

Our Care, Our Choice Act

Timeline Eligibility Process

FOR HEALTH CARE PROVIDERS

DAY 0: ORAL REQUEST #1

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- Inform patient of the 20-day waiting period between the 1st and 2nd oral request, and written request requirements.
 - Determine whether patient has a terminal illness with 6 months or less to live, is capable of medical decision-making and made the request voluntarily.
 - Inform patient of end of life care options and their right to rescind the request at any time.
 - Recommend patient notify next of kin and provide the Patient's Written Request Form.
 - Begin documenting all related interactions with patient in the medical record.

DURING 20-DAY WAITING PERIOD or LATER

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- Refer patient to a consulting physician and counseling provider (e.g. psychiatrist, psychologist or licensed clinical social worker).
 - Confirm and verify patient eligibility from receipt of the completed consulting physician examination and counseling evaluation forms.
 - Accept patient's written request after the patient has met the examination and evaluation criteria.
 - Document date of receipt of the patient's written request in the medical record.

DAY 21 or LATER: ORAL REQUEST #2

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- Document 2nd oral request in the medical record.
 - Inform patient of his/her right to rescind the request at any time and their right to not take the medication after it is prescribed.
 - Inform patient that he/she must complete the Final Attestation Form within 48 hours prior to self-ingesting the medications.
 - Provide the Final Attestation Form to the patient if not yet provided.
 - Recommend the patient to keep a copy of the Final Attestation Form and to designate an individual to return the form to the attending physician.

TIMELINE ELIGIBILITY PROCESS

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WRITING THE PRESCRIPTION

- Ensure both conditions are met: 1) not less than 48 hours have past between the date of receipt of the qualified patient's written request and date of prescription and 2) not less than 20 days have past between the 1st and 2nd oral requests.
- Immediately prior to writing the prescription, verify that the patient is capable of making a voluntary and informed decision.
- With the qualified patient's confirmed and completed written consent, write the prescription for aid-in-dying medication and notify pharmacy.
- Within 30 days from the date of writing the prescription, complete and submit the Attending Physician Reporting Form to DOH along with a copy of the patient's written request and provider forms including the consulting physician and counseling provider forms.

DAY 23 or LATER

- Following notification of patient's death and within 30 days, complete and submit the Attending Physician's Follow-Up Form to DOH.
- List terminal illness as the immediate cause of death.

REQUIRED FORMS *

1. Attending Physician Reporting Form
2. Patient's Written Request Form
3. Consulting Physician's Confirmation and Verification Form
4. Counseling Provider's Statement of Determination Form (e.g. Psychiatrist, Psychologist, or Licensed Clinical Social Worker)
5. Final Attestation Form
6. Attending Physician Follow-Up Form

Mail Forms To:

Hawai'i Department of Health
Office of Planning, Policy and
Program Development - Attn:
OCOCA/CONFIDENTIAL
1250 Punchbowl St., Rm. #120
Honolulu, HI 96813
(808) 586-4188



For more information:
<http://health.hawaii.gov/opppd/ococ/>