

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION & COMMERCE

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Wednesday, February 18, 2009
2:00 p.m.

LATE TESTIMONY

**TESTIMONY ON HOUSE BILL NO. 1378, H.D.1, RELATING TO ADVANCED
PRACTICE REGISTERED NURSES.**

TO THE HONORABLE ROBERT N. HERKES, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Kathy Yokouchi. I am the Executive Officer for the Board of Nursing ("Board"). I appreciate the opportunity to present testimony on behalf of the Board on House Bill No. 1378, H.D.1. This testimony pertains only to Sections 5, 6 and 7. The Board supports Section 5 but has concerns with Sections 6 and 7.

Section 5 amends Chapter 457 by adding a new section relating to global signature authority. The Board supports this amendment as APRNs are formally educated and trained to assess, diagnose and manage clients and should be authorized to sign forms that fall within their scope of practice.

Section 6 amends the definition of APRN in Chapter 457 by adding provisions that will in effect:

- Require all APRNs to have both their Masters of Science in Nursing degree ("MSN") and national certification (page 6, lines 9 through 15);
- Allow all APRNs to prescribe when they are educationally prepared (page 7, lines 8-9); and
- Create confusion with another definition for APRN (page 7, lines 12-14).

The Board has concerns with a requirement that all APRNs have both an MSN and national certification. Currently, APRN recognition is granted if a registered nurse ("RN") has either an MSN or national certification. To obtain prescriptive authority ("APRN-Rx"), the registered nurse is required to have an MSN and national certification. It is important to note that not all APRNs seek prescriptive authority privilege (and the APRN-Rx designation). Also, not all recognized APRNs would meet the licensing standards set forth in this bill. Should this measure be adopted in its current form, APRNs who currently lack an MSN or national certification will be forced to obtain both if they wish to maintain the title of "APRN", even if they do not prescribe. Further, the Board is uncertain of the intent of the additional definition of APRN or the significance of the June 30, 2009 date included in Section 6 of the bill. Therefore, the Board reserves comment on these provisions until they are further clarified.

Section 7 amends section 457-8.6, relating to prescriptive authority. The proposed amendments will in effect:

- Allow all APRNs to prescribe while removing the Board's authority to designate the requirements (page 7, lines 18-22);
- Maintain the APRN formulary only under the auspices of the Hawaii Medical Board ("HMB") (page 7, line 22 and page 8, lines 1-2);
- Remove the Joint Formulary Advisory Committee ("JFAC") (page 8 lines 3-20);
- Remove the appropriate APRN working relationship with licensed physicians; and

- Allow all APRNs to prescribe, procure, administer, and dispense over the counter, legend, and controlled substances as well as medical devices/equipment, and plan and initiate therapeutic regimens (page 9, lines 4-16) without limitation to the APRN's specialty area.

The Board strongly disagrees with the removal of the JFAC. It has worked well since 2002 because it is composed of three licensed pharmacists, two persons from the Hawaii Medical Board, two persons from the Board, one representative from The John A. Burns School of Medicine, and one representative from a school of nursing with an APRN program. This combination of professionals allows for a healthy discussion because the perspectives and concerns of all three professions can be shared. The JFAC's meetings in 2003 and 2004 produced a recommendation to amend the APRN formulary. The Hawaii Medical Board accepted the JFAC's recommendation and made positive changes to the formulary.

Finally, the Board is concerned that the new provision (b) that will allow all APRNs to prescribe, procure, administer, and dispense all substances, medical devices and equipment; plan and initiate therapeutic regimens without explicit limitations to the individual APRN's practice specialty. Each practice specialty has a formulary, a list of medical devices and equipment, and therapeutic regimens that are unique to its client population. (Pediatric Nurse Practitioners medications, devices, etc. would differ from that of an Adult Psychiatric and Mental Health Clinical Specialist.)

In closing, the Board appreciates the intent of this measure, but asks the Committee to consider the concerns of the Board. Thank you for the opportunity to testify on House Bill No. 1378, H.D.1.

LATE TESTIMONY

Cynthia Stuhlmiller
7007 Hawaii Kai Drive A15
Honolulu, 97825

February 17, 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: Wednesday, February 18, 2009

TIME: 2:00 p.m.

PLACE: Conference Room 325

Good afternoon. I am urging **support of HB1378**, relating to Advance Practice Registered Nurses (APRNs).

My name is Cynthia Stuhlmiller. I am a clinically active APRN, Professor at the University of Hawaii, Behavioral Health Consultant with the MedQUEST Division, and board member of numerous professional organizations. Streamlining delivery of health care is of utmost importance to cutting costs and reducing needless wastage of both client and professional time. This bill will reduce steps between point of contact and delivery of service.

Please support HB1378.

Dr. Cynthia Stuhlmiller, RN, MS, DNSc.

LATE TESTIMONY

Testimony
House Health Committee
on
February 18, 2009, 2 PM ~ Conference Room 325

By

Dale M. Allison, PhD, RNC, APRN-Rx, FAAN
Hawai'i Pacific University
Professor of Nursing & Graduate Program Chair

HB 1378 HD 1 Health Care; Advanced Practice Registered Nurse; Primary Care Provider; Prescriptive Authority

Representative Ryan I. Yamane, Chair and members of the Committee:

Thank you for this opportunity to provide testimony regarding HB1378 HD 1 which requires 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.

As a nurse practitioner and educator of Advanced Practice Nurses (APRN) I am **opposed** to this bill as the oversight of prescriptive authority has been left with the Hawaii Board of Medical Examiners AND it deletes the requirement for a joint formulary which included medicine, pharmacy and nursing.

There is no reason that the Board of Medical Examiners be overseers for the Board of Nursing or nursing's practice. Advanced Practice Nurses have practiced and have had prescriptive authority in this state without **any** Advanced Practice Nursing licenses being rejected over the past 14 years. We have 100% compliance and no adverse outcomes in practice in this state. This is an unfair restriction of practice, and I am appalled that such a limitation to a good bill has come forward.

Please review the evidence and put forth a fair law that does not inhibit restriction of trade.

The content of the bill is sound, except for the prescriptive aspect of the bill. Please reconsider and reject this bill as it is currently written.

Mahalo nui loa for your attention to detail and fairness.

wakai1-Karen

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 18, 2009 11:12 AM
To: CPCtestimony
Cc: wailua@aya.yale.edu
Subject: Testimony for HB1378 on 2/18/2009 2:00:00 PM

LATE TESTIMONY

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

Conference room: 325
Testifier position: comments only
Testifier will be present: No
Submitted by: Wailua Brandman APRN-Rx BC
Organization: Individual
Address: [REDACTED]
Phone: [REDACTED]
E-mail: [REDACTED]
Submitted on: 2/18/2009

Comments:

In addition to my previous testimony, I strongly oppose the sentence in Section 7, regarding the Board of Medicine submitting a report annually as to changes made to the formulary. The BOM should not have any connection to APRN prescribing. Their history with oversight of APRN prescribing has been horrendous. Please delete this line so that regulation of APRN prescribing is entirely under the Board of Nursing. Thank you very much. Wailua Brandman APRN-Rx BC

wakai1-Karen

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 18, 2009 10:12 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

LATE TESTIMONY

Conference room: 325
Testifier position: comments only
Testifier will be present: No
Submitted by: Yvonne Geesey
Organization: Hawaii Association of Professional Nurses
Address: PO Box 4314 Honolulu, HI 96812
Phone: 808-227-9361
E-mail: geesey@hawaii.edu
Submitted on: 2/18/2009

Comments:
Amended testimony:

Hawaii Association of Professional Nurses is in support of the bill, but not the amendments made in House Draft one which is attempting to control APRN's prescriptive authority by the Hawaii Medical Board and doing away with the joint formulary and pushing back the enactment date to July 2020.

Mahalo.

wakai1-Karen

From: Lorenzo, Lenora L. [Lenora.Lorenzo@va.gov]
Sent: Wednesday, February 18, 2009 10:19 AM
To: CPCtestimony
Subject: HB 1378 HD1
Attachments: House Bill 1378 2- 2009 CPC revised.doc

Aloha ,

LATE TESTIMONY

I will be submitting Testimony in person and attached is my late written Testimony.

I speak in Strong Opposition to the HB 1378 as Revised by Senator Yamane and the House Committee on Health and in Strong Support of the original HB 1378 prior to this revision. It is transparent to all that the revisions were led by a special interest group intent on maintaining control of APRN Prescriptive Authority for personal gain and further decreasing access for Hawai'i health care consumers. There were 3 major revisions that changed the bill from granting global signature authority and prescriptive rights : 1)Section 457 #2 preventing APRN's from signing for handicap placards for their patients. 2) Section 457-8.6 that leaves the **oversight of prescriptive authority with the Hawaii Board of Medical Examiners AND it deletes the requirement for a joint formulary which included medicine, pharmacy and nursing. This is a serious step back for prescriptive authority in terms of what is available today.** 3)further makes this act effective in 2020.

The unrevised HB 1845 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. This 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 urge the House Consumer Protection Committee to advocate for and protect the rights of the health care consumer to strike out the revisions and reinstate the bill as originally submitted.

O au me ka ha`a ha`a (I am humbly yours),

Lenora Lorenzo, MSN, APRN-RX, BC -NP
Nurse Practitioner
VA Pacific Islands Health Care System

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Hawaii State Representative
AMERICAN ACADEMY OF NURSE PRACTITIONERS
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Primary Care Provider - Nurse Practitioner
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478 Lauhala Place
Lana'i City, Hawaii 96763
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HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

LATE TESTIMONY

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:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1378 which would require health plans recognize Advanced Practice Registered Nurses (APRNs) as participating providers as well as afford them other rights. HMSA has concerns with the language included in Sections 1-4 but takes no position on the remainder of the bill.

Sections 1-4 in the measure include a statement that health plans “shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers”. It would seem that this wording would require health plans to recognize any APRN as a participating provider in our network without having to have gone through any type of certification or contracting process. We have concerns with this language.

As this measure has been making its way through the legislative process, HMSA has been working with other stakeholders to come to consensus on language that would accomplish the goal of the measure without requiring plans to contract with or recognize uncontracted APRNs. We believe that the following changes will accomplish this goal.

The proposed changes clarify that a health plan may recognize a contracted participating APRN as a primary care provider but does not require the health plan to contract with the APRN. These changes include:

- In Sections 1-4, in subsections (a) and (b) the word “shall” was changed to “may”
 - In Subsection (a): Page 1, Lines 7 & 9; Page 2, Lines 10 & 11; Page 3, Lines 9 & 10; and Page 4, Lines 9 & 11
 - In Subsection (b): Page 1, Line 15; Page 2, Line 18; Page 3, Line 17; & Page 4, Line 17
- In Sections 1-4, subsection (b), a line was added stating that, “The insurer retains the right to determine the contracting criteria for the participating provider.”
 - Page 2, Line 3; Page 3, Line 2, Page 4; Line 2; & Page 5, Line 2

With each section changed according the amended language for Section 1 reads as:

"§431:10A- Primary care provider; advanced practice registered nurse.

(a) Each policy of accident and health or sickness insurance delivered or issued for delivery in this State may recognize advanced practice registered nurses as defined under section 457-8.5 and may include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider. "Participating" advanced practice registered nurses are defined as advanced practice registered nurses who have contracted with the insurer to provide advanced practice registered nurse services to its insureds.

(b) Notwithstanding any other law to the contrary, an insurer may recognize a participating advanced practice registered nurse as a primary care provider if the insured's policy requires the selection of a primary care provider. The insurer shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers. The insurer retains the right to determine the contracting criteria for the participating provider."

We believe that these amendments will provide the outcome which all of the stakeholders are seeking.

Thank you for the opportunity to provide testimony today. We urge you to support his measure with the proposed amendments.

Sincerely,



Jennifer Diesman
Assistant Vice President
Government Relations

wakai1-Karen

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 18, 2009 10:11 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: comments only
Testifier will be present: No
Submitted by: Yvonne Geesey
Organization: Individual
Address: PO Box 62245 Honolulu, HI 96812
Phone: 808-227-9361
E-mail: geesey@hawaii.edu
Submitted on: 2/18/2009

LATE TESTIMONY

Comments:
Amended testimony:

I am in support of the bill, but not the amendments made in House Draft one which is attempting to control APRN's prescriptive authority by the Hawaii Medical Board and doing away with the joint formulary and pushing back the enactment date to July 2020.

Mahalo.



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

Date: 02-18-2009 2 PM in House conference room 325.

Re: **HB 1378, HD 1, RELATING TO ADVANCED PRACTICE NURSING**

Chair Herkes, Vice Chair Wakai and Committee members:

My name is Barbara Kim Stanton, State Director of AARP Hawaii. AARP is a membership organization of people 50 and older with nearly 160,000 members in Hawaii. We are committed to championing access to affordable, quality health care for all generations, providing the tools needed to save for retirement, and serving as a reliable information source on issues critical to Americans age 50+.

AARP strongly supports HB1378, HD1. The purpose of this bill is to increase access to healthcare by supporting and allowing full utilization of advanced practice registered nurses. This would allow nurse practitioners to be included by payers as primary care providers. We need this statutory language to override regulations that limit the use of advanced practice registered nurses. Enactment will increase access to care by removing barriers to existing practice so that these currently licensed nurses can step in where they are needed.

We are facing a severe shortage of primary care providers who can care for people of all ages, but particularly those with multiple chronic conditions. Hawaii has a rapidly aging population (with the 65+ population expecting to double over the next two decades) and an insufficient long-term care support system. It also has more people—even children—who have complex problems associated with obesity, diabetes, and hypertension. Our residents need health care professionals who can teach them how to manage these problems, and prevent even worse problems from occurring. They need primary care—assessment of their physical condition, but even more important, consultation in how to manage their daily lives to improve their health and avoid worsening health. Advanced practice nurses can help fill this critical void, particularly in rural and underserved areas of our state. These nurses are already licensed with prescriptive authority and educated and trained to do what we need them to do—care for those who need primary, preventive and chronic care.

This bill does not require any major system changes and does not incur additional costs. Advanced practice nurses have been collaborating with physicians for many years and are ready to do what the Institute of Medicine has just called for them to do—practice to the fullest extent possible to meet the growing needs of an aging population. We strongly believe that this legislation can have an immediate impact on improving health care with no cost.

Thank you for the opportunity to testify.