A BILL FOR AN ACT

RELATING TO HEALTH.

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

PART I

SECTION 1. The legislature finds that Act 2, Session Laws of Hawaii 2018, established the Our Care, Our Choice Act to allow qualified patients in the State with a medically confirmed terminal illness with less than six months to live and possessing decisional capacity to determine their own medical care at the end of their lives. Safeguards were put in place to ensure that patients and their loved ones will be protected from any potential abuse. However, these safeguards are time based and delay the end of life process; as a result many patients have died during the delay from the safeguards. Furthermore, many patients are still excluded from the opportunity to determine their own medical treatment as they near the end of life. For example, patients with advanced dementia will not have the required decision-making capacity by the time they are terminally ill and are, therefore, denied the opportunity to choose their own medical treatment at the end of life.
The legislature further finds that the process for the aid-in-dying program should be further streamlined to provide options for terminally ill and mentally capable patients. The use of advance health-care directives for end of life medical treatment decisions would allow an individual the opportunity to determine their own medical treatment as they near the end of life well in advance of losing their decision-making capacity. Additionally, allowing an attending provider to perform certain duties through telehealth will increase access to health care professionals for patients seeking end of life medical treatment.

The purpose of this Act is to:

(1) Allow an advance directive to be a valid written request for a prescription to be self-administered for the purpose of ending an adult's life;

(2) Include advance practice registered nurses under the definition of "attending provider";

(3) Allow an attending provider to waive the counseling referral requirement;

(4) Allow an attending provider to perform duties through telehealth, under certain conditions; and
(5) Require health insurance policies and contracts issued after December 31, 2020, to provide coverage for services related to ending a patient's life.

SECTION 2. Chapter 327L, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§327L- Advance health-care directive. In lieu of a form of written request required pursuant to this chapter, an advance health-care directive pursuant to chapter 327E shall be a valid written request for a prescription under this chapter; provided that the counseling referral requirement pursuant to section 327L-6 shall be waived."  

SECTION 3. Section 327L-1, Hawaii Revised Statutes, is amended by amending the definition of "attending provider" to read as follows:

""Attending provider" means a physician licensed pursuant to chapter 453 who has responsibility for the care of the patient and treatment of the patient's terminal disease[.] or an advanced practice registered nurse with prescriptive authority as described in section 457-8.6 and registered under section 329-32."
SECTION 4. Section 327L-3, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) [A] Except as provided under section 327L- , a valid written request for a prescription under this chapter shall be substantially in the form described in section 327L-23, and shall be signed and dated by the qualified patient and witnessed by at least two individuals who, in the presence of the qualified patient, attest that to the best of their knowledge and belief the qualified patient is of sound mind, acting voluntarily, and is not being coerced to sign the request."

SECTION 5. Section 327L-4, Hawaii Revised Statutes, is amended to read as follows:

"[4]$327L-4[4] Attending provider; duties. (a) The attending provider shall:
(1) Make the initial determination of whether a patient has a terminal disease, is capable of medical decision-making, and has made the request for the prescription voluntarily;
(2) Require that the patient demonstrate residency pursuant to section 327L-13;
(3) To ensure that the patient is making an informed decision, inform the patient of the:

(A) Patient's medical diagnosis;

(B) Patient's prognosis;

(C) Potential risks associated with taking the medication to be prescribed;

(D) Probable result of taking the medication to be prescribed;

(E) Possibility that the individual may choose not to obtain the medication or may obtain the medication but may decide not to use it; and

(F) Feasible alternatives or additional treatment opportunities, including but not limited to comfort care, hospice care, and pain control;

(4) Refer the patient to a consulting provider for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily;

(5) Refer the patient for counseling; provided that the attending provider may waive the counseling referral requirement pursuant to section 327L-6; provided further that the attending provider shall waive the
counseling referral requirement if the patient provides an advance health-care directive as a valid written request pursuant to section 327L-;

(6) Recommend that the patient notify next of kin;

(7) Counsel the patient about the importance of having another person present when the qualified patient self-administers the prescription prescribed pursuant to this chapter and of not self-administering the prescription in a public place;

(8) Inform the patient that a qualified patient may rescind the request at any time and in any manner, and offer the qualified patient an opportunity to rescind the request at the time of the qualified patient's second oral request made pursuant to section 327L-9;

(9) Verify, immediately prior to writing the prescription for medication under this chapter, that the qualified patient is making an informed decision;

(10) Fulfill the medical record documentation requirements of section 327L-12;

(11) Ensure that all appropriate steps are carried out in accordance with this chapter prior to writing a
prescription for medication to enable a qualified patient to end the qualified patient's life pursuant to this chapter; and

(12) Either:

(A) Dispense medications directly, including ancillary medications intended to facilitate the desired effect to minimize the patient's discomfort; provided that the attending provider is authorized to dispense controlled substances pursuant to chapter 329, has a current Drug Enforcement Administration certificate, and complies with any applicable administrative rules; or

(B) With the qualified patient's written consent:

(i) Contact a pharmacist of the qualified patient's choice and inform the pharmacist of the prescription; and

(ii) Transmit the written prescription personally, by mail, or electronically to the pharmacist, who shall dispense the medication to either the qualified patient,
the attending provider, or an expressly
identified agent of the qualified patient.

(b) Notwithstanding any other provision of law, an
attending provider may sign the qualified patient's death
certificate. The death certificate shall list the terminal
disease as the immediate cause of death.

(c) So far as practical, an attending provider may perform
the duties pursuant under subsection (a) through telehealth if
the patient is unable to leave the patient's residence."

SECTION 6. Section 327L-5, Hawaii Revised Statutes, is
amended to read as follows:

"[+]§327L-5[+] Consulting provider; confirmation. (a)
Before a patient is qualified under this chapter, a consulting
provider shall examine the patient and the patient's relevant
medical records and confirm, in writing, the attending
provider's diagnosis that the patient is suffering from a
terminal disease and the attending provider's prognosis, and
verify that the patient is capable, is acting voluntarily, and
has made an informed decision.

(b) The consulting provider may waive the counseling
referral requirement pursuant to section 327L-6."
SECTION 7. Section 327L-6, Hawaii Revised Statutes, is amended to read as follows:

"[+]§327L-6[+]

Counseling referral. The attending provider shall refer the patient for counseling[7], unless the attending provider waives the counseling referral requirement pursuant to section 327L-4(5). No medication to end a patient's life pursuant to this chapter shall be prescribed until the person performing the counseling determines that the patient is capable, and does not appear to be suffering from undertreatment or nontreatment of depression or other conditions which may interfere with the patient's ability to make an informed decision pursuant to this chapter[7]; provided that the attending provider or consulting provider may waive the counseling referral requirement pursuant to this section."

SECTION 8. Section 327L-12, Hawaii Revised Statutes, is amended to read as follows:

"[+]§327L-12[+]

Medical record; documentation requirements. The following shall be documented or filed in a qualified patient's medical record:
(1) All oral requests by the qualified patient for a prescription to end the qualified patient's life pursuant to this chapter;

(2) All written requests by the qualified patient for a prescription to end the qualified patient's life pursuant to this chapter;

(3) The attending provider's diagnosis and prognosis and determination that the qualified patient is capable, acting voluntarily, and has made an informed decision;

(4) The consulting provider's diagnosis and prognosis and verification that the qualified patient is capable, acting voluntarily, and has made an informed decision;

(5) The counselor's statement of determination that the patient is capable, and does not appear to be suffering from undertreatment or nontreatment of depression or other conditions which may interfere with the patient's ability to make an informed decision pursuant to this chapter[7], unless the counseling requirement is waived by the attending provider;
(6) The attending provider's offer to the qualified
patient to rescind the patient's request at the time
of the qualified patient's second oral request made
pursuant to section 327L-9; and

(7) A statement by the attending provider indicating that
all requirements under this chapter have been met and
indicating the steps taken to carry out the request,
including identification of the medication
prescribed."

SECTION 9. Section 327L-23, Hawaii Revised Statutes, is
amended to read as follows:

provided under section 327L-, a request for a prescription as
authorized by this chapter shall be in substantially the
following form:

"REQUEST FOR MEDICATION TO END MY LIFE

I, ______________________, am an adult of sound mind.

I am suffering from __________, which my attending
provider has determined is a terminal disease and that has been
medically confirmed by a consulting provider."
Unless counseling has been waived by my attending provider or consulting provider, I have received counseling to determine that I am capable and not suffering from undertreatment or nontreatment of depression or other conditions which may interfere with my ability to make an informed decision.

I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, the possibility that I may choose not to obtain or not to use the medication, and the feasible alternatives or additional treatments, including comfort care, hospice care, and pain control.

I request that my attending provider prescribe medication that I may self-administer to end my life.

INITIAL ONE:

_____ I have informed my family of my decision and taken their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.
I understand the full import of this request and I expect to die when I take the medication to be prescribed. I further understand that although most deaths occur within three hours, my death may take longer and my attending provider has counseled me about this possibility.

I make this request voluntarily and without reservation and I accept full moral responsibility for my actions.

Signed: __________________________

Dated: __________________________

DECLARATION OF WITNESSES

We declare that the person signing this request:

(a) Is personally known to us or has provided proof of identity;

(b) Signed this request in our presence;

(c) Appears to be of sound mind and not under duress or to have been induced by fraud, or subjected to undue influence when signing the request; and

(d) Is not a patient for whom either of us is the attending provider.

______________________ Witness Date_______

______________________ Witness Date_______
NOTE: One witness shall not be a relative (by blood, marriage, or adoption) of the person signing this request, shall not be entitled to any portion of the person's estate upon death and shall not own, operate, or be employed at a health care facility where the person is a patient or resident.

SECTION 10. Section 327L-24, Hawaii Revised Statutes, is amended by amending subsection (a) to read as follows:

"(a) A final attestation form shall be given to a qualified patient at the time an attending provider writes or dispenses the prescription authorized by this chapter and shall be in substantially the following form:

"FINAL ATTESTATION FOR A REQUEST FOR MEDICATION TO END MY LIFE

I, _____________________, am an adult of sound mind.

I am suffering from __________, which my attending provider has determined is a terminal disease and that has been medically confirmed by a consulting provider.

Unless counseling has been waived by my attending provider or consulting provider, I have received counseling to determine that I am capable and not suffering from undertreatment or nontreatment of depression or other conditions which may interfere with my ability to make an informed decision."
I have been fully informed of my diagnosis, prognosis, the nature of medication to be prescribed and potential associated risks, the expected result, the possibility that I may choose not to obtain or not to use the medication, and the feasible alternatives or additional treatment options, including comfort care, hospice care, and pain control.

I understand that I am requesting that my attending provider prescribe medication that I may self-administer to end my life.

INITIAL ONE:

_____ I have informed my family of my decision and taken their opinions into consideration.

_____ I have decided not to inform my family of my decision.

_____ I have no family to inform of my decision.

I understand that I have the right to rescind this request at any time.

I understand that I still may choose not to use the medication prescribed and by signing this form I am under no obligation to use the medication prescribed.
I am fully aware that the prescribed medication will end my life and while I expect to die when I take the medication prescribed, I also understand that my death may not be immediate and my attending provider has counseled me about this possibility.

I make this request voluntarily and without reservation.

Signed: ____________________

Dated: ____________________

PART II

SECTION 11. Section 327E-3, Hawaii Revised Statutes, is amended to read as follows:

"§327E-3 Advance health-care directives. (a) An adult or emancipated minor may give an individual instruction. The instruction may be oral or written. The instruction may be limited to take effect only if a specified condition arises.

(b) An adult or emancipated minor may execute a power of attorney for health care, which may authorize the agent to make any health-care decision the principal could have made while having capacity. The power remains in effect notwithstanding the principal's later incapacity and may include individual instructions. Unless related to the principal by blood,
marriage, or adoption, an agent may not be an owner, operator, or employee of the health-care institution at which the principal is receiving care. The power shall be in writing, contain the date of its execution, be signed by the principal, and be witnessed by one of the following methods:

1. Signed by at least two individuals, each of whom witnessed either the signing of the instrument by the principal or the principal's acknowledgment of the signature of the instrument; or

2. Acknowledged before a notary public at any place within this State.

3. A witness for a power of attorney for health care shall not be:

   (1) A health-care provider;
   (2) An employee of a health-care provider or facility; or
   (3) The agent.

4. At least one of the individuals used as a witness for a power of attorney for health care shall be someone who is neither:

   (1) Related to the principal by blood, marriage, or adoption; nor
(2) Entitled to any portion of the estate of the principal upon the principal's death under any will or codicil thereto of the principal existing at the time of execution of the power of attorney for health care or by operation of law then existing.

(e) Unless otherwise specified in a power of attorney for health care, the authority of an agent becomes effective only upon a determination that the principal lacks capacity, and ceases to be effective upon a determination that the principal has recovered capacity.

(f) Unless otherwise specified in a written advance health-care directive, a determination that an individual lacks or has recovered capacity, or that another condition exists that affects an individual instruction or the authority of an agent, shall be made by the primary physician.

(g) An agent shall make a health-care decision in accordance with the principal's individual instructions, if any, and other wishes to the extent known to the agent. Otherwise, the agent shall make the decision in accordance with the agent's determination of the principal's best interest. In determining
the principal's best interest, the agent shall consider the
principal's personal values to the extent known to the agent.

(h) A health-care decision made by an agent for a
principal shall be effective without judicial approval.

(i) A written advance health-care directive may include
the individual's nomination of a guardian.

(j) An advance health-care directive shall be a valid
written request for a prescription under chapter 327L.

[k] An advance health-care directive shall be valid
for purposes of this chapter if it complies with this chapter,
or if it was executed in compliance with the laws of the state
where it was executed."

SECTION 12. Section 327E-16, Hawaii Revised Statutes, is
amended to read as follows:

"§327E-16 Optional form. The following sample form may be
used to create an advance health-care directive. This form may
be duplicated. This form may be modified to suit the needs of
the person, or a completely different form may be used that
contains the substance of the following form.

"ADVANCE HEALTH-CARE DIRECTIVE
Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health-care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your health-care provider. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health-care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a health-care institution where you are receiving care.
Unless the form you sign limits the authority of your agent, your agent may make all health-care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health-care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(1) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;

(2) Select or discharge health-care providers and institutions;

(3) Approve or disapprove diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and

(4) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care.

Part 2 of this form lets you give specific instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, withholding,
or withdrawal of treatment to keep you alive, including the provision of artificial nutrition and hydration, as well as the provision of pain relief medication. Space is provided for you to add to the choices you have made or for you to write out any additional wishes.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end and have the form witnessed by one of the two alternative methods listed below. Give a copy of the signed and completed form to your physician, to any other health-care providers you may have, to any health-care institution at which you are receiving care, and to any health-care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health-care directive or replace this form at any time.

PART 1

DURABLE POWER OF ATTORNEY FOR HEALTH-CARE DECISIONS
(1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health-care decisions for me:

______________________________________________________________

(name of individual you choose as agent)

______________________________________________________________

(address) (city) (state) (zip code)

______________________________________________________________

(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

______________________________________________________________

(name of individual you choose as first alternate agent)
(address) (city) (state) (zip code)

______________________________________________

(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health-care decision for me, I designate as my second alternate agent:

______________________________________________

(name of individual you choose as second alternate agent)

______________________________________________

(address) (city) (state) (zip code)

______________________________________________

(home phone) (work phone)

. (2) AGENT'S AUTHORITY: My agent is authorized to make all health-care decisions for me, including decisions to provide,
withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box. If I mark this box [ ], my agent's authority to make health-care decisions for me takes effect immediately.

(4) AGENT'S OBLIGATION: My agent shall make health-care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent
1 my wishes are unknown, my agent shall make health-care decisions
2 for me in accordance with what my agent determines to be in my
3 best interest. In determining my best interest, my agent shall
4 consider my personal values to the extent known to my agent.
5
6 (5) NOMINATION OF GUARDIAN: If a guardian needs to be
7 appointed for me by a court, I nominate the agent designated in
8 this form. If that agent is not willing, able, or reasonably
9 available to act as guardian, I nominate the alternate agents
10 whom I have named, in the order designated.

PART 2

INSTRUCTIONS FOR HEALTH CARE

If you are satisfied to allow your agent to determine what
is best for you in making end-of-life decisions, you need not
fill out this part of the form. If you do fill out this part of
the form, you may strike any wording you do not want.

(6) END-OF-LIFE DECISIONS: I direct that my health-care
providers and others involved in my care provide, withhold, or
withdraw treatment in accordance with the choice I have marked
below: (Check only one box.)
[ ] (a) Choice Not To Prolong Life

I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits[7]. If I mark this box [ ], a prescription to be self-administered for the purpose of ending my life should be provided to me, OR

[ ] (b) Choice To Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

(7) ARTIFICIAL NUTRITION AND HYDRATION: Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in paragraph (6) unless I mark the following box. If I mark this box [ ], artificial nutrition and hydration must be provided regardless
of my condition and regardless of the choice I have made in paragraph (6).

(8) RELIEF FROM PAIN: If I mark this box [ ], I direct that treatment to alleviate pain or discomfort should be provided to me even if it hastens my death.

(9) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

____________________________________________________________

____________________________________________________________

(Add additional sheets if needed.)

PART 3

DONATION OF ORGANS AT DEATH

(OPTIONAL)

(10) Upon my death: (mark applicable box)

[ ] (a) I give any needed organs, tissues, or parts,
OR

[ ] (b) I give the following organs, tissues, or parts only

[ ] (c) My gift is for the following purposes (strike any of the following you do not want)

   (i) Transplant
   (ii) Therapy
   (iii) Research
   (iv) Education

PART 4

PRIMARY PHYSICIAN

(OPTIONAL)

(11) I designate the following physician as my primary physician:

__________________________________________________________

(name of physician)
OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

________________________
(name of physician)

________________________
(address) (city) (state) (zip code)

________________________
(phone)
(12) EFFECT OF COPY: A copy of this form has the same effect as the original.

(13) SIGNATURES: Sign and date the form here:

_________________________  _________________
(date)  (sign your name)

_________________________  _________________
(address)  (print your name)

_________________________
(city)  (state)

(14) WITNESSES: This power of attorney will not be valid for making health-care decisions unless it is either (a) signed by two qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature; or (b) acknowledged before a notary public in the State.

ALTERNATIVE NO. 1

Witness

I declare under penalty of false swearing pursuant to section 710-1062, Hawaii Revised Statutes, that the principal is
personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

_________________________  ___________________________
(date)  (signature of witness)

_________________________  ___________________________
(address)  (printed name of witness)

_________________________
(city)  (state)

Witness
I declare under penalty of false swearing pursuant to section 710-1062, Hawaii Revised Statutes, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility.

____________________________     ______________________________
(date)                        (signature of witness)

____________________________     ______________________________
(address)                      (printed name of witness)

____________________________
(city)  (state)

ALTERNATIVE NO. 2

State of Hawaii

County of ________________
On this __________ day of __________, in the year ______, before me, ________________ (insert name of notary public) appeared ________________, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

Notary Seal

____________________________________
(Signature of Notary Public)

PART III

SECTION 13. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to article 10A to be appropriately designated and to read as follows:

"§431:10A- Coverage for services related to ending a patient's life. (a) Each individual and group accident and health or sickness insurance policy, contract, plan, or agreement issued or renewed in this State after December 31, 2020, shall provide to the policyholder and individuals covered
under the policy, contract, plan, agreement, coverage for
services related to the ending of a patient's life under
chapter 327L, including any visits or prescription for
medication.

(b) Coverage provided under this section shall be subject
to a maximum benefit of $__________.

(c) This section shall not be construed as limiting
benefits that are otherwise available to an individual under an
accident and health or sickness insurance policy, contract,
plan, or agreement.

(d) Every insurer shall provide written notice to its
policyholders regarding the coverage required by this section.
The notice shall be in writing and prominently positioned in any
literature or correspondence sent to policyholders and shall be
transmitted to policyholders within calendar year 2021 when
annual information is made available to policyholders or in any
other mailing to policyholders, but in no case later than
December 31, 2021.

(e) Coverage under this section may be subject to
copayment, deductible, and coinsurance provisions of an accident
and health or sickness insurance policy, contract, plan, or
agreement that are no less favorable than the copayment,
deductible, and coinsurance provisions for substantially all
medical services covered by the policy, contract, plan, or
agreement."

SECTION 14. Chapter 432, Hawaii Revised Statutes, is
amended by adding a new section to article 1 to be appropriately
designated and to read as follows:

"§432:1- Coverage for services related to ending a
patient's life. (a) Each individual and group hospital or
medical service plan contract issued or renewed in this State
after December 31, 2020, shall provide to the member and
individuals covered under the plan contract coverage for
services related to the ending of a patient's life under
chapter 327L, including any visits or prescription for
medication.

(b) Coverage provided under this section shall be subject
to a maximum benefit of $________.

(c) This section shall not be construed as limiting
benefits that are otherwise available to an individual under a
plan contract."
(d) Every mutual benefit society shall provide written notice to its members regarding the coverage required by this section. The notice shall be in writing and prominently positioned in any literature or correspondence sent to members and shall be transmitted to members within calendar year 2021 when annual information is made available to members or in any other mailing to members, but in no case later than December 31, 2021.

(e) Coverage under this section may be subject to copayment, deductible, and coinsurance provisions of a plan contract to the extent that other medical services covered by the plan contract are subject to these provisions."

SECTION 15. Section 432D-23, Hawaii Revised Statutes, is amended to read as follows:

SECTION 16. The benefit to be provided by health maintenance organizations corresponding to the benefit provided under section 431:10A- , Hawaii Revised Statutes, as contained in the amendment to section 432D-23, Hawaii Revised Statutes, in section 15 of this Act, shall take effect for all policies, contracts, plans, or agreements issued in the State after December 31, 2020.

PART IV

SECTION 17. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 18. This Act shall take effect on July 1, 2020.

INTRODUCED BY:
Report Title:
Medical Aid in Dying; Advance Directive; Attending Provider; Advanced Practice Registered Nurse; Insurance Coverage

Description:
Allows an advance directive to be a valid written request for a prescription to be self-administered for the purpose of ending an adult's life. Includes advanced practice registered nurses under the definition of "attending provider". Allows an attending provider to waive the counseling referral requirement. Allows an attending provider to perform duties through telehealth, under certain conditions. Requires health insurance policies and contracts issued after December 31, 2020, to provide coverage for services related to ending a patient's life.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.