


TIMELINE ELIGIBILITY PROCESS


OUR CARE, OUR CHOICE ACT

FOR HEALTH CARE PROVIDERS


DAY 0: ORAL REQUEST #1

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- Inform patient of the 5-day waiting period between the 1st and 2nd oral request (unless waived) 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 and Declaration of Witnesses Form.
 - Begin documenting all related interactions with patient in the medical record.

DURING 5-DAY WAITING PERIOD or LATER

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- Refer patient to a Consulting Provider and Counseling Provider (e.g., psychiatrist, psychologist, LCSW, LMFT, APRN with psychiatric or clinical nurse specialization).
 - Confirm and verify patient eligibility from receipt of the completed Consulting Provider's examination and Counseling Provider's 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 6 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 Provider.

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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 5 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 Provider's 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.

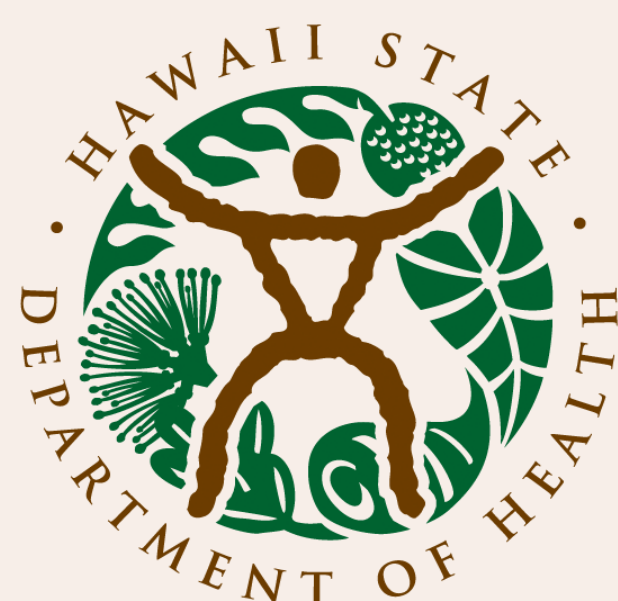
DAY 8 or LATER

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

REQUIRED FORMS

1. Attending Physician Reporting Form
2. Patient's Written Request for Medication and Declaration of Witnesses Form
3. Consulting Provider's Confirmation and Verification Form
4. Counseling Provider's Statement of Determination Form
5. Final Attestation Form
6. Attending Provider Follow-Up Form

Mail Completed Forms to:
Hawaii Department of Health
Office of Planning, Policy and Program
Development
Attn: OCOCA/CONFIDENTIAL
1250 Punchbowl St., Rm. #120
Honolulu, HI 96813



For more information:
Call: (808) 586-4188
Visit: <http://health.hawaii.gov/opppd/ococ/>