Executive Summary
The information compiled in this report covers from January 1, 2019 through May 31, 2019. All forms post-marked on or before May 31, 2019 are included.

For the first reporting period there were a total of eight (8) qualified patients who received aid-in-dying prescriptions. Of those eight, three (3) patients expired: two (2) patients ingested the aid-in-dying medication and one (1) patient died from lung cancer without ingesting the prescription.

The eligibility process from the first oral request to the date of receipt of the written prescription was approximately 37 days with the shortest period being 22 days.

Introduction
Act 2, Session Laws of Hawaii (SLH) 2018, authorized Hawai`i residents with a terminal illness and six (6) months or less to live may request medical-aid-in-dying prescriptions under the OCOCA. To help patients and providers understand the process required by law, the DOH launched a new 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:

1. Age 18 or older an a Hawai`i resident;
2. Able to take the prescribed medication themselves;
3. Able to make two oral requests not less than 20 days apart to their attending physician;
4. Able to provide one written request after meeting eligibility criteria from all three (3) health care providers; and
5. Mentally capable to make an informed decision.

Details of the eligibility process may be accessed on the DOH’s website here: http://health.hawaii.gov/opppd/ococ/

Attending Physicians and Medication Prescribed
There were four (4) attending physicians who wrote prescriptions in the reporting period, all of whom practice primarily on Oahu. The only medication prescribed was DDMP2.

Continuing Medical Education events for health care provider were held on February 1 and 2, 2019 at the Queen’s Conference Center Auditorium and University of Hawaii, John A. Burns
School of Medicine, respectively. Other learning opportunities were provided in the private sector, for example at the annual meeting of the Hawaii Pharmacists Association and the annual meeting of the Health Information Management Association of Hawaii.

**Reportable Information**
The reporting period covers January 1, 2019 through May 31, 2019, and includes information submitted by providers post-marked on or before May 31, 2019. The next report will cover the period June 1, 2019 through December 31, 2019 and thereafter reports will be based on a full calendar year.

Pursuant to Act 2, SLH 2018:

- The number of qualified patients for whom a prescription was written: 8
- The number of known qualified patients who died each year for whom a prescription was written: 3.
- The cause of death of the qualified patient(s): lung cancer, prostatic carcinoma, and amyotrophic lateral sclerosis
- The total number of prescriptions written: 8
- The total number of prescriptions for all years beginning with 2019: 8
- The total number of qualified patients who died while enrolled in hospice or other similar palliative care program: 3
- The number of known deaths in Hawaii from a prescription written per five-thousand deaths in Hawaii: 2
- The number of attending providers who wrote prescriptions: 4
- Location of attending providers who wrote prescriptions:

<table>
<thead>
<tr>
<th>Kauai</th>
<th>Oahu</th>
<th>Maui</th>
<th>Hawaii Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- Of the people who died as a result of self-administering a prescription, the individual's:

<table>
<thead>
<tr>
<th>Age</th>
<th>Education Level</th>
<th>Race</th>
<th>Sex</th>
<th>Type of Insurance</th>
<th>Underlying Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>N/A</td>
<td>Caucasian</td>
<td>Male</td>
<td>Private, Medicare</td>
<td>Prostatic Carcinoma</td>
</tr>
<tr>
<td>73</td>
<td>Some college, no degree</td>
<td>Asian</td>
<td>Male</td>
<td>Private, Medicare</td>
<td>Amyotrophic Lateral</td>
</tr>
</tbody>
</table>
Acknowledgements

Mahalo to the advisory group members, permitted interaction group members, hospice and health care organizations for your expertise, time, and input on the development and implementation of the OCOCA. If you should have any questions regarding the report, please contact the DOH Office of Planning, Policy, and Program Development at 586-4188.