A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that in 2018, the State passed the Our Care, Our Choice Act to ensure that all terminally ill individuals had access to the full range of end-of-life care options. Under the Act, mentally capable, qualified terminally ill individuals may voluntarily request and receive a prescription medication that would allow those individuals to die in a peaceful, humane, and dignified manner. However, under the current law, these individuals face significant challenges accessing the care they want and need.

The legislature further finds that due in part to Hawaii's geography, the State's supply of physicians is at its lowest since 2015, creating additional barriers to access for qualified terminally ill individuals. Furthermore, published evidence from other authorized states without these unique challenges demonstrates that even with access to a supportive health care facility and providers, a high percentage of terminally ill individuals, upwards of thirty per cent, die while waiting to
complete the regulatory requirements needed to qualify for
medication under the respective state's act. The anecdotal
experience of patients and providers in Hawaii demonstrates
these same results.

Hawaii is one of twenty-two states that grant advanced
practice registered nurses the authority to independently carry
out all medical acts consistent with their education and
training, including prescribing all forms of medication.

However, the Our Care, Our Choice Act currently limits the scope
of practice for advanced practice registered nurses. At this
time, advanced practice registered nurses do not have the
authority to support terminally ill patients who want the option
of medical aid in dying by acting as an attending provider or
consulting provider, further limiting the number of qualified
medical providers who may participate.

The purpose of this Act is to amend the Our Care, Our
Choice Act to:

(1) Explicitly recognize advanced practice registered
nurses 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; and
(2) Reduce the mandatory waiting period between oral
requests made by a terminally ill individual from
twenty to fifteen days.

SECTION 2. Section 327L-1, Hawaii Revised Statutes, is
amended as follows:

1. By adding a new definition to be appropriately
inserted and to read:

"Advanced practice registered nurse" means a registered
nurse who:

(1) is licensed to practice in the State;
(2) has met the qualifications set forth in chapter 457;
(3) has been granted prescriptive authority pursuant to
section 457-8.6; and
(4) has obtained a registration under section 329-32."

2. By amending the definition of "attending provider" to
read:

"Attending provider" means a physician licensed pursuant
to chapter 453 or an advanced practice registered nurse licensed
pursuant to chapter 457 who has responsibility for the care of
the patient and treatment of the patient's terminal disease."

3. By amending the definition of "consulting provider" to
read:

"Consulting provider" means a physician licensed pursuant
to chapter 453 or an advanced practice registered nurse licensed
pursuant to chapter 457 who is qualified by specialty or
experience to make a professional diagnosis and prognosis
regarding the patient's disease."

SECTION 3. Section 327L-2, Hawaii Revised Statutes, is
amended to read as follows:

"[+][§327L-2] Oral and written requests for medication;
initiated. An adult who is capable, is a resident of the State,
and has been determined by an attending provider and consulting
provider to be suffering from a terminal disease, and who has
voluntarily expressed the adult's wish to die, may, pursuant to
section 327L-9, submit:

(1) Two oral requests, a minimum of [twenty] fifteen days
apart; and

(2) One written request,
for a prescription that may be self-administered for the purpose of ending the adult's life in accordance with this chapter. The attending provider shall directly, and not through a designee, receive all three requests required pursuant to this section."

SECTION 4. Section 327L-9, Hawaii Revised Statutes, is amended to read as follows:

"[-]§327L-9[-] Written and oral requests. To receive a prescription for medication that a qualified patient may self-administer to end the qualified patient's life pursuant to this chapter, a qualified patient shall have made an oral request and a written request, and reiterate the oral request to the qualified patient's attending provider not less than [twenty] fifteen days after making the initial oral request. At the time the qualified patient makes the second oral request, the attending provider shall offer the qualified patient an opportunity to rescind the request."

SECTION 5. Section 327L-11, Hawaii Revised Statutes, is amended to read as follows:

"[-]§327L-11[-] Waiting periods. (a) Not less than [twenty] fifteen days shall elapse between the qualified
patient's initial oral request and the taking of steps to make available a prescription pursuant to section 327L-4(a)(12).

(b) Not less than forty-eight hours shall elapse between the qualified patient's written request and the taking of steps to make available a prescription pursuant to section 327L-4(a)(12).

SECTION 6. Section 327L-19, Hawaii Revised Statutes, is amended by amending subsection (e) to read as follows:

"(e) For the purposes of this section:

"Notify" means to deliver a separate statement in writing to a health care provider specifically informing the health care provider prior to the health care provider's participation in actions covered by this chapter of the health care facility's policy regarding participation in actions covered by this chapter.

"Participate in actions covered by this chapter" means to perform the duties of an attending provider pursuant to section 327L-4, the consulting provider function pursuant to section 327L-5, or the counseling referral function or counseling pursuant to section 327L-6. The term does not include:
(1) Making an initial determination that a patient has a
terminal disease and informing the patient of the
medical prognosis;

(2) Providing information about this chapter to a patient
upon the request of the patient;

(3) Providing a patient, upon the request of the patient,
with a referral to another [physician] provider; or

(4) Entering into a contract with a patient as the
patient's attending provider, consulting provider, or
counselor to act outside of the course and scope of
the health care provider's capacity as an employee or
independent contractor of a health care facility."

SECTION 7. This Act does not affect rights and duties that
matured, penalties that were incurred, and proceedings that were
begun before its effective date.

SECTION 8. If any provision of this Act, or the
application thereof to any person or circumstance, is held
invalid, the invalidity does not affect other provisions or
applications of the Act that can be given effect without the
invalid provision or application, and to this end the provisions
of this Act are severable.
SECTION 9. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 10. This Act shall take effect on July 1, 2050.
Report Title:
Our Care, Our Choice Act; Advanced Practice Registered Nurses; Mandatory Waiting Period

Description:
Explicitly recognizes advanced practice registered nurses 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. Reduces the mandatory waiting period between oral requests made by a terminally ill individual from twenty to fifteen days. Effective 7/1/2050. (HD2)

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