SB 2582 – RELATING TO HEALTH

Chair Baker, Vice Chair Chang, and members of the Committee on Commerce, Consumer Protection and Health:

Thank you for this opportunity to provide testimony in strong support of SB 2582 with recommended amendments as it relates to advanced practice registered nurses (APRN) participation in medical aid in dying (MAID) in accordance with their scope of practice and prescriptive authority. The 2019 American Nurses Association Position Statement on the Nurse’s Role when a Patient Requests Medical Aid in Dying\(^1\) frames the nurse’s compassionate response and is based on the Code of Ethics for Nurses.

A large body of national evidence shows that APRNs provide high quality safe care for people across the lifespan, in accordance with their education, training, national certification, and licensure. Since 2016, Canada has authorized APRNs to participate in (MAID). In the most recent report, 93% of participating clinicians were physicians and 7% were APRNs.\(^2\)

The delivery of high-quality, compassionate, holistic and patient-centered care, including end-of-life care, is central to all nursing practice. Hallmarks of end-of-life care include respect for patient self-determination, nonjudgmental support for patients’ end-of-life preferences and values, and prevention and alleviation of suffering. The individual exploring the dying with dignity option begins a journey that involves their team of care providers. It is a process that no one involved - providers, patient, and family - takes lightly. Nurses are engaged at every level as we care for terminal individuals across the

continuum of care settings and are often the professional with whom patients choose to talk regarding end-of-life decisions. We are trained to evaluate patients’ and families’ medical and psychosocial needs and are in a pivotal position to evaluate requests for exploration of the Act in the context of the patient’s experience. We can explore the meaning of the request, alleviate symptoms that may be contributing to the patient’s distress, and facilitate communication between the patient, family, and other members of the health care team.

The Hawai‘i Legislature recognizes that access to care is a significant problem statewide and most especially in rural island settings. As such, you recognized that the care provided by APRNs is of high quality by enacting over 25 bills since 2009 enabling APRNs in Hawai‘i to practice to the full extent of their education. Since then, the number of APRNs in the state has increased across all the islands including rural settings. National data finds that once a state authorizes the APRN to practice using all their education and skills that nurses migrate to that state. Indeed, this is occurring in Hawai‘i thus improving access to care statewide. Second, UH at Mānoa and Hilo are increasing the number of APRNs graduating from our programs – both of which are nationally accredited by the Commission on Collegiate Nursing Education (CCNE) through 2021. Further, the State Board of Nursing statute with accompanying rules provides consumer protection by setting the comprehensive requirements to be recognized as an APRN, including maintaining national certification in the area of service delivery and continuing competency activities.

Since 2014, UH Mānoa and Hilo graduates have completed rigorous requirements to be awarded the Doctor of Nursing Practice (DNP) degree. Their course work requires extensive classroom and clinical learning including advanced diagnostic and pharmacy courses. As important, Mānoa students must complete courses in health policy, bioethics, and law (taken with the students at the William S. Richardson School of Law). The DNP program ensures that the graduate can provide clinical care in a transforming delivery system. Many DNP graduates move on to expand their skill sets by obtaining additional certification in cardiology, gerontology, oncology, palliative care, and psychiatric-mental health nursing.4

In Hawai‘i, 41% of APRNs work in ambulatory settings, with nearly 33% reporting working in family practice or adult-gerontology. Another 8.5% work in palliative care/hospice, nephrology, cardiology, and oncology; specialties where they care for people with terminal illnesses.5 Further, APRNs are caring for vulnerable populations enrolled in Medicare and Medicaid programs who lack access to providers.

Our graduates meet both the national and Hawai‘i Board of Nursing requirements for advanced pharmacological education, as well as education related to the assessment,

4 https://www.nursingworld.org/our-certifications
diagnosis, and care planning that prepares them to care for patients across the continuum of life. Thus, their scope of practice and education prepares them to serve as both attending provider and consulting provider for persons suffering from a terminal disease. As Dean of the School of Nursing and Dental Hygiene with responsibility for the State Center for Nursing, I commit to ensuring that Hawai‘i APRNs are educated and mentored to ensure their competency.

Nurses are the most trusted profession – let’s ensure that terminally ill Hawai‘i residents can continue to be supported by their APRN provider by passing this measure.

Should the Committee move this measure forward, the University of Hawai‘i asks the Committee to consider amending the following definitions:

- **Page 3, lines 3-9**
  - "Advanced practice registered nurse" pursuant to chapter 457 by the Hawai‘i Board of Nursing.

- **Page 3, line 20 – Page 4, line 4**
  - "Consulting provider" means a physician licensed pursuant to chapter 453 or an advanced practice registered nurse pursuant to chapter 457 who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease.

Thank you for the opportunity to provide testimony in strong support of SB 2582.