

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

**Testimony in SUPPORT of SB442 SD1
RELATING TO HEALTH.**

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

Hearing Date: February 22, 2023

Room Number: 329

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

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

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

16 Thank you for the opportunity to testify.

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

Testimony of the Board of Nursing

**Before the
Senate Committee on Commerce and Consumer Protection
Wednesday, February 22, 2023
9:35 a.m.
Conference Room 229 and Videoconference**

**On the following measure:
S.B. 442, S.D. 1, RELATING TO HEALTH**

WRITTEN TESTIMONY ONLY

Chair Keohokalole and Members of the Committee:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board supports this bill and limits its testimony to the portions pertaining to the inclusion of advanced practice registered nurses (APRN).

The purposes of this bill are to: (1) authorize APRNs, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority; (2) authorize psychiatric mental health nurse practitioners, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient; (3) reduce the mandatory waiting period between oral requests from twenty days to five days; and (4) waive the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period, under certain conditions.

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 is 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;
- 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.

SB-442-SD-1

Submitted on: 2/18/2023 8:52:47 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
AUBREY HAWK	Testifying for Compassion & Choices	Support	Written Testimony Only

Comments:

I am a resident of rural Hawaii Island and I strongly support SB442. In my role as a volunteer patient navigator I try to help terminally ill patients seeking to use the Our Care, Our Choice Act. Too many of them--mostly poor, rural residents not affiliated with a major healthcare system, have been denied this legal end-of-life option. This is either because they cannot find a doctor willing to assist them, or because they cannot survive Hawaii's needlessly long mandatory minimum waiting period—the longest in the nation. Allowing qualified APRNs to serve their patients seeking to use OCOCA, and shortening the waiting period, would do much to mitigate this dire inequity in health care access.

Testimony of Sam Trad, National Director of Care Advocacy, Compassion & Choices
Supportive Testimony Regarding SB 442 SD1

Dear Chair Jarrett Keohokalole, Vice Chair Carol Fukunaga, and Members of the Committee,

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

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

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

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

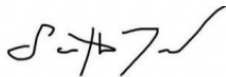
The proposed amendments keep intact the same basic eligibility requirements and core safeguards that have always protected vulnerable patients. Adults must have a terminal illness with 6 months or less to live, be mentally capable, and be able to self-administer the medication. This law does not allow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

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

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

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

Thank you for your consideration.
Sincerely,

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

Sam Trad
National Director of Care Advocacy
Compassion & Choices

**Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection and Judiciary**

**Hearing: February 22, 2023 @9:35 AM
State Capitol, Via Videoconference**

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



SB442 SD1 RELATING TO HEALTH

Chair Jarrett Keohokalole, Vice Chair Carol Fukunaga, and members of the Senate Committee on Health, for this opportunity to provide testimony in strong support for SB442 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 Hawai'i (Hawai'i-ANA) who speak for over 15,000 Registered Nurses in Hawai'i caring for patients every day, throughout their lifespan, from birth through dying and death. We have supported the passing of the bill to enact this measure in the past, in our interest to provide choices and options to patients addressing end-of-life issues. We continue to support the Act as an option for both patients and providers, to consider in meeting the personal needs of the individual patient.

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

In addition, the waiting period of 20 days is the longest in any state that has enacted such a law to regulate dying with dignity by individual choice. Patients have met all the requirements of the law to bring them to the point of ingesting the prescribed medication when they are required to wait another 20 days. Surely the provider of care along with the patient and the family can determine that the patient is not likely to survive that long, and therefore the waiting period

should be waived, again to provide greater mental ease and comfort to terminally ill individuals and their families.

We respectfully request that SB442 SD1 pass out of this committee. Thank you for your continued support for measures that address the healthcare needs of our community.

Contact information for Hawaii – American Nurses Association

President: Dr. Nancy Atmospera-Walch, DNP, FAAN

president@hawaii-ana.org

Executive Director: Dr. Linda Beechinor, APRN-Rx, FNP-BC

executivedirector@hawaii-ana.org

Director-at-large: Bob Gahol, RN, BSN, MBA, MPA, MMAS, MSS

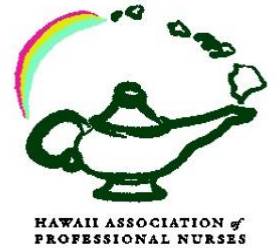
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Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Jarrett Keohokalole, Chair of the Senate Committee on Commerce and Consumer Protection

From: Hawaii Association of Professional Nurses (HAPN)

Subject: SB442 SD1 – Relating to Health, in strong Support

Hearing: February 22, 2023, 9:35a.m.

Aloha Senator Keohokalole, Chair; Senator Fukunaga, Vice Chair; and Committee Members,

Thank you for the opportunity to submit testimony regarding SB442 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 bill working toward increasing access to care. This access to care has gotten worse over the years and especially during this pandemic, due to many reasons, but most notably the decline in the number of providers to improve access. Research for physicians and APRNs in Hawaii show that there will be even steeper declines in the number of providers to provide general access in the coming years.

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

We have reviewed the testimony from past years, op-eds, from legislator communication (speeches, position statements, etc.), and from various people throughout all walks of life. What is clear is that through our scope of practice and because of advanced education and specialized clinical training, APRNs are authorized to assess, screen, diagnose, order, utilize, or perform medical, therapeutic, preventive, or corrective measures, including prescribing medication. 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

SB-442-SD-1

Submitted on: 2/21/2023 8:48:36 AM

Testimony for CPN on 2/22/2023 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 Morning Chair Keohokalole, Vice Chair Fukanaga - I am writing in strong support for SB442. I am an oncologist representing the Hawaii Society of Clinical Oncology, having been on their Board of Directors for over 20 years. In addition I have been the Director of Kaiser Hawaii's Medical Aid In Dying (MAID) Program since the law was first implemented in January 2019. During the past four years I have served as the attending physician for over 140 patients who requested aid in dying. While the original Our Care, Our Choice Act (OCOCA) works for many patients, it is clear from my personal experience that there are significant barriers to allowing all patients who request use of the law.

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

This issue has been recognized in other states that have MAID laws and several jurisdictions have not only shortened their waiting periods but also allow the attending physician to waive the waiting period if in their clinical judgment the patient will not survive the wait. SB442 will remove this barrier to access and allow many more patients who request MAID to use this option.

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

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

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

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

Charles F. Miller, MD, FACP, FASCO

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



**Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Wednesday, February 22, 2023 at 9:35 AM
Conference Room 229 and via Videoconference**

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

Comments on S.B. 442, S.D. 1

Chair Keohokalole, Vice Chair Fukunaga, and members of the Committee on Commerce and Consumer Protection, thank you for the opportunity for the Hawai'i State Center for Nursing to provide **comments on S.B. 442, 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 Hawai'i. APRNs are noted in national research to be more likely to provide care to underserved people and communities including rural areas, urban areas, to women, and to Medicaid recipients or uninsured people (Buerhaus et al., 2014). Currently, 30% of APRNs reside on a Neighbor Island which also approximates with the percent of APRNs working in HSRA-designated primary care shortage areas and medically underserved areas (Hawai'i State Center for Nursing, 2021).

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

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

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

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development, promotes a diverse workforce, and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

Senate Committee on Health and Human Services
Chair Joy A. San Buenaventura, Vice Chair Henry J. C. Aquino, and Members of the
Committee

Date: 2/21/2023

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

Re: Supportive Testimony Regarding SB442

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 SB 442. This bill will allow more providers to voluntarily participate in MAiD, OCOCA and will help terminally ill patients by granting their dying wishes as their time is limited.

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

HPH providers have been educated on MAiD, OCOCA bill since this law passed and there are processes in place to help support patients and physicians in the clinics. When a patient request to start the MAiD, OCOCA process they are often very hesitant about asking their patients about the law because of the fear of rejection. As an ACP nurse coordinator, either I or a social worker will reach out to physicians to see if they will consent to participate. There is hesitation and they have shared they are not comfortable in writing the MAiD prescription however are more willing to be the consulting physician. This is their choice. There is a shortage of physicians in primary care and specialty areas in Hawaii and especially outer islands thereby having the bill

extend out to APRNs will give more opportunity for our terminally ill patients wanting to use this end-of-life option and having peace of mind.

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

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

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 SB442. Thank you for the consideration of our testimony.

Mahalo,

Michelle Cantillo

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



Hawai'i Psychological Association

For a Healthy Hawai'i

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Honolulu, HI 96808

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COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

February 22, 2023 9:35 AM
Conference Room 229 & Videoconference

Testimony in Support on SB442 SD1 RELATING TO HEALTH with comments

The Hawai'i Psychological Association (HPA) supports SB442 SD2; which, among other things, would give advanced practice registered nurses (APRNs) with psychiatric or clinical nurse specializations the authority to engage in certain medical aid in dying services in counseling, as well as reduce the waiting time for patients to be eligible for the program.

These services have been previously limited to physicians, psychiatrists, psychologists, and social workers. HPA takes the position that the counseling called for in this legislation is squarely within the scope of practice of APRNs with the requisite psychiatric training. **However, we would like the language to make clear that Clinical Nurse Specialists are also adequately trained in mental health.**

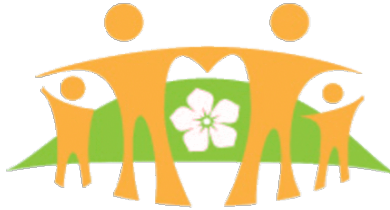
Moreover, **we also support giving authority to Marriage and Family Therapists to provide similar services under the definition of "counseling"** in Hawaii Revised Statutes Section 3217L-1 – as they have specialized training in the relational aspects of a dying patient's family and community.

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

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

Sincerely,

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



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

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

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

February 22, 2023 9:35 AM
Conference Room 229 & Videoconference

Testimony in Support and with Comments on SB442 SD1 – Relating to Health

The Hawaiian Islands Association for Marriage and Family Therapy (HIAMFT) strongly supports **SB442 SD1**, which would give advanced practice registered nurses the authority to engage in certain medical aid in dying services. These services have been previously limited to physicians, psychiatrists, psychologists, and social workers.

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

We believe that MFTs are uniquely qualified and should be authorized to provide “counseling” because of their expertise in mental health counseling and family systems. In this vein, we also ask that language be added to clarify that advanced practice nurses or those with a clinical nurse specialization – who would newly be allowed to provide “counseling” services, also have the requisite training in mental health.

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

Phone: (808) 291-5321 **Email:** hawaiianislandsmfts@gmail.com **Address:** PO Box 698 Honolulu, HI 96709
Website: www.hawaiimft.org **Social Media:** FB - @mfthawaii, IG - @hawaiimft

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

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

Accordingly, we ask that Marriage and Family Therapists be added to the professionals authorized to provide "counseling" services on page 4, line 9-19 of this bill as follows:

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

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

Sincerely,



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

THE KŪPUNA CAUCUS



CPN_2-22-23 Testimony for SB442 submitted 2-20-23

TO: COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

CONCERNING: SB442 (SSCR452) Relating to Health

POSITION: Strong support

ALOHA Chair Keohokalole, Vice Chair Fukunaga and members of the Committee

The Kupuna Caucus of the Democratic Party of Hawaii, which has an enrolled membership of approximately 2,000 politically aware and active seniors, urges you to vote yes on SB442.

This bill makes necessary improvements to the Our Care, Our Choice Act (OCOCA) by authorizing a wider range of qualified medical practitioners to facilitate requests for end of life options as provided by the original act.

Our state is already suffering from a massive lack of medical professionals and the restrictions within the ACT combined with this shortage and some doctors' concerns about participating have caused too many terminally ill patients to die in pain and without the dignity of choice because of unconscionable and unreasonable delays in the process.

If even one qualified patient is forced to spend their final weeks in fear and pain, hoping desperately to use the law only to be turned away or die during the waiting period, then that is one patient too many. Please vote yes on this bill which will help provide needed relief to terminally ill but mentally competent residents of our state.

Sincerely
Martha E Randolph on behalf of the
Kupuna Caucus of the DPH

SB-442-SD-1

Submitted on: 2/18/2023 9:25:27 AM

Testimony for CPN on 2/22/2023 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

SB-442-SD-1

Submitted on: 2/18/2023 9:37:22 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

It is very important and respectful that those of us not experiencing a life threatening disease or condition, support those who are. They should have all options open to them. Please pass this bill. Mahalo for your consideration, Aloha, Judith Mick, Kailua

SB-442-SD-1

Submitted on: 2/18/2023 9:47:53 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

Passing SB442, like HB 650, is the right and most humane thing the State can do for those who are terminally ill with no hope and suffering needlessly.

Mahalo!

SB-442-SD-1

Submitted on: 2/18/2023 10:34:35 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

°Nurse practitioners, or Practice Registered Nurses probably see more patients than the primary geriatric doctors and intimately know their needs and should be allowed to prescribe the medication. This was the case with my own mother when she was dying. She died before the law was passed here, so there was no help for her suffering.

° Please shorten the waiting period from 20 to 15 days for the medication. Sadly among the very few who took the meds, there were those who died waiting for permission to get the meds.

°the imperative need for a mental evaluation by a psychologist or psychiatrist should be dropped in order to let the attending doctor or APRN or specialist to make that decision to call in one on a case by case basis.

I was at the gathering at the Capitol to hear from Doctors as well as from the Department of Health that this wonderful Bill needs some amendments based on their experience with it in 2019.

SB-442-SD-1

Submitted on: 2/18/2023 11:06:25 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

I strongly support this bill

SB-442-SD-1

Submitted on: 2/18/2023 11:16:31 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

Aloha, Chair Senator Keohokalole and esteemed members of the Committee,

SB442 will help fulfill the original intent of Hawaii's laws on medical aid in dying by shortening wait times and expanding access for patients whose needs are, quite simply, critical as they face the end-of-life experience. In other supporting testimony we have heard of the heart-wrenching suffering of patients being forced to wait and then die before being able to obtain the palliative medical aid they were, in fact, eligible for. I urge you to pass this legislation and strengthen the provision of medical aid in dying for eligible patients who choose it.

Stephen Tschudi

Palolo

SB-442-SD-1

Submitted on: 2/18/2023 1:56:01 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Hector Hoyos (aka) SisterFace	Individual	Support	Written Testimony Only

Comments:

This Is Compassion Based LAW! Being Put Together Here!

We, none of us will know exactly how we will go, but we all will we are human. They're always comes a time and the people in your life at that time are very important. If they are helping you and you are in need of them and they are qualified of course qualified in their field, this is a great bill. This is a step forward for any state or government that has laws like this like I said, we all will come to a time and we all have already been through many times I myself through an earlier part of my life, new many people die I lived through the AIDS crisis of the late 80s early 90s I myself do not have aids or HIV, but I sat next to held hands of, and heard very compassionate people, and witnessed very compassionate people in the hospice world, and in the world of just being there for a human that is departing is nothing but good! I applaud this bill. I hope it has passed. I'm sure our governor being a compassionate medical doctor will support this bill and work with you all to make it better whatever that may be but this is a good deal. I hope everyone is in support of this Mahalo's.

I am writing in strong support of SB442. The Hawaii Our Care Our Choices law prescribes a process that many ill persons and their care providers find daunting and burdensome. The unintended consequence is that many who wish to exercise their option to a death with dignity, as provided through the legislation, are unable to do so. It's time to update the law to meet the desire of those persons living with terminal illness for a death with dignity.

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

I concur with the HB650 recommended changes to the OCOCA including 1) shortening the mandatory waiting period to 5 days; 2) waiver of any waiting periods if the attending provider and consulting provider agree that patient death is likely prior to the end of the waiting periods; and 3) authorizing advanced practice registered nurses (nurse practitioners) to serve as attending, consulting, and counseling providers for patients seeking medical aid in dying.

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

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

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

SB-442-SD-1

Submitted on: 2/18/2023 2:11:46 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

I support SB442 to improve access for terminally individuals to benefit from Our Care, Our Choice Act.

SB-442-SD-1

Submitted on: 2/18/2023 3:43:35 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

The amendment language that the patient's request "does not arise from coercion" in Section 327L-111(c) is cumbersome and will add delay at a critical time. Please delete.

The effective date should be revised to "upon signature of the Governor" to allow the Senate bill to be accepted by the House and not go to conference. Last year's conference was unproductive even though the SD2 and HD2 versions were almost identical. This forced the bill to be reintroduced and go through the entire process again.

SB-442-SD-1

Submitted on: 2/18/2023 5:17:37 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

I fully support this bill. My friend who recently passed away said it took her over a month to find the 2 doctors to do the paperwork and to get her the necessary prescription. That is a long time for someone in pain.

2/18/2023

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

Re: SB 442

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

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

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

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

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

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

Mahalo,

Susan Amina, RNC, MSN, FNP

SB-442-SD-1

Submitted on: 2/18/2023 7:03:15 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

Dear Legislators,

Please continue to pass this much needed measure. My name is Diane Ware and I am a 75 year old resident of Ka'u who is facing health issues and I'd like this end of life choice if I feel I need it. Quality of life is very important to me.

Mahalo nui

99-7815 Kapoha Volcano 96785

SB-442-SD-1

Submitted on: 2/19/2023 4:00:19 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

TO: THE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

FROM: Wendy Gibson-Viviani RN/BSN

RE: HB442—In support

Dear Honorable Chair, Jarrett Keohokalole, Vice-Chair, Carol Fukunaga, and Members of the Committee,

I am a cannabis nurse educator and have been a resident on Oahu for 30 years. I'm writing in support of SB442. I feel it will remove some of the roadblocks to MAID- medication assisted end-of life care.

I helped take care of my mother for the last 4 months of her life, when she was dying of lung cancer. I helped my father live his dying, when he was dying from the effects of a medication he took to treat a rare blood condition. My mother would not have wanted to participate in the MAID program, but my father sure would have if he had been given the opportunity back in 2015. My father was a chemist who had amassed a stockpile of old prescription medications so that he could "check out" once he decided that he was "ready to go".

In 2015, my dad had been dealing with the excruciating pain of open wounds for many months. When I visited him, he had recently lost 40 pounds. He was an emaciated skeleton with wounds—and I quickly got home hospice care for him. A month or so after my visit, he called me, told me he was "ready to go" and asked me where I had tucked away a bottle of morphine that I had hidden from his caregivers. I told him where to find it and the next day was informed that he had passed away peacefully in his sleep. My father would have been very angry if he had been told he would have to wait 20 days before he could "check out" once he decided it was time.

SB442 will help remove some of the roadblocks that patients who are ready to "check out" are experiencing now. I support these changes:

1. Reduction of the 20 day waiting period to 5 days and/or
2. an override of the waiting period, if the patient may expire before the waiting period is over

3. Allowing APRNs who are qualified to participate as attending providers.
4. Allow Psychiatric mental health Nurse Practitioners, Marriage and Family therapists to provide counseling

I do not believe that any of these changes compromise any of the safeguards that are in place against abuse of this process.

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

Wendy Gibson-Viviani RN/BSN

Kailua

(808) 321-4503

SB-442-SD-1

Submitted on: 2/19/2023 9:54:14 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Nikos Leverenz	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Keohokalole, Vice Chair Fukunaga, and Committee Members:

I strongly support SB 442, SD1, which makes needed changes to the "Our Care, Our Choice" Act.

Mahalo for the opportunity to provide testimony.

Testimony in support of SB442

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

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

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

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

Therefore, I support SB442

SB-442-SD-1

Submitted on: 2/19/2023 3:11:53 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

Aloha,

Thank you for accepting this testimony in support of SB442.

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

The first thing he did was make sure his affairs were in order. The next thing he did was ask about how he could use Hawaii's death with dignity law that might allow him to die in peace at home before the cancer made it impossible for him to engage with any normal activities of life - things like completing the daily crossword puzzle in ink with no words crossed out or incorrect while sitting outside enjoying the yard he created 6 years earlier in Hilo.

However, there were NO licensed, qualified physicians on the island who were willing to make a professional diagnosis and prognosis regarding Bob's condition even though his primary care physician and oncologist had both diagnosed his cancer and declared that he might live for 4 to 6 months. The only way he could possibly qualified to get the assistance he needed would be to leave the island. But... COVID made travel impossible especially for someone as ill as Bob.

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

I was reduced to sitting by his bedside, holding his hand and giving him medication while he slowly became incoherent and starved to death. He gradually lost all ability to communicate and was no longer the brilliant physicist and articulate Hilo community leader that he had been. He died on October 1st and a part of me died with him.

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.

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

SB-442-SD-1

Submitted on: 2/19/2023 5:09:20 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Nora E. Wolf	Individual	Support	Written Testimony Only

Comments:

To: The Honorable Senator Jarrett Keohokalole, Chair of the Senate Committee on Commerce and Consumer Protection, Senator Fukunaga, Vice Chair; and Committee Members

RE: SB442 SD1 – Relating to Health, in strong Support, February 22, 2023, 9:35a.m.

I am in support of SB442 SD1 as I believe in placing choice in the hands of the patient. Patients choose their providers for a myriad of reasons. Sometimes the provider in whom they put their trust, the one that knows them best and has been caring for them, the one they turn to for healthcare needs, is an MD, and sometimes an APRN. When it comes to making end of life decisions, the patient should have the provider they trust there to help them through one of the most important decisions of their life. As each of the steps involved in medical aid in dying falls within an Advanced Practice Registered Nurse's (APRN) scope of practice, I support allowing APRNs to participate in this process.

The current law requires a patient remove themselves from the care of an APRN who they know and trust in order to discuss end-of-life options with a physician, if they can find one, with whom they may have never developed a relationship. Asking a terminally ill patient facing end of life to move from someone they know and trust to someone they do not know in order to make this decision is wrong when the APRN is capable of assisting the patient with these decisions. Of consideration, there is the two-provider check and balance that should provide an extra layer of comfort that the right decision is being made, whether by an APRN or another physician.

End of life care is not new to APRNs. APRNs are already involved in hospice providing care and recertifying patients as appropriate when hospice expires, with a bill to allow APRNs to certify patients for hospice currently in the Federal Congress. It is clear HI needs increased access to care given the provider shortage. APRNs are asking for inclusion in this process to better serve our patients.

Thank you for the opportunity to share this testimony and for the work you do for the State of HI.

Respectfully,
Nora Wolf, APRN

SB-442-SD-1

Submitted on: 2/19/2023 6:24:26 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

This is such an important bill to pass. It actually allows this essentially humane and compassionate process, allowing death with dignity and care, to take place without further delay or hindrances. Please without delay pass this and in so doing serve those who have lived their lives and now in suffering need to move on. Mahalo.

SB-442-SD-1

Submitted on: 2/19/2023 6:25:15 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

Aloha Senator Keohokalole,

I'm one of your Kaneohe constituents and am grateful for your introduction of this bill.

I strongly support SB442 because the Our Care, Our Choice Act has been in effect for more than four years, yet many eligible terminally ill patients are having trouble accessing the law and surviving the waiting period (20 days), causing needless suffering.

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

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

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

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

With thanks and aloha, Carolann Biederman

SB-442-SD-1

Submitted on: 2/19/2023 8:46:52 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Wailua Brandman	Individual	Support	Written Testimony Only

Comments:

I stand on the testimony of the Hawaii Association of Professional Nurses. Thank you for your consideration. This is a very important advance in health care in our state.

SB-442-SD-1

Submitted on: 2/19/2023 10:34:09 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

I offer my testimony in Strong Support of SB442 SD1, known as Our Care, Our Choice Act, which would authorize advanced practice registered nurses to practice medical aid in dying in accordance with their scope of practice and prescribing authority, authorize advanced practice registered nurses with a psychiatric or clinical nurse specialization to provide counseling to a qualified patient, reduce the mandatory waiting period between oral requests from twenty days to five days; and provide an expedited pathway for terminally ill qualified patients who are not expected to survive the mandatory waiting period.

When the original statute was enacted four years ago, we knew it was not perfect and some practical housekeeping and tweaking would need to be done to effect the purpose and intent of this patient-centered law. SB442 offers solutions to all the obstacles patients have faced, and care providers and patient advocates have documented, when using the law as currently written.

In addition, I ask this committee to return the effective date back to the original bill: June 30,2023; the previous committee inserted an "ineffective" date "to December 31, 2050, to encourage further discussion." SB442 was assigned to two committees in the Senate and it will have three committees in the House which already encourages sufficient discussion - this bill does not deserve to be disappeared in conference committee.

SB-442-SD-1

Submitted on: 2/20/2023 7:03:02 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

SB442, the Senate bill to improve the Our Care, Our Choice Act.

Many thanks to Senator Jarrett Keohokalole and ALL who support this improvement.

I'm a Senior who went through the deaths of my dear father and then my beloved husband - before medical aid in dying was an option. No matter how good hospice is, there is still suffering for many! And the toll on the family caregivers can be devastating (often destroying their health). I not only want the OCOC option for me personally, I also do not want my family members to have to deal with an agonizing experience. They know and support my wishes.

Please support this improvement.

Thank you so very much,
Georgia Bopp

A tired old senior who is grateful for having a choice and the peace of mind it provides.

SB-442-SD-1

Submitted on: 2/20/2023 7:43:57 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

I support SB442 SD1

SB-442-SD-1

Submitted on: 2/20/2023 7:50:41 AM

Testimony for CPN on 2/22/2023 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 SB 442

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.

SB-442-SD-1

Submitted on: 2/20/2023 9:06:14 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

Please support SB442, which will facilitate access to medical assistance in dying. Thank you.

Jane E Arnold

1763 Iwi Way, Apt D

Honolulu, HI 96816

SB-442-SD-1

Submitted on: 2/20/2023 9:06:47 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

It is critically important to expand options available to those suffering. Please support SB442.

3347 Anoaia Pl
Honolulu, HI 96822
20 February 2023

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

Re: SB 442, SD1, r/t Health, public hearing at 935 a.m., Weds. 22 Feb. 2023

Dear Chair Keohokalole, Vice-Chair Fukunaga, and Members of the Committee,

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

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

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

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

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

The Hawaii Medical Association testified on SB442 on 8 Feb. 2023 that abuse has been reported and referred (fn.6) to a 2005 article by B. Steinbock, which actually says in part,

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

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

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

That 2005 article says better research is needed. I would welcome the latest data, but the data to date do not warrant delaying the improvements contained in SB442, SD1.

In the end, the legislature must balance safeguards and availability, and it is fair to re-evaluate this as more information arrives. However, OCOCA, HRS ch. 327L will still retain many procedures and requirements if SB442, SD1 becomes law, and safeguards that are too numerous and difficult can in practice defeat the purpose of the law.

This bill is similar to HB1823, HD2, SD2 (2022), which made it to conference last year. Major differences are that SB442, SD1 authorizes advanced practice registered nurses to provide attending and counseling functions, while HB1823 (2022) also authorized physicians' assistants to perform these roles. SB442, SD1 shortens the time between oral requests from 20 to 5 days, while HB1823 (2022) shortened that time from 20 to 15 days. SB442, SD1, also requires a review to guard against coercion if the 5 day waiting period will be waived.

I thank those of you who supported HB1823 (2022) and ask for your continued support for improving MAID laws this year. I also ask those of you new to the issue to support SB442, SD1.

Respectfully submitted,
s/Laurence K. Lau

SB-442-SD-1

Submitted on: 2/20/2023 11:18:16 AM

Testimony for CPN on 2/22/2023 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 submitted 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 ?

SB-442-SD-1

Submitted on: 2/20/2023 12:04:32 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Anne Scharnhorst	Individual	Support	Written Testimony Only

Comments:

Written Testimony Presented Before the

Senate Committee on Commerce and Consumer Protection

Wednesday, February 22, 2023 at 9:35 AM

Conference Room 229 and via Videoconference

by

Anne Scharnhorst, DNP, RN, CNE

Comments on S.B. 442, S.D. 1

Chair Keohokalole, Vice Chair Fukunaga, and members of the Committee on Commerce and Consumer Protection, thank you for the opportunity for **Anne Scharnhorst** to provide **comments on S.B. 442, 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 Hawai'i. APRNs are noted in national research to be more likely to provide care to underserved people and communities including rural areas, urban areas, to women, and to Medicaid recipients or uninsured people (Buerhaus et al., 2014). Currently, 30% of APRNs reside on a Neighbor Island which also approximates with the percent of APRNs working in HSRA-designated primary care shortage areas and medically underserved areas (Hawai'i State Center for Nursing, 2021).

The National Conference of State Legislatures (NCSL) 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 Hawai‘i, APRNs are provided practice authority to the full extent of their education and certification, prescriptive authority, and that APRNs are identified as primary care providers.

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

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

February 22, 2023

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

Thank you for considering SB 442 SD1, which I strongly support.

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

SB 442 SD1 improves upon the existing legislation by:

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

I sincerely hope this committee will recommend passage of SB 442 SD1 which will result in helping more people by providing peace of mind that if needed they will be able to access the law.

Mahalo,

Mary Steiner

SB-442-SD-1

Submitted on: 2/20/2023 6:24:25 PM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

Aloha Senators,

I am writing to express my strong support and to ask for your support for SB442. I am a clinical psychologist who has conducted mental capacity evaluations for more than 120 patients who have requested medical aid in dying. SB442 will improve the Our Care, Our Choice Act by making medical aid in dying more accessible to Hawaii residents, particularly those who live on the neighbor islands and in rural areas of Oahu. Allowing APRNs to participate will increase the supply of providers in areas that have been experiencing a chronic shortage of medical providers. Shortening the waiting period will minimize the number of patients who are unable to take advantage of the law because of not surviving the current 20 day waiting period. These changes are consistent with developments in other jurisdictions that allow medical aid in dying. Please also note that the prohibition of coercion is already included in the Our Care, Our Choice Act.

Mahalo for your consideration of this important bill.

My name is Malachy Grange and I am a retired RN with end-of-life experience and currently serve as a hospice volunteer.

I ask the Committee and everyone in this room to imagine yourself in this story. Your loved one, who after much prayer and discussion and using their moral compass, decides to use Medical Aid in Dying.

A celebration of life and acceptance of death, of healing and forgiveness has been planned for these Final Acts of Love.

Now imagine the pain and devastation to families when their loved one dies before Medical Aid in Dying can be used. Instead, the lack of medical providers and a longer than needed waiting period, brings tragic and uncontrolled circumstances to their dying. This happens to 30 percent of patients who are seeking Medical Aid in Dying.

Please use your compassion and wisdom to make sure this tragedy does not happen to any more families in Hawaii. Please approve these revisions: shorten the waiting period to 5 days and give the attending medical provider authorization to shorten that if they assess that they patient may expire before that. Also allow Advanced Practice Registered Nurses (APRN) to serve as Attending, Consulting and Mental Health Assessment medical providers. They are trained, experienced and licensed to practice in all these areas.

Hawaii patients who qualify for Medical Aid in Dying and their families are counting on you.

Malachy Grange RN the.malachy@gmail.com 808-226-5894

SB-442-SD-1

Submitted on: 2/21/2023 4:43:30 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

My late husband had ALS (Lou Gehrig’s Disease), a fatal neurological condition. Normally, the brain sends signals to the nerve endings to move the muscles in the body. For reasons yet unknown, a person with ALS (PALS) does not receive messages from the brain to the nerves to trigger movement. As a result, the muscles atrophy or die, the body becomes useless, immobile. The voice is silenced. The ability to eat, drink, or swallow goes away. Eventually the muscles surrounding the diaphragm no longer contract. When that happens, breathing stops. Life ends. Throughout this slow process, the mind remains intact within the body’s vegetative state, witnessing the body’s deterioration. It is a horrific state of being. One of the last things my husband said to me was, “I don’t want to live this way anymore.”

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

By allowing APRNs to implement OCOCA and shortening the wait time, this bill will enable more individuals with terminal diseases to transition with human dignity. Please Pass SB442

Respectfully

Roberta Wong Murray

TESTIMONY IN STRONG SUPPORT OF SB442

Hawaii State Senate Committee on Commerce and Consumer Protection

Wednesday, February 22, 2023, 9:35a

Submitted by Lynn B. Wilson, PhD

February 21, 2023

To: Chair Jarrett Keohokalole and Members of the State Senate Committee on Commerce and Consumer Protection

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

Greetings:

I have appreciated previous votes to pass the original "Our Care, Our Choice Act" and, building on that, your support this year for SB442 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 SB442, 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

SB-442-SD-1

Submitted on: 2/21/2023 7:41:04 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Lesa Griffith	Individual	Support	Written Testimony Only

Comments:

I strongly support SB442.

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

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

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

As with so many laws in Hawai'i, the Our Care, Our Choice Act is a forward thinking one, offering a valuable option for residents, but still needs massaging to fully accomplish what it sets out to do. My mother was grateful to have had 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 SB442.

SB-442-SD-1

Submitted on: 2/21/2023 8:06:30 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

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

Comments:

As a Registered nurse of over 45 years with a specialty in oncology, I strongly support this bill in reducing the waiting period and allowing a waiver in certain cases. I know patients who have suffered needlessly after requesting MAID and not making it to the end of the waiting period. We can do better for our residents providing them with a peaceful death. As retired UH Nursing faculty, I am very familiar with APRNs curriculum, training and scope of practice. They are competent and fully capable of performing the health care provider role for MAID patients. Thank you for your time and please support this bill.

Very respectfully, Stephanie Marshall , RN, MS, FAAN

SB-442-SD-1

Submitted on: 2/21/2023 9:04:11 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Marion Poirier	Individual	Support	Written Testimony Only

Comments:

Senate Committee on Commerce and Consumer Protection:

2/22/2023, 9:45 am Hearing

SUPPORT SB442 SD1

My name is Marion Poirier, and in my capacities as a career nurse executive director of non-profit health and human service organizations, I am qualified to weight in on this important bill.

I wholeheartedly SUPPORT every facet of this proposed legislation. APRN's are qualified and needed for inclusion, and specialized nurses should engage in counseling as well. The current wait period in too long. Please shorten it.

Mahalo for addressing these needs, and support its contents by moving ithe bill forward.

Thank you very much.

Marion Poirier, M.A., R.N.

LATE

SB-442-SD-1

Submitted on: 2/21/2023 9:35:53 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Sara Manns	Individual	Support	Written Testimony Only

Comments:

Testimony of Sara Manns, Hawai'i State Manager, Compassion & Choices

Supportive Testimony Regarding HB 650

Good morning Chair Mark Nakashima, Vice Chair Jackson Sayama and Members of the Committee. My name is Sara Manns and I am the Hawai'i State Manager for Compassion & Choices, the nation's oldest and largest consumer-based nonprofit organization working to improve care, expand options and empower everyone to chart their own end-of-life journey.

Thank you for passing the Our Care, Our Choice Act (OCOCA), which has provided peace of mind to the terminally ill over the four years it has been in effect; and thank you for your consideration of HB 650. We are here today and pleased to offer our support for these crucial amendments to the Our Care, Our Choice Act.

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

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

Coupled with the state's well-known severe physician shortage, which has only worsened with the COVID-19 pandemic and is especially dire on neighbor islands, these collective barriers have made it very difficult for terminally ill patients seeking to access medical aid in dying. Unfortunately, many individuals died with needless suffering while attempting to navigate the process.

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

- Reduce the current mandatory minimum 20 day waiting period between oral requests to 5 days.
- Allow the attending provider the authority to waive the mandatory minimum waiting period if the eligible patient is unlikely to survive the waiting period (the patient must still go through the qualifying process).
- Allow qualified Advanced Practice Registered Nurses (APRNs) to support patients in the option of medical aid in dying by acting as the attending provider, consulting provider and/or mental health counselor as is within their existing scope of practice.

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

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

Hawai'i currently has the longest mandatory waiting period (20 days) between the first and second oral requests for medical aid in dying, of the 11 authorized U.S. jurisdictions. Hawai'i physicians have said that their eligible terminally ill patients are suffering terribly at the end of life and are not surviving the 20-day mandatory waiting period between oral requests. Internal data from Kaiser Hawai'i and Hawai'i Pacific Health show that a significant number of eligible patients do not survive the long waiting period.

This experience matches what we have seen from data and experience throughout the other authorized jurisdictions which have less protracted measures in place than currently exist in Hawai'i. In 2019, in response to the evidence compiled over 21 years of practice, the Oregon legislature amended its law in an attempt to find a better balance between safeguards intended to protect patients and access to medical aid in dying. The amended law (SB579) also gives doctors the ability to waive the current mandatory minimum 15-day waiting period between the two required oral requests and to waive the 48-hour waiting period after the required written request before the prescription can be provided, if they determine and attest that the patient is likely to die while waiting. The similar amendment to the OCOCA before you now is a direct result of evidence and data in Hawai'i that clearly demonstrates the need for easier access for eligible terminally ill patients facing imminent death.

In 2021, California amended their waiting period from 15 days to 48 hours, because data from healthcare systems in California showed that approximately 30% of eligible patients who want medical aid in dying do not survive the minimum 15 day waiting period. Additionally, New

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

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

- Hawai'i is one of 25 jurisdictions that give Advanced Practice Registered Nurses (APRNs) authority to independently carry out all medical acts consistent with their education and training, including prescribing all forms of medication, including controlled substances.
- However, by not including APRNs within the definition of "provider," the Our Care, Our Choice Act unnecessarily prohibits them from providing high quality health care and support to patients who want the option of medical aid in dying. Amending the law to explicitly allow APRNs to participate as providers under the Our Care, Our Choice Act is generally consistent with their scope of practice and would help address the disparity in access to participating providers, particularly in rural areas and neighbor islands.
- For example, Ron Meadow, who lived on the Big Island, was terminally ill and eligible for the Our Care, Our Choice Act, spent his final weeks searching for a physician who would support him in the option of medical aid in dying, so he could end his suffering. Sadly, by the time he found a physician it was too late and Ron died in pain, exactly as he had feared he would.. Allowing APRNs to support patients in medical aid in dying will provide patients, like Ron, with more options to access this compassionate option.
- Additionally, other jurisdictions are recognizing that restricting the definition of "provider" to physicians, for the purposes of medical aid in dying, creates an unnecessary barrier to access. For example, in 2021 New Mexico passed aid-in-dying legislation authorizing nurse practitioners (APRNs) to serve as either the attending or consulting provider.

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

Sincerely,

Sara Manns

Hawai'i State Manager

Compassion & Choices

LATE

SB-442-SD-1

Submitted on: 2/21/2023 10:37:10 AM

Testimony for CPN on 2/22/2023 9:35:00 AM

Submitted By	Organization	Testifier Position	Testify
Brett Kulbis	Individual	Oppose	Written Testimony Only

Comments:

I oppose.