



**Hawaii Department of Health (DOH)
2024 Our Care, Our Choice Act (OCOCA) Annual Report**

REPORT TO THE THIRTY-THIRD LEGISLATURE

STATE OF HAWAII

2024

**Pursuant to Section 327L-14, Hawaii Revised Statutes, “Our Care, Our Choice Act,”
Reporting on the Number of Qualified Patients for Whom a Prescription Was Written
Pursuant to Chapter 327L, and Other Required Information.**

Prepared by the Department of Health
Office of Planning, Policy, and Program Development

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Executive Summary

The information compiled in this report covers the collection period from January 1, 2024, through end of December 31, 2024. All data in this report come from the Attending Provider, Consulting Provider, and Counseling Provider forms required by law and received by the Department of Health (DOH) during the collection period.

During this reporting period, there were a total of seventy-three (73) qualified patients who received aid-in-dying prescriptions. Fifty-seven (57) qualified patients died; of these 57 patients, thirty-eight (38) died due to ingesting aid-in-dying medication. Some form of cancer was indicated as the underlying illness for most patients who received aid-in-dying prescriptions. As indicated on the forms collected, DDMAPh was the primary medication prescribed, followed by DDMA.

The eligibility process from the first oral request to the date of receipt of the written prescription was an average of thirty-nine (39) days. The average waiting period between the first and second oral request was twenty-five (25) days.

Patient Access

According to Hawaii's 2024 Physician Workforce Report provided to the legislature annually by the University of Hawaii, the greatest shortage is primary care statewide. Patients considering medical aid in dying are encouraged to start early, talk with your provider, and ensure your Attending Provider documents the date of your first oral request in your medical record. If the initial Attending Provider opts-out from participating, patients can continue the process with another Attending Provider.

Further, Hawaii is the only state that requires a third health care provider to conduct a mental capacity evaluation. While the department is unable to quantify barriers to participating mental health providers for purposes of accessing OCOCA, the shortages in rural areas are well documented and include federal designations of Mental Health Care Professional Shortage Area.

Participating Providers

New providers are highly encouraged to seek guidance from the Department or participating providers on the process, in particular the "[Timeline Eligibility Process](#)." The Department also has a website with the required [Health Care Provider and Patient Forms](#).

Attending Providers: An Attending Provider (physician or APRN) is a Hawaii licensed provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's illness. There was a total of nineteen (19) Attending Providers who wrote prescriptions during this reporting period. The largest number of participating attending providers were based on Oahu with twelve (12), followed by four (4) on Maui, two (2) on Hawaii Island, one (1) on Kauai, and zero (0) on Molokai, and Lanai.

Consulting Providers: A Consulting Provider (physician or APRN) is a Hawaii licensed provider who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's illness. There was a total of forty-four (44) Consulting Providers during this reporting period. The largest number of participating Consulting Providers



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were based on Oahu with twenty-nine (29), followed by seven (7) on Maui, six (6) on Hawaii Island, two (2) on Kauai, and zero (0) on Molokai and Lanai.

Counseling Providers: Counseling Providers are either a Psychiatrist, Psychologist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Advanced Practice Registered Nurse (APRN) with a psychiatric or clinical nurse specialization. There was a total of fifteen (15) Counseling Providers who conducted mental capacity evaluations during this reporting period. The largest number of participating Consulting Providers were based on Oahu with eleven (11), followed by three (3) on Hawaii Island, and one (1) on Kauai, and zero (0) on Maui, Molokai, and Lanai.

Introduction

Chapter 327L authorizes Hawaii residents with a terminal illness and six (6) months or less to live to request medical-aid-in-dying prescriptions under the OCOCA. To help patients and providers understand the process required by law, the DOH launched a 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:

- Age 18 or older and a Hawaii resident;
- Able to take the prescribed medication themselves;
- Able to make two oral requests not less than 5 days apart to their Attending Provider;
- Able to provide one written request after meeting eligibility criteria from all three (3) health care providers; and
- Mentally capable to make an informed decision.

Details of the eligibility process may be accessed on the [DOH OCOCA website](#).

Reportable Information

The DOH collected the following reportable information during the period January 1, 2024, through December 31, 2024 (envelopes post-dated not later than December 31, 2024).

The following bullets represent data from 2024:

- The number of qualified patients for whom a prescription was written: **73**
- The number of known qualified patients who died: **57**
 - The cause of death of these fifty-seven (57) qualified patients includes some form of cancer (44), heart failure (6), lung disease (5), neurodegenerative disease (1), and end-stage renal disease (1).



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- The number of qualified patients who died because of self-administering the aid-in-dying prescription: **38**
- The number of qualified patients who died while enrolled in hospice or other similar palliative care program: **53**
- The number of known deaths in Hawaii from a prescription written per five-thousand deaths in Hawaii: **15**
- The number of Attending Providers who wrote prescriptions: **19**

Demographics of the (38) qualified patients who died due to self-administrating the aid-in-dying prescription:

Insurance types:	Private, Medicare, Military/Tricare
Age range:	53 - 100 years old
Education range:	High School Diploma, Associate’s degree, Bachelor’s degree, Master’s degree, Doctoral degree, and Professional degree
Race included:	Asian, Caucasian, Hispanic/Latino, Native Hawaiian, Other Pacific Islander
Sex:	Female (20), Male (18)
Underlying Illness:	Cancer (28), End-Stage Renal Disease (1), Heart Failure (4), and Lung Disease (5)

Cumulative totals from 2019 to 2024:

Description	2019	2020	2021	2022	2023	2024	Total
# of prescriptions written	30	37	70	60	91	73	361
# of known qualified patients who died	28	34	49	55	76	57	299
# who died because of self-administering the aid-in-dying prescription	15	25	29	37	51	38	195

Number of unique providers per year:

Provider Type	2019	2020	2021	2022	2023	2024
# of Attending Providers	13	14	21	17	14	19
# of Consulting Providers	21	26	36	39	56	44
# of Counseling Providers	10	11	16	18	11	15

In 2024, there was one (1) APRN as an Attending Provider and four (4) APRNs as Consulting Providers.



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Legislative Recommendations

The Department of Health recommends the repeal of the reporting requirement under Section 327L-14(d)(5), “the number of known deaths in Hawaii from a prescription written pursuant to this chapter per five-thousand deaths in Hawaii.” This metric is unnecessary and reveals no substantive additional information since deaths-per-5,000 is an arbitrary rate, and since not all deaths by ingestion of medication dispensed pursuant to Chapter 327L are documented.