

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



DEPT. COMM. 10-279  
KENNETH S. FINK, M.D., M.P.H., M.G.A.  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P. O. BOX 3378  
HONOLULU, HI 96801-3378

In reply, please refer to:  
File:

February 20, 2025

The Honorable Ronald D. Kouchi,  
President and Members of the Senate  
Thirty-third State Legislature  
State Capitol, Room 409  
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,  
Speaker  
and Members of the House of  
Representatives  
Thirty-third State Legislature  
State Capitol, Room 431  
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Annual Report for the Our Care, Our Choice Act, pursuant to Section 327L-14, Hawaii Revised Statutes.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/departments-of-health-reports-to-2025-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Fink", is written over a light blue circular stamp.

Kenneth S. Fink, M.D., M.P.H., M.G.A.  
Director of Health

Enclosures

c: Legislative Reference Bureau  
Hawaii State Library System (2)  
Hamilton Library



**Hawaii Department of Health (DOH)  
2024 Our Care, Our Choice Act (OCOCA) Annual Report**

**REPORT TO THE THIRTY-THIRD LEGISLATURE**

**STATE OF HAWAII**

**2024**

**Pursuant to Section 327L-14, Hawaii Revised Statutes, “Our Care, Our Choice Act,”  
Reporting on the Number of Qualified Patients for Whom a Prescription Was Written  
Pursuant to Chapter 327L, and Other Required Information.**

Prepared by the Department of Health  
Office of Planning, Policy, and Program Development

January 2, 2025



## Hawaii Department of Health (DOH) 2024 Our Care, Our Choice Act (OCOCA) Annual Report

### Executive Summary

The information compiled in this report covers the collection period from January 1, 2024, through end of December 31, 2024. All data in this report come from the Attending Provider, Consulting Provider, and Counseling Provider forms required by law and received by the Department of Health (DOH) during the collection period.

During this reporting period, there were a total of seventy-three (73) qualified patients who received aid-in-dying prescriptions. Fifty-seven (57) qualified patients died; of these 57 patients, thirty-eight (38) died due to ingesting aid-in-dying medication. Some form of cancer was indicated as the underlying illness for most patients who received aid-in-dying prescriptions. As indicated on the forms collected, DDMAPh was the primary medication prescribed, followed by DDMA.

The eligibility process from the first oral request to the date of receipt of the written prescription was an average of thirty-nine (39) days. The average waiting period between the first and second oral request was twenty-five (25) days.

### Patient Access

According to Hawaii's 2024 Physician Workforce Report provided to the legislature annually by the University of Hawaii, the greatest shortage is primary care statewide. Patients considering medical aid in dying are encouraged to start early, talk with your provider, and ensure your Attending Provider documents the date of your first oral request in your medical record. If the initial Attending Provider opts-out from participating, patients can continue the process with another Attending Provider.

Further, Hawaii is the only state that requires a third health care provider to conduct a mental capacity evaluation. While the department is unable to quantify barriers to participating mental health providers for purposes of accessing OCOCA, the shortages in rural areas are well documented and include federal designations of Mental Health Care Professional Shortage Area.

### Participating Providers

New providers are highly encouraged to seek guidance from the Department or participating providers on the process, in particular the "[Timeline Eligibility Process](#)." The Department also has a website with the required [Health Care Provider and Patient Forms](#).

**Attending Providers:** An Attending Provider (physician or APRN) is a Hawaii licensed provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's illness. There was a total of nineteen (19) Attending Providers who wrote prescriptions during this reporting period. The largest number of participating attending providers were based on Oahu with twelve (12), followed by four (4) on Maui, two (2) on Hawaii Island, one (1) on Kauai, and zero (0) on Molokai, and Lanai.

**Consulting Providers:** A Consulting Provider (physician or APRN) is a Hawaii licensed provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's illness. There was a total of forty-four (44) Consulting Providers during this reporting period. The largest number of participating Consulting Providers



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were based on Oahu with twenty-nine (29), followed by seven (7) on Maui, six (6) on Hawaii Island, two (2) on Kauai, and zero (0) on Molokai and Lanai.

**Counseling Providers:** Counseling Providers are either a Psychiatrist, Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Advanced Practice Registered Nurse (APRN) with a psychiatric or clinical nurse specialization. There was a total of fifteen (15) Counseling Providers who conducted mental capacity evaluations during this reporting period. The largest number of participating Consulting Providers were based on Oahu with eleven (11), followed by three (3) on Hawaii Island, and one (1) on Kauai, and zero (0) on Maui, Molokai, and Lanai.

### Introduction

Chapter 327L authorizes Hawaii residents with a terminal illness and six (6) months or less to live to request medical-aid-in-dying prescriptions under the OCOCA. To help patients and providers understand the process required by law, the DOH launched a page on its website where all required forms, instructions, and frequently asked questions can be accessed.

The law establishes eligibility criteria and safeguards to ensure a secure, compassionate, and patient-centered end-of-life process. There are also additional regulatory requirements to address concerns about misuse. Patients interested in seeking a prescription are encouraged to enroll in hospice.

To meet eligibility criteria patients must be:

- Age 18 or older and a Hawaii resident;
- Able to take the prescribed medication themselves;
- Able to make two oral requests not less than 5 days apart to their Attending Provider;
- Able to provide one written request after meeting eligibility criteria from all three (3) health care providers; and
- Mentally capable to make an informed decision.

Details of the eligibility process may be accessed on the [DOH OCOCA website](#).

### Reportable Information

The DOH collected the following reportable information during the period January 1, 2024, through December 31, 2024 (envelopes post-dated not later than December 31, 2024).

#### The following bullets represent data from 2024:

- The number of qualified patients for whom a prescription was written: **73**
- The number of known qualified patients who died: **57**
  - The cause of death of these fifty-seven (57) qualified patients includes some form of cancer (44), heart failure (6), lung disease (5), neurodegenerative disease (1), and end-stage renal disease (1).



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- The number of qualified patients who died because of self-administering the aid-in-dying prescription: **38**
- The number of qualified patients who died while enrolled in hospice or other similar palliative care program: **53**
- The number of known deaths in Hawaii from a prescription written per five-thousand deaths in Hawaii: **15**
- The number of Attending Providers who wrote prescriptions: **19**

Demographics of the (38) qualified patients who died due to self-administrating the aid-in-dying prescription:

<b>Insurance types:</b>	Private, Medicare, Military/Tricare
<b>Age range:</b>	53 - 100 years old
<b>Education range:</b>	High School Diploma, Associate's degree, Bachelor's degree, Master's degree, Doctoral degree, and Professional degree
<b>Race included:</b>	Asian, Caucasian, Hispanic/Latino, Native Hawaiian, Other Pacific Islander
<b>Sex:</b>	Female (20), Male (18)
<b>Underlying Illness:</b>	Cancer (28), End-Stage Renal Disease (1), Heart Failure (4), and Lung Disease (5)

Cumulative totals from 2019 to 2024:

<b>Description</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>Total</b>
<b># of prescriptions written</b>	30	37	70	60	91	73	361
<b># of known qualified patients who died</b>	28	34	49	55	76	57	299
<b># who died because of self-administering the aid-in-dying prescription</b>	15	25	29	37	51	38	195

Number of unique providers per year:

<b>Provider Type</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b># of Attending Providers</b>	13	14	21	17	14	19
<b># of Consulting Providers</b>	21	26	36	39	56	44
<b># of Counseling Providers</b>	10	11	16	18	11	15

In 2024, there was one (1) APRN as an Attending Provider and four (4) APRNs as Consulting Providers.



## **Hawaii Department of Health (DOH) 2024 Our Care, Our Choice Act (OCOCA) Annual Report**

### **Legislative Recommendations**

The Department of Health recommends the repeal of the reporting requirement under Section 327L-14(d)(5), “the number of known deaths in Hawaii from a prescription written pursuant to this chapter per five-thousand deaths in Hawaii.” This metric is unnecessary and reveals no substantive additional information since deaths-per-5,000 is an arbitrary rate, and since not all deaths by ingestion of medication dispensed pursuant to Chapter 327L are documented.