

HB 1378 HD 2

**Measure
Title:**

**RELATING TO ADVANCED PRACTICE
REGISTERED NURSES.**

**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 participating providers and allow recognition as primary care providers. Grants increased signature authority and prescriptive rights. Sets new standards for board recognition of advanced practice registered nurses effective 10/1/09. (HB1378 HD2)

LINDA LINGLE
GOVERNOR



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

CLAYTON A. FRANK
DIRECTOR

DAVID F. FESTERLING
Deputy Director
Administration

TOMMY JOHNSON
Deputy Director
Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 1378 HD2
A BILL FOR AN ACT RELATING TO
RELATING TO ADVANCE PRACTICE REGISTERED NURSES
Clayton A. Frank, Director
Department of Public Safety

Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

Friday, March 20, 2009, 3:00 pm
State Capitol, Room 016

Senator Ige and Members of the Committee:

The Department of Public Safety has concerns with House Bill 1378 HD2 as it pertains to an Advance Practice Registered Nurses ability to administer, prescribe and dispense 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 also has concerns that House Bill 1378 HD2 as written would also allow an Advance Practice Registered Nurse with prescriptive authority to dispense controlled substances directly to their patients from their office. It should also be noted that this increase in controlled substance registrants will place an added administrative and investigative responsibilities on the Narcotics Enforcement Division without providing additional manpower.

The Department would like to suggest the following amendments to House Bill 1378 HD2 on page 13 lines 1 and 2:

"(1) Prescribe, procure, administer and dispense over the counter, legend drugs and only prescribe administer 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 Department would also recommend that the definition of "Supervising physician" be amended to include advance practice registered nurses with prescriptive authority.

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

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

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

(1) All prescriptions for controlled substances shall originate from within the State and be dated as of, and signed on, the day when the prescriptions were issued and shall contain:

(A) The first and last name and address of the patient; and

(B) The drug name, strength, dosage form, quantity prescribed, and directions for use.

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

the name and address of the person for whom the controlled substance was prescribed or the name of the owner of the animal for which the controlled substance was prescribed.

A corresponding liability shall rest upon a pharmacist who fills a prescription not prepared in the form prescribed by this section. A pharmacist may add a patient's missing address or change a patient's address on all controlled substance prescriptions after verifying the patient's identification and noting the identification number on the back of the prescription. The pharmacist shall not make changes to the patient's name, the controlled substance being prescribed, the quantity of the prescription, the practitioner's DEA number, or the practitioner's signature;

(2) An intern, resident, or foreign-trained physician, or a physician on the staff of a Department of Veterans Affairs facility or other facility serving veterans, exempted from registration under this chapter, shall include on all prescriptions issued by the physician:

(A) The registration number of the hospital or other institution; and

(B) The special internal code number assigned to the physician by the hospital or other institution in lieu of the registration number of the practitioner required by this section.

The hospital or other institution shall forward a copy of this special internal code number list to the department as often as necessary to update the department with any additions or deletions. Failure to comply with this paragraph shall result in the suspension of that facility's privilege to fill controlled substance prescriptions at pharmacies outside of the hospital or other institution.

Each written prescription shall have the name of the physician stamped, typed, or hand-printed on it, as well as the signature of the physician;

(3) An official exempted from registration shall include on all prescriptions issued by the official:

(A) The official's branch of service or agency (e.g., "U.S. Army" or "Public Health Service"); and

(B) The official's service identification number, in lieu of the registration number of the practitioner required by this section. The service identification number for a Public Health Service employee shall be the employee's social security or other government issued identification number.

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

(4) A physician assistant or advanced practice registered nurse with prescriptive authority registered to prescribe controlled substances under the authorization of a supervising physician shall include on all controlled substance prescriptions issued:

(A) The DEA registration number of the supervising physician; and

(B) The DEA registration number of the physician assistant or advanced practice registered nurse with prescriptive authority.

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

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

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

Thank you for the opportunity to testify on this matter.



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

March 20, 2009

MEMORANDUM

TO: Honorable David Y. Ige, Chair
Senate Committee on Health

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 1378, HD 2 – RELATING TO ADVANCED PRACTICE
REGISTERED NURSES**

Hearing: Friday, March 20, 2009, 3:00 p.m.
Conference Room 016, 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) takes a mixed position on this bill that mandates health plan coverage of services provided by advance practice registered nurses including midwives and nurse anesthetists.

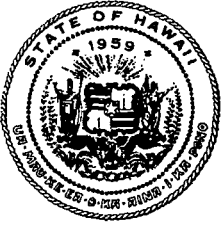
Because of issues surrounding physician workforce shortage and access, especially in the Neighbor Islands, DHS supports utilizing advanced practice nurse practitioners (APRN) to expand access, particularly as primary care providers practicing within their scope of practice. We believe that health plans should be permitted to

recognize all APRNs and cover their services as consistent with the benefits in any particular plan, but that such coverage should not be mandated for all plans.

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, workers compensation forms, and certain other State Departmental forms is an important part of practicing primary care, so long as the APRN with this authority has specialized training in primary care of which the definition of APRN in the bill does not require.

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. DHS is cautious about expanding the supply of narcotics prescribers. Although this does increase access, it also increases the risk of abuse. We would hope that the Board of Nursing develops guidelines for appropriate narcotic prescribing with clear consequences for inappropriate prescribing. The Department of Human Services cares very much about expanding access to care for its clients, but wants to ensure quality or safety.

Thank you for this opportunity to testify.



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 20, 2009

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH

House Bill 1378, House Draft 2 – 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 2 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 8, lines 1–4).

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
HAWAII MEDICAL BOARD**

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Friday, March 20, 2009
3:00 p.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON H.B. NO. 1378, H.D. 2, RELATING TO ADVANCED PRACTICE
REGISTERED NURSES.**

TO THE HONORABLE DAVID Y. IGE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

Thank you for the opportunity to provide written testimony on H.B. 1378, H.D 2, Relating to Advanced Practice Registered Nurses. The purpose of this bill is to require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses ("APRN") as participating providers and allow recognition as primary care providers. It grants increased signature authority and prescriptive rights and sets new standards for board recognition of advanced practice registered nurses.

The Hawaii Medical Board's ("Board") comments relate solely to the APRN formulary and formulary committee as provided for on page 11, line 11 through page 12, line 4.

Testimony on H.B. 1378, H.D. 2
March 20, 2009
Page 2

It is our understanding that the Board of Nursing ("BON") would like to have the formulary placed under it and to keep the Joint Advisory Formulary Committee in place. We support the BON in this request.

We also understand that the BON prefers the companion bill, S.B. No 1045, S.D. 2., and we defer to it in this regard.

Thank you for the opportunity to provide written comments on this bill.

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Friday, March 20, 2009
3:00 p.m.

**TESTIMONY ON HOUSE BILL NO. 1378, H.D. 2, RELATING TO ADVANCED
PRACTICE REGISTERED NURSES.**

TO THE HONORABLE DAVID Y. IGE, 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. 2. The Board supports this measure, but has some concerns. The Board prefers the companion bill, Senate Bill No. 1045, S.D. 2, because it addresses all of these concerns.

The Board recommends an amendment that applies to Sections 2, 3, 4 and 5. The main focus of this testimony however, pertains to Section 8.

The Board recommends that "section 457-8.5" be amended to read, "section 457-8.5(a)" in Section 2, page 2, line 17; Section 3, page 3, line 20; Section 4, page 5, line 3; and Section 5, page 6, line 8.

Section 8 amends section 457-8.6, relating to APRN prescriptive authority. It repeals the formulary and the Joint Formulary Advisory Committee ("JFAC"). The Board supports the language in Senate Bill No. 1045, S.D. 2 which places the formulary with the Board of Nursing and retains the JFAC.

Lastly, the Board is concerned that the new provision (b) will allow all APRNs to prescribe, procure, administer, and dispense all substances, medical devices and equipment, plan and initiate therapeutic regimens with no 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 supports the intent of this measure, but prefers the companion bill, Senate Bill No. 1045, S.D. 2, as it addresses the concerns expressed above.

Thank you for the opportunity to testify on House Bill No. 1378, H.D. 2.

Testimony of
Phyllis Dendle
Director of Government Affairs

Senate Committee on Health
The Honorable David Y. Ige, Chair
The Honorable Josh Green M.D., Vice Chair

March 20, 2009
3:00 pm
Conference Room 016

HB 1378 HD2 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

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

Kaiser Permanente Hawaii supports this bill.

While the house draft of this measure is similar we believe the senate draft is more complete.

We appreciate the effort the advocates for this bill have put into improving it as it has gone through the hearings. We are particularly grateful they have considered and used some of our suggestions.

I request one additional amendment for clarity.

On page 6 line 20 the insertion of the word "such" to make clear that the APRNs to be placed on the publicly available list of primary care providers include only those APRNs practicing as primary care providers. The amendment is on page 2 of this testimony.

Thanks you for considering our request.

b) Notwithstanding any other law to the contrary, health maintenance organizations may recognize a participating advanced practice registered nurse as a primary care provider, if the enrollee's contract requires the selection of a primary care provider. The health maintenance organization shall include such participating advanced practice registered nurses on any publicly available list of participating primary care providers. The health maintenance organization shall retain the right to determine the contracting criteria for the participating provider.

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

March 20, 2009

The Honorable David Ige, Chair
The Honorable Josh Green M.D., Vice Chair

Senate Committee on Health

Re: HB 1378 HD2 – Relating to Advanced Practice Registered Nurses

Dear Chair Ige, Vice Chair Green and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 1378 HD2 with some minor changes.

While some amendments have been made to this measure to clarify that health plans are not mandated to contract with APRNs, we believe that one small change still needs to be made to HB 1378 HD2 in order to ensure that this is clear. This amendment would entail changing the word “shall” in section (a) to “may” throughout the measure. This would need to be changed on page 2, lines 16 & 17; page 3, lines 19 & 21; page 5, lines 2 & 3 and page 6, lines 7 & 9.

We believe that even with the inclusion of these amendments the outcome will still be one which all of the stakeholders are seeking.

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

Sincerely,

A handwritten signature in black ink, appearing to read "JD".

Jennifer Diesman
Assistant Vice President
Government Relations



Hawai'i Primary Care Association

345 Queen Street | Suite 601 | Honolulu, HI 96813-4718 | Tel: 808.536.8442 | Fax: 808.524.0347
www.hawaiipca.net

To: **The Senate Committee on Health**
The Hon. David Y. Ige, Chair
The Hon. Josh Green, MD, Vice Chair

Testimony in Support of House Bill 1378, HD 2
Relating to Advanced Practice Registered Nurses
Submitted by Beth Giesting, CEO
Friday, March 20, 2009, 3:00 p.m. agenda, Room 016

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

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

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



SENATE COMMITTEE ON HEALTH
Senator David Ige, Chair

Conference Room 016
March 20, 2009 at 3:00 p.m.

Testimony in support of HB 1378 HD 2.

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 2, which requires health care insurance plans to reimburse advanced practice registered nurses for their services as participating 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. In requiring health plans to cover their services, the bill improves access to 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 2.



Friday March 20, 2009, 3:00 pm, Conference Room 016

To: COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, M.D., 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

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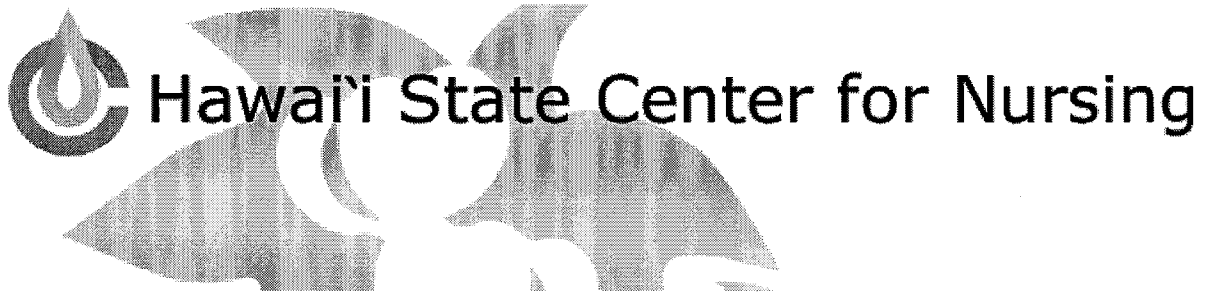
Chairs & Committee Members:

Hawaii Medical Association opposes this measure for the following reasons:

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

Thank you for the opportunity to provide this testimony.

Hawaii Medical Association
1360 S. Beretania St.
Suite 200
Honolulu, HI 96814
(808) 536-7702
(808) 528-2376 fax
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**Testimony Presented Before
Senate Committee on Health
March 20, 2009
3:00 pm
By
Barbara P. Mathews
Executive Director
Hawaii State Center for Nursing**

HB 1378, H.D. 2, Relating to Advanced Practice Registered Nurses
Chair Ige, Vice Chair Green and Members of the Committee:

On behalf of the Hawai'i State Center for Nursing, I am pleased to provide testimony in strong support of HB 1378, HD 2 which would 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.

Local and national health workforce shortages continue to create difficulties with access to healthcare both in rural areas of Hawai'i and for underserved populations in all areas of the State. The disciplines of medicine and nursing and the roles of physicians and advanced practice registered nurses are complementary, and the interests of consumers are well-served when APRNs practice as an essential component of the primary healthcare team.

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.

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. By removing barriers to current practice, APRNs could expand much needed services.

Thank you for the opportunity to testify.

Hawaii
Association of
Professional
Nurses

Aloha Senator Ige, Senator Green and members of the Senate Health Committee:

Mahalo for the opportunity to testify in support of HB 1378 HD 2. Will you please consider modifying the bill as follows:

Please delete:

SECTION 6.

- (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 7.

(6), (7), (8), (9) and (10) are redundant and unnecessary.

Mahalo!
Yvonne Geesey
Hawai'i Association of Professional Nurses

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



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME Local 152, AFL-CIO

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The Twenty-Fifth Legislature, State of Hawaii
Hawaii State Senate
Committee on Health

Testimony by
Hawaii Government Employees Association
March 20, 2009

H.B. 1378, H.D.2 - RELATED TO
ADVANCED PRACTICE
REGISTERED NURSES

The Hawaii Government Employees Association supports H.B.1378, H.D. 2, which requires insurers, mutual and fraternal benefit societies and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. The proposed bill will benefit the insured by expediting the care and services usually provided by other health care providers.

This bill grants global signature authority and prescriptive rights, and amends the definition of advanced practice registered nurses. We agree with the deletion of the Hawaii medical board submitting an annual report of amendments made to the formularies to the board. However, we continue to object to the effective date of July 1, 2020.

Thank you for the opportunity to submit our testimony in support of H.B. 1378, H.D. 2.

Respectfully submitted,

Nora A. Nomura
Deputy Executive Director



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committee on Health
March 20, 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 HD2 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Ige, Vice Chair Green, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in support of HB 1378 HD2 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).

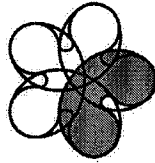
Designating advanced practice registered nurses as primary care providers in Hawai'i will increase access to healthcare by Hawai'i citizens, particularly in high need and rural communities. Likewise, the statute updates to support the processes of such care delivery including global signature authority 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.

We are in support of this bill which will allow 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. Additionally, 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.

Thank you for allowing me to provide testimony on this important issue. Our shared goal is to promote patient safety and consumer protection while increasing access to health care. By applying the bill's model for APRNs in Hawai'i, we will be aligned with the nation's direction in nursing and healthcare.

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.



National Kidney Foundation™

OF HAWAII

Email to: capitol.hawaii.gov/emailtestimony

To: Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair
State Senate Committee on Health members

From: Glen Hayashida, CEO
National Kidney Foundation of Hawaii

Hearing: Friday, March 20, 2009, 3:00 p.m.

Re: Opposition to HB 1782, Relating to Health Information Exchange

Chair Ige, Vice Chair Green, and members of the State Senate Committee on Health; on behalf of the National Kidney Foundation of Hawaii, we thank you for the opportunity to submit testimony on HB1782. We support the intent of this bill, but believe that the State of Hawaii will need a more flexible and responsive community entity to maximize the opportunities that will be afforded to the State in the development of a health information exchange network.

On March 5, 2009, Dr. Ramona Wong and Glen Hayashida, CEO of the National Kidney Foundation of Hawaii, had the opportunity to meet with Dr. David Hunt, Chief Medical Officer and Acting Director of the Office of Health Information Technology Adoption and Office of the National Coordinator of Health Information Technology in Washington, DC. This is the agency within the United States Department of Health and Human Services that has oversight for Health IT initiatives for our nation. In our discussions we learned that Hawaii, although not alone, currently trails many states on the mainland in the development of a health information exchange.

We also had the opportunity to discuss two local initiatives; the Hawaii Health Information Exchange's (HHIE) goal of establishing a statewide Master Patient Index (MPI) and the Hawaii Medical Service Associations' (HMSA) Initiative for Innovation and Quality. These are both innovative programs advancing the development of medical record systems in Hawaii for physicians and hospitals. Dr. Hunt was very excited that Hawaii has engaged in these initiatives.

Although much of the focus on HB 1782 is to draw down funds beginning in 2011, we learned that there is an opportunity to draw down matching discretionary funding sooner. We further discussed the issue of recognizing matching funds relative to money already

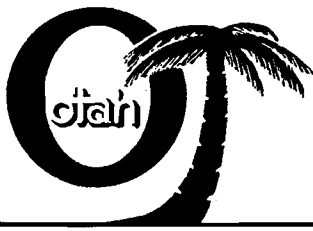
spent on current Health IT initiatives. Although the guidelines for these matching funds have not been established, he was supportive of the concept.

Matching funds aside, it is our belief that the issues in bringing our state healthcare community together for the development of a health information exchange is highly complex and it has many barriers to overcome.

Although we believe that state government plays a significant role in the development and implementation of a health information exchange, state government cannot respond quickly enough to maximize the opportunities. By its very nature this concept introduces an element of politics that will only hinder or slow down the ability for our State to position Hawaii's healthcare industry to take advantage of the opportunities that are right at our doorstep.

In summary, we support the intent of the bill, but believe that a state designated entity is a better vehicle to lead, organize, and address the myriad of issues involved to ensure the timely and effective delivery of a health information exchange in the State of Hawaii.

Again, thank you for the opportunity to testify.



OCCUPATIONAL THERAPY ASSOCIATION OF HAWAII

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

Testimony by:

Virginia Tully, OTR, MBA

HB 1378hd2, Advanced Practice Registered Nurses

Sen HTH Hearing – Friday, March 20, 2009

Room 016 – 3:00 pm

Position: Support

Chair Ige, and Members of the Senate HTH 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 a 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 practioners 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 practioners, which must be declined and resubmitted with an MD's signature. This delays treatment to the consumer. We support the recognition of the nurse practioner by insurers and see this measure as an alignment with Medicare guidelines about nurse practioners 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: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, Vice Chair

Date: 3-30-09, 3:00 pm, Conf. Rm. 016

Re: **HB1378, HD2, RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

Chair Ige 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, HD2. 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. Enactment will increase access to care by removing barriers to existing practice so that these currently licensed nurses can step in where they are needed.

We concur that:

- 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.
- The Board of Nursing should be the sole authority to regulate APRN education, practice and prescriptive rights.

Hawaii is facing a severe shortage of primary care providers who can care for people of all ages, 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.

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

Thank you for the opportunity to testify.



March 19, 2009

The Honorable David Y. Ige
Chair, Senate Committee on Health
State Capitol, Room 215

**Re: H.B. 1378 H.D.2– RELATING TO ADVANCED PRACTICE REGISTERED
NURSES
Hearing on March 20, 2009 at 3:00 p.m.**

Dear Chair Ige and Members of the Committee on Health:

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

Walgreens **supports the intent of H.B. 1378, H.D. 2**, which requires insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers, grants increased signature authority and prescriptive rights, and amends definition of advanced practice registered nurse:

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

Walgreens supports H.B. 1378, H.D. 2 because advanced practice nurses are highly qualified professionals, who are consistently rated by patients as trusted professionals in the health care system. Walgreen’s Take Care advanced practice nurses are board certified, with master’s degrees in the science of nursing. Research has shown that advanced practice nurses provide care comparable in quality to that provided by primary care physicians.

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

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

*Walgreen Co. Government and Community Relations 104 Wilmot Road, MS 1444 Deerfield, IL 60015
847-315-4653 FAX 847-315-4417 www.walgreens.com*

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

Thank you very much for the opportunity to testify.

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

P. O. Box 630142
Lāna'ī City, HI 96763-0142



Phone: 808-565-9196
Fax: 808-565-6229
E-mail: dshaw@wave.hicv.net

TO: The Senate Committee on Health

March 20, 2009, 3:00 AM , Room 016, Hawaii State Capital

Re: HB 1378, HD2 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of HB1378, HD2. As a community health center executive director and resident of Lāna'ī , I have experienced the ill effects of lack of access to primary care services first hand. As I build the services that **Lāna'ī Women's Center dba Lāna'ī Community Health Center** offers to the community, I have based the foundation of our program upon FNP, APRN's. This foundation allows us to provide economic, culturally sensitive services in a high quality manner. And the clinical approach of our NP's blends well with our community's talk story style. But we have continually been challenged by our outdated APRN legislation that affects insurance payments and prescriptive authority.

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

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

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

E Ola nō Lāna'ī

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

From: nishimoto2-Bryce on behalf of HLTtestimony
Sent: Wednesday, March 18, 2009 9:34 AM
To: HTHTestimony
Subject: FW: HB 1378 Relating to APRN
Attachments: atte872a.gif, Sunflower Bkgrd.jpg

Categories: Green Category, Blue Category

From: Lorenzo, Lenora L. [mailto:Lenora.Lorenzo@va.gov]
Sent: Tuesday, March 17, 2009 6:25 PM
To: HLTtestimony
Cc: Lenora Lorenzo
Subject: HB 1378 Relating to APRN

COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

NOTICE OF HEARING

DATE: Friday March 20, 2009
TIME: 3:00 PM
PLACE: Conference Room 016 State Capitol
415 South Beretania Street

Re: HB 1378 Relating to Advanced Practice Registered Nurses

Mahalo for the opportunity to speak in Strong Support of HB 1378. 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 (PCP) for the Veterans Administration and Lanai Community Health Center (LCHC). I am not able to attend as I am in Lanai serving the community as a PCP.

APRN's are playing increasingly important roles in the delivery of health care services, particularly in medically-underserved and rural areas of our state. For Decades National Polls chose Nursing as the Most Respected Profession because Nurses are trustworthy patient advocates. Further more, APRN's provide safe, high quality primary care that meets the National Committee for Quality Assurance (NCQA) standards. Notwithstanding our proven track record of providing timely access to quality patient care with emphasis on health promotion, APRN's in Hawaii remain unable to practice as they are prepared and credentialed to.

The Lana'i Community Health Care is presently challenged by our outdated APRN legislation that adversely affects insurance payments, signature rules and prescriptive authority. Over the last month as many of the Lanai residents have become unemployed and uninsured, they have flocked

to the LCHC seeking health care. As an APRN I am concerned that our rural and medically underserved populations will not be able to receive timely and appropriate health care in the present environment of increasing unemployment and loss of health care insurance spurred on by our present national and local economic issues. APRN's have been serving as primary care providers and prevent costly complications that will require hospitalizations and increase health care cost.

The HB 1845 legislation is extremely important because it will strengthen Hawaii's health care safety net and prevent thousands of medically underserved patients from losing access to much needed primary care services. APRNs are entrenched in Hawaii's health care system as providers and are licensed with prescriptive authority. This bill does not entail major system changes or incur additional costs. Additionally, APRN's are ready and willing to move forward to quickly impact access once barriers to existing practice are removed. I urge the Senate Committee on Consumer Protection and Commerce to advocate for and protect the rights of the health care consumer and pass this measure as written. I understand there may be some friendly revisions that may be submitted as a result of discussions with the Hawaii DEA to improve implementation of this measure.

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

Hawaii State Representative

AMERICAN ACADEMY OF NURSE PRACTITIONERS

Home Address: 62396 Joseph P. leong Hwy, Haleiwa Hi 96712

Phone: (808) 637-3073

Primary Care Provider - Nurse Practitioner

VA Pacific Islands Health Care System

459 Patterson Road

Honolulu, Hawaii 96819

Phone: (808) 433-7684

Fax: (808) 433-7715

Primary Care Provider - Nurse Practitioner

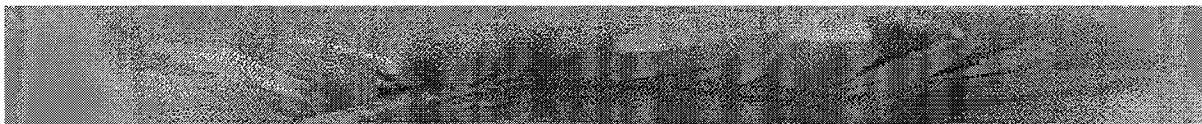
Lana'i Community Health Center

478 Lauhala Place

Lana'i City, Hawaii 96763

Phone: (808) 565 -6914

Fax: (808) 565-9111



From: nishimoto2-Bryce on behalf of HLTtestimony
Sent: Wednesday, March 18, 2009 9:34 AM
To: HTHTestimony
Subject: FW: HB 1378 RELATED TO APRN
Attachments: att9ec06.gif; Sunflower Bkgrd.jpg

Categories: Green Category, Blue Category

From: Lorenzo, Lenora L. [mailto:Lenora.Lorenzo@va.gov]
Sent: Tuesday, March 17, 2009 6:20 PM
To: HLTtestimony
Cc: Lenora Lorenzo
Subject: HB 1378 RELATED TO APRN

TO: COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Robert N. Herkes, Chair

Rep. Glenn Wakai, Vice Chair

03-18-09 2:00PM in Senate conference room 325. Hawaii State Capital

Re: HB 1378 Relating to Advanced Practice Registered Nurses

Mahalo for the opportunity to speak in Strong Support of HB 1378. 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).

APRN's are playing increasingly important roles in the delivery of health care services, particularly in medically-underserved and rural areas of our state. For Decades National Polls chose Nursing as the Most Respected Profession because Nurses are trustworthy patient advocates. Further more, APRN's provide safe, high quality primary care that meets the National Committee for Quality Assurance (NCQA) standards. Notwithstanding our proven track record of providing timely access to quality patient care with emphasis on health promotion, APRN's in Hawaii remain unable to practice as they are prepared and credentialed to.

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providers and prevent costly complications that will require hospitalizations and increase health care cost.

The HB 1845 legislation is extremely important because it will strengthen Hawaii's health care safety net and prevent thousands of medically underserved patients from losing access to much needed primary care services. APRNs are entrenched in Hawaii's health care system as providers and are licensed with prescriptive authority. This bill does not entail major system changes or incur additional costs. Additionally, APRN's are ready and willing to move forward to quickly impact access once barriers to existing practice are removed. I urge the Senate Committee on Consumer Protection and Commerce to advocate for and protect the rights of the health care consumer and pass this measure as written. I understand there may be some friendly revisions that may be submitted as a result of discussions with the Hawaii DEA to improve implementation of this measure.

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

Hawaii State Representative

AMERICAN ACADEMY OF NURSE PRACTITIONERS

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Primary Care Provider - Nurse Practitioner

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478 Lauhala Place

Lana'i City, Hawaii 96763

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Fax: (808) 565-9111



Wailua Brandman APRN-Rx BC
Ke'ena Mauliola Nele Paia, LLC
615 Piikoi Street. Suite 1509
Honolulu, HI 96814

March 18, 2009

To: Senator David Ige, Chair
Senator Josh Green MD, Vice Chair
Members of the Senate Committee on Health
Date: Friday, March 20 2009, 3:00 PM
Conference Room 016
Re: **H.B. 1378 HD2 Relating to Advance Practice Registered Nurses**

Good afternoon, Senators Ige and Green 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 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).

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<http://home.earthlink.net/~jdwailua/index.html>

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.

In Section 6, sub-section 2, the current language prohibits APRNs from signing disability certificates granting handicap parking privileges. Currently a majority of States allow APRNs to sign such certificates. Maintaining this prohibition again creates redundancies and added cost to Hawai'i's health care system. Please delete this section.

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 deleting the word "certified" in two instances on line 4 in Section 7. 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 CS 40

Wailua Brandman APRN-Rx BC

From: Allen Novak [alnovak@msn.com]
Sent: Thursday, March 19, 2009 11:57 AM
To: HTHTestimony
Cc: Wailua Brandman; Nancy McGuckin; Barbara Mathews
Subject: Teatimony in support of House Bill 1378 HD2.

Categories: Green Category, Blue Category

Senate Committee on Health
Hearing Date: March 20, 2009 at 3:00 p.m. in Senate conference room 016
Re: House Bill 1378 HD2

I wish to testify in support of House Bill 1378 HD2.

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

HB 1378 HD2 would allow me to serve more patients (many of whom have severe or chronic mental illness) in my practice. More significantly, HB 1378 HD2 would allow more Advanced Practice Registered Nurses to provide treatment to desperately underserved areas of Hawai'i such as East Hawai'i 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 Hawai'i is experiencing severe provider shortages.

Hawai'i 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 HD2. 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
122 Haili Street
Hilo, Hawai'i 96720

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 19, 2009 10:10 AM
To: HTHTestimony
Cc: mblbbutcher@msn.com
Subject: Testimony for HB1378 on 3/20/2009 3:00:00 PM

Categories: Green Category, Blue Category

Testimony for HTH 3/20/2009 3:00:00 PM HB1378

Conference room: 016
Testifier position: comments only
Testifier will be present: No
Submitted by: Lauren Butcher
Organization: Individual
Address: Kamuela
Phone: 8088859607
E-mail: mblbbutcher@msn.com
Submitted on: 3/19/2009

Comments:

I am submitting testimony in regards to the Bill HB 1378. As an Advanced Practice RN (APRN) in the State of Hawaii I cannot express deeply enough the need for APRNs to have an improved prescriptive authority to prescribe medications especially in the Schedule II category. Living on the Big Island where we are more rural due to its large land mass it would be extremely helpful to my patients that I see in a home Hospice & Palliative Care setting to be able to receive a written prescription for pain medications during my home visit than to try and make it into the physicians office, pick up a written script and take it to the pharmacy. Most of my patients are home bound with family as caregivers and to make anything less complicated for a terminally ill patient and their family would not only be an act of supreme kindness, but should also be something that is expected. I came from the State of Colorado and worked as an APRN in Hospice & Palliative care where I was able to prescribe morphine & methadone for pain control. I was able to obtain a DEA number which I still have, but unable to use here due to the limited scope of practice for APRNs. If the federal Government felt that I was educated and moral enough to prescribe Sceduale I to V medications, I find it difficult to believe that Hawaii does not feel I have the capability to do it here. All APRNs have advanced degrees in Nursing and Pharmacology which is more in-depth training than a Physicians Assistant, but the PA is able to have this preccriptive authority right out of school. I have to pass a national certification board exam to even legally refer to myself as an APRN, I must work a certain amount of clinical hours as a prerequisite, and maintain a certain amount of CEUs all this to even apply for prescriptive authority. Not to mention that it is required that I have a collegial agreement with a physician before I am allowed to even prescribe a Schedule IV medication. With Hawaii frequently loosing physicians, it is imperative that the mid-level practitioner be here and able to fill in the gap and continue to provide low cost & high quality health care to patients. Also the process to be able to obtain licensing should be more streamlined. Prior to my moving to Hawaii I had to make weely phone calls for approximately two months to make sure all of my repetative & duplicate paperwork made it. The unfortunate but painfully obvious problem is that the people who are handling the paperwork are not medically trained, they have a limited understanding of the English language and the desks of the RN license person is right next to the person who handles the APRN paperwork, but apparently they do not speak to each other. I had to submit not only my transcripts from the University where I received my Bachelors and Master's degrees, but the State of Colorado had to confirm that I went to this University. To me this is duplicate paperwork, and not productive time spent. I

also had to explain to the licensure lady that I could not receive a Master's degree without first receiving a Bachelors. She seemed confused by this so I had her put me on hold, find my file, and read my transcript to me. After 10 minutes, and her limited English language skills, she found my Bachelors degree mixed in the same transcripts of may Masters. Now this is non-productive time and held up my license for two weeks. Since most of the RN & APRN licensure is done by computer cross reference, I was surprised that this was not accessed by the Hawaii BON. To be honest, so was the person at the State of Colorado BON. I feel that the improved prescriptive authority should be monitored by the Board of Nursing since they have a better understanding of what the educational requirements are to obtain an advanced practice degree, but the process needs to come up to the 21st century for this to be effective.

Senate Committee on Health

Hearing Date: March 20, 2009 at 3:00 p.m. in Senate conference room 016

Re: House Bill 1378 HD2

I with to testify in support of House Bill 1378 HD2.

I am a Psychiatric Advanced Practice Registered Nurse with Prescriptive Authority employed by the State of Hawaii providing medication prescriptions and therapy for many years.

Passage of HB 1378 HD2 would help me to provide more comprehensive and less restrictive psychiatric services to more seriously mentally ill patients. HB 1378 HD2 would also allow more Advanced Practice Registered Nurses (APRN) to provide treatment to desperately underserved areas of Hawai'i such as East Hawai'i Island, 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. 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 APRN care at a time when Hawai'i is experiencing severe provider shortages.

Hawai'i has an opportunity to improve the health care provider shortage, and catch up with the rest of the nation by passage of HB 1378 HD2. HB 1378 HD2 will also remove unnecessary barriers to practice so that dedicated Advanced Practice Registered Nurses stay in the islands to provide care. In almost all states, Advanced Practice Registered Nurses practice autonomously.

I also support the Board of Nursing controlling and overseeing the medication formulary used by Advanced Practice Registered Nurses with Prescriptive Authority because it will avoid barriers to practice, which occurs when other disciplines try to block 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.

Thank you,

Tammy Wheeler, APRN-RX
Adult Nurse Practitioner and Psychiatric CNS-Board Certified
Hilo Adult Mental Health Services

FROM: Valisa Saunders MN, APRN, GNP
2408 Halekoa Dr
Honolulu, HI 96821
Phone: 808 398-6209
Email: Valisa@Hawaii.r.com

TO: SENATE COMMITTEE ON HEALTH
Senator David Y Ige, Chair
Senator Josh Green, M.D., Vice Chair

RE: H.B. 1378 HD2
HEARING: Friday March 20, 2009, 3:00pm
Conference Room 016

My name is Valisa Saunders

I am testifying in support of: **H.B. 1378, HD 2 Relating to Advanced Practice Registered Nurses.**

I am a Gerontological Nurse Practitioner and have been practicing in the State of Hawaii for the past 25 years. I am a full-time clinician and I see the oldest, frailest patients at in the clinic, at home, on home Hospice, inpatient Hospice and in Care Homes, Foster Homes and Long Term Care Facilities.

I have worked at Kaiser Permanente in Hawaii for the past 23 years of my career, but am not testifying on their behalf. I received my master's degree in nursing at UCLA in the School of Nursing's Primary Ambulatory Care Program, Geriatric Subspecialty program in 1983, shortly before moving to Hawaii in 1984.

While I do not have my own Primary Care Panel in our system at Kaiser, I do provide primary care to elderly patients on the panels of four of our geriatricians at Kaiser, in the outpatient and LTC setting. I am fine with our arrangement, but I know there are other situations where there is not full access to APRN primary care due to insurance issues. This is why I support this measure. Nurse Practitioners are well trained to provide primary care and numerous studies have validated their cost-effective, quality care provided. We cannot do everything, but nor can any provider.

I see elderly patients for follow up visits for their chronic medical problems and for urgent visits. I assess, diagnose, counsel and prescribe pharmacologic and non-pharmacologic therapies. I make decisions about whether they need a specialty consultation, an emergency room visit, hospitalization, placement, home health services or Hospice. When I feel there is something beyond my scope of practice, I confer with one of my geriatricians. I often confer or consult with dermatologists, neurologists, urologists, physiatrists, podiatrists, home health nurses, rehabilitation specialists, social workers, pharmacists, dieticians, chaplains and, of course the family. My physician partners do the same. I can't do it all, nor can any one physician know all that we need to know in our complex, modern world of health care. There are a few patients, or their families, that do not want to see a nurse practitioner and prefer to only see a physician. There are others that prefer to only see the geriatric nurse practitioner. We embrace the strengths of each member of the team. We need them all.

I also support moving the prescribing authority for APRNs to the Board of Nursing, as provided in this bill. I have been involved and followed the regulation of prescriptive authority since 1990 and have served on the Joint Formulary Advisory Committee for virtually all of its existence, since 1994). The current arrangement of having the Board of nursing administering APRN rules, including prescriptive authority, but not the APRN formulary or the Formulary Advisory committee has been inefficient, confusing and ineffective. It has been 15 years since our first prescriptive authority bill and we are still working on the basics of what we need to function to our scope of practice. The last revision of the formulary, which was only the first change, was completed at the end of 2004 and has not yet been implemented. Hawaii was one of the last states in the country to pass any prescriptive authority for APRNs, and continues to lag behind the rest of the country in effective use of APRNs through regulation.

I support safeguards for the public related to any category of health care provider and the Hawaii Board of Nursing Rules have disciplinary action rules in place. I have participated in disciplinary action investigations and testified on nursing licenses while participating on the Nursing Advisory committee. However, my expertise called on was not related to APRNs nor prescriptive authority problems, but problems in long term care facilities and care homes. Credentialing and privileging and peer review mechanisms for all health care providers have increased dramatically in recent years as an additional safeguard for patients. The current Nursing Rules address disciplinary matters for APRNs not following safe, competent practice.

The Global Signature provision is needed to allow APRNs contribute more to the many processes in health care requiring determination of patient conditions and eligibility for services such as home health services, long term care services, handicapped parking passes and more. APRNs are currently recognized under state rule for service in Expanded Adult Residential Care Homes (EARCH), but not Foster Homes which are the same level of care, but the Foster Home Rules were written before APRN recognition in our state. The global signature provision will not fix all barriers to APRN scope of practice in Hawaii, but it's a good start.

I would like to have consideration given to an editorial in Section 8.6 (b)3 on the last page to also include Speech Language Pathology as one of the supportive services that we often need to call on, in addition to occupational, physical therapy and the other disciplines names.

For a review of the work of the Joint Formulary Advisory Committee completed in 2004, and reported to the legislature in 2005 I would refer you to the document located at:

[www.hawaii.gov/dcca/areas/pvl/main/reports/pvl legislature reports](http://www.hawaii.gov/dcca/areas/pvl/main/reports/pvl_legislature_reports)

Respectfully,

Valisa Saunders MN, APRN, GNP-BC

March 20, 2009

To: Senator David Ige, Chair
Senator Josh Green, MD, Vice Chair
And Members
Senate Committee on Health

From: Kenneth Zeri, RN, MS
President Kokua Mau
President, Hospice Hawaii

**Testimony in support of HB1379 HD2 relating to
Physicians Orders for Life Sustaining Treatment**

Please accept my testimony in support of HB1379 HD2 related to Physicians Orders for Life Sustaining Treatments (POLST), with proposed technical amendments.

This is the companion bill to SB516, which was passed out of this committee. However, at that hearing, several key stakeholders had testified in support of the intent but in opposition to the mandates imposed upon hospitals to accept the mandates. The interested stakeholders, (the Department of Health, The Healthcare Association, City and County EMS, and local physicians) have worked with Kokua Mau to develop a consensus proposal. We have consulted further with the National POLST Work Group and determined that mandated acceptance of the POLST form by hospitals has not been required in order to achieve the desired outcome. Dr. Woody Moss, from West Virginia reports that without mandates, 85% of facilities honor the POLST. Other communities report acknowledgement and use of the form without mandates (Oregon and Wisconsin). Those patients have their wishes honored by the local Emergency Medical Services (EMS) during transport to facilities. In our community, removing the mandate will still allow an emergency room team to review the POLST form with the family and develop a treatment plan reflective and respective of those orders indicated on a POLST. Therefore, the proposal to remove the mandates from HB 1379 was approved.

We respectfully propose that HD2 be amended with the following technical amendments:

1. Page 4, line 4: insert (1) The Patient's Physician; and"
2. Renumber (1) and (2) appropriately.

Rationale: The intent is that the document is executed by the patient's physician and either the patient or their surrogate. The definition on page 3, line 13 requires the physician's signature, and section 2 of the bill should also reflect that intent.

3. Remove references to a "treating physician" found on page 4 line 18, and page 5, lines 3 and 11.

Rationale: There is no definition to what a treating physician is. Further the difference is between the "Patient's Physician" and treating physician can become confusing when this bill is implemented. The intent is to describe how a surrogate decision maker would proceed to request a modification to the treatment orders. Keeping the process consistent is the most practical means. Section 2C of this draft provides that a physician shall not be required to comply if the orders on the form request medically ineffective healthcare or care that is contrary to generally accepted standards.

4. Page 7, Line 7: to correct the faulted date, making this bill effective when signed.

Thank you for the opportunity to testify in support of HB1379, HD2. I may be reached at 924-9255 for further questions.

TO: SENATE COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

DATE: Friday March 20, 2009 TIME:3:00 PM

Conference Room 016, State Capitol, 415 South Beretania Street

Re: HB 1378 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of HB 1378.

This legislation is important to remove the barriers that prevent APRN's from providing much needed health care for our vulnerable and underserved populations of Hawaii. I have worked closely with APRN's and have seen the high quality primary care they provide. As a consumer and a health care provider, I would highly recommend APRN's for my family or friends.

I urge this committee to support and pass this Bill as written to remove the unnecessary barriers to practice that would further encourage our APRNs to leave Hawaii for states with less restrictive rules.

Sincerely

Elizabeth J. Watkins, RN, MS
Clinical Advisor - Telehealth, Traumatic Brain Injury Program
Tripler Army Medical Center

To: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

From: Judith Bowman, RN, MPH

Date: 03-19-09 at 3:00 PM, Conference Room 016.

Re: **HB1378, HD2 RELATING TO ADVANCED PRACTICE REGISTERED
NURSING**

Chair Ige and Committee members,

My name is Judith Bowman and I appreciate the opportunity to submit testimony **in support of HB 1378, HD2**. As a nurse for over 40 years and someone interested in health care system reform for almost that long, I strongly encourage you to support this bill and help ensure its passage.

I believe that a few of the many problems with our current medical care system here in Hawaii that could be addressed with this legislation are:

- Access to care
- Quality of care
- Cost containment
- Nursing shortages

Access to care

There is an alarming decrease in the number of primary care providers throughout Hawaii, especially in rural areas. Wait times for appointments, if appointments are even available at all, can be very long since MDs are the only designated primary care providers at this time. And no increase in the number of MDs working in primary care is expected any time soon.

Nurses have been providing primary care for many years, but usually only in settings with limited authority. Hawaii has been a leader in providing access to insurance

through employers, yet we do not address access to the actual providers themselves. Advance Practice Registered Nurses (APRNs) are well educated and experienced, and HB 1378, HD2 does a good job of insuring that only qualified APRNs will provide primary care by defining who can function in this position and outlining the education and experience requirements.

This legislation would greatly expand access by allowing people to choose an APRN as the primary care provider. Notably, the legislation would make it an option, not a mandate. But because the public has a high regard for nurses in general and APRNs in particular, it is likely that many people would choose an APRN.

The American Association of Colleges of Nursing (AACN) asked the following question several years ago: "If not advanced nurses to meet the mounting need for primary care, then who? Physicians? Medicine is neither the only health care profession, nor even the largest. Americans will never realize greater access to care and lower costs if policymakers continue to define health care according to the needs and interests of only one profession." I believe that Hawaii now has the opportunity through HB 1378 to look at who can best provide primary care and not limit access to only one group of providers.

Quality and Cost

Many studies have shown that APRNs give care of equal or better quality than comparable care by physicians, and at lower cost. They are known to spend more time with the patient and listen more carefully. As a result, patient satisfaction is very high. Costs generally are lower for APRN services, as well. HB 1378 will not increase costs at all and will build on the already existing APRN educational and licensing requirements.

Addressing the nursing shortage

The current and impending nursing shortage is a national crisis and Hawaii is not immune. The legislature's wise actions in 2003 led to the creation of the Hawaii State Center for Nursing, which has identified several strategies to address the shortage. We know that the number of RNs is projected to increase very little from 2007 to 2020, but that the demand will skyrocket. As a result, creative solutions for growth in RN supply are critical. While Hawaii is experiencing a short term increase in the nursing workforce, experience shows that many RNs will leave the profession because of dissatisfaction

with workplace settings and responsibilities, limited opportunities for advancement, and lack of autonomy. Autonomy is one of the factors that leads to job satisfaction and retention. Having the opportunity to become an APRN, work autonomously, and provide primary care will surely lead to better retention of our nursing workforce.

In my current work as an administrative coordinator at a local medical center, I have the opportunity to talk with nursing staff and learn of their professional aspirations, educational and research accomplishments, and their commitment to improving health care delivery. I have seen the evolution of the profession in ways that I could never have imagined 40 years ago. Nursing has truly become a respected profession whose members are committed to improving the care of those they serve. The opportunity to practice autonomously and provide critically needed primary care would be welcomed wholeheartedly by current and future advance practice nurses. And the people of Hawaii will reap the benefits when HB 1378 becomes law.

Mahalo for the opportunity to testify.

Judith Bowman
3853 Claudine Street
Honolulu, HI 96816
783-3138
judithbowman@earthlink.net

TO: SENATE COMMITTEE ON HEALTH

Senator David Y. Ige, Chair

Senator Josh Green, M.D., Vice Chair

DATE: Friday March 20, 2009 TIME:3:00 PM

Conference Room 016, State Capitol, 415 South Beretania Street

Re: HB 1378 Relating to Advanced Practice Registered

Nurses

Thank you for the opportunity to speak in strong support of HB 1378.

This legislation is important to remove the barriers that prevent APRN's from providing much needed health care for our vulnerable and underserved populations of Hawaii. I have worked closely with APRN's and have seen the high quality primary care they provide. As a consumer and a health care provider, I would highly recommend APRN's for my family or friends.

I urge this committee to support and pass this Bill as written to remove the unnecessary barriers to practice that would further encourage our APRNs to leave Hawaii for states with less restrictive rules.

Sincerely



Joan E Watson MD

VA PIHCS, Hon., HI 96819

Testimony
Committee on Consumer Protection & Commerce
on
March 18, 2009, 2 PM ~ Conference Room 325

By

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

HB 1378 HD 2 Health Care; Advanced Practice Registered Nurse; Primary Care Provider; Prescriptive Authority

Representative Robert N. Herkes, Chair, Representative Glenn Wakai, Vice Chair and members of the Committee:

Thank you for this opportunity to provide testimony regarding HB1378 HD 2 which Requires insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as participating providers and allow recognition as primary care providers. Grants increased signature authority and prescriptive rights. Sets new standards for board recognition of advanced practice registered nurses effective 10/1/09. (HB1378 HD2)

As a nurse practitioner and educator of Advanced Practice Nurses (APRN) I stand **in support** to this bill which accurately describes the purpose and practice of nurse practitioners in their professional practice relationship in the health care setting.

Advanced Practice Nurses are educated to assume the responsibilities and scope of practice presented in this bill. They have provided excellent health care services over the past 14 years without total ability to practice their profession unencumbered by the laws of the state. This bill allows them to practice as full professional colleagues in the health care setting.

I commend the Committee on Consumer Protection & Commerce for putting forth this excellent bill.

Mahalo nui loa for this opportunity to testify.

From: nishimoto2-Bryce on behalf of HLTtestimony
Sent: Wednesday, March 18, 2009 9:35 AM
To: HTHTestimony
Subject: FW: SB 1045 Testimony
Attachments: image001.jpg; 2008 CARN-NP CV[1].doc

Categories: Green Category, Blue Category

From: Bush, Elizabeth [mailto:Elizabeth.Bush2@va.gov]
Sent: Wednesday, March 18, 2009 7:28 AM
To: HLTtestimony
Cc: Lorenzo, Lenora L.
Subject: SB 1045 Testimony

Aloha Senators,

I am formally requesting that HB 1378 be scheduled be scheduled for a hearing by the Health committee so that it can pass to the Ways and Means Committee.

This Bill is vital to improving the health and well being of many underserved Hawaii residents, esp. in geographically and medically underserved regions such as the neighbor islands.

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.

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

I am submitting my CV as representative of the caliber of service APRNS can and do provide.

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

"The best way to find yourself is to lose yourself in the service of others." ~ Mahatma Gandhi

<http://addictionsprofessional.com>

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ELIZABETH BUSH, MSN, APRN, CARN-AP, CSAC

64-5234 Hohola Drive Kamuela, Hawaii 96743

808 885-5988

kohala123@msn.com

PROFESSIONAL EXPERIENCE

PSYCHIATRIC & ADDICTIONS ADVANCED PRACTICE NURSE

PACIFIC ISLANDS DEPARTMENT OF VETERAN'S AFFAIRS

KONA AND MAUI COMMUNITY BASED OUTPATIENT CLINICS

- ❖ Conduct comprehensive psychiatric, substance use and intake evaluations
- ❖ Provide individual, group and family psychotherapy and psycho-education
- ❖ Perform psychiatric disability evaluations
- ❖ Prescribe medications, as per agency protocol
- ❖ Administer and monitor medication regimens of substance dependent and/or mentally ill persons

PSYCHIATRIC & ADDICTIONS ADVANCED PRACTICE NURSE AND EDUCATOR

PACIFIC ACADEMY OF THE HEALING ARTS (FORMERLY HAWAI'I ACADEMY OF THE HEALING ART

HAWAI'I ADDICTION RECOVERY AND PSYCHIATRIC SERVICES OCTOBER 2003-PRESENT

Kamuela, Hawai'i

- ❖ Conduct comprehensive psychiatric, substance use and intake evaluations
- ❖ Provide individual, group and family psychotherapy and psycho-education
- ❖ Perform psychiatric disability evaluations
- ❖ Lecture students on Addictions Counseling and related subjects
- ❖ Design exams, curriculums, syllabi and other educational tools for substance counselor students, Nurses, Mental Health Professionals and members of various health care disciplines
- ❖ Approved as Continuing Education Provider for Hawai'i Nurses' Association
- ❖ Provide Clinical Supervision for substance abuse counselors, Advanced Practice Nurses and other mental health professionals
- ❖ Provide Professional Addiction Education to Oahu counselors, under auspices of Alcohol and Drug Abuse Division of the Hawai'i Department of Health
- ❖ Provide guest lectures to Hawai'i County Prosecutor's Victim Assistance Office, Big Island Substance Abuse Counsel and Nurses at Hilo Medical Center

NURSING INSTRUCTOR

JANUARY 2004-JULY 2004

University of Hawai'i at Hilo

Hilo, Hawai'i

- ❖ Lectured University Nursing Students on Psychiatric Nursing and Addictions Nursing
- ❖ Supervised Junior Nursing Students in inpatient and outpatient mental health and substance treatment settings
- ❖ Designed exams, curriculums, syllabi and other educational tools for Nursing students
- ❖ Provided community outreach activities to Consumer, Community and Family organizations
- ❖ Facilitated creation of community support systems for mentally ill and substance dependent consumers
- ❖ Participated in interagency meetings within local community and throughout state
- ❖ Implemented Faculty and staff development and education activities
- ❖ Collaborated with mental health care team members from a variety of disciplines

**BEHAVIORAL HEALTH SERVICES DIRECTOR
PSYCHIATRIC ADVANCED PRACTICE NURSE**

JUNE 2003-OCTOBER 2003

Hamakua Health Center

Honoka'a, Hawai'i

- ❖ Conducted Needs Assessment to identify Behavioral Health Needs in Rural Community Health Setting
- ❖ Planned and implemented continuum of Behavioral Health and Addictions Services within Primary Care Setting
- ❖ Identified and obtained funding sources to expand Behavioral Health and Addictions Services
- ❖ Conducted comprehensive psychiatric and substance use evaluations
- ❖ Trained and supervised Health Staff from a variety of disciplines
- ❖ Administered and monitored medication regimens of substance dependent and/or mentally ill persons
- ❖ Provided individual, group and family psychotherapy and psycho-education sessions
- ❖ Participated in interagency meetings within local community and throughout state

PSYCHIATRIC ADVANCED PRACTICE NURSE
University of Medicine and Dentistry of New Jersey

JANUARY 2002-APRIL 2003
Trenton, New Jersey

- ❖ Conducted comprehensive psychiatric and substance abuse evaluations
- ❖ Prescribed medications, as per agency protocol
- ❖ Administered and monitored medication regimens of substance dependent and mentally ill persons
- ❖ Provided individual, group and family psychotherapy and psycho-education
- ❖ Implemented staff development and education activities
- ❖ Collaborated with mental health care team members from a variety of disciplines

PSYCHIATRIC ADVANCED PRACTICE NURSE
Saint Clare's Health Services

OCTOBER 2000-JANUARY 2002
Denville, New Jersey

- ❖ Prescribed medications, as per agency protocol
- ❖ Conducted comprehensive psychiatric evaluations
- ❖ Administered and monitored medication regimens of mentally ill persons, including Clozapine
- ❖ Provided individual, group and family psychotherapy and psycho-education
- ❖ Provided community outreach activities to community organizations
- ❖ Implemented staff development and education activities
- ❖ Collaborated with mental health care team members from a variety of disciplines

INSTRUCTOR/PSYCHIATRIC ADVANCED PRACTICE NURSE JULY 1999-JUNE 2000

University of Hawai'i at Manoa/West Hawaii Mental Health Service
Honolulu and Kealahou, Hawai'i

- ❖ Conducted comprehensive psychiatric, and intake evaluations
- ❖ Provided individual, group and family psychotherapy and psycho-education
- ❖ Administered and monitored medication regimens, including decanoate antipsychotics
- ❖ Provided community outreach activities to Consumer, Community and Family organizations
- ❖ Facilitated creation of community support systems for mentally ill consumers
- ❖ Participated in interagency meetings within local community and throughout state
- ❖ Implemented staff development and education activities
- ❖ Collaborated with mental health care team members from a variety of disciplines
- ❖ Authored Scholarly Publications

REGISTERED NURSE/ADVANCED PRACTICE NURSE INTERN SEPT. 1998-JUNE 1999
Philadelphia Department of Veterans' Affairs Outpatient Mental Health
Philadelphia, PA.

- ❖ Conducted comprehensive psychiatric, and intake evaluations
- ❖ Administered and monitored medication regimens, including decanoate antipsychotics
- ❖ Planned and provided individual and family psychotherapy sessions
- ❖ Facilitated group therapy sessions
- ❖ Provided stress management education to individuals and groups

RESEARCH ASSISTANT/JUNIOR AUTHOR

FEBRUARY 1997-JUNE 1999

***University of Pennsylvania Center for Urban Health Research
Philadelphia, PA.***

- ❖ Co-authored articles regarding HIV prevention/education among diverse populations
- ❖ Assisted in Needs Assessments investigation to provide public health planning guidelines and HIV prevention strategies for the City of Philadelphia
- ❖ Involved in HIV education/prevention research funded by the NIMH and CDC

REGISTERED NURSE

JUNE 1996-FEBRUARY 1997

Women's Health and Counseling Center

Somerville, New Jersey

- ❖ Designed computerized record-keeping system that resulted in 100% compliance with state regulations for public health facilities
- ❖ Provided follow-up contact for high-risk clients, telephone triage, counseling, and crisis interventions
- ❖ Conducted client intake interviews, compiled patient histories, medication administration and education
- ❖ Provided HIV, STD, and family planning education and counseling

EDUCATION

**B.S.N./M.S.N. with graduate specialization in Psychiatric/Mental Health Nursing
1996-1999**

University of Pennsylvania School of Nursing

Philadelphia, PA.

B.S.N. *Summa Cum Laude*, 1998; M.S.N. G.P.A.: 4.0, 1999

A.A.S. in Nursing

1992-1996

Raritan Valley Community College

Somerville, N. J.

Graduated with High Honors

Pennsylvania School for Muscle Therapy

1991-1992

National Certification in Therapeutic Massage and Bodywork

Wayne, PA.

QUALIFICATIONS

- ❖ Hawai'i Registered Nurse License # RN-44613
- ❖ Hawai'i Advanced Practice Nurse License # 228
- ❖ New Jersey Registered Nurse License # NO113415
- ❖ New Jersey Advanced Practice Nurse License # NC113415
- ❖ American Nurses' Credentialing Center Psychiatric Nurse Practitioner Certification # 0366989-34
- ❖ American Nurses' Credentialing Center Psychiatric Clinical Nurse Specialist Certification # 348503
- ❖ International Society of Nurses in Addictions Certified Addictions RN in Advanced Practice #11515
- ❖ National Certification in Massage Therapy and Bodywork # 7146
- ❖ Certified Substance Abuse Counselor, Hawai'i #1175-03

OTHER TEACHING ACTIVITIES

- ❖ Guest Lecturer, Undergraduate Psychosocial Nursing course, University of Hawai'i at Manoa
- ❖ Teaching Assistant for Graduate-level Geropsychiatric Nursing course, University of Pennsylvania
- ❖ Teaching Assistant for Graduate-level Cognitive Therapy course, University of Pennsylvania
- ❖ Lecturer on Topics leading to Certification for Alcohol and Drug Counselors

AWARDS AND HONORS

- ❖ Excellence in Clinical/Direct Service Award, International Society of Nurses in Addictions, 2007
- ❖ Recipient, “Hawai’i Moving Forward Compassion Capital Fund” Grant from Center on the Family at University of Hawai’i at Manoa, 2007
- ❖ Excellence in Nursing Award, Hawai’i, American Academy of Nurse Practitioners, 2007
- ❖ Who’s Who of Manchester Professionals and Executives in Nursing, 2005
- ❖ Award for Highest GPA among Returning RNs at University of Pennsylvania, 1999
- ❖ Society of the Alumni of the University of Pennsylvania School of Nursing Award for Advancement of the Nursing Profession, 1999
- ❖ American Holistic Nurses’ Association Scholarship for AHNA Conference, 1998
- ❖ Writers’ Award; Society of the Alumni of School of Nursing, at University of Pennsylvania, 1997
- ❖ RN Career Mobility Scholarship by the National Student Nurses Association, 1997
- ❖ Charlotte W. Newcombe Internship Scholarship by University of Pennsylvania, 1997
- ❖ National Dean’s List, 1994, 1995, 1998, 1999
- ❖ National Dean’s List Scholarship, 1995
- ❖ Nominated for 1996 All-US Academic Team, 1996
- ❖ NJ Commission on Higher Education Award for Outstanding Academic Achievement, 1996
- ❖ NJ All-State Academic Team Award, 1996
- ❖ Who’s Who of American Junior Colleges, 1996
- ❖ Raritan Valley Cultural Diversity Leadership Award, 1996
- ❖ Excellence in Leadership Award by RVCC & Department of Nursing Education, 1996

Memberships

- ❖ American Academy of Nurse Practitioners, Honorary Member, 2007
- ❖ American Psychiatric Nurses’ Association, West Hawaii Director-at-Large 1999-2000
- ❖ New Jersey League for Nursing, Honorary Member, 1996
- ❖ Raritan Valley Student Nurses’ Association, Vice President, 1995-1996
- ❖ International Society of Nurses in Addictions, current
- ❖ Society of the Alumni, University of Pennsylvania School of Nursing, current
- ❖ *Phi Theta Kappa*
- ❖ *Sigma Theta Tau*

COMMUNITY ACTIVITIES

- ❖ Organize Community Depression and Alcohol Screenings, Health Fairs, and AIDS Awareness Fairs
- ❖ Co-founded American Holistic Nurses' Association Network at University of Pennsylvania
- ❖ Tutored low-income college students on a weekly basis for four years
- ❖ Provided educational support services to disabled students on monthly basis for one year
- ❖ Volunteered at Women's Health and Counseling Center on weekly basis for one year.
- ❖ Organized and participated in Holiday toy and book drives, food drives, and blood drives
- ❖ Provided HIV education to college freshmen as Red Cross Certified HIV/AIDS educator
- ❖ Advisor for First Annual RVCC Nursing Leadership Luncheon
- ❖ Organized 1996 RVCC Nursing Pinning/Graduation Ceremony

PUBLICATIONS

- ❖ Practice what we preach: HIV knowledge, beliefs, and behaviors of adolescents and adolescent peer educators, Journal of the Association of Nurses in AIDS Care, 1998, 9 (5): 61-71. Co-authored with Villaruel, Jemmott, Howard, & Taylor
- ❖ Hearing our voices: assessing HIV prevention needs among Asian and Pacific Islander women, 1999, Journal of Transcultural Nursing, 10 (2), 102-11. Co-authored with Jemmott & Macula
- ❖ Issues raised by co-occurring physical disabilities and mental illness as viewed from the consumer perspective, a manuscript submitted to Community Mental Health Exchange of the Social and Mental Health Services Administration of the US Department of Health and Human Services, June 1999. Co-authored with Aiello
- ❖ The use of human touch to improve the well-being of older adults: A holistic nursing intervention, The Journal of Holistic Nursing, September, 2001.