



End of Life Care

I. Policy

University Health Alliance (UHA) will reimburse for the care and medications associated with the medically necessary and lawful evaluation, documentation, and interventions related to medical aid in dying when such services meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Background

Patient-centered care is aligned with an individual's goals; it is collaborative and accessible, it respects patient and family traditions and values, and it addresses emotional as well as physical needs. It is a critical part of Hawaii's adoption of the "Our Care, Our Choice Act," which establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and a life expectancy of less than six months may choose to obtain a prescription for medication to end his or her life. It imposes criminal sanctions for tampering with a patient's request for the necessary prescription or coercing a patient to request such a prescription.

UHA has a longstanding commitment to the improvement of end-of-life care throughout the community and to its members. A concurrent care policy exists which seeks to avoid terminal suffering by either the commission of unnecessary care or the omission of therapies which might be unavailable in traditional hospice care (**See UHA's Concurrent Care/Open Access Hospice payment policy**). In addition, UHA has a solemn regard for doctor-patient relationships, a deep interest in medical ethics, and a devotion to patient-centered care.

III. Criteria/Guidelines

- A. UHA provides coverage for the evaluation and management of terminally ill members and the pharmaceuticals prescribed to voluntarily end life in accordance with applicable Hawaii statutes. Such care is covered only for members who are residents of the State of Hawaii and meet all the following criteria:
 1. Life expectancy of less than six months; and
 2. Confirmation by two health care providers of the patient's diagnoses, prognosis, and medical decision-making capacity, and the voluntariness of the patient's request; and
 3. Determination by a licensed counselor, clinical social worker, psychiatrist, or psychologist that the patient is capable and does not appear to be suffering from undertreatment or nontreatment of depression or other conditions that may interfere with the patient's ability to make an informed decision; and
 4. Patient gives two oral requests for a prescription written for the purpose to voluntarily end life, separated by not less than twenty days; one signed written request that is witnessed by two people, one of whom must be unrelated to the patient; and one signed final attestation; and
 5. Patient is then subject to an additional waiting period, of not less than forty-eight hours, between the written request and the writing of a prescription for the purpose to voluntarily end life; and
 6. Patient is supported under Hawaii law by strict criminal penalties against anyone who:
 - a. Tampered with the patient's request for a prescription written for the purpose to voluntarily end life; or

- b. Coerces the patient with a terminal illness to request such a prescription; and
7. The patient always shall retain the right to rescind the request for medication and be under no obligation to fill such prescription or use the medication.
8. When the above criteria are met, UHA will cover the provider evaluation and management and the pharmaceuticals prescribed to voluntarily end life.

IV. Limitations and Exclusions

- A. Coverage within this policy is limited to UHA members who are residents of the state of Hawaii (subject to change with law updates).
- B. UHA does not require any UHA participating provider, prescriber, or health care facility to assist in honoring any patient decisions regarding end-of-life care. In such instances, however, UHA does expect, to the extent possible, that providers will transfer care to another provider and to support the patient during the transfer process in keeping with the patient's wishes and in compliance with the "Our Care, Our Choice Act."
- C. UHA is available to assist members with insurance coverage questions and concerns, however, UHA encourages members who have any questions about end-of-life care or the content of the "Our Care, Our Choice Act" to discuss their concerns with their treating physician.
- D. All medical and pharmaceutical services and supplies referenced in this policy are subject to the member's UHA policy benefit limitations and any applicable copayments.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria considering any supporting documentation.

V. Administrative Guidelines

- A. Prior authorization is not required. The duties of the provider are outlined in Hawaii Revised Statutes and definitions and documentation requirements are clear. UHA may require the production of all documents during utilization management review. All statutory requirements must be completed in a timely manner with supporting documentation.

VI. Policy History

Policy Number: MPP-0128-190301

Current Effective Date: 03/01/2022

Original Document Effective Date: 03/01/2019

Previous Revision Dates: 3/01/2019

PAC Approved Date: 02/14/2019

References

- A. Our Care, Our Choice Act (End of Life Care Option). Available at: <https://health.hawaii.gov/opppd/ococ/>