuse[i]." 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.

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

Written Testimony Presented Before the
Senate Committee on Judiciary

Hearing: March 30, 2023, @9:35 AM
State Capitol, Conference Room 016 & via Videoconference

By Hawaiʻi – American Nurses Association (Hawaiʻi-ANA)

HB 650, HD2, SD1 RELATING TO HEALTH

Chair Karl Rhoads, Vice Chair Mike Gabbard, and members of the Senate Committee on Judiciary, for this opportunity to provide testimony <u>in strong support</u> of HB 650, HD2, SD1, 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 Hawaiʻi (Hawai'i-ANA) who speak for over 15,000 Registered Nurses in Hawaiʻi 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 HB 650, HD2, SD1 RELATING TO HEALTH 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

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HAWAI'I STATE CENTER FOR NURSING
Connecting Nurses. Transforming Healthcare.

Written Testimony Presented Before the Senate Committee on Judiciary
Thursday, March 30, 2023 at 9:35 AM
Conference Room 016 and via Videoconference
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawaiʻi State Center for Nursing
University of Hawaiʻi at Mānoa

Comments on H.B. 650, H.D. 2, S.D. 1

Chair Rhoads, Vice Chair Gabbard, and Members of the Committee, thank you for the opportunity for the Hawaiʻi State Center for Nursing to provide **comments on H.B. 650, H.D. 2, S.D. 1, only as it pertains to Section 2** of this measure which, if enacted, would enable Advanced Practice Registered Nurses (APRNs) to participate as an attending, consulting, and counseling provider in the Our Care, Our Choice Program.

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

Hawaiʻi 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. Hawaiʻi's laws for APRNs ensure public safety during patient care through, authorize assessment, diagnosis, and prescriptive authority. APRNs have grown significantly in Hawaiʻi, 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 Hawaiʻi 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 Hawaiʻi.

Hawai'i Association of Professional Nurses (HAPN)

HAWAII ASSOCIATION of
PROFESSIONAL NURSES

To: The Honorable Senator Karl Rhoads Chair of the Senate Committee on Judiciary

From: Hawaii Association of Professional Nurses (HAPN)
Subject: HB650 HD2 SD1 – Relating to Health, in strong Support

Hearing: March 30, 2023, 9:35a.m.

Aloha Senator Rhoads, Chair; Senator Gabbard, Vice Chair; and Committee Members

Thank you for the opportunity to submit testimony regarding HB650 HD2 SD1. 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-SD-1
Submitted on: 3/28/2023 6:02:05 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Charles F Miller	Testifying for Hawaii Society of Clinical Oncology	Support	Written Testimony Only

Comments:

Good Afternoon Chair Rhodes and Vice Chair Gabbard - I am writing in strong support for HB650. I am an oncologist representing the Hawaiʻi Society of Clinical Oncology, having been on their Board of Directors for over 20 years. In addition I have been the Director of Kaiser Hawaiʻi'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 Hawaiʻi's severe shortage of physicians but also due to the fact that many physicians have opted out of participating in the OCOCA. By permitting fully

licensed, accredited and qualified Advanced Practice Nurse Practitioners (APRNs) to serve as attending, consulting and mental health providers much of the access disparity on neighbor islands would be alleviated. It is inherently unfair to disadvantage patients who live outside of Oahu when they request MAID. APRNs are fully licensed for independent practice in Hawaiʻi. 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 Hawaiʻi 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 believeHB650 will improve access to the law and remove these major barriers to full and equal access for all of Hawaiʻi's citizens who seek to use the OCOCA.

Charles F Miller

Charles F. Miller, MD, FACP, FASCO

Director, Kaiser Hawaiʻi's Medical Aid In Dying Program

State Affiliate Representative Hawaiʻi Society of Clinical Oncology

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

COMMITTEE ON JUDICIARY
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Date: 3/28/2023

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

Re: Supportive Testimony Regarding HB 650, HD2, SD1

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 HB 650, HD2, SD1This 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 HB 650, HD2, SD1. 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

March 25, 2023

Honorable Chair Rhoads, Vice Chair Gabbard, and Esteemed Senate Committee on Judiciary Members,

I have practiced and taught full-time palliative medicine in Hawaii for nearly 20 years, and I am writing, as an individual, in **strong opposition to HB-650.**

Proponents of changes to the Our Care, Our Choice Act now describe the original safeguards written into the Act as "barriers." In support of these proposed changes, they offer only anecdote. I submit these facts for the committee to consider in weighing this important issue

Claim: Certification of terminal diagnosis is within the scope of practice of Advanced Practice Registered Nurses (APRN's).
Fact: Certification of a terminal prognosis is not within the scope of practice for Advanced Practice Registered Nurses (APRN's). APRN's are an essential component of any high-quality palliative care team. Personally, I am fortunate to work daily with the most skilled palliative care APRN's in the state. However, Medicare specifically prohibits APRN's from certifying 6-month prognosis for hospice (Medicare Benefit Policy Manual, Chapter 9). This certification of six-month prognosis is an essential role of the attending and consulting physicians under the OCOCA. Why would Hawaii consider it scope of practice for APRNs to certify terminal prognosis when the federal government does not? On what evidence is this based as being safe or appropriate care?

Claim: The OCOCA has created barriers to the wide adoption of legally hastened death in Hawaii.
Fact: By 2021, just the third year of OCOCA**,** Hawaii reached a level of utilization that Oregon did not see until the 20th year of their Death With Dignity Act. These data are publicly available from the Departments of Health of Oregon and Hawaii and do not support the contention that there are barriers to the implementation of legally hastened death in Hawaii

Claim: Hawaii should allow the waiving of any waiting period for those not expected to survive the waiting period.
Fact: Waiving the waiting period for those not expected to survive the waiting period is clinically illogical and an invitation to fraud and abuse. A physician can only reliably predict that a patient will only survive hours to days and not weeks once the patient has entered the actively dying phase. Patients that are actively dying nearly always lack the ability to perform the cognitive and physical functions required to self-determine their care under the OCOCA. Passing this provision would open the door to abuse by authorizing patients that are unable to self-determine and self-administer the lethal drugs, or abuse by physicians succumbing to pressure to expedite the process. The idea of waiving waiting periods to hasten dying for people who are believed at high risk of dying too soon hardly seems worth any reduction in safety that may come from expediting the process.

I have no objections to the other provisions of HB-650: shortening the waiting period to 5 days and the inclusion of psychiatric APRN's among the behavioral health consultants to confirm capacity. There is no evidence to support 20 days, 15 days, or 5 days as the time that best balances safety and access concerns. Determination of capacity and assessing for impairing behavioral health concerns, unlike certifying terminal prognosis, are both well with the scope of practice of psychiatric APRN's.

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

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM
Board-certified in Hospice & Palliative Medicine, Pain Medicine, Addiction Medicine, Internal Medicine
Kailua, HI

HB-650-SD-1
Submitted on: 3/26/2023 4:58:32 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

We dont not want them!!!!

HB-650-SD-1
Submitted on: 3/27/2023 1:41:16 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

I support HB650 HD2. Please support this bill.

HB-650-SD-1
Submitted on: 3/27/2023 2:00:30 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Please proceed with decision-making to allow this measure to move forward, as soon as possible, to the Governor's desk for enactment.

Amendments will increase access and improve timeliness for greater compassion and choices at the end-of-life. Thank you.

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-SD-1
Submitted on: 3/27/2023 2:26:29 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Aloha Chair Karl Rhoads, Vice Chair Mike Gabbard & Members of the Senate Committee on the Judiciary,

Thank you for accepting this testimony in support of HB650 HD2 SD1, the bill to improve the Our Care, Our Choice Act.

My name is Nina Buchanan, Ph.D. Emerita Professor from the University of Hawaii. My husband, Dr. Robert (Bob) Fox, Emeritus Professor was diagnosed with terminal colon cancer. After spending time in the Hilo Medical Center hospital twice over a two month period, he was finally able to schedule an appointment with an oncologist in Hilo. By that time his cancer had advanced. The chemotherapy was not effective. The oncologist estimated he might live from 4 to 6 months although one of her patients was treated and lived for several years.

There were NO doctors on the Big Island who would make it possible for Bob to meet the requirements of the current law. He died a slow and painful death as he starved and thirsted to death. It was an inhumane way to die.

I am an animal lover and surely would have a cat or dog who was suffering put to ‘sleep.’ It is an absolute horror to allow humans to suffer beyond what we would tolerate for a family pet.

Please make the legislation more equitable and possible for us on the Big Island to actually die in peace.

Mahalo for supporting the important amendments to the Our Care, Our Choice Act.

Sincerely,

Dr. Nina Buchanan

HB-650-SD-1
Submitted on: 3/27/2023 3:16:48 PM
Testimony for JDC on 3/30/2023 9:35:00 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 ?

Dear Chair Rhoads, Vice Chair Gabbard and members of the Committee on Judiciary,

Re: HB 650 HD2 SD1
3/30/2023

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-SD-1
Submitted on: 3/27/2023 3:32:06 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

I support HB650 HD2 SD1, the bill to improve the Our Care, Our Choice Act.

HB-650-SD-1
Submitted on: 3/27/2023 3:47:29 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Please support HB650. Thank you.

HB-650-SD-1
Submitted on: 3/27/2023 3:59:14 PM
Testimony for JDC on 3/30/2023 9:35:00 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 SD1

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.

HB-650-SD-1
Submitted on: 3/27/2023 4:26:18 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Please pass this important bill. Thank you!

HB-650-SD-1
Submitted on: 3/27/2023 5:47:10 PM
Testimony for JDC on 3/30/2023 9:35:00 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-SD-1
Submitted on: 3/27/2023 6:04:17 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Aloha Representatives. I am resubmitting my previous testimony. This is who strong I feel about having expansion of Medical Aid in Dying. 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 Hawaiʻi, 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, Hawaiʻi 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.

HB-650-SD-1
Submitted on: 3/27/2023 7:42:23 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Please understand and help terminally ill patients experiencing intolerable mental and physical pain by passing HB650. Ending their suffering by granting their final wish when there is absolutely no hope of any medical relief is the kindest and most humane act of love.

March 28, 2023

Dear House Committee Chair and Members

Thank you for holding this hearing on HB650 HD2 SD1 on this most important matter.

The Legislature has a mission here: use their compassion and wisdom to approve the Our Care Our Choice Act revisions to fulfill the promise the Legislature and the Governor made four years ago for access to Medical Aid in Dying for Hawaiian citizens who meet the requirements.

The revisions are:

1/ Expand the medical verification confirming the 6-month prognosis requirement from doctors to include Advanced Practice Registered Nurses (APRN), to provide medical aid in dying in accordance with their scope of practice and prescribing authority. Advanced Nurse Practitioners are trained, licensed, and experienced in providing a wide scope of medical care, including Medical Aid in Dying. This important step will expand the pool of medical providers available, which is much needed as some patients have passed away before the completion of the process because of a lack of available medical providers.

2/ Shorten the mandatory waiting period from the currently required 20 days to 15 days, and if medical providers assess that the patient will last less than the 15 days, to have the discretion to prescribe the medications before the patient dies, whenever the medical provider assesses that is. Giving medical providers the option to do so is essential to allow very ill patients be able to use Medical Aid in Dying. It is tragic to have patients who are seeking Medical Aid in Dying to die during the waiting period. You can imagine the devastation and compounded grief and loss this will cause their families and friends who expected final acts of love and forgiveness, only to have these expectations and hopes dashed.

Please pass HB650, it is the right thing to do.

Malachy Grange RN

1487 Hiikala Place #26

Honolulu, HI 96816

808-226-5894

HB-650-SD-1
Submitted on: 3/27/2023 11:32:18 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Aloha Senators,

Please give the people of our state, and specifically the medically-qualified patients of Hawaiʻi 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 own values, priorities, and beliefs. The improvements to the Our Care Our Choice Act will do just that.

Mahalo for your careful consideration and for hearing this bill.

With gratitude and aloha, Carolann Biederman

HB-650-SD-1
Submitted on: 3/28/2023 6:58:16 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
AUBREY HAWK	Individual	Support	Written Testimony Only

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 perhaps even more qualified to deal with the nuances of good end-of-life care than MDs who are currently the only providers allowed to prescribe under the law. Please support HB650 with your YES vote.

HB-650-SD-1
Submitted on: 3/28/2023 6:28:21 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Chair Rhoads and committee, I strongly support this bill. As a registered nurse for over 45 years with a specialty in oncology, I have seen too many patients suffer needlessly. For those patients who choose medical aid in dying (MAID) this bill allows them to have a peaceful and timely death. As a retired nursing faculty from UH Manoa School of Nursing, I am very familiar with APRNs scope of practice. They are fully competent and capable of acting as providers For MAID. I respectfully ask that you support this bill

Stephanie Marshall RN

TESTIMONY IN STRONG SUPPORT OF HB650
Hawaii State Senate Committees on Health & Human Services and Commerce & Consumer Protection
Thursday, March 30, 2023, 9:35a
Submitted by Lynn B. Wilson, PhD

March 28, 2023

To: Chair Karl Rhodes and Members of the State Senate Committee on Judiciary

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-SD-1
Submitted on: 3/28/2023 8:06:14 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Holly Bent	Individual	Support	Written Testimony Only

Comments:

I am an active Hawaii State **Advanced Practice Registered Nurse (APRN)** in support of **HB650 HD2 SD1**

I support the changes to the act as **my fully competent, dying mother *utilized the act in 2020*.**

No matter what your ethical or religious beliefs are; the following changes should be made:

1. Authorize advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority;

Why – APRN's make the same clinical decisions with their patients as medical doctors. Patients should not have to establish a new relationship with a medical doctor, when they utilize an APRN as their primary care provider.

1. Authorize psychiatric mental health nurse practitioners, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient;

Why – Psychiatric APRN's function in the similar capacity of psychiatrists. It makes no sense that they are excluded from this ability.

(3) Reduce the mandatory waiting period between oral requests from twenty days to five days

Why – The waiting period was extremely difficult for my mother. Hopelessly sitting at her bedside, watching her suffer unnecessarily every day, was heart breaking.

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-SD-1
Submitted on: 3/28/2023 9:01:00 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Mary Steiner	Individual	Support	Written Testimony Only

Comments:

Passing this HB 650 HD2 SD1 will help some terminally ill people who are looking for help through the Our Care Our Choice Act to gain peace of mind toward the end of their lives The bill would allow access to more providers, amend the waiting time so sick people don't have to stress about time running out before receiving their medication and if a person is not expected to survive, the bill waives the waiting period.

These amendments offer a dying person relief and ease their burdens if they so choose.

Thank you in advance for passing HB 650 HD2 SD1.

HB-650-SD-1
Submitted on: 3/28/2023 9:15:35 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Anita Trubitt	Individual	Support	Written Testimony Only

Comments:

As a 91-year-old citizen the passage of this bill is deeply important to me. I urge you to pass it.

HB-650-SD-1
Submitted on: 3/28/2023 11:18:43 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Sarah Fairchild	Individual	Support	Written Testimony Only

Comments:

I support this bill.

HB-650-SD-1
Submitted on: 3/28/2023 12:40:59 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Jay Fincher	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support to bring full spectrum of end-of-life options to the people of Hawaii. I am a Critical Care Registered Nurse. There are many times we have the ability to truely touch people's lives. This is one of those moments.

Please support HB650

Jay Fincher RN CCRN

Hilo, Hawaii

HB-650-SD-1
Submitted on: 3/28/2023 1:14:10 PM
Testimony for JDC on 3/30/2023 9:35:00 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 28, 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

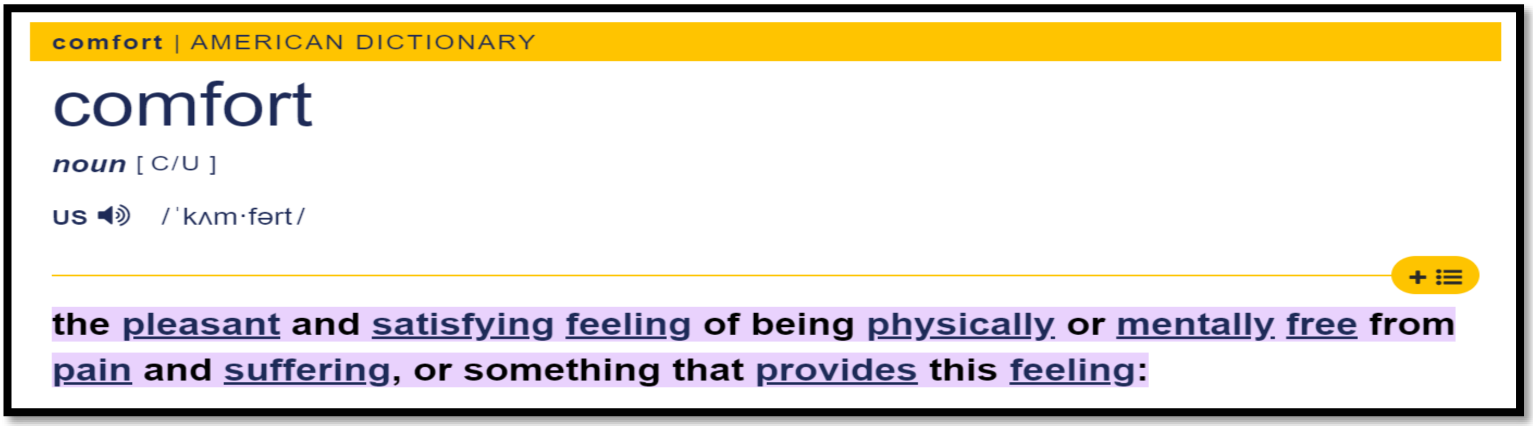
Written testimony by Momilani Loveland (daughter/caregiver)

Medical Professionals = PEOPLE/TEAM. Assists with treatments, and pain management by means of PRESCRIBED DRUGS.

Hospice = PEOPLE/TEAM. Assists with pain management by means of PRESCRIBED DRUGS.

Prescribed drugs = What people refer to as “COMFORT”

Definition provided by CAMBRIDGE DICTIONARY



comfort | AMERICAN DICTIONARY

comfort

noun [C/U]

US /ˈkʌm·fərt/

the pleasant and satisfying feeling of being physically or mentally free from pain and suffering, or something that provides this feeling:

PATIENT = A LOVED ONE. A HUMAN BEING + FAMILY = HUMAN BEINGS

Endures pain. Endures discomfort. Endures treatments. Endures numerous doctor’s appointments. Endures medications. Endures side effects. Endures weight loss. Endures memory loss. Endures the inability to be themself. Endures their continued declining quality of life. Endures being miserable. Endures not being HEARD on how they CHOOSE to end their journey. Endures people, MEDICAL PROFESSIONALS / HOSPICE CARE, whom are NOT SUFFERING, telling them what to do. Family … endures all of the above as we watch our loved one suffer.

PATIENT -> FORCED INTO PAIN MANAGEMENT WITH PRESCRIBED DRUGS, aka “COMFORT”

What if a patient doesn’t want to continue on with their life? Their only option is pain management for “comfort”? What does “comfort” mean to someone that has been suffering for years? That means they continue to endure the life they’ve been living with MORE MEDICATIONS, despite not wanting that. DO YOU WANT THAT FOR YOUR LOVED ONE? DO YOU WANT THAT FOR YOURSELF?

It’s easy for people, whom are NOT SUFFERING, to make decisions for a patient. They forget … a PATIENT is a HUMAN BEING. A LOVED ONE. SOMEONE’S DAD, MOM, SPOUSE, SIBLING, GRANDPARENT, PARTNER, etc. Put yourself in THEIR SHOES! Think about enduring suffering for years, and being forced to continue on. Depressed. Feeling unheard. Angry. Worried. Scared. Exhausted. Desperate for help.

PATIENT -> FORCED INTO DEATH BY SUICIDE

Pointing a gun to their head. Asking a loved one to point a gun to their head. Ingesting copious amounts of non-prescribed medications. No guarantees that any of these options, chosen out of utter desperation, will end their life.

WHY DO WE FORCE OUR LOVED ONES INTO THESE TWO CHOICES?
HOW DOES PRESCRIBED MEDICIATIONS OFFER “COMFORT” BASED ON THE DICTIONARY DEFINTION? IT DOESN’T!

MAID PROCESS = LOVED ONE + FAMILY + PEOPLE/TEAM

Working together to assist a HUMAN BEING with ending their life, with dignity. A GUARANTEE. ANOTHER CHOICE. The CHOICE of the PATIENT – a HUMAN BEING.

My dad, David Morris, died on September 16, 2022. HE CHOSE MAID.

He didn’t want to die alone. He didn’t want to die in a hospital, amongst strangers. He passed comfortably, at home, with us, his family … his loved ones at this side. It was peaceful. It was dignified.

He left this earth as my dad, David Morris. Not David Morris, a medically induced zombie from prescribed comfort medications. He left with his integrity and values in tack. He barked out his last orders, and told us he loved us. He drank "the potion", laid down, and comfortably passed within 15 minutes. No fuss. No one telling him what to do. No more pain. We are THANKFUL he was able to utilize MAID.

- Does our family support MAID? 1000%
- Do I support MAID? 1000%
- Do I want MAID as my personal medical choice? 1000%
- Will I continue to advocate for MAID? 1000%

More needs to be done to educate patients, medical professionals/hospice professionals, caregivers, and loved ones. Patients shouldn't have to ask about MAID. MAID should be allowed as a personal choice on a medical directive. MAID should be allowed as a personal choice in someone's will, even if they aren't terminally ill.
Some patients aren't terminal, yet they endure years of pain, discomfort, doctor's visits, testing, medications, treatments. Pain and suffering wears on a person. No one should have to agonize for years on end. It's cruel. If they CHOOSE to end their suffering, they should be allowed to do so with MAID.

The overall process, and wait time, needs to be shortened. For someone that wants nothing more to end their pain and suffering .. 20 days is a very long time. Having to jump through hoops with interviews from various medical professionals can be exhausting. My dad didn't have that energy. We relied on phone calls. But yet, we still had to wait 20 days. He was tired. Every day was excruciating. Every day that passed, he struggled with his mental capacity to make sound decisions for himself. He refused to take pain medications for that very reason. But yet, the pain just tore him a part. It was hard to watch him suffer.

Please, I implore you to do more to treat HUMAN BEINGS with compassion and sympathy during the darkest times of their lives. Please allow them to continue to die with dignity.

I advocate to honor David C. Morris. ***My dad. My superhero. My loved one.***

Thank you for your time.
Momilani Loveland


2019 - Diagnosed


2022 – ER, Day before he died

HB-650-SD-1
Submitted on: 3/28/2023 2:23:46 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Amy Tanaka	Individual	Support	Written Testimony Only

Comments:

I am writing in support of changes which will speed up the process of obtaining the proper documentation and medication, especially for terminally ill patients on the outer islands. It is a well known fact that the majority of your constituents wholly support this humane law and that there is rarely, if not ever, any abuse of this privilege. I have watched close relationships pass away in agony and those images are foremost and lasting. I, myself, am a non-Hodgkins cancer survivor and have been warned of possible recurrence. Chemotherapy was brutal - should my cancer recur and there is no guarantee of a cure, my choice would definitely be quality of life over chemo treatments. What peace of mind there would be to know that I would have control over my remaining days and that my family would be spared seeing me suffer from the devastating effects of any fatal disease. All of us will eventually be party, in some way whether ourselves or a loved one, to terminal illness. Please support these changes to facilitate confirmed terminally ill patients ease in applying for and receiving the ability to choose and experience death with dignity. Thank you for your support.

HB-650-SD-1
Submitted on: 3/28/2023 2:30:59 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Mary Harbold	Individual	Support	Written Testimony Only

Comments:

HB650 HD2 SD1, the bill to improve the Our Care, Our Choice Act, is vital for the welfare of all. Our death with dignity and compassion is the last right we have as humans. "Putting down" our suffering pets is considered an act of kindness, why should this act of kindness be denied our selves and other human loved ones? Please, help all those suffering from prolonged end of life agonies and pass this bill.

HB-650-SD-1
Submitted on: 3/28/2023 2:31:05 PM
Testimony for JDC on 3/30/2023 9:35:00 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-SD-1
Submitted on: 3/28/2023 3:28:32 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
tlaloc tokuda	Individual	Support	Written Testimony Only

Comments:

Mahalo to all Reps and Senators who have guided this very good, caring bill (HB650 HD2 SD1) which offers choice in how dying patients end their lives (with dignity). Mahalo for all health professionals and guides who play a significant role in how the dying want to end their lives.

Mahalo to the many Reps and Senators and health professionals who have nurtured this bill along.

Mahalo for your consideration,

tlaloc tokuda

Kailua Kona, HI 96740

Kailua Kona, HI 96740

HB-650-SD-1
Submitted on: 3/28/2023 4:51:28 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Please pass HB 650 HD2 SD1. It can only better serve our people at their end of life making it easier for them to have a humane, pain-free, peaceful death with dignity and care. This bill is to improve the Our Care, Our Choice Act .

Mahalo for your kokua and understanding and passing HB 650 HD2 SD1.

HB-650-SD-1
Submitted on: 3/28/2023 8:09:24 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Hello all,

So grateful this bill has made its way to you! I support it and hope you all do too. I appreciate the efforts of all involved in improving the OCOCA.

Thank you,

Georgia Bopp, age 81 and grateful for the peace of mind OCOCA provides.

HB-650-SD-1
Submitted on: 3/29/2023 8:33:54 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

As a compassionate society, it is our responsibility to ensure that terminally ill individuals have access to the full range of end-of-life care options, without facing unnecessary barriers or suffering. By authorizing advanced practice registered nurses to practice medical-aid-in-dying and expanding the pool of mental health professionals qualified to provide counseling, HB650 will significantly increase access to these critical services. This is especially important for those living in Hawaii's neighbor islands where finding a physician can be an onerous task. The proposed amendments acknowledge the reality of Hawaii's unique geography and health care system, and offer a much-needed solution to the existing limitations.

Furthermore, HB650 seeks to address the undue burden placed on patients by the current mandatory waiting period between oral requests for medical-aid-in-dying prescriptions. By reducing the waiting period from twenty to five days and providing a waiver for patients who are not expected to survive the duration of the waiting period, this Act demonstrates a deep understanding of the urgency that often accompanies end-of-life decisions. It is crucial that we prioritize the well-being and autonomy of terminally ill individuals in their final days. By enacting these amendments, we will be taking a significant step forward in upholding our commitment to compassionate, accessible, and patient-centered end-of-life care for all residents of Hawaii.

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 pychiatrist‘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.

HB-650-SD-1
Submitted on: 3/29/2023 9:42:45 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

I have been diagnosed with lung cancer. I do not know how long I have to live. As such, I would like to have the oprion to choose when and where I will die. Making the law more inclusive and flexible by passing these amedments will give me the options I want. Your support for HB650 is appreciated.....

HB-650-SD-1
Submitted on: 3/29/2023 11:18:35 AM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Honorable Legislators: Please approve the changes proposed by COMPASSION AND CHOICES and allies to provide the services for people at the end of their lives, so that when THEY choose to end life, they can do so with quiet dignity and end their pain. Your support will be greatly appreciated. Charles K. Whitten, Kaneohe

HB-650-SD-1
Submitted on: 3/29/2023 4:12:07 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

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

Comments:

Eve G. Anderson testifying in favor of HB650 HD2 SD1. Yes, this bill is so important to patients that are at the end of their life, and no further medical care will make them whole again. Suffering must end, and a peaceful death must be allowed.

HB-650-SD-1
Submitted on: 3/29/2023 4:43:20 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Lisa Shorba	Individual	Oppose	Written Testimony Only

Comments:

I stand in STRONG OPPOSITION to HB650 HD1 SD2. Please do not pass this measure for the protection and best of care for those who are sick and terminally-ill.

I am very concerned that this measure will lead to an increase in elderly abuse, negligence and exploitation of those who are the weakest among us. "Medical aid in dying" a.k.a. physician's assisted suicide have somehow become acceptable terms used to put a person to death. How cruel and demeaning to the one who needs love and support most iduring their final days. Ending a person's life is not medical care. Please vote NO on HB650 HD1 SD2. Mahalo!

HB-650-SD-1
Submitted on: 3/29/2023 5:11:54 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Esther Gefroh	Individual	Oppose	Written Testimony Only

Comments:

To Whom it May Concern:

I oppose this bill because it is now expanding the justification for any reason to have a person kill themselves. We are living in a godless society. When you remove the creator of life it is easy to rationalize the killing of people who are very sick, mentally disabled or even homeless. We are getting closer to kill people for the inconvenience they cause our medical profession, etc.

God have mercy on us.

Sincerely yours,

HB-650-SD-1
Submitted on: 3/29/2023 5:41:24 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Mary Smart	Individual	Oppose	Written Testimony Only

Comments:

I oppose HB650 HD2 SD1. Each session one or more safeguards are removed by our legislators. We don't need more people and less time permitted to take the life of our kupuna and other individuals with a terminal illnesses. We need to give them love, attention, support and pain medication as needed. We see what happens in other countries that have gone down this path. First we only terminate those who request it, and in the end, people are euthanized against their will. Do not take us down this slippery slope. Do not pass this bill. Vote NO.

Senate Committee on Judiciary (JDC)
Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Thursday March 30, 2023
Hawaii State Capital
9:35 AM, Room CR016

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 waiting for 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 a better 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 given less than 6 months but my mother didn't want to know an exact time on when she would be leaving her children. My mother never smoked 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. She never found a comfortable position to rest.

My mothers health started to rapidly decline from losing her voice, losing the ability to stand and 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 vessels near her heart.

My brother and I watched our mother change from a human to a living skeleton trapped in a shell waiting for death to come.

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." You won't know or understand how much pain my brother and I felt hearing her say this and watching her go through this. The feeling of true sadness that hurts your heart and soul, you won't understand or know how much this hurts unless YOU are put in this situation with your own mother. You will feel like the evil monster no matter what.

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 that she went through waiting for the MAID process to finish. The trauma of seeing our mother suffer for so long, the helpless feeling of not being able to take away her suffering even during 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 and continue to go through as we now have traumatic flashbacks of her everyday.
On behalf of my brother and I we are testifying in favor of HB650.

Anne Nakamura
ph# (808) 382-1306

HB-650-SD-1
Submitted on: 3/29/2023 6:52:06 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Susana Kwock	Individual	Oppose	Written Testimony Only

Comments:

Please oppose this bill.

HB-650-SD-1
Submitted on: 3/29/2023 8:12:22 PM
Testimony for JDC on 3/30/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Dara Yatsushiro	Individual	Oppose	Written Testimony Only

Comments:

Please heed God's word!: 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."

Please vote AGAINST HB650 as we head into Holy Week - God sacrificed His only begotten Son so we would have to sacrifice nothing - let's not sacrifice those He gave to us who He'll call to Himself in His time according to His Will. God loves us more than you can imagine; have faith & trust in Him and He will make all things right.

March 30, 2023

Subject: HB650 Sd1 – Relating to Health
OPPOSE HB650 Sd1

Dear Chair and Honorable members,

We asked that you **do not pass HB650 Sd1** regarding medical aid in dying for those who are terminally-ill.
We truly appreciate your support to oppose HB650 Sd1.

Sincerely,

Earle S. Matsuda
3028a Waipuna Rise
Honolulu, Hawaii 96822

Valerie Y. Matsuda

Valerie Y. Matsuda