

LINDA LINGLE  
GOVERNOR



LILLIAN B. KOLLER, ESQ.  
DIRECTOR

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DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 18, 2009

MEMORANDUM

TO: Honorable Robert N. Herkes, Chair  
House Committee on Consumer Protection and Commerce

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 1378, HD 1 – RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

Hearing: Wednesday, February 18, 2009, 2:00 PM.  
Conference Room 325, State Capitol

PURPOSE: The purpose of this bill is to require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. Grants increased signature authority and prescriptive rights. Amends definition of advanced practice registered nurse.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) outlines a mixed position on this bill that recognizes advanced practice registered nurses as primary care providers; grants them global signature authority and prescriptive rights; and amends the definition of advanced practice registered nurses.

Because of issues surrounding physician workforce shortage and access, especially in the Neighbor Islands, DHS supports recognizing advanced practice nurse

practitioners (APRN) as primary care providers practicing within their scope of practice. However, all APRNs may not be qualified to provide primary care.

When considering expanding the APRN scope of practice, DHS does not support the definition of APRN under Section 6 (1), which includes certified registered nurse anesthetists, certified nurse midwife, and clinical nurse specialists. These nurses have specialized training other than in primary care, and it would not be appropriate for them to provide primary care. This is similar to specialty physicians practicing in their specialty field and not in primary care. It will be important for this bill to specify only the APRNs qualified to provide primary care, e.g. adult, pediatric, or geriatric nurse practitioner.

DHS supports 'global signature authority' for APRNs, which will authorize them to certify documents related to the health care of their patients within the scope of their practice. Being able to certify documents, such as physical exam forms, Department of Health forms, and workers compensation forms, is an important part of practicing primary care so long as the APRN has specialized training in primary care.

Also, an important part of practicing primary care is prescriptive authority. DHS supports prescriptive authority for APRNs to prescribe/procure/administer/dispense over-the-counter and legend medications, medical devices and equipment, and nutritional, diagnostic and supportive services for those APRNs with specialized training in primary care. Because of the multiple issues surrounding controlled substances, DHS does not support prescriptive authority for controlled substances unless the APRN is in consultation with a supervising physician.

The Department of Human Services cares very much about expanding access to care for its clients, but not at the expense of quality or safety.

Thank you for this opportunity to testify.

LINDA LINGLE  
GOVERNOR



STATE OF HAWAII  
**DEPARTMENT OF PUBLIC SAFETY**  
919 Ala Moana Boulevard, 4th Floor  
Honolulu, Hawaii 96814

**CLAYTON A. FRANK**  
DIRECTOR

**DAVID F. FESTERLING**  
Deputy Director  
Administration

**TOMMY JOHNSON**  
Deputy Director  
Corrections

**JAMES L. PROPOTNICK**  
Deputy Director  
Law Enforcement

No. \_\_\_\_\_

TESTIMONY ON HOUSE BILL 1378 HD1  
A BILL FOR AN ACT RELATING TO  
RELATING TO ADVANCE PRACTICE REGISTERED NURSES  
by  
Clayton A. Frank, Director  
Department of Public Safety

Committee on Consumer Protection and Commerce  
Representative Robert N. Herkes, Chair  
Representative Glenn Wakai, Vice Chair

Wednesday, February 18, 2008, 2:00 pm  
State Capitol, Room 325

Representative Herkes and Members of the Committee:

The Department of Public Safety has concerns with House Bill 1378 HD1 as it pertains to the administering, prescribing, and dispensing of controlled substances. The Department feels that Advance Practice Registered Nurses like Physician Assistants need to be monitored by a Supervising physician when administering or prescribing controlled substances.

The Department would like to suggest the following amendments to House Bill 1378 HD1 on page 9 lines 9 and 10:

"(1) Prescribe, procure, administer and dispense over the counter, legend drugs, and controlled substances in compliance with provisions set forth in Chapter 329."

If this committee feels that Advance Practice Nurses with prescriptive authority should be able to prescribe controlled substances the following amendments must be made to Chapter 329.

Section 329-1 would have to be amended to add a new definition for "Advance Practice Registered Nurse" to read as follows:

""Advance Practice Registered Nurse with Prescriptive Authority" means a person licensed under section 457-8.6, who is registered under this chapter to administer, or prescribes a controlled substance under the authority and supervision of a physician registered under section 329-33. Under this section Advance Practice Registered Nurse with Prescriptive Authority are not authorized to request, receive, or sign for professional controlled substance samples.

The Department would also recommend that the definition of "Supervising physician" be amended to include advance practice registered nurses with prescriptive authority.

""Supervising physician" means a physician licensed to practice medicine in the State and registered under section 329-33, who supervises a physician assistant or advance practice registered nurse with prescriptive authority and retains full professional and legal responsibility for the performance of the supervised physician assistant or advance practice registered nurse with prescriptive authority and the care and treatment of the patient."

Section 329-38(g)(4) would also have to be amended to read as follows:

"(g) Prescriptions for controlled substances shall be issued only as follows:

- (1) All prescriptions for controlled substances shall originate from within the State and be dated as of, and signed on, the day when the prescriptions were issued and shall contain:
  - (A) The first and last name and address of the patient; and

(B) The drug name, strength, dosage form, quantity prescribed, and directions for use. Where a prescription is for gamma hydroxybutyric acid, methadone, or buprenorphine, the practitioner shall record as part of the directions for use, the medical need of the patient for the prescription. The controlled substance prescriptions shall be no larger than eight and one-half inches by eleven inches and no smaller than three inches by four inches. A practitioner may sign a prescription in the same manner as the practitioner would sign a check or legal document (e.g., J.H. Smith or John H. Smith) and shall use both words and figures (e.g., alphabetically and numerically as indications of quantity, such as five (5)), to indicate the amount of controlled substance to be dispensed. Where an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typed, shall be manually signed by the practitioner, and shall include the name, address, telephone number, and registration number of the practitioner. The prescriptions may be prepared by a secretary or agent for the signature of the practitioner, but the prescribing practitioner shall be responsible in case the prescription does not conform in all essential respects to this chapter and any rules adopted pursuant to this chapter. In receiving an oral prescription from a practitioner, a pharmacist shall promptly reduce the oral prescription to writing, which shall include the following information: the drug name, strength, dosage form, quantity prescribed in figures only, and directions for use; the date the oral prescription was received; the full name, DEA registration number, and oral code number of the practitioner; and the name and address of the person for whom the controlled substance was prescribed or the name of the owner of the animal for which the controlled substance was prescribed.

A corresponding liability shall rest upon a pharmacist who fills a prescription not prepared in the form prescribed by this section. A pharmacist may add a patient's missing address or

change a patient's address on all controlled substance prescriptions after verifying the patient's identification and noting the identification number on the back of the prescription. The pharmacist shall not make changes to the patient's name, the controlled substance being prescribed, the quantity of the prescription, the practitioner's DEA number, or the practitioner's signature;

- (2) An intern, resident, or foreign-trained physician, or a physician on the staff of a Department of Veterans Affairs facility or other facility serving veterans, exempted from registration under this chapter, shall include on all prescriptions issued by the physician:
  - (A) The registration number of the hospital or other institution; and
  - (B) The special internal code number assigned to the physician by the hospital or other institution in lieu of the registration number of the practitioner required by this section.

The hospital or other institution shall forward a copy of this special internal code number list to the department as often as necessary to update the department with any additions or deletions. Failure to comply with this paragraph shall result in the suspension of that facility's privilege to fill controlled substance prescriptions at pharmacies outside of the hospital or other institution. Each written prescription shall have the name of the physician stamped, typed, or hand-printed on it, as well as the signature of the physician;

- (3) An official exempted from registration shall include on all prescriptions issued by the official:
  - (A) The official's branch of service or agency (e.g., "U.S. Army" or "Public Health Service"); and
  - (B) The official's service identification number, in lieu of the registration number of the practitioner required by this section. The service identification number for a Public Health Service employee shall be the employee's social security or other government issued identification number.

Each prescription shall have the name of the officer stamped, typed, or handprinted on it, as well as the signature of the officer; and

- (4) A physician assistant or advanced practice registered nurse with prescriptive authority registered to prescribe controlled substances under the authorization of a supervising physician shall include on all controlled substance prescriptions issued:
  - (A) The DEA registration number of the supervising physician; and
  - (B) The DEA registration number of the physician assistant or advanced practice registered nurse with prescriptive authority.

Each written controlled substance prescription issued shall include the printed, stamped, typed, or hand-printed name, address, and phone number of both the supervising physician and physician assistant, and shall be signed by the physician assistant. The medical record of each written controlled substance prescription issued by a physician assistant shall be reviewed and initialed by the physician assistant's supervising physician within seven working days."

The Department also feels that Advance Practice Registered Nurses like Physician Assistants should not be authorized to recommend the medical use of marijuana. The Department recommends that section 329-121 definitions also be amended to read as follows:

"Physician" means a person who is licensed under chapters 453 and 460, and is licensed with authority to prescribe drugs and is registered under section 329-32. "Physician" does not include physician's assistant or advanced practice registered nurses as described in section 453-5.3 and 457-8.6.

Thank you for the opportunity to testify on this matter.



## DISABILITY AND COMMUNICATION ACCESS BOARD

919 Ala Moana Boulevard, Room 101 • Honolulu, Hawaii 96814  
Ph. (808) 586-8121 (V/TDD) • Fax (808) 586-8129

February 18, 2009

### TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

House Bill 1378, House Draft 1 – Relating to Advanced Practice Registered Nurses

The Disability and Communication Access Board (DCAB) is a statewide board with seventeen (17) members appointed by the Governor, thirteen (13) of whom are persons with disabilities or family members. The Board's mission is to advocate and promote full inclusion, independence, equal access, and quality of life for persons with disabilities in society. This testimony represents a position voted upon by the Legislative Committee of the Board.

DCAB administers the parking for persons with disabilities program that is operated by the counties on behalf of the State. We agree with the changes made in House Draft 1 clarifying that the signature authority for advanced practice registered nurses does not include certifying disability on the application for parking permits for persons with disabilities (page 5, line 19–21).

With this amendment, we have no further concerns about this measure.

Thank you for the opportunity to comment on this issue.

Respectfully submitted,

CHARLES W. FLEMING  
Chairperson

FRANCINE WAI  
Executive Director





# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
February 18, 2009, 2:00 p.m.

by

Virginia S. Hinshaw, Chancellor  
and

Mary G. Boland, DrPH, RN, FAAN  
Dean and Professor

School of Nursing and Dental Hygiene  
University of Hawai'i at Mānoa

### HB 1378 HD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Herkes, Vice Chair Wakai, and members of the House Committee on Consumer Protection & Commerce, thank you for this opportunity to provide testimony in support of HB 1378 HD1 to recognize advance practice registered nurses as primary care providers, granting of global signature authority and prescriptive rights, and amending the definition of advanced practice registered nurses (APRN). We support the intent of this measure, but wish to convey concerns with the recent amendments proposed in HD1, specifically regarding Sections 6 and 7.

We all agree that providing access while assuring quality health care is a national and state priority. Historically, physicians have served as the access point for primary care. Thus, the physician provider shortage and maldistribution throughout the islands is a subject of great concern. The 2008 Association of American Medical Colleges' *Principles for Health Care Reform* notes the geographic disparity of providers of care and recommends "the nation create appropriate incentives for health providers – whether nurses, generalists, or specialist physicians – to locate in communities of need" (AAMC, p. 9). The movement of the health care system is away from institutional based to primary and preventive care throughout the community and delivery by a wider choice of providers, including APRNs. While we work together to address state health workforce need, we hear increasingly from consumers and employers that they are unable to deliver services to their populations due to physician shortages. Thirty years of evaluation of APRN performance has demonstrated quality outcomes related to care delivery. As far back as 1986, the Congressional Office of Technology Assessment concluded that quality of care by APRNs and physicians was equivalent for comparable services, based on the "weight of the evidence" for both process measures and actual outcomes. Public systems, including the Department of Defense and Veteran's Affairs, effectively use a variety of providers to deliver care.

Designating advanced practice registered nurses as primary care providers in Hawai'i will increase access to healthcare by Hawai'i citizens, particularly in high need and rural communities. Likewise, the statute updates to support the processes of such care delivery including global signature authority and prescriptive rights. Because the bill uses nationally accepted definitions for APRNs education and certification, you can be confident that we will be assuring quality care delivery. This collaborative approach to addressing the demand for primary healthcare is a direction that 24 states have taken to address access issues.

The University of Hawai'i graduate programs preparing APRNs, using a hybrid model of distance and face to face strategies, are in high demand with local residents. We have numbers of students living on Big Island, Maui and Kaua'i who are excited about the potential to serve their home communities after graduation. Because we have competed successfully for federal funds to help underwrite the programs, we minimize cost to the state budget. Accepting a standard definition for "primary care provider" that includes APRNs as proposed in the bill will allow these well educated and nationally certified nurses to expand access in our communities.

As described in the reasons above, we are in full support of sections 1 through 5 which will allow the approximately 892 APRNs in the State of Hawai'i to practice to the full extent of their education while creating the structure to assure quality care delivery to consumers.

Section 6 amends the definition of APRN in Chapter 457 specifying educational and other qualifications for advanced practice registered nurses. We are in support of updating the current definition of APRNs to reflect the National Council on State Boards of Nursing (NCSBN) *2008 APRN Model Act/Rules and Regulations* which recommends that APRNs complete both a graduate-level education program **and** have passed a national certification exam, among other requirements. *Therefore, we respectfully suggest that future APRNs meet the requirement for both the appropriate graduate-level education (Section 6, item 1) and certification (Section 6, item 2) rather than meeting just one of these requirements as currently drafted in HB 1378 HD1.* The section includes a "grandfather" clause that enables currently recognized APRNs who may not have both credentials to continue their recognition and practice within their appropriate scope.

This model is also supported by the American Association of Colleges of Nursing, the national voice for America's baccalaureate- and higher-degree nursing education programs, of which SONDH is a member. In the long term, a uniform model of regulation will also remove barriers from APRNs who relocate from other states. The proposed changes will ensure consumer safety and access by removing statutory barriers to the full scope of national practice for APRNs and by setting education and quality requirements.

Section 7 amends section 457-8.6, relating to prescriptive authority which include adopting the APRN qualification requirements, and prescribing and ordering authority language from the *NCSBN APRN Model Act/Rules and Regulations*, thus nullifying the verification of 1,000 clinical hours experience and the collegial working relationship

agreement which has been a significant barrier to the practice of nursing in Hawai'i. We support those aspects of the amendment.

Optimally, the language in this section should work hand in hand with the new APRN definition proposed in section 6 that requires both education and certification requirements. An alternative as suggested by the Board of Nursing is to amend the requirements for future APRNs in section 7 of this bill (HRS 457-8.5) rather than in the definition. We support this alternative if it will facilitate the Board's transition of the NCBSN requirements while working with current APRNs that are recognized in the system. For example, grandfathered APRNs who do not meet both requirements would be able to practice as APRNs, but would be ineligible for prescriptive authority to ensure patient safety, consumer protection and consistency. Future APRNs would be required to meet both requirements to align Hawai'i with the national model for only one designation of APRNs while at the same time streamline the process. Additionally, we support that the Hawai'i State Board of Nursing is the authorized entity to ensure the statutes and rules for nurse licensure/recognition are enacted in accordance with this bill.

Finally, we disagree with the recent amendments in HB 1378 HD 1 to section 7 that reinstates the role of the Hawai'i Medical Board and the use of a formulary. The national trend is moving away from the use of the formularies because it is ineffective and creates process barriers to the full utilization of APRNs. Additionally, individual insurance plans have a formulary that guides their providers.

Thank you for allowing me to provide the education perspective on this important issue. Our shared goal is to promote patient safety and consumer protection while increasing access to health care. By applying the NCBSN model for APRNs in Hawai'i, we will be aligned with the nation's direction in nursing and healthcare. Furthermore, by revising the definition of primary care providers to APRNs, increased access to primary care services will be available to the citizens of Hawai'i.

The University of Hawai'i Mānoa and the School of Nursing and Dental Hygiene supports a collaborative approach to addressing the healthcare provider needs of Hawai'i and looks forward to our continued partnership with the legislature and community.

Thank you for the opportunity to testify.



**HAWAII GOVERNMENT EMPLOYEES ASSOCIATION**  
AFSCME Local 152, AFL-CIO

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The Twenty-Fifth Legislature, State of Hawaii  
Hawaii State House of Representatives  
Committee on Consumer Protection & Commerce

Testimony by  
Hawaii Government Employees Association  
February 18, 2009

**H.B. 1378, H.D. 1 – RELATING**  
**TO ADVANCED PRACTICE**  
**REGISTERED NURSES**

The Hawaii Government Employees Association supports the original version of H.B. 1378. As originally drafted, the bill establishes a requirement for insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. The proposed legislation will benefit the insured by expediting the care and services usually provided by other health care providers.

This bill also grants global signature authority and prescriptive rights, and amends the definition of advanced practice registered nurses. However, we object to the amendment that restricts their prescriptive authority under H.B. 1378, H.D. 1, as well as the effective date of July 1, 2020.

We respectfully request that this committee amend H.B. 1378, H.D. 1 back to its original version.

Respectfully submitted,

Nora A. Nomura  
Deputy Executive Director



HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Rep. Robert Herkes, Chair

Conference Room 325  
February 18, 2009 at 2:00 p.m.

**Testimony in support of HB 1378 HD 1.**

I am Rich Meiers, President and CEO of the Healthcare Association of Hawaii, representing the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers. I regret that I am not able to present testimony in person due to a previous commitment. However, I appreciate this opportunity to submit written testimony in support of HB 1378 HD 1, which requires health plans to reimburse advanced practice registered nurses for their services as primary care providers.

In Hawaii we enjoy a high level of health care in general. However, there are certain geographical areas – particularly on the Neighbor Islands – that are experiencing a shortage of physicians. As a result, residents of these areas have difficulty accessing quality health care. Advanced practice registered nurses can provide services within their scope of practice related to health maintenance, diagnosis, and treatment to help bridge this gap.

It should be noted that this bill does not expand the scope of practice of advanced practice registered nurses. In requiring health plans to cover their services, the bill improves access to primary care for people living in areas that are suffering from a shortage of physicians.

For the foregoing reasons, the Healthcare Association of Hawaii supports HB 1378 HD 1.



February 18, 2009

The Honorable Robert Herkes, Chair  
The Honorable Glenn Wakai, Vice Chair  
House Committee on Consumer Protection and Commerce

**Re: HB 1378 HD1 – Relating to Advanced Practice Registered Nurses**

Dear Chair Herkes, Vice Chair Wakai and Members of the Committee:

My name is Rick Jackson and I am President of the Hawaii Association of Health Plans (“HAHP”). HAHP is a non-profit organization consisting of seven (7) member organizations:

AlohaCare	MDX Hawai‘i
Hawaii Medical Assurance Association	University Health Alliance
HMSA	UnitedHealthcare
Hawaii-Western Management Group, Inc.	

Our mission is to promote initiatives aimed at improving the overall health of Hawaii. We are also active participants in the legislative process. Before providing any testimony at a Legislative hearing, all HAHP member organizations must be in unanimous agreement of the statement or position.

HAHP appreciates the opportunity to testify in opposition to Sections 1-4 of HB 1378 HD1 which could have the effect of requiring health plans recognize Advance Practice Registered Nurses (APRNs) who are not contracted with the plan as participating providers. HAHP takes no position on the remainder of the language in the measure.

We believe that language contained in Sections 1-4 of HB 1378 HD1 could undermine many of the consumer protections that are in place currently. Participating providers contracted with any health plan undergo a process whereby their credentials are checked to ensure that they are properly licensed and appropriately trained. Participating providers also sign a contract and agree to accept the health plans’ payment as payment in full for services rendered and cannot “balance bill” the member for additional costs. The enactment of the language in sections 1-4 of this measure would award any APRN the benefits of participating with a plan without having to undergo a contracting process and agreeing to accept the responsibilities that are included when participating with a plan. We believe that this could potentially put consumers at risk since health plans will have no way of verifying the ability of an APRN to practice in the State.

• AlohaCare • HMAA • HMSA • HWMG • MDX Hawaii • UHA • UnitedHealthcare •  
HAHP c/o Howard Lee, UHA, 700 Bishop Street, Suite 300 Honolulu 96813  
www.hahp.org

As such we would respectfully request that the Committee remove Sections 1-4 from the measure to continue to ensure consumers are receiving appropriate care from licensed and credentialed APRNs and are not forced to pay additional out-of-pocket amounts.

Thank you for the opportunity to offer comments today.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick Jackson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rick Jackson  
President

Testimony of  
Frank P. Richardson  
Vice President and Regional Counsel

Before:  
House Committee on Consumer Protection and Commerce  
The Honorable Robert N. Herkes, Chair  
The Honorable Glenn Wakai, Vice Chair

February 18, 2009  
2:00 pm  
Conference Room 325

**HB 1378 HD1            RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on HB1378 HD1 that would require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize Advanced Practice Registered Nurses as primary care providers.

**Kaiser Permanente Hawaii opposes this bill.**

Kaiser Permanente's usual position on legislative health mandates is to oppose them, in part because they often tend to dictate how medicine should be practiced, which sometimes results in medicine that is not evidence based and usurps the role and expertise of the practicing physician in providing safe, quality medical care, treatment and services.

In the case of this bill, Kaiser Permanente has a number of concerns. First, we would like to be clear that as one of the largest employers of Advanced Practice Registered Nurses (APRNs) in the state of Hawaii, Kaiser Permanente highly values the many contributions of its APRNs within its integrated healthcare delivery system and the care they provide to Kaiser's members. However, the fact is that APRNs are not clinically trained and educated to be Primary Care Providers (PCPs). APRNs are trained and educated to be nurses. Their scope of practice, intensity and duration of training and level of expertise is narrower than that of a physician.



The complexity of primary care, and the complex level of medical thinking and judgment that is required of a primary care physician, is simply more than what an APRN is trained to be prepared for. Primary care within the Kaiser Permanente delivery system includes performing procedures, the ability to take call for ER admissions, the ability to do inpatient work, and the ability to advise and inform clinical decisions when they conflict with clinical opinions of MD specialists, among other things. Thus, PCP credentials by any discipline other than MD or DO need to include cognitive and procedural skills, as well as medical skills, equivalent to a physician, not simply superior to a registered nurse.

Kaiser Permanente is also concerned with the granting of prescriptive authority to all APRNs to prescribe controlled substances. Currently, APRNs are prohibited from prescribing narcotics and controlled substances, presumably out of concern for patient safety and due to the lack of education, training, and pharmacological knowledge base of APRNs to safely prescribe these substances. As a result, controlled substances fall within the exclusionary formulary for APRNs with prescriptive authority. With the exception of the Certified Registered Nurse Anesthetists, Kaiser Permanente fears that it would not be safe to grant this prescriptive authority to APRNs.

Furthermore, if the purpose and intent of this proposed legislation is to address the State of Hawaii's critical access issue, Kaiser believes that this bill not only falls short of the mark, but may in fact contribute to increased patient care access issues. Government reimbursement issues will persist, cost of living issues will persist, lack of specialty care physicians will persist, and downstream costs of the healthcare system may actually increase as quality issues proliferate. Moreover, adding APRNs as PCPs to the specialty starved neighbor islands will likely result in an increase of referrals for specialty care that does not exist there.

In conclusion, the skill set of the APRN is highly valuable in collaboration with physician providers, where the APRN's scope of practice is clearly defined within specialties and sub-specialties, as opposed to a primary care setting for which they are not adequately prepared.

In closing, Kaiser Permanente would be happy to work with the legislature in better understanding the value of the APRN in our delivery care system and how they can be utilized in collaboration with physicians to provide enhanced quality of care to our State's populace.

Thank you for the opportunity to comment.



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**Wednesday, February 18, 2009, 2:00 pm, CR 325**

To: COMMITTEE ON CONSUMER PROTECTION & COMMERCE  
Rep. Robert N. Herkes, Chair  
Rep. Glenn Wakai, Vice Chair

From: Hawaii Medical Association  
Gary A. Okamoto, MD, President  
Philip Hellreich, MD, Legislative Co-Chair  
Linda Rasmussen, MD, Legislative Co-Chair  
April Donahue, Executive Director  
Richard C. Botti, Government Affairs  
Lauren Zirbel, Government Affairs

Re: HB 1378 ADVANCE PRACTICE REGISTERED NURSES

Chairs & Committee Members:

Hawaii Medical Association opposes this measure for the following reasons:

1. APRNs lack the requisite education and training to prescribe independent of direct physician supervision.
2. All prescriptive privileges should be decided by the Hawaii Medical Board, and not the Board of Nursing.
3. This bill will create a two-tiered health care system, in which the indigent and less educated patients will receive care inferior to that available to patients of higher socioeconomic status.
4. Should something go wrong while a patient is under APRN care, and the patient is transferred by the APRN to a physician for care, it will be the physician and the hospital who are sued, resulting in more lawsuits and higher malpractice premiums.

Thank you for the opportunity to provide this testimony.

Hawaii Medical Association  
1360 S. Beretania St.  
Suite 200  
Honolulu, HI 96814  
(808) 536-7702  
(808) 528-2376 fax  
[www.hmaonline.net](http://www.hmaonline.net)



February 17, 2009

Representative Robert Herkes  
Chair, Committee on Consumer Protection & Commerce  
Hawaii State Capitol, Room 320

**Re: H.B. 1378, HD1 – Relating to Advanced Practice Registered Nurses**  
**Hearing Date: Wednesday, February 18, 2009 at 2:00 p.m., Room 325**

Dear Chair Herkes and Members of the Committee on Consumer Protection & Commerce:

I am Mihoko Ito, an attorney with Goodsill Anderson Quinn & Stifel, testifying on behalf of Walgreen Co. (“Walgreens”). Walgreens operates more than 6,600 locations in 49 states, the District of Columbia and Puerto Rico. Walgreens also operates 217 Take Care Health Clinics in 15 states within select Walgreens stores, employing Advance Practice Nurses and Physician Assistants.

Walgreens **supports the intent of** H.B. 1378, HD1, which seeks to expand the authority of advanced practice registered nurses as primary care providers grants them global signature authority and authorizes them to exercise prescriptive rights. Specifically, Walgreens supports the following provisions of this measure:

- to mandate that insurers recognize advance practice nurses as primary care providers;
- to expand the signature authority to allow advanced practice nurses to “sign, certify and endorse all documents relating to health care for their patient”; and
- to expand the prescriptive authority of advanced practice nurses, while remaining **neutral** on the provision to expand that authority to include controlled substances.<sup>1</sup>

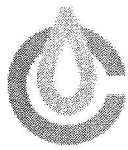
Walgreens supports H.B. 1378, HD1 because advanced practice nurses are highly qualified professionals, who are consistently rated by patients as trusted professionals in the health care system. Walgreen’s Take Care advanced practice nurses are board certified, with master’s degrees in the science of nursing. Research has shown that advanced practice nurses provide care comparable in quality to that provided by primary care physicians.

In addition, advanced practice nurses provide comparable care to physicians at lower costs to the patient. A typical visit to a nurse practitioner at a retail clinic costs \$59-\$80, whereas the same visit to a physician’s office costs \$95-\$150.

<sup>1</sup> With respect to prescriptive authority for controlled substances, Walgreens does not permit its advanced practice nurses to prescribe controlled substances even where permitted by law, as a matter of good business practices. Therefore, Walgreens does not have a position on this provision of the bill.

Advance practice nurses are a viable and qualified alternative to physician primary care, and in light of the increasing primary care physician shortage and rising healthcare costs overall, we respectfully ask for your favorable consideration of this measure.

Thank you very much for the opportunity to testify.



# Hawai'i State Center for Nursing

**Testimony Presented Before  
House Committee on Consumer Protection and Commerce  
February 18, 2009  
2:00 p.m.**

**By  
Barbara P. Mathews  
Executive Director  
Hawaii State Center for Nursing**

**HB 1378, H.D. 1, Relating to Advanced Practice Registered Nurses**

Chair Herkes, Vice Chair Wakai and Members of the Committee:

On behalf of the Hawai'i State Center for Nursing, I am pleased to provide testimony in support of the intent of HB 1378, H.D. 1 to allow the full utilization of Advanced Practice Registered Nurses (APRNs) who have been valuable providers of healthcare for decades both in Hawai'i and across the nation. Their education and experience positions them well to address critical areas of provider shortage in both urban and rural areas in our state.

While supporting the intent of this bill, there are serious concerns over section 7 relating to prescriptive authority for APRNs. The amendment removes the authority of the Board of Nursing to designate the requirements for prescriptive authority and maintains the APRN formulary under the auspices of the Hawaii Medical Board, thus creating continued barriers to full utilization. In addition, it removes the Joint Formulary Advisory Committee and does not include the limitation related to the specialty of the APRN. The Center for Nursing would like to support the wording as proposed by the Board of Nursing as the licensing body for nursing for the State of Hawai'i.

Evidence shows that APRNs provide safe, competent and quality care within their specialty and scope of practice. Updating the statute to enable APRNs to practice as primary care providers with global signature authority and prescriptive rights paves the way for healthcare delivery in areas of physician shortage.

With the aging of the population, there is an increased need for primary care as well as care for those individuals with chronic disease including children, the

elderly and those with mental illness. Advanced practice nurses are well suited to fill the gaps in our existing healthcare delivery system. Requiring a graduate degree and certification provides protection for consumers and assures that national standards are met.

This bill would have immediate impact on addressing healthcare needs in rural areas and for underserved populations. By removing barriers to current practice, APRNs could expand much needed services.

Thank you for the opportunity to testify.



## Hawai'i Primary Care Association

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To: **The House Committee on Consumer Protection & Commerce**  
The Hon. Robert N. Herkes, Chair  
The Hon. Glenn Wakai, Vice Chair

**Testimony in Support of House Bill 1378, HD 1**  
**Relating to Advanced Practice Registered Nurses**  
**Submitted by Beth Giesting, CEO**  
**February 18, 2009, 2:00 p.m. agenda, Room 325**

The Hawaii Primary Care Association urges your support of this bill which would ensure that third-party payers appropriately recognize and reimburse nurse practitioners as providers.

We find that nurse practitioners are excellent clinicians who earn very high marks for clinical quality and patient satisfaction. In addition, with shortages in physicians and financial resources, Hawaii would be well-served to expand the scope of practice for all licensed health professionals to include all services such professionals are qualified to provide.

Thank you for the opportunity to add our support to this measure.

LĀNA'Ī WOMEN'S CENTER DBA LĀNA'Ī COMMUNITY HEALTH CENTER

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**TO: The House of Representatives - Committee on Consumer Protection & Commerce  
February 18, 2009 2:00 PM , House Conference Room 325, Hawaii State Capital**

**Re: HB 1378 Relating to Advanced Practice Registered Nurses**

Thank you for the opportunity to speak in strong support of HB 1378. As a community health center executive director and resident of Lāna'ī , I have experienced the ill effects of lack of access to primary care services first hand. As I build the services that **Lāna'ī Women's Center dba Lāna'ī Community Health Center** offers to the community, I have based the foundation of our program upon FNP, APRN's. This foundation allows us to provide economic, culturally sensitive services in a high quality manner. And the clinical approach of our NP's blends well with our community's talk story style. But we have continually been challenged by our outdated APRN legislation that affects insurance payments and prescriptive authority.

APRN's are playing increasingly important roles in the delivery of health care services, particularly in medically-underserved and rural areas of our state where physicians are in scarce supply. APRN's provide safe, high quality primary care that meets the National Committee for Quality Assurance (NCQA) standards. Despite their proven track record of providing timely access to quality patient care with emphasis on health promotion, APRN's in Hawaii remain unable to practice as they are prepared and credentialed to.

This legislation is extremely important because it will strengthen Hawaii's health care safety net and prevent thousands of medically underserved patients from losing access to much needed primary care services. APRNs are entrenched in Hawaii's health care system as providers and are licensed with prescriptive authority. There bill does not entail major system changes or incur additional costs. Additionally, APRN's are ready and willing to move forward to quickly impact access once barriers to existing practice are removed. I strongly urge the committee support and pass this Bill as written.

Sincerely, Diana V. Shaw, PhD, MPH, MBA, FACMPE

*E Ola nō Lāna'ī*

LIFE . HEALTH . and WELL-BEING FOR LĀNA'Ī



THE HOUSE COMMITTEE ON  
CONSUMER PROTECTION &  
COMMERCE  
Wednesday,, February 18, 2009  
House conference room 325  
2:00 p.m.

**TESTIMONY in SUPPORT of HOUSE BILL NO. 1378 HD 1**  
Relating to Health Care; Advanced Practice Registered Nurse;  
Primary Care Provider; Prescriptive Authority

TO: THE HONORABLE ROBERT HERKES, CHAIR,  
THE HONORABLE GLENN WAKAI, VICE CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Amy Stone Murai and I testify in support of most of HB 1378 HD1, which seeks to improve access to care by removing barriers to care by advanced practice registered nurses (APRNs). I have been a nurse practitioner for 32 of the 44 years that the role has been in existence. I have practiced on the East and West Coasts and in between. I have worked in inner city clinics, public health clinics, faculty practice clinics, student health clinics and in private practice. Since 1989, I have been in Hawaii working for a large HMO and recently at a federally funded community health center which is mandated by the Social Security Act to have "a nurse practitioner, a physician assistant, or a certified nurse-midwife... available to furnish patient care services not less than 50 percent of the time the clinic operates." Additionally, I am a member of the Board of Nursing, but provide this testimony as an individual.

It is widely recognized at both the state and national levels that our health care system is not working, and to continue to operate as we have been will only result in continued failure. I am disappointed that HD1 proposes to extend the effective date of the statutory change to 2020, thereby continuing the status quo for 11 more years. Barbara Safriet, past Associate Dean at the Yale Law School and noted authority in the areas of administrative and constitutional law, and health care workforce regulation, describes our current health care system as "oriented to medicine rather than health, and to biomedical research and cure, rather than care."

More of our citizens are losing jobs and health coverage daily. There are many parts of this state, even on Oahu, where even those who have insurance coverage can't get care. They delay care until they no longer can, resulting in more serious health problems and an increased use of high-cost emergency room care and hospital admissions.

Strategies to recruit physicians to fill the gaps experienced by an increasing segment of our population have not been successful. Advanced practice nurses (APRNs) have historically provided care to the underserved and in underserved areas, often as the only care provider(s) in a large geographic area. The nurse midwives on Molokai have been hampered by current law and regulation-imposed restrictions that impede their ability to care for their patients (e.g. signing certifications, referring patients for needed therapies, prescribing prenatal vitamins, birth control and other needed medications). Nurse practitioners across the state experience these same frustrations.

From the early days of the profession, with its unstandardized programs to the current universal requirement for a graduate degree and national certification, the competence of advanced practice nurses has been documented in countless studies and publications. Claims of inferior education and 2<sup>nd</sup> class care have been used to sway rule makers, in spite of decades of evidence to the contrary. Advanced practice nurse run programs for patients with cardiac conditions have demonstrated a significant decrease in readmissions to hospitals compared with patients receiving standard medical care. Improved outcomes and lower costs are hard to argue against.

Studies have found that nurse practitioners can manage 80% of the needs of people presenting for primary care with outcomes as good, and in some cases better than physicians. What about that other 20%? Advanced practice nurses consult and refer their patients in the same way that primary care physicians do when the need exceeds their expertise. Dr. Catherine DeAngelis, in a commentary published in the Journal of the American Medical Association in 1994, states, "The ultimate accountability for each patient lies with the profession practicing within the scope of his or her practice, ie the type of care for which each professional has been educated and trained." HB 1378 HD 1 removes many of the barriers (e.g. need for physician signatures on forms and collaborative prescribing agreements) blocking full utilization of these skilled nurses.

In "Health Care Dollars and Regulatory Sense: The Role of Advanced Practice Nursing," published in the Yale Journal on Regulation, Safriet suggests,

Restrictions on APRNs' legally defined scope of practice should be removed to allow them to deliver the health services they are capable of providing. Prescriptive authority should be granted or broadened to encompass the pharmacological therapies necessary for care within their scope of practice capabilities. Reimbursement mechanisms should be provided for direct payment to APRNs for services rendered within their scope of practice. ... In defining scope of practice, states should eliminate all references to mixed-entities, and vest sole government authority over advanced practice nursing in the BON."

HB 1378 HD 1, section 7. states, "The Hawaii medical board shall submit an annual report of all amendments made to the formularies to the board." The reinsertion of this sentence is contrary to the recommendations of experts like Dean Safriet and to decades of evidence attesting to the safety and quality of APRN practice. I ask this committee to please reconsider its inclusion.

Thank you for the opportunity to testify in support, but with concerns, of HB 1378 HD 1, which seeks to remove barriers to access to advanced practice registered nurses and to the full provision of the care for which they have been educated and certified.

Amy Stone Murai, RN, MS, APRN-c

# Wailua Brandman APRN-Rx BC

Ke'ena Mauiola Nele Paia, LLC  
615 Piikoi Street. Suite 1509  
Honolulu, HI 96814

February 16, 2009

HOUSE OF REPRESENTATIVES  
THE TWENTY-FIFTH LEGISLATURE  
REGULAR SESSION OF 2009

COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Rep. Robert N. Herkes, Chair  
Rep. Glen Wakai, Vice Chair  
and Members of the Committee

DATE: Friday, February 18, 2009

TIME: 2:00 p.m.

PLACE: Conference Room 325

Good afternoon, Representatives Herkes, Wakai and Members of the Committee. My name is Wailua Brandman. Thank you for the opportunity to present testimony, as an individual, in support of HB 1378, relating to Advance Practice Registered Nurses (APRNs). I am an APRN in private practice in Honolulu. My specialty is Adult Psychiatric Mental Health Nursing. I am the President of the Hawai'i Association of Professional Nurses. My other professional responsibilities include being the O'ahu Board Member-at-Large of the American Psychiatric Nurses Association Hawai'i Chapter, and I am a committee member of the APRN Advisory Committee to the Hawai'i Board of Nursing (Board).

This is an excellent bill which would acknowledge APRNs for their Scopes of Practice, reduce redundancies in the process of health care, improve access to care for consumers and reduce the cost of health care in Hawai'i. As you may be aware, APRNs are educated to provide primary care, which includes preventative teaching and care, promotes self-care when indicated, and referrals to other providers when the needed care lies outside the APRNs scope of practice. APRNs are generally reimbursed at 85% of the Physician's Medicare Fee Schedule. By statute, the nursing profession in Hawai'i is an autonomous health care profession, regulated by nurses through the State Board of Nursing. APRNs should be granted authority to sign any documents substantiating the care they render. It is redundant and costly to require them to refer to physicians or psychologists to validate the care they have rendered to their patients when the State requires such signed documentation. APRNs perform the same kinds of evaluations, treatment plans and treatments but are compelled by State law to find a physician or psychologist to sign the APRNs work, most times when the MD or PhD has no experience or relationship with the APRNs patient. If the APRN is not qualified to perform the required evaluation or treatment, they refer the patient to a provider who is so qualified.

Note that the professional literature has for many years recommended the removal of the barriers

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to APRN practice as an improvement to the health care delivery system in the United States (The Institute of Medicine's *The Quality Chasm*, and Barbara Safriet JD's article Health Care Dollars and Regulatory Sense, in the Yale Law Journal, to name a couple).

APRNs have had prescriptive authority in Hawai'i for over a decade without substantial complaints. It is time to remove the barriers to their regulation by eliminating the oversight of the Board of Medical Examiners and to lift the restrictions on controlled substances. Note that staff level RNs have traditionally had control of the narcotic keys on hospital units, have been tasked with monitoring and evaluating responses to controlled substances and made recommendations to attending physicians to prescribe controlled substances for their patients when needed. To think that APRNs are not qualified to prescribe controlled substances without physician supervision is frankly ignorant and deprecating to APRNs.

Many of my patients do not see another health care provider because of the stigma of mental illness and the fear that they will not be treated like other patients by a general practitioner or family practice. They rely on me to monitor their overall health status, which I do with an initial history, review of systems, and when needed a limited physical examination. I also order initial baseline laboratory studies to screen for overall pathology. When I find abnormalities, I refer them, with encouragement and instilling confidence in the referral provider to deliver the quality of care they deserve. I also provide a great deal of case management to steer my patients through the delivery system, helping them make the appropriate phone calls, coaching them on pertinent questions to ask, and educating them as to the sequella they can expect if they ignore their pathology. Being acknowledged as a Primary Mental Health Care Provider would facilitate consumers' navigation through the health care system.

There seems to be one technical error in the bill, however. Graduate nursing education leads to a degree, not to certification. Certification is granted with the passing of certification examinations developed and administered by National Certification Agencies, such as the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, and others. For that reason, I suggest the bill be amended by inserting the word "graduate" before the word "degree" and deleting the line in Page 6, line 2, "or certification as a . . ." to the end of that section on line 5.

I concur with the amendments recommended by the Board Of Nursing in regards to regulation. Once again, thank you for this opportunity to testify in **strong support** of HB 1378, with the noted amendment.

Sincerely, and with  
Warmest Aloha,

*Wailua Brandman MSN APRN CSNP*

Wailua Brandman APRN-Rx BC

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**wakai1-Karen**

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**From:** Linda Beechinor [L.Beechinor@hawaiiantel.net]  
**Sent:** Monday, February 16, 2009 1:59 PM  
**To:** CPCtestimony  
**Subject:** HB-1378-CCPCCmteHearing 2-18

**TO:** The House of Representatives Committee on Consumer Protection  
& Commerce  
Wednesday, February 18, 2009 at 2:00 p.m.  
Conference Room 325, Hawaii State Capital

**FROM:** Dr. Linda Beechinor,  
Doctor of Nursing Practice (DNP)  
Advanced Practice Registered Nurse with Prescriptive Authority  
(APRN-Rx)  
Primary Care Provider (PCP) at a local community health center

**Re:** HB 1378, HD 1 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of this bill.

**Re: Primary care provider; advanced practice nurse**

I have been in practice as a Family Nurse Practitioner since 1998 when we were first recognized in the State of Hawaii. During this time, I have been credentialed and qualified as a provider with all the major health insurance entities. I have provided primary care to all ages of patients, in various healthcare settings in Hawaii, with not one single complaint against my license. There is similar history of safe and effective primary care provided by other APRN's in Hawaii, and across this country.

**Re: Global Signature Authority**

In my practice, I routinely assess patients for fitness for school, sports, employment, insurance, etc., etc., and sign my name to various forms provided for these purposes. It is insulting to receive a letter from our own State of Hawaii Department of Human Resources Development office rejecting my authorization of an employee's ability to perform her job requirements, per my documented physical examination and history of the employee's health status. I am recognized by the State of Hawaii to perform these duties because they are within my scope of practice, and no entity in Hawaii should be allowed to reject that authorization.

**Re: Prescriptive authority for advanced practice registered nurses**

I have also prescribed for patients within my scope of practice since 1999, with the proviso of collaborative physicians with whom I am to collaborate regarding these prescriptions. I cannot recall in the past ten years ever having the need to collaborate with a physician for this purpose, because I have the education and experience to safely and effectively render this service to patients independently. There are times when any primary care provider may consult with their peers regarding a patient's care, or refer the patient to a colleague for more specialized care, but I have never seen the need to collaborate with a physician about a prescription for a patient they have not seen and know nothing about.

Furthermore, the requirement for the Hawaii medical board to oversee nursing requirements and formularies for APRN prescriptive authority has not proved to be useful. The Board of Nursing is the ultimate authority on requirements for advanced practice nursing. The

formulary rules from the medical board turned out to essentially be that an APRN can prescribe anything within her/his scope of practice as designated by the Board of Nursing.

In conclusion, I would ask that the proposals contained in this bill be accepted by this committee, as advantageous to the safe, cost-effective care of the people of Hawaii. Thank you for the opportunity to testify.

Dr. Linda Beechinor, APRN-Rx  
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Honolulu Hawaii USA 96825  
phone: (808) 779-3001  
fax (808) 395-7428  
E-MAIL <L.Beechinor@hawaiiantel.net>

**wakai1-Karen**

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**From:** Allen Novak [alnnovak@msn.com]  
**Sent:** Tuesday, February 17, 2009 12:42 PM  
**To:** CPCtestimony  
**Cc:** Barbara Mathews; Nancy McGuckin; Wailua Brandman; Lenora Lorenzo  
**Subject:** HB 1378 HD 1 testimony

House Committee on Consumer Protection & Commerce  
Hearing Date: February 18, 2009 at 2:00 p.m.in House conference room 325.

I wish to testify in support of House Bill 1378 H.D.1.

I am a Psychiatric Advanced Practice Nurse with Prescriptive Authority practicing in Hilo.

HB 1378 H.D.1 would allow me to serve more patients (many of whom have severe or chronic mental illness) in my practice. More significantly, HB 1378 H.D.1 would allow more Advanced Practice Registered Nurses to provide treatment to desperately underserved areas of Hawaii such as East Hawaii Island. This entire island is a federally designated mental health provider shortage (HPSA) and medically underserved area (MUA). Utilization of the full potential of Advanced Practice Registered Nurses will offer great relief to the shortage. It is even more critical, since the Department of Health has cut the AMHD budget.

Hawaii has an opportunity to catch up with the rest of the nation by passage of HB 1378 H.D.1. It will remove unnecessary barriers to practice so that dedicated Advanced Practice Registered Nurses are not induced to leave for less restrictive states, as many of our physicians have already done. In almost all states, Advanced Practice Registered Nurses have the privilege of unobstructed, autonomous practice.

May I also state that the Board of Nursing should control the formulary used by Advanced Practice Registered Nurses with Prescriptive Authority. Doing so will avoid the creation of barriers to practice which can occur should another discipline wish to limit public access to Advanced Practice Registered Nurse services.

Thanking you in advance.

Allen Novak, APRN, Rx, CSAC  
122 Haili Street  
Hilo, Hawaii 96720



**wakai1-Karen**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 17, 2009 9:19 AM  
**To:** CPCtestimony  
**Cc:** geesey@hawaii.edu  
**Subject:** Testimony for HB1378 on 2/18/2009 2:00:00 PM

Testimony for CPC 2/18/2009 2:00:00 PM HB1378

Conference room: 325  
Testifier position: support  
Testifier will be present: No  
Submitted by: Yvonne Geesey  
Organization: Individual

Submitted on: 2/17/2009

Comments:  
I am in support of HB 1378.

**wakai1-Karen**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, February 17, 2009 9:18 AM  
**To:** CPCtestimony  
**Cc:** geesey@hawaii.edu  
**Subject:** Testimony for HB1378 on 2/18/2009 2:00:00 PM

Testimony for CPC 2/18/2009 2:00:00 PM HB1378

Conference room: 325  
Testifier position: support  
Testifier will be present: No  
Submitted by: Yvonne Geesey  
Organization: Hawaii Association of Professional Nurses

Submitted on: 2/17/2009

Comments:  
Hawaii Association of Professional Nurses is in support of HB 1378.

Committee on Consumer Protection & Commerce  
Rep. Robert Herkes, Chair  
Rep. Glenn Wakai, Vice Chair

Wednesday, February 18, 2009, 2:00 p.m. agenda, Room 325

H.B. No. 1378  
Strong Support

I would encourage you to amend Hawaii Revised Statutes Chapter 431, article 10A to recognize advance practice registered nurses as defined under section 457-85 as participating providers. At this point in time, as an APRN provider, my name cannot be placed as the ordering provider for diagnostic tests for some insurance companies. For these same companies, my services also have to be billed under the name of one of the physicians I work with. This is disingenuous and creates a lot of confusion. Many times, I do not receive the results of diagnostic tests I've ordered in a timely manner because the results are directed to the physician listed as the provider.

Please amend the current law to avoid confusion and allow patients to receive care in a timely manner.

Yours truly,

Naty Hopewell, APRN

**wakai1-Karen**

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**From:** Susan M Field [smfield@hawaii.edu]  
**Sent:** Tuesday, February 17, 2009 2:06 PM  
**To:** CPCtestimony  
**Subject:** testimony for HB 1378 HD 1

Aloha,

I am a Family Nurse Practitioner from the Big Island. I am submitting my testimony AGAINST HB 1378 because it would result in restricting practice for APRN's. I am against having the board of medicine having oversight of prescriptive authority for APRN's.

Respectfully,

Susan Field, FNP-c

Assistant Professor

University of Hawaii at Hilo

Dennis B. Lind, M.D.  
615 Piikoi St., Suite 1509  
Honolulu, HI 96814

Re: HB1378, Relating to Advanced Practice Registered Nurses

Good afternoon, Representatives Herkes and Wakai, and Members of the Committee on Consumer Protection and Commerce. I am a psychiatrist in private practice, and I've read this bill. I am in favor of APRNs being granted authority to sign any documents substantiating the care they render. It is redundant and costly to refer to physicians or psychologists to validate the care they have rendered to their patients when the state requires such signed documentation. If the APRNs perform the same kind of examination that a physician or doctoral level person performs, then it is obvious that they should be allowed to sign the proper documentation, rather than have the patient find a physician or psychologist to do the same thing. Obviously, if the APRN is not qualified to perform the required evaluation or treatment, then they will refer to someone who is so qualified.

Sincerely,

Dennis B. Lind, M.D.