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March 3, 2009

MEMORANDUM

TO: Honorable Marcus R. Oshiro, Chair  
House Committee on Finance

FROM: Lillian B. Koller, Director

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

Hearing: Tuesday, March 3, 2009, 3:00 PM.  
Conference Room 308, 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**  
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**CLAYTON A. FRANK**  
DIRECTOR

**DAVID F. FESTERLING**  
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**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 Finance  
Representative Marcus R. Oshiro, Chair  
Representative Marilyn B. Lee, Vice Chair

Tuesday, March 3, 2009, 3:00 pm  
State Capitol, Room 308

Representative Oshiro and Members of the Committee:

The Department of Public Safety (PSD) has concerns with House Bill 1378 HD1 as it pertains to the administer, 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 administer 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 nurse 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 prescribe 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 PSD 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

March 3, 2009

### TESTIMONY TO THE HOUSE COMMITTEE ON FINANCE

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



**PRESENTATION OF THE  
BOARD OF NURSING**

TO THE HOUSE COMMITTEE ON FINANCE

TWENTY-FIFTH LEGISLATURE  
Regular Session of 2009

Tuesday, March 3, 2009  
3:00 p.m.

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

TO THE HONORABLE MARCUS R. OSHIRO, 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 allowed 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.

Lastly, 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.



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
House Committee on Finance  
March 3, 2009, 3:00 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 Oshiro, Vice Chair Lee, and members of the House Committee on Finance, 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 are pleased to present suggestions regarding this bill.

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.

As described in the reasons above, we are in 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. We recognize that insurers may need to retain the right to determine the contracting criteria for participating providers, but with updated language APRNs (in accordance with their scope of practice) can help address the significant need for primary care health services.

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.

This model is 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 6 amends the definition of APRN in Chapter 457-2 specifying educational and other qualifications for advanced practice registered nurses. **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 stated. Also, we support the suggestion by the Board of Nursing to amend the requirements for future APRNs in HRS 457-8.5 rather than in the definition as proposed in the bill, but with the requirement for both graduate education and certification.** We fully 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.

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 *NCBSN 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 fully support those aspects of the amendment. However, Section 7 reinstates the role of the Hawai'i Medical Board and the use of a formulary. Since 1994, APRNs in Hawai'i have had limited prescriptive authority and are held to standards of practice, ethical codes, and peer review. **The attached draft bill (HD 2) is submitted for your consideration regarding the changes noted above as well as those that may facilitate insurer and the Board of Nursing's transition to support the intent of the bill.**

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.



Tuesday, March 03, 2009, 3:00 pm, Conference Room 308

To: COMMITTEE ON FINANCE  
Rep. Marcus R. Oshiro, Chair  
Rep. Marilyn B. Lee, 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

OFFICERS

Gary Okamoto, MD  
President

Robert Marvit, MD  
President Elect

Cynthia Jean Goto, MD  
Immediate Past President

Thomas Kosasa, MD  
Secretary

Jonathan Cho, MD  
Treasurer

April Donahue  
Executive Director

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.

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Testimony of  
Phyllis Dendle  
Director of Government Affairs

House Committee on Finance  
The Honorable Marcus R. Oshiro, Chair  
The Honorable Marilyn B. Lee, Vice Chair

March 3, 2009  
10:00 am  
Conference Room 308

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

Chair Oshiro, and committee members, thank you for this opportunity to provide written testimony on HB1378HD1 that would require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize Advanced Practice Registered Nurses as primary care providers. I apologize for my unavoidable absence and ask respectfully that you consider our amendments.

**Kaiser Permanente Hawaii supports this bill with amendments.**

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 had a number of concerns. In light of the discussions we have had with advocates for this bill we would like to propose the attached amendments.

Thank you for your consideration.

PROPOSED DRAFT FROM KAISER PERMANENTE

HOUSE OF REPRESENTATIVES  
TWENTY-FIFTH LEGISLATURE, 2009  
STATE OF HAWAIIH.B. NO. 1378  
H.D. 1

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## A BILL FOR AN ACT

RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

New SECTION 1:

The legislature finds that there is a need for more access to health care professionals particularly in rural areas. Studies show that appropriately trained advanced practice registered nurses can produce high quality care and achieve good health outcomes for patients. They are also capable of providing critical access to primary care and can play an important role in meeting current and growing demand for such care particularly in underserved areas. The disciplines of medicine and nursing, and the roles of physicians and advanced practice registered nurses, are different yet complementary. The interests of patients are well served when APRNs practice in collaboration with physicians. The purpose of this act is to recognize APRNs as participating providers for insurance purposes, to permit APRNs to sign documents relating to health care for their patients, clarify the educational requirements for APRNs and to broaden the authority



of APRNs to prescribe, pharmaceuticals including controlled substances, medical equipment, and therapeutic regimens.

SECTION 1. Chapter 431, article 10A, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§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 shall may recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall 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.

(b) Notwithstanding any other law to the contrary, an insurer shall provide its insured with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the insured's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."

SECTION 2. Chapter 432, article 1, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§432:1- Primary care provider; advanced practice**

**registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this state by a mutual benefit society shall may recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall 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.

~~—— (b) Notwithstanding any other law to the contrary, mutual benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers.~~"

SECTION 3. Chapter 432, article 2, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§432:2- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this state by a fraternal benefit society shall may recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall 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.

~~(b) Notwithstanding any other law to the contrary, fraternal benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."~~

SECTION 4. Chapter 432D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§432D- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this state by a health maintenance

organization shall may recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall 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.

~~—— (b) Notwithstanding any other law to the contrary, health maintenance organizations shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."~~

SECTION 5. Chapter 457, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§457- Signature authority.** Notwithstanding any law to the contrary, advanced practice registered nurses shall be authorized to sign, certify, or endorse all documents relating to health care provided within their scope of practice for their patients, including but not limited to workers' compensation

verification documents, verification and evaluation forms of the department of human services, verification and evaluation forms of the department of education, verification and authorization forms from the department of health, and physical examination forms; provided that:

- (1) Nothing in this section shall be construed to expand the scope of practice of advanced practice registered nurses; and
- (2) This section shall not apply to a certificate of disability that may be used to obtain parking privileges for disabled persons pursuant to part III of chapter 291."

SECTION 6. Section 457-2, Hawaii Revised Statutes, is amended by amending the definition of "advanced practice registered nurse" to read as follows:

"Advanced practice registered nurse" means a registered nurse who has met the qualifications for advanced practice registered nurse set forth in this chapter and through rules of the board, which shall include [~~educational requirements.~~] the following:

- (1) Has completed an accredited graduate-level education program leading to a degree or certification as a certified registered nurse anesthetist, a certified

nurse midwife, a clinical nurse specialist, or a certified nurse practitioner; or

- (2) Has passed a national certification examination that measures role and population-focused competencies;
- (3) Maintains continued competencies through recertification in role and population competencies through the national certification program;
- (4) Has acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients through a significant educational and practical concentration on the direct care of patients;
- (5) Demonstrates a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;
- (6) Has been educationally prepared to assume responsibility and accountability for health promotion and maintenance and to assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and nonpharmacologic interventions; and
- (7) Has clinical experience of sufficient depth and breadth to reflect the intended license.

~~"Advanced practice registered nurse" also includes any person holding a current, unencumbered recognition by the board as an advanced practice registered nurse as of June 30, 2009."~~

SECTION 7. Section 457-8.6, Hawaii Revised Statutes, is amended to read as follows:

**"§457-8.6 Prescriptive authority for advanced practice registered nurses.** (a) The board shall grant prescriptive authority to qualified or currently recognized, or both, advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to prescriptive authority. The Hawaii medical board shall submit an annual report of all amendments made to the formularies to the board.

~~[(b) The department of commerce and consumer affairs shall establish a joint formulary advisory committee composed of:~~

- ~~(1) Two persons licensed as advanced practice registered nurses and appointed by the board;~~
- ~~(2) Two persons licensed in medicine by the Hawaii medical board and appointed by the Hawaii medical board;~~
- ~~(3) Three persons licensed as pharmacists and appointed by the board of pharmacy;~~
- ~~(4) One representative of the John A. Burns school of medicine appointed by the dean of the University of Hawaii school of medicine; and~~

- ~~(5) One representative from a school of nursing with an advanced practice registered nurse program.~~

~~The joint formulary advisory committee shall recommend the applicable formulary for persons recognized under this section. The Hawaii medical board shall consider the recommendations of the joint formulary advisory committee in adopting the formulary. The appropriate working relationship with licensed physicians shall be reflected in rules adopted by the board in accordance with chapter 91.]~~

The board shall establish nursing requirements for education, experience, and national certification pursuant to rules adopted in accordance with chapter 91.

(b) Qualified or currently recognized, or both, advanced practice registered nurses shall be authorized to diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources and may:

- (1) Prescribe, procure, administer, and dispense over the counter, legend, and controlled substances, under collegial agreements with licensed physicians, as established by the board;
- (2) Prescribe, order, and dispense medical devices and equipment; and



- (3) Plan and initiate a therapeutic regimen that includes nutritional, diagnostic, and supportive services, including but not limited to home health care, hospice, and physical and occupational therapy."

SECTION 8. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 9. This Act shall take effect on July 1, 2020.



**OCCUPATIONAL THERAPY ASSOCIATION OF HAWAII**

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**1360 S. Beretania St., Suite 301, Honolulu, Hawaii 96814**

**Testimony by:  
Virginia Tully, OTR, MBA  
HB 1378hd1, Advanced Practice Registered Nurses  
Hse FIN Hearing – Tuesday, March 3, 2009  
Room 308 – 3:00 pm**

**Position: Support**

Chair Oshiro, and Members of the House Committee:

I am Virginia Tully, OTR, and past-president of the Occupational Therapy Association of Hawaii, (OTAH), which represents 507 occupational therapists (OTs) licensed in Hawaii. I regret that I am not able to be present. I am working with patients and cannot take time off from work.

OT's work in many settings throughout the State, including hospitals, schools, and prisons, to private facilities and community programs. We work with very young children, ages 0-3, as well as school aged children, adults, and the elderly, seeking to restore or develop social-emotional, physical, cognitive, communication and adaptive behavior challenges.

Through understanding of the effect of the consumer's disability, illness and impairment, the occupational therapist develops a program that will promote development and establish needed skills to be independent in daily living activities. Daily living skills include self-care such as bathing, dressing, and skills required for learning, work or social interaction. Often times, OTs must design/fabricate special devices or suggest modification to the home environment.

We support this measure because it will expedite care to the consumer by allowing nurse practitioners to make referrals for rehabilitation services when the MD is not available to sign and complete a prescription for care. Currently, we see an increased number of referrals from nurse practitioners, which must be declined and resubmitted with an MD's signature. This delays treatment to the consumer. We support the recognition of the nurse practitioner by insurers and see this measure as an alignment with Medicare guidelines about nurse practitioners and referrals for care.

Thank you for the opportunity to submit testimony. I can be reached at 544-3336 if further information is needed.



To: House Committee on Finance  
Rep. Marcus R. Oshiro, Chair  
Rep. Marilyn B. Lee, Vice Chair

Date: 03-03-09 3:00 PM in House conference room 308.

Re: **HB1378, HD1, RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

Chair Oshiro and Committee Members:

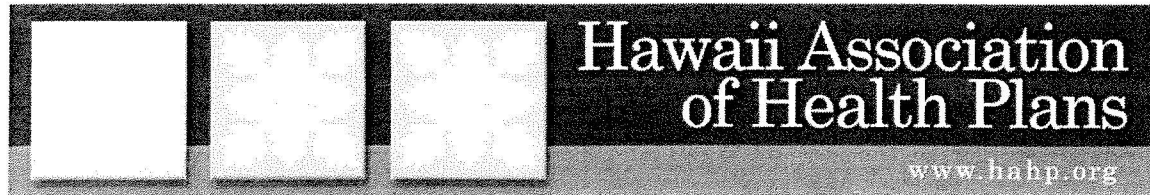
My name is Barbara Kim Stanton, State Director of AARP Hawaii. AARP is a membership organization of people 50 and older with nearly 160,000 members in Hawaii. We are committed to championing access to affordable, quality health care for all generations, providing the tools needed to save for retirement, 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 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. AARP would like to see language from SB 1045, SD1 which removes barriers to practice and, as most states, designates the Board of Nursing as the sole authority to regulate APRN education, practice and prescriptive rights. Requiring both a graduate degree and national certification within the specialty and scope of practice provides protection for consumers and assures that national standards are met.

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 are with no cost.

Thank you for the opportunity to testify.



March 3, 2009

The Honorable Marcus Oshiro, Chair  
The Honorable Marilyn Lee, Vice Chair  
House Committee on Finance

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

Dear Chair Oshiro, Vice Chair Lee 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 as currently drafted 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.

As such we would respectfully request that the Committee remove or amend Sections 1-4 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

# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

March 3, 2009

The Honorable Marcus Oshiro, Chair  
The Honorable Marilyn Lee, Vice Chair

House Committee on Finance

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

Dear Chair Oshiro, Vice Chair Lee and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 1378 HD1 with suggested amendments.

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

*H*awaii  
*A*ssociation of  
*P*rofessional  
*N*urses

**Aloha Representatives Oshiro and Lee and Members of the House Finance Committee:**

Mahalo for the opportunity to testify in opposition of HB 1378 HD 1. Will you please consider modifying the bill as follows:

**Please delete:**

SECTION 5.

- (2) This section shall not apply to a certificate of disability that may be used to obtain parking privileges for disabled persons pursuant to part III of chapter 291."

After researching federal law and regulations as well as Hawaii State law and rules it is clear that the federal law referenced by the Department of Health is a guideline from the federal government in the 1980s in an attempt to uniformly enact a disabled parking placard system. The law is not a mandate nor is it tied to federal highway funding.

Hawaii is one of 8 states that does not allow Advanced Practice Nurses to sign the certification forms for disabled parking certifications. In practice, we are actually completing the forms and then finding a colleague to sign them. Additionally this practice puts our colleague at risk under Hawaii Administrative Rules where they can be criminally prosecuted for falsifying these forms.

**Please delete:**

Section 6



(5) Demonstrates a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;

**Please add in both places: “The board of nursing shall...”**

Section 7

**"§457-8.6 Prescriptive authority for advanced practice registered nurses.** (a) The board shall grant prescriptive authority to qualified and currently recognized advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to prescriptive authority.

The board shall establish nursing requirements for education, experience, and national certification pursuant to rules adopted in accordance with chapter 91.

**Please delete:**

Section 7

The Hawaii medical board shall submit an annual report of all amendments made to the formularies to the board.

If this bill passes unamended, it will likely be a substantial step backwards for Advanced Practice Nurses. As written in HD 1, the bill puts the Board of Medical Examiners in control of our prescriptive authority which will probably result in our current scope of practice being restricted substantially as evidenced by past experience.

Mahalo!

Yvonne Geesey

Hawai'i Association of Professional Nurses

***P.O. Box 4314  
Honolulu, HI 96812***



# Hawai'i State Center for Nursing

**Testimony Presented Before  
House Committee on Finance**

**March 3, 2009**

**3:00 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 Oshiro, Vice Chair Lee 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. Updating the statute to enable APRNs to practice as primary care providers with global signature authority and prescriptive rights paves the way for a positive model of healthcare delivery. Their education and experience positions them well to address critical areas of provider shortage in both urban and rural areas in our State.

The Center for Nursing would like to support the **Senate version of this bill (SB 1045, SD 1)** which removes barriers to practice and, as in the majority of states, designates the Board of Nursing as the sole authority to regulate APRN education, practice and prescriptive rights. Decades of evidence from both medical and nursing literature show that APRNs provide safe, competent and quality care that is cost effective and with high patient satisfaction. Requiring both a graduate degree and national certification within the specialty and scope of practice provides protection for consumers and assures that national standards are met.

Local and national health workforce shortages lead to the lack of access to healthcare both on the neighbor islands and for underserved populations in all areas of the State. APRNs are an essential component of the primary healthcare team, and consumers are well-served when barriers to full practice are removed.

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.

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

Thank you for the opportunity to testify.



HOUSE COMMITTEE ON FINANCE  
Rep. Marcus Oshiro, Chair

Conference Room 308  
March 3, 2009 at 3:00 p.m. (Agenda #6)

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

The Healthcare Association of Hawaii advocates for its member organizations that span 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. Thank you for this opportunity to testify 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.

To: Rep. Marcus R. Oshiro, Chair, Rep. Marilyn B. Lee, Vice Chair  
and the Committee on Finance  
Tuesday, March 03, 2009; 3:00 p.m. Conference Room 308 Hawaii State Capital  
Re: HB 1378 HD1 Relating to Advanced Practice Registered Nurses

Mahalo for the opportunity to speak in Strong Support of INTENT OF HB 1378 in opposition to the revised HD1 (amendments offered below). I speak as the Hawaii State Representative of the American Academy of Nurse Practitioners (AANP) and as an individual who serves as a Primary Care Provider for the Veterans Administration and Lanai Community Health Center (LCHC). This measure will remove barriers to APRN practice and increase access to care in a time of increasing provider shortages. Both underserved populations and to those who have limited access to healthcare providers will benefit.

In regards to global signature APRN's for handicap placards, it was reported there is a federal regulation that specifies physicians must sign these. The alleged "Federal Law" is only guidelines. Therefore, each state may designate APRN's this signature ability. A majority of the states already allow APRN's to sign for these and I have attached a map that identifies which states do so. As one of the few PCP in LCHC which is a nurse managed community health center with no physician on site, our patients are not given the same rights as others because their APRN PCP cannot sign for their handicap placard, but can manage all other aspects of their health care. Therefore my patients would have to go to Straub or another provider off island, in both cases the additional fees incurred may not be covered under their HCI. As a PCP at the VA, this requires me to find another physician to sign this for my patient, again the physician is not the provider and therefore not knowledgeable of the patient's health care conditions and often signs it based on my recommendations. This adds another layer of costs and time to health care.

The present HAR impede APRN practice such that we are forced to seek physicians from each practice site to sign collegial documents that must be notarized and sent for record keeping to DCCA. Needless to say this is not only an administrative nightmare for DCCA, it is costly and unnecessary. Further it actually increases liability for our physician colleagues who and has led to APRN's not practicing in rural area or neighbor islands because they could not find a collegial physician. Therefore SB 1045 will remedy these issues.

There is ample research demonstrating the safety and quality of care APRN's provide. Please find attached summaries and references to these studies from

the AANP "Quality of NP Practice and NP Cost Effectiveness". APRN's have been prescribing safely and practicing within our scope of practice as PCP for the past 13 years in Hawaii and for over 40 years nationally without supervision by physicians. Therefore SB 1045 would allow APRN's to continue to practice and prescribe safely within their scope of practice as we have been prepared to do and as others APRN's across the nation are already doing!

**After reviewing the testimony of other groups and in discussion with other APRN leaders the following amendments are respectfully offered:**

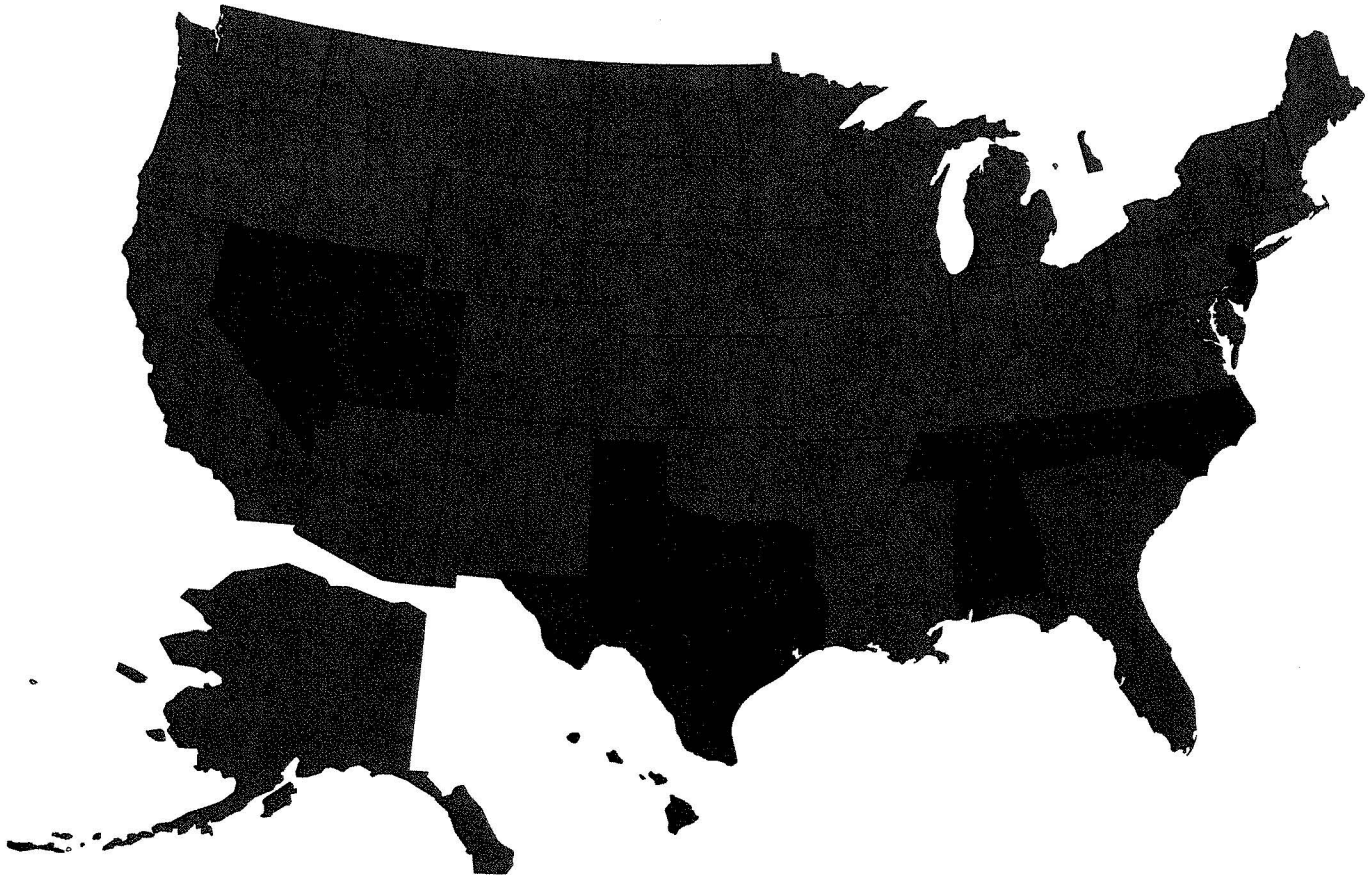
- Language should specify that Board of Nursing has sole authority to license and certify APRN's within their area of specialty and scope of practice.
- Employers retain the authority to credential providers within their organizations or on their panels. Health care delivery organizations retain the ability to manage the primary care provider designation within their organization. HMSA has drafted language to address this area.
- Both graduate education and national certification are necessary requirements to assure APRN competence and patient safety.
  - o The master's degree in the specialty area from a nationally accredited and Hawaii Board of Nursing approved school provides the knowledge base
  - o Clinical competence is demonstrated by achieving and maintaining national certification in the specialty area
  - o Insert language to provide for "grandfathering" of APRN's who are currently licensed but don't meet both of the above. Note these nurses are not and will not be able to prescribe. BON has drafted text.

This measure 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. APRN's 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 to care once barriers to existing practice are removed. **I urge the House Committee on Finance to pass this measure with above revisions. Mahalo.**

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

Lenora Lorenzo MSN, MSA, APRN-RX, BC-FNP/GNP, CDE  
Board Certified Family and Gerontological NP, Certified Diabetes Educator  
*Home Address:* 62396 Joseph P. Leong Hwy, Haleiwa Hi 96712  
Phone: (808) 637-3073

# NURSE PRACTITIONER AUTHORITY TO SIGN HANDICAP PARKING PERMITS



- States Where Nurse Practitioner Can Sign Handicap Placard Forms
- States Where Nurse Practitioner Can Not Sign Handicap Placard

Source: State Statutes  
©American Academy of Nurse Practitioners, 2009

*The American Academy of Nurse Practitioners is the largest full service Nurse Practitioner organization representing the 125,000 Nurse Practitioners in all Specialties*

Aloha Representatives,

I strongly support House Bill 1378.

I serve over 400 psychiatrically disabled veterans, as well as 100s of other seriously mentally ill residents on the Big Island of Hawaii.

In my private practice, I could serve about 100-200 more seriously mentally patients with monthly visits.

This is critical, since the state has cut the AMHD budget by about 75%, displacing about 700 Seriously Persistently Mentally Ill residents from accessible services on the Big Island.

This entire island is a federally designated mental health provider shortage (HPSA) and medically underserved area (MUA).

For decades, Hawaii was ranked dead last among US states and territories in mental health care delivery by National Alliance for the Mentally Ill (NAMI) report card.

I profess that APRNs are the only game in town for these vulnerable and deserving Hawaii residents.

APRN practice in Hawaii is seriously hampered by outdated legislation with regard to insurance payments and prescriptive authority.

Please remove unnecessary barriers to practice so that dedicated providers (like me) are not induced to leave for less restrictive states, as many of our physicians have already done.

Specifically:

1. Please keep authority for administering RX-P for APRNs under the auspices of the Board of Nursing rather than inappropriately reassigning it to the Board of Medical Examiners;
2. Amend current regulations requiring the cumbersome, mandatory MD/APRN collaborative relationship to a regulation that is reflective of almost all other states where APRNs, by virtue of training, expertise and



- licensing, function as independent, autonomous health care providers/prescribers.
3. Broaden signatory authority in its entirety to best serve the patients in geographically and/or socially disenfranchised areas that depend upon APRNs for 100 % of their health care needs. This is, again, in concordance with the rest of the United States.

Thank you for your thoughtful consideration of how to best serve the residents of Hawaii during our ongoing health care provider shortage.

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

Elizabeth Bush, MSN, APRN, CARN-AP, CSAC  
Board Certified Psychiatric Advanced Practice Nurse (NP and CNS)  
Certified Addiction Registered Nurse, Advanced Practice  
Certified Substance Abuse Counselor

"You must be the change you wish to see in the world." - Mahatma Gandhi

This letter is in support of H.B. NO. 1378. I am a new A.P.R.N in Hawaii with a background of 22 years as a Registered Nurse. I am also nationally board certified as an Adult Nurse Practitioner by both The Academy of Nurse Practitioner and The American Nurses Credentialing Center. It has been difficult for me to become employed in Hawaii because I do not have prescriptive authority. I have not been able to find a physician who will sponsor me due to the severe lack of availability from overwhelmed physicians.

Hawaii residents are well aware that we are about to celebrate The Queen's Medical Center's 150<sup>th</sup> Anniversary. The Queen's Medical Center's history began with King Kamehameha IV and Queen Emma's plea to establish a hospital for Hawaii in 1854. Although, The Legislature approved for the establishment of a hospital, no funds were appropriated. Frustrated the King and Queen Emma took to the streets fundraising to begin what is now known to be the most progressive hospital in the state of Hawaii.

150 years later, it appears that the plea for quality healthcare in Hawaii is being hampered by opponents of H.B. NO 1378. A groundbreaking study reported in *AJNP* ranked the regulatory environment for NP practice and consumer healthcare choice for each state by evaluating NPs' legal capacity, patient access to NP services, and patient access to NP prescriptions to arrive at a category ranking, wherein a score of 100 represents the ideal. Each state then received a grade of A to F relative to consumer choice. (At [www.webnp.net](http://www.webnp.net) \*Lugo NR, O'Grady ET, Hodnicki DR, Hanson CM. Ranking state NP regulation: practice environment and consumer healthcare choice. *Am J Nurse Pract.* April 2007;11(4):8-24. **In 2007 Hawaii received an F.**

I ask myself, "What are the factors that influence the Hawaii Association of Health Plans, Hawaii Medical Association, Kaiser Permanente Hawaii's decision to oppose this bill?" I asked several physicians this question. One physician answered that there have been too many malpractice suits with Nurse Practitioners. Others answered that granting full prescriptive authority would be a risk for them. When I asked them what source they had this information from, they all stated from other physicians. Evidence based research through the National Provider Data Bank Summary Report of 12/28/2008 listed the medical Malpractice Reports for the state of Hawaii to include 560 Medical Malpractice reports for physicians with a total of 15, 268 nationwide. The Medical Malpractice Reports for HI for NPs were 0 with a total of 845 nationwide. Therefore, the responses I received were hearsay and not evidence-based-practice information.

I am alarmed that in a state that is considered to be in a **health care crisis**, where many of Hawaii's doctors are cutting back on high-risk services taking early retirement, or moving to states with more patient-friendly liability laws, needless barriers persists towards Nurse Practitioners. According to an example of an effective response to the health care practice of rural Indiana with the aid of a PHHS Block Grant "Effective use of nurse practitioners increases access to health care and cost savings. Studies have concluded that 80% of adult primary care services and up to 90% of pediatric primary care services could be performed by nurse practitioners. The cost of seeking care from a nurse practitioner is 40% less than that of a physician." [www.cdc.gov/nccdphp/examples/pdfs/indiana\\_bg.pdf](http://www.cdc.gov/nccdphp/examples/pdfs/indiana_bg.pdf)

One of the principles of medical ethics is that “a physician shall respect the law and also recognize a responsibility to *seek changes* in those requirements which are contrary to *the best interest of the patients.*” The strategies for integrating safety and quality for Collaborate Healthcare Reform developed by the Institute of Medicine needs to be considered.

I urge the committees to vote in favor of H.B.NO 1378 to BE PASSED, WITH AMENDMENTS. Hawaii is in a state of Health Care Crisis and we need to collaborate in the efforts to streamline improved quality patient access to health care. Consider the example set by King Kamehameha and Queen Emma in their progressive example of *change*.

# Wailua Brandman APRN-Rx BC

Ke'ena Mauliola Nele Paia, LLC

615 Piikoi Street, Suite 1509

Honolulu, HI 96814

March 2, 2009

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

COMMITTEE ON FINANCE  
Rep. Marcus Oshiro, Chair  
Rep. Marilyn Lee, Vice Chair  
and Members of the Committee

DATE: Tuesday, March 3, 2009

TIME: 3:00 p.m.

PLACE: Conference Room 308

Good afternoon, Representatives Oshiro, Lee 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 1378HD1, 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 1378HD1, with the noted amendment.

Sincerely, and with  
Warmest Aloha,

*Wailua Brandman MSN APRN CSNP*

Wailua Brandman APRN-Rx BC

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This letter is an addendum to the testimony that I provided yesterday 3/2/2009.

I heard that a local Emergency Department was hiring Nurse Practitioners; I was interviewed by the phone from the physician's group office in California after they reviewed my CV. They were impressed and submitted my CV to this local Hospital's Medical Director of the Emergency Department. I was to call him on his cell phone to set up my interview.

I was rejected for employment by the Emergency Department (ED) because of my lack of prescriptive authority and the inability of a future potential of prescribing Controlled Substances. The Physician I spoke with explained that even though I was one of the best qualified applicants, his physician group decided to hire a Physician Assistant (PA) as the current law for the PA here in Hawaii grants them prescriptive authority as well as authority to prescribe controlled substances and they were in *desperate* need of filling their physician gaps with a midlevel practitioner. Please note that the requirement for the state of Hawaii mandates that NPs have a Master's degree to be allowed to apply for their APRN license and 30 CEs of Pharmacology within the last three years to apply for a prescriptive license, whereas a PA can apply for a prescriptive license after the completion of either an Associate, Bachelor's, Master's or Certificate Program. When they arrive to Hawaii, they can be hired with a temporary license while they wait to take their National Board. They are granted prescriptive license with authority to apply for their DEA to practice in Hawaii.

Hawaiian Medical Association's (HMA) 2009 Legislative Advocacy states that their objectives are to help physicians put patient care first, and to assure high quality health care for all the people in Hawaii. One of these objective goals is *To oppose granting prescriptive and surgical privileges to non-physicians.* [www.hmaonline.net/HealthCareAdvocacy/LegislativeIssues/tabid/732/Default.aspx](http://www.hmaonline.net/HealthCareAdvocacy/LegislativeIssues/tabid/732/Default.aspx) Under HRS 453, there is no language addressing prescriptive authority. Does this mean that the Hawaiian Medical Association considers a PA to be equal to a physician? Physician Assistants are not required by the Hawaiian Medical Association to hold graduate degrees. There are currently 146 certified PAs in the state of Hawaii as compared to 836 Board Certified Nurse Practitioners.

In quoting Thomas J Kane III MD (orthopedic surgeon and a member of Orthopedic Associates of Hawaii) from [www.starbulletin.com](http://www.starbulletin.com) 3/16/08 editorial "In 1994, Hillary Clinton cited Hawaii as the "model" for her proposed national health care reform based on universal health care coverage for its citizens. Now, 15 years later, Hawaii has become the model for health care meltdown." Dr. Kane addresses physicians leaving the state in droves. We **NEED** physician extenders to fill in the gap of providers in this state and we **NEED** to include Nurse Practitioners as primary care providers with full prescriptive rights, including the issuance of controlled substances to be included as an element in the NP scope of practice for the state of Hawaii.

I have included a letter written by the American College of Physicians that I received this morning.

Sincerely,  
Cristina E. Prokop, RN, BSN, MSN, APRN, C-ANP, ANP-BC

## FINTestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Tuesday, March 03, 2009 8:44 AM  
**To:** FINTestimony  
**Cc:** cristinaprokop@gmail.com  
**Subject:** Testimony for HB1378 on 3/3/2009 3:00:00 PM

**Attachments:** This letter is an addendum to the testimony that I provided yesterday 3.doc; HB1378 HD1\_DOC.mht



This letter is an addendum to ... HB1378 D1\_DOC.mht (34 KB)

Testimony for FIN 3/3/2009 3:00:00 PM HB1378

Conference room: 308  
Testifier position: support  
Testifier will be present: Yes  
Submitted by: Cristina E. Prokop, APRN, ANP-BC  
Organization: Individual  
Address: 91-1031 Laaulu St # 25G  
Phone: 808-685-1164  
E-mail: cristinaprokop@gmail.com  
Submitted on: 3/3/2009

**Comments:**

This letter was written as a plea from the American College of Physicians to physicians  
merican College of Physicians Issues New Policy on Nurse Practitioners in Primary Care

Laurie Barclay, MD  
Medscape Medical News 2009. © 2009 Medscape

March 2, 2009 — On February 17, the American College of Physicians (ACP) released a new policy monograph on nurse practitioners (NPs) in primary care. According to the statement, NPs, as well as physicians, must play critical roles in improving access to patient-centered healthcare.

"As we conduct research on the patient-centered medical home (PCMH), we will need to work out the roles best suited for physicians, NPs, and other healthcare professionals," ACP Regent and Chair of the Health and Public Policy Committee Fred Ralston, Jr, MD, FACP, who is also in full-time private practice in general internal medicine at Fayetteville Medical Associates, Tennessee, told Medscape Medical News. "We will benefit from [a] better understanding of the complementary roles that NPs can fill. Research and examples of 'best practices' will help in these efforts."

Both groups must work together as teammates, with mutual respect for the unique contributions and skills offered by each profession, according to the new policy. While developing this monograph, the ACP consulted with NP experts for input regarding their perspectives, with an initial meeting in July 2008 and subsequent dialogue via email.

"NPs and primary care physicians are confronted with similar workforce issues of predicted clinician shortages, increased proportion of clinicians practicing in subspecialties, and increased enrollment in educational programs," monograph coauthor Michael S. Barr, MD, MBA, FACP, who is ACP vice president of practice advocacy and improvement, told Medscape Medical News. "The College recognizes the important role that NPs play in meeting the current and growing demand for primary care, especially in underserved areas. As trained

healthcare professionals, physicians and NPs share a commitment to providing high-quality care."

#### Shortage in Primary Care Providers Demands Collaborative Solutions

The well-documented nursing shortage, which could reach as high as 500,000 by 2025, will result in fewer RNs entering advanced training programs and fewer qualified nurse educators available to teach more nurses needed to correct this shortage, according to Dr. Barr.

"To say that a primary care crisis is looming is an understatement," Susan Apold, PhD, RN, ANP-BC, from the American College of Nurse Practitioners (ACNP) and dean of nursing at Concordia College in Bronxville, New York, told Medscape Medical News. "NPs are viable partners in the solution to this crisis.... The nursing model prepares NPs to engage in health teaching and counseling in primary care settings and to diagnose and treat the health problems that result from lack of prevention."

Dr. Apold noted that 86% of the 140,000 US NPs address primary care issues in their practices, and that NP programs are educating 3 primary care NPs to every 1 primary care physician.

"NPs diagnose, treat, prescribe, and engage in case management services," Dr. Apold said. "NPs have more education in delegation, team leading, and collaboration than physicians — skills that are identified as essential in the success of any primary care model. The blend of skill sets of NPs and primary care physicians makes NPs indispensable to any primary care solution."

#### NPs May Help Alleviate Primary Care Physician Shortage

A study by the Association of American Medical Colleges indicates that future demand for primary care physicians will surpass supply more rapidly and to a greater extent for primary care than for any other specialty group. Policymakers should therefore consider the roles of NPs in improving access to primary healthcare services.

In fact, another study, published in the April 2008 online issue of Health Affairs, showed that even considering delivery of primary care services by NPs, there will still be an increasing shortage of primary care physicians for adults (Colwill et al. 2008:w232-w241).

Data reviewed by the ACP indicate that more than one third of physicians in primary care are older than 55 years, and most will likely retire within the next decade. Only 27% of residents now report primary care as a career goal compared with 54% 10 years ago. To meet the demand for primary care services, the ACP projects that a 38% increase in primary care physicians is needed.

"The future of primary care will depend on adequate supplies of physicians trained to provide primary care as well as NPs and other nonphysician clinicians," Dr. Barr said. "A recent study suggests that, similar to medical students and residents, NPs and physician assistants choose settings other than primary care."

#### Monograph Covers Workforce Policies and Other Issues

The monograph explains ACP's positions on the following issues:

Coverage of physician and NP training, expertise, skills, and abilities; Coordination of care vital to improving health outcomes; Licensing and certification examinations; Multidisciplinary care provided through the PCMH; Research regarding patient management by physicians and NPs; Education and training for all healthcare professionals; and Workforce policies designed to facilitate patient access to quality healthcare.

"Workforce policies should recognize that training more NPs does not eliminate the need nor substitute for increasing the numbers of general internists and family physicians trained to provide primary care," Dr. Barr said. "ACP calls for immediate implementation of policies to expand the primary care workforce capacity to influence the career choices of medical students and physicians already in residency programs, and the retirement and career decisions of primary care physicians already in practice."

Dr. Barr continued, "We urge that the federal government convene an advisory group of



experts on physician workforce, including representatives of national membership societies representing primary care physicians, nursing, physician assistants, [and] consumer and patient advocacy groups to develop specific and measurable goals on the numbers and proportions of primary care physicians and other clinicians needed to meet current and increased demand for primary care, including those associated with expansions of coverage."

ACP has advocated for development of a national healthcare workforce policy to include comprehensive measures designed to make it more attractive for physicians to choose primary care. These would be directed at the time when medical students decide whether they will go into an internal medicine or family medicine residency program, as well as at the time when internists complete their initial training and choose a career path of subspecialty, hospital-based, or office-based primary care medicine.

#### NP Scope of Practice

During the past 2 decades, the rise in numbers of NPs has led to passage of state laws expanding their scope of practice, license to issue prescriptions, and eligibility for third-party reimbursement. At the same time, national initiatives to improve healthcare access have opened the doors to broader roles for NPs in delivery of primary care.

"Outdated statute and regulation still create some barriers for NPs," Jan Towers, PhD, NP-C, CRNP, FAANP, FAAN, director of health policy at the American Academy of Nurse Practitioners (AANP) in Washington, DC, told Medscape Medical News. "These can be resolved with legislative and regulatory changes. As the knowledge of the scope of practice of NPs spreads, barriers to NPs being able to function at their full scope of practice have been and will continue to be reduced."

According to Dr. Barr, NPs can now practice independently, without any requirements for physician involvement, in 22 states and the District of Columbia. In all but 1 of the 28 states that require physician supervision or collaboration, the supervising physician need not be present during the provision of care. However, the nature of these collaborative agreements varies considerably from state to state.

As NP autonomy has increased, so has concern on the part of the medical community regarding continued assurance of delivering quality care, at times resulting in some contention between the 2 professions.

"Arbitrary regulations that have no basis in evidence prohibit full use of NP services in many states," Dr. Apold said. "Misunderstanding of the role of NPs, our educational preparation, and our scope of practice contribute to the fear among other healthcare professionals that NPs are unsafe or seeking to replace providers currently in the system. With the need for services so great, it is obvious that there is more than enough work for everyone involved in the system."

NP practice has been studied for almost 40 years, Dr. Apold pointed out, and outcomes data support that NP outcomes in hypertension, diabetes mellitus, asthma, and other health problems are equal to physician outcomes (Mundinger et al. JAMA. 2000;283:59-68.). Data from the Institute for Nursing Centers also suggest that NPs provide excellent primary care services, particularly for underserved populations (Horrocks et al. BMJ. 2002;324:819-823).

"The greatest benefit to the healthcare system is the infusion of an additional type of provider who possesses a unique skill set that blends the nursing and medical model of care to enhance care delivery," Dr. Apold said. "NPs increase access, provide quality care, and are an affordable addition to the primary care workforce."

#### Physician Concerns Regarding NP Scope of Practice

An important caveat of the ACP monograph is that advanced practice nursing is not intended to substitute for or replace primary care medical practice provided by general internists, family physicians, and other physicians.

"My greatest concern as an NP and an NP leader is the continued lack of understanding of the role and contributions of NPs," Dr. Apold said. "NPs are available to enhance and improve primary care services, not to replace existing providers or to engage in turf or

power struggles with other members of the healthcare team. NPs are part of the solution."

Specific concerns raised by physician groups have included the adequacy of NP training and certification, comparisons made by NPs to care delivered by physicians, quality of patient outcomes, and the perceptions that NPs may be attempting to displace or replace primary care physicians.

"There are no negative or harmful consequences to patients when NPs are intentional providers of care," Dr. Apold said. "Indeed, whether NPs serve as employees in practices, [serve as] members of primary care service teams, own and operate their own practices, or lead medical homes, the care is of the highest quality."

Much controversy surrounds the doctor of nursing degree (DNP), according to Dr. Barr. While some NP organizations want to use step 3 of the US Medical Licensing Examination and certification by the National Board of Medical Examiners for the DNP degree, others would prefer that these examinations be developed by and for NPs.

"While there are differences in the nature and extent of training of physicians and NPs, and the scope of practice for NPs varies considerably from state to state, the College acknowledges that NPs are healthcare professionals with the capability to provide important and critical access to primary care," Dr. Barr said. "However, the physician community also has concerns about whether NPs are trained adequately to care for complex patients with unknown diagnoses."

Another concern voiced by Dr. Barr on behalf of the ACP is regarding possible confusion on the part of patients if the use of the title of "doctor" by NPs is not clearly explained. ACP affirms the right of patients to be informed of the credentials of their healthcare provider, which should enhance patient understanding of the background, orientation, and qualifications of the healthcare professionals providing their care and improve patient ability to distinguish among different healthcare professionals.

"Physicians are often the most appropriate healthcare professional for many patients," Dr. Barr said. "Whenever possible, the needs and preferences of every patient should be met by the healthcare professional with the most appropriate skills and training to provide the necessary care. Patients with complex problems, multiple diagnoses, or difficult management challenges will typically be best served by physicians working with a team of healthcare professionals that may include NPs and other nonphysician clinicians."

By virtue of their extensive training, study, and experiences while in medical school, residency, and for some, postresidency education, physicians have unique knowledge, skills, and abilities that may be needed in challenging cases, Dr. Barr pointed out.

"While there may be clinical conditions and situations for which care can be provided by either an NP or a physician, the training and experience of a physician provides him/her with greater diagnostic capability, knowledge of complex conditions and the associated human physiology, and [understanding of] the impact of pharmacologic interventions and interactions," Dr. Barr said. "Physicians generally attain a greater ability to make decisions and recommendations when there is incomplete or contradicting data. Uncertainty and the absence of a clear diagnosis and/or guidelines for evaluation require a physician's professional expertise and judgment."

#### ACP Favors Team-Based Model

"Therefore, ACP favors the team-based model of healthcare and collaborative care," Dr. Barr explained. "Our discussion with some NP leaders suggested that the majority of NPs also prefer this model."

While acknowledging the existing ability for NPs to practice independently in some states and the mandate to test different models of the PCMH, the ACP recommends ongoing assessment of PCMH demonstration projects, including those led by physicians as well as those led by NPs.

Data showing a connection between lower costs and better health outcomes in areas of high primary care have been based on primary care physician numbers," Dr. Ralston said. "It may be easy for politicians to say that similar outcomes would occur with independent NPs. Much of the potential for cost savings and quality improvement lies with the 20% or so of Medicare patients with chronic disease who generate up to 80% of the costs, [and]

physicians are best suited by training and experience to lead the team caring for those challenging patients."

#### Need for Additional Evaluation

Jr. Barr suggests that the effectiveness of NP-led PCMH practices should be evaluated in accord with existing state practice acts and be consistent with the following:

Demonstration projects testing the effectiveness of NP-led PCMH practices should meet the same eligibility requirements as those for physician-led practices.

NP-led PCMH practices should be subject to the same recognition standards to participate in the demonstration project as physician-led practices.

NP-led PCMH practices should be subject to the same standards of evaluation as physician-led PCMH practices.

Patients who are selecting a PCMH as their source of regular care should be informed in advance whether it is a physician-led or NP-led practice and told the credentials of the persons providing care within each practice.

All clinicians within the PCMH are operating within existing state practice acts.

Payments and evaluation metrics for both physician- and NP-led PCMH practices must take into account differences in the case-mix of patients seen in the practice.

"NPs can increase a medical practice's ability to provide access when it is needed, which makes it less necessary for patients to go to the emergency room or urgent care centers for acute care," Yul D. Ejnes, MD, FACP, chair of the ACP Medical Service Committee, told Medscape Medical News. He is in private practice as a general internist at Coastal Medical in Cranston, Rhode Island.

"In addition, the NP's role as a member of a care team helps patients with chronic diseases such as diabetes and hypertension to manage their conditions better...", Dr. Ejnes said. "[NPs] have diagnosed and treated my patients' acute medical problems, which increases my patients' access to care, as well as collaborated in the management of my patients with chronic medical problems, allowing my practice to provide primary care to more patients."

In addition to pursuing ongoing dialogue with NPs, ACP intends to consult with and to further explore the role of other professions, particularly physician assistants, in addressing increasing US demand for primary care.

"It is important to remember that there are not enough primary care doctors to meet the needs of a society that includes large numbers of baby boomers hitting peak years of medical need," Dr. Ralston concluded. "The projections for primary care workforce needs are so substantial that it is clear we will need to use a variety of healthcare professionals in appropriate roles."

American College of Physicians. Nurse Practitioners in Primary Care. Philadelphia: American College of Physicians; 2009: Policy Monograph.

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**Report Title:**

Health Care; Advanced Practice Registered Nurse; Primary Care Provider; Prescriptive Authority

**Description:**

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. Amends definition of advanced practice registered nurse. (HB1378 HD1)

HOUSE OF REPRESENTATIVES  
TWENTY-FIFTH LEGISLATURE, 2009  
STATE OF HAWAII

H.B. NO. 1378  
H.D. 1

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## A BILL FOR AN ACT

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RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

SECTION 1. Chapter 431, article 10A, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§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 shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall 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.

(b) Notwithstanding any other law to the contrary, an insurer shall provide its insured with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the insured's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating

primary care providers."

SECTION 2. Chapter 432, article 1, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§432:1- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this state by a mutual benefit society shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall 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.

(b) Notwithstanding any other law to the contrary, mutual benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."

SECTION 3. Chapter 432, article 2, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§432:2- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this state by a fraternal benefit society shall recognize advanced practice registered nurses as defined under section 457-8.5

as participating providers and shall 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.

(b) Notwithstanding any other law to the contrary, fraternal benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."

SECTION 4. Chapter 432D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

**"§432D- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this state by a health maintenance organization shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall 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.

(b) Notwithstanding any other law to the contrary, health maintenance organizations shall provide their members with an

opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."

SECTION 5. Chapter 457, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"§457- Signature authority. Notwithstanding any law to the contrary, advanced practice registered nurses shall be authorized to sign, certify, or endorse all documents relating to health care for their patients, including but not limited to workers' compensation verification documents, verification and evaluation forms of the department of human services, verification and evaluation forms of the department of education, verification and authorization forms from the department of health, and physical examination forms; provided that:

- (1) Nothing in this section shall be construed to expand the scope of practice of advanced practice registered nurses; and
- (2) This section shall not apply to a certificate of disability that may be used to obtain parking privileges for disabled persons pursuant to part III of chapter 291."

SECTION 6. Section 457-2, Hawaii Revised Statutes, is amended by amending the definition of "advanced practice registered nurse" to read as follows:

"Advanced practice registered nurse" means a registered nurse who has met the qualifications for advanced practice registered nurse



FD-1570 (Rev. 11-15-03)

set forth in this chapter and through rules of the board, which shall include ~~[educational requirements.]~~ the following:

- (1) Has completed an accredited graduate-level education program leading to a degree or certification as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a certified nurse practitioner; or
- (2) Has passed a national certification examination that measures role and population-focused competencies;
- (3) Maintains continued competencies through recertification in role and population competencies through the national certification program;
- (4) Has acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients through a significant educational and practical concentration on the direct care of patients;
- (5) Demonstrates a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;
- (6) Has been educationally prepared to assume responsibility and accountability for health promotion and maintenance and to assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and nonpharmacologic interventions; and
- (7) Has clinical experience of sufficient depth and breadth to reflect the intended license.

"Advanced practice registered nurse" also includes any person

holding a current, unencumbered recognition by the board as an advanced practice registered nurse as of June 30, 2009."

SECTION 7. Section 457-8.6, Hawaii Revised Statutes, is amended to read as follows:

**"§457-8.6 Prescriptive authority for advanced practice registered nurses.** (a) The board shall grant prescriptive authority to qualified or currently recognized, or both, advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to prescriptive authority. The Hawaii medical board shall submit an annual report of all amendments made to the formularies to the board.

~~[(b) The department of commerce and consumer affairs shall establish a joint formulary advisory committee composed of:~~

- ~~(1) Two persons licensed as advanced practice registered nurses and appointed by the board;~~
- ~~(2) Two persons licensed in medicine by the Hawaii medical board and appointed by the Hawaii medical board;~~
- ~~(3) Three persons licensed as pharmacists and appointed by the board of pharmacy;~~
- ~~(4) One representative of the John A. Burns school of medicine appointed by the dean of the University of Hawaii school of medicine; and~~
- ~~(5) One representative from a school of nursing with an advanced practice registered nurse program.~~

~~The joint formulary advisory committee shall recommend the applicable formulary for persons recognized under this section. The Hawaii medical board shall consider the recommendations of the joint formulary advisory committee in adopting the formulary. The~~

~~appropriate working relationship with licensed physicians shall be reflected in rules adopted by the board in accordance with chapter 91.]~~

The board shall establish nursing requirements for education, experience, and national certification pursuant to rules adopted in accordance with chapter 91.

(b) Qualified or currently recognized, or both, advanced practice registered nurses shall be authorized to diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources and may:

- (1) Prescribe, procure, administer, and dispense over the counter, legend, and controlled substances;
- (2) Prescribe, order, and dispense medical devices and equipment; and
- (3) Plan and initiate a therapeutic regimen that includes nutritional, diagnostic, and supportive services, including but not limited to home health care, hospice, and physical and occupational therapy."

SECTION 8. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 9. This Act shall take effect on July 1, 2020.

## **FINTestimony**

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**From:** mailinglist@capitol.hawaii.gov  
**ent:** Monday, March 02, 2009 1:54 PM  
**To:** FINTestimony  
**Cc:** cstu@hawaii.edu  
**Subject:** Testimony for HB1378 on 3/3/2009 3:00:00 PM

Testimony for FIN 3/3/2009 3:00:00 PM HB1378

Conference room: 308  
Testifier position: support  
Testifier will be present: No  
Submitted by: professor cynthia stuhlmiller  
Organization: Individual  
Address: 7007 hawaii kai drive a15 honolulu  
Phone: 808 728 2443  
E-mail: cstu@hawaii.edu  
Submitted on: 3/2/2009

Comments:

## FINTestimony

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 02, 2009 10:50 AM  
**To:** FINTestimony  
**Cc:** kohala123@msn.com  
**Subject:** Testimony for HB1378 on 3/3/2009 3:00:00 PM

Testimony for FIN 3/3/2009 3:00:00 PM HB1378

Conference room: 308  
Testifier position: support  
Testifier will be present: No  
Submitted by: Elizabeth Bush, APRN  
Organization: Individual  
Address: 64-5234 Hohola Drive Kamuela, Hawaii  
Phone: 808-885-5988  
E-mail: kohala123@msn.com  
Submitted on: 3/2/2009

Comments:  
Aloha Representatives,

I strongly support Senate Bill 1378.

I serve over 400 psychiatrically disabled veterans, as well as 100s of other seriously mentally ill residents on the Big Island of Hawaii.

In my private practice, I could serve about 100-200 more seriously mentally patients with monthly visits.

This is critical, since the state has cut the AMHD budget by about 75%, displacing about 700 Seriously Persistently Mentally Ill residents from accessible services on the Big Island.

This entire island is a federally designated mental health provider shortage (HPSA) and medically underserved area (MUA).

For decades, Hawaii was ranked dead last among US states and territories in mental health care delivery by National Alliance for the Mentally Ill (NAMI) report card.

I profess that APRNs are the only game in town for these vulnerable and deserving Hawaii residents.

APRN practice in Hawaii is seriously hampered by outdated legislation with regard to insurance payments and prescriptive authority.

Please remove unnecessary barriers to practice so that dedicated providers (like me) are not induced to leave for less restrictive states, as many of our physicians have already done.

Specifically:

1. Please keep authority for administering RX-P for APRNs under the auspices of the Board of Nursing rather than inappropriately reassigning it to the Board of Medical Examiners;
2. Amend current regulations requiring the cumbersome, mandatory MD/APRN collaborative relationship to a regulation that is reflective of almost all other states where APRNs, by virtue of training, expertise and licensing, function as independent, autonomous health care providers/prescribers.
3. Broaden signatory authority in its entirety to best serve the patients in geographically and/or socially disenfranchised areas that depend upon APRNs for 100 % of their health care needs. This is, again, in concordance with the rest of the United States.

Thank you for your thoughtful consideration of how to best serve the residents of Hawaii during our ongoing health care provider shortage.

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

Elizabeth Bush, MSN, APRN, CARN-AP, CSAC Board Certified Psychiatric Advanced Practice Nurse (NP and CNS) Certified Addiction Registered Nurse, Advanced Practice Certified Substance Abuse Counselor

"You must be the change you wish to see in the world." - Mahatma Gandhi

## **FINTestimony**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 02, 2009 11:09 AM  
**To:** FINTestimony  
**Cc:** alnnovak@msn.com  
**Subject:** Testimony for HB1378 on 3/3/2009 3:00:00 PM

Testimony for FIN 3/3/2009 3:00:00 PM HB1378

Conference room: 308  
Testifier position: support  
Testifier will be present: No  
Submitted by: Allen Novak  
Organization: Individual  
Address: 122 Haili Street Hilo, Hawaii  
Phone: 808-934-9071  
E-mail: alnnovak@msn.com  
Submitted on: 3/2/2009

### Comments:

House Committee on Finance  
Hearing Date: March 3, 2009 at 3:00 p.m. in House conference room 308  
Re: House Bill 1378 HD1

I wish to testify in support of House Bill 1378 HD1.

I am a Psychiatric Advanced Practice Registered Nurse with Prescriptive Authority in private practice in Hilo.

HB 1378 HD1 would allow me to serve more patients (many of whom have severe or chronic mental illness) in my practice. More significantly, HB 1378 HD1 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 has become even more critical, since the Department of Health cut the AMHD budget. As documented by professional literature and decades of experience, care by Advanced Practice Registered Nurses is safe, effective and well accepted by consumers. We must improve access to care at a time when Hawaii is experiencing severe provider shortages.

Hawaii has an opportunity to both diminish the health care provider shortage, and catch up with the rest of the nation by passage of HB 1378 HD1. It will remove unnecessary barriers to practice so that dedicated Advanced Practice Registered Nurses are not induced to leave for less restrictive states. 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. In most states, the Board of Nursing is the sole authority to regulate Advanced Practice Registered Nurse Prescriptive Authority.

Thanking you in advance.

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

## **FINTestimony**

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**From:** mailinglist@capitol.hawaii.gov  
**ent:** Monday, March 02, 2009 10:19 PM  
**To:** FINTestimony  
**Cc:** noisynorab@yahoo.com  
**Subject:** Testimony for HB1378 on 3/3/2009 3:00:00 PM

Testimony for FIN 3/3/2009 3:00:00 PM HB1378

Conference room: 308  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: nora barrington waters RN BSN  
Organization: Individual  
Address: 2880 Ainaola Drive Hilo, Hawaii 96720  
Phone: 808-896-6335  
E-mail: noisynorab@yahoo.com  
Submitted on: 3/2/2009

**Comments:**

I oppose passage of HB 1378 as it is currently written.



Submitted by Nancy C. Rosales, APRN, MSN, FNP  
Clinical Faculty, University of Hawaii School of  
Nursing and Dental Hygiene, Honolulu, HI.

Testimony against the passage of HB no. 1378

March 3, 2009

Honorable Representatives of this Congress:

Please consider the evidence that in our island community we serve a significant number of under-insured or un-insured people daily they come into our clinics and hospitals in need of medical care. In the present economic climate, there is a pressing need for nurse practitioners and physicians to collaborate as professional providers. This successful interaction will enable us to care appropriately in a timely manner for all members of our community in the state of Hawaii who have medical needs.

I urge you to make an “informed” decision that will benefit the people of our beloved Hawaii.

- 1) Consider and compare the evidence regarding the control and outcomes of care presented yearly contained within the Pearson Report (State by State National Overview of Nurse Practitioner Legislation on Health Care, Feb 2008).

<b>Overview of Prescribing Aspects of NP Practice by state/in states that do not have MD control over them</b>	<b>Number of NPs in state</b>	<b>Malpractice vs. NPs</b>
Alaska	603	5
Arizona	2856	35
District of Columbia	891	2
Idaho	510	6
Iowa	1253	3
Maine	865	5
Montana	505	3
New Hampshire	1376	3
New Mexico	704	15
Oregon	2202	21
Washington	3056	29
Wyoming	385	0

- 2) Consider that Advanced Practice Nurses are much more than “nurses”.

APRNs are Master degree educated and hold 2 licenses. One as a registered

nurse, the second as an advanced practice registered nurse. At minimum it takes an average of 10 years to come to this level of education. There are required number of hours to complete such specialties in the advanced practice programs. For example for Family Nurse Practitioner, one must provide 600 hours of actual clinical care to the population that is to be served. These hours are spent on actual patient care in clinics and community settings of all types.

- 3) Lastly, I urge you to consider the position presented by **the American College of Physicians published January 25, 2009. I “quote”:**

**The American College of Physicians recognizes that NPs and physicians have common goals of providing high-quality, patient-centered care and improving the health status of those they serve. Position 1: Physicians and nurse practitioners complete training with different levels of knowledge, skills and abilities that while not equivalent, are complimentary. As trained health care professionals, physicians and nurse practitioners share a commitment to providing high-quality care.**

In closing I bring to your attention that the need is evident and the solution is to have successful professional collaboration in mutual respect. We are capable in meeting the health care needs of our community here in Hawaii. We must set aside our differences, working together on common goals to provide “quality-care” to all residents of Hawaii- regardless of their ability to pay. There are about 457 NPs in Hawaii. Advanced practice nurses, like myself, recognize and acknowledge the difference between a physician and a nurse practitioner. However, nurse practitioners regularly experience stumbling block into practice keeping quality health care from the ones that need it the most.

Respectfully Yours,

Nancy C. Rosales, APRN, MSN, FNP  
Clinical Faculty, University of Hawaii at Manoa  
School of Nursing and Dental Hygiene.

**Map 2. OVERVIEW OF PRESCRIBING ASPECT OF NP PRACTICE**



**ABSOLUTELY NO REQUIREMENT FOR ANY PHYSICIAN INVOLVEMENT (N = 12)**

- Alaska
- Arizona
- District of Columbia
- Idaho
- Iowa
- Maine<sup>†</sup>
- Montana
- New Hampshire
- New Mexico
- Oregon
- Washington
- Wyoming

**REQUIREMENT FOR PHYSICIAN INVOLVEMENT,\* DOCUMENTED IN WRITING (N = 39)**

- |             |                |                   |
|-------------|----------------|-------------------|
| Alabama     | Louisiana      | Ohio              |
| Arkansas    | Maryland       | Oklahoma          |
| California  | Massachusetts  | Pennsylvania      |
| Colorado    | Michigan       | Rhode Island      |
| Connecticut | Minnesota      | South Carolina    |
| Delaware    | Mississippi    | South Dakota      |
| Florida     | Missouri       | Tennessee         |
| Georgia     | Nebraska       | Texas             |
| Hawaii      | Nevada         | Utah <sup>†</sup> |
| Illinois    | New Jersey     | Vermont           |
| Indiana     | New York       | Virginia          |
| Kansas      | North Carolina | West Virginia     |
| Kentucky    | North Dakota   | Wisconsin         |

\*The requirement for a physician's relationship with an NP may entail collaboration, supervision, direction, delegation, or authorization of activities.

<sup>†</sup>After the first 2 years of practice.

<sup>‡</sup> Collaboration required only for prescribing Schedule II-III drugs.