

From Rick Tabor, some information pertinent to an honestly asked question at the end of our speaker, Dan Haire from Navian Hawaii on 24 March 2026.

As you might recall, I was very active in the legislative advocacy of the Our Care, Our Choice Act, through Compassion and Care, Hawaii. Sadly, I lost an uncle and two 'same-aged' cousins to cancer and then fought my own cancer while advocating for OCOCA! I tell ya what, that'll give a guy pause.

Historically, Navian has not publicly stated a formal, specific, or organization-wide position supporting or opposing OCOCA. While they are a major provider of hospice and palliative care, they are not listed as prominent proponents in public reporting regarding the law's passage in 2019. This is true of most hospitals and Kūpuna care agencies. It's a sensitive issue, as it should be.

### **Our Care, Our Choice Act: The Law,**

Hawai'i was the eighth jurisdiction in the U.S. to authorize medical aid in dying. The Our Care, Our Choice Act allows a mentally capable, terminally ill adult with six months or less to live to request our choice medication from their doctor which they choose to self-administer, if their suffering becomes unbearable, to bring about a peaceful death. The law was signed by Governor David Ige on April 5, 2018, and went into effect on January 1, 2019.

In 2023 we amended the wait period to help shorten the time it takes from start to receiving the medication.

The OCOC option is not for everyone. Most of us have no idea what we would want or will do in the case of a terminal diagnosis. The peace of mind that comes from knowing there is an our choice medication option is a tremendous relief for most people.

### **Who is Eligible for Medical Aid in Dying**

To be eligible for our choice medication under the Our Care, Our Choice Act, the patient needs to be;

1. An adult
2. Are Terminally ill
3. Given a prognosis of six months or less to live

4. Mentally capable of making their own healthcare decisions.

In addition, a person must meet the following requirements:

→ A resident of Hawai'i

→ Act voluntarily

→ Capable of self-administering the our care, our choice end of life medication.

### **Steps for Using the Law to Access Our Care, Our Choice End-of-Life Medication;**

In addition to meeting the requirements, there is a process that must be followed in order to qualify for a prescription for our care, our choice end of life medication.

→ A person must make a total of three (3) voluntary requests, two oral requests at least 20 days apart directly to their doctor and one written request using the statutory form and signed by two witnesses. These requests cannot be made by a designee or third party (including relatives or anyone with power of attorney), and the requests cannot be made via an advance healthcare directive.

→ Two Hawai'i physicians must agree that the requestor is eligible to use the Our Care, Our Choice Act option.

→ One physician prescribes the medication, and the other provides a consulting opinion. An ARNP can assess and prescribe, as well.

→ A patient's mental capacity must also be confirmed by a psychiatrist, psychologist or licensed clinical social worker. This evaluation may be provided in-person, through telehealth (by phone or video).

→ A person must prove residency in the state of Hawai'i by one of the following means:

◆ Possession of a driver's license or other identification issued by the state of Hawai'i

◆ Registration to vote in Hawai'i

◆ Evidence of ownership or leasing of property in Hawai'i, or

◆ Filing of a Hawai'i tax return for the most recent tax year. Compassion And Choices.org Page 1 Revised: 4.3.18

→ Qualified patients must also complete the statutory Final Attestation form within 48 hours prior to ingesting the our care, our choice medication, reiterating the intent to take the medication.

Note : A person may at any time withdraw the request for the our care, our choice end of life medication or decide not to ingest the drug.

### **Rules Regarding Witnesses to our Care, Our Choice Requests**

Two witnesses must sign the statutory written request form in the presence of the person requesting our care, our choice medication. This form will be available on the State Department of Health website, or you can find it at [www.CompassionandChoices.org/Hawaii](http://www.CompassionandChoices.org/Hawaii)

#### **The law requires that:**

→ The two adult witnesses attest that, to the best of their knowledge and belief, the person requesting the medication:

◆ Appears to be of sound mind and not under duress, fraud or undue influence.

◆ Voluntarily signed the request in their presence

→ Only one of the two witnesses may be related by blood, marriage or adoption: or be a person entitled to a portion of the person's estate upon death.

→ Only one of the two witnesses may own, operate or be employed at a healthcare facility where the qualified individual is receiving medical treatment or resides.

→ The attending physician, consulting physician or mental health specialist may NOT be one of the witnesses.

### **No Adverse Effect on a Person's Will or Insurance**

The law specifically mandates that wills, insurance, contracts and annuities are not affected if a qualified individual requests or ingests our care our choice medication. The

underlying illness is listed as the cause of death on the death certificate. The law specifies that a death resulting from self-administering our care our choice medication is not a death by suicide.

**Talking to Your Doctor About Our Choice, Our Care;**

Ask your doctors now whether they will support your end-of-life choices, including our choice, our care medication. This will encourage them to listen to your priorities and become prepared to provide you with the care you may want in the future. If your medical providers are unable or unwilling to support your end-of-life choices, you have the option to change your care to a healthcare team that puts your wishes first.