

STAND. COM. REP. NO.

1031

Honolulu, Hawaii

MAR 27 2009

RE: H.B. No. 1378
H.D. 2
S.D. 1

Honorable Colleen Hanabusa
President of the Senate
Twenty-Fifth State Legislature
Regular Session of 2009
State of Hawaii

Madam:

Your Committee on Health, to which was referred H.B.
No. 1378, H.D. 2, entitled:

"A BILL FOR AN ACT RELATING TO ADVANCED PRACTICE REGISTERED
NURSES,"

begs leave to report as follows:

The purpose of this measure is to increase access to health
care by:

- (1) Allowing insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers;
- (2) Requiring participating providers to recognize advanced practice registered nurses as primary care providers;
- (3) Increasing advanced practice registered nurses' signature and prescriptive authorities; and
- (4) Making the Board of Nursing, rather than the Hawaii Medical Board and the Joint Formulary Advisory Committee, responsible for the oversight of the prescriptive authority of advanced practice registered nurses.



Your Committee received testimony in support of this measure from Kaiser Permanente, Hawaii Primary Care Association, Healthcare Association of Hawaii, Hawaii State Center for Nursing, Hawaii Government Employees Association, the University of Hawaii System, Occupational Therapy Association of Hawaii, AARP, and the Lanai Women's Center. Testimony in support of this measure with amendments was submitted by the Hawaii Association for Professional Nurses, Walgreens, and Hawaii Medical Service Association. The Board of Nursing supports this measure with reservations. Testimony in opposition to this measure was submitted by the Hawaii Medical Association. Comments on this measure were submitted by the Department of Public Safety, Department of Human Services, the Hawaii Medical Board, and the Hawaii Association of Health Plans. The Disability and Communication Access Board provided comments and amendments to this measure.

Written testimony presented to the Committee may be reviewed on the Legislature's website.

Your Committee finds that authorizing advanced practice registered nurses to be recognized as primary care providers with signature and prescriptive authority will help to alleviate the shortage of health care providers across the State by providing access to quality clinicians.

Your Committee notes that it has worked in conjunction with insurers, health plans, the nursing school, the Center for Nursing, and the Board of Nursing to address the concerns raised by stakeholders regarding this measure. Accordingly, your Committee has amended this measure by:

- (1) Removing its contents and replacing it with language from S.B. No. 1045, S.D. 2; and
- (2) Inserting language that provides for advanced practice registered nurse recognition by endorsement provided that:
 - (A) The person applying is licensed as a registered nurse in this State; and
 - (B) All nurse licenses, recognitions and prescriptive authorities or similar designations held by the person under the laws of this State, another state,

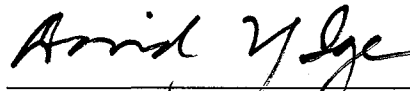


or United States territory are unencumbered and if the originating state's requirements were equal to or greater than the Board of Nursing's advanced practice registered nurse requirements which were in effect prior to October 1, 2009. The advanced practice registered nurse shall be eligible to renew that recognition as an advanced practice registered nurse; provided that all nurse licenses, recognitions and prescriptive authorities or similar designations held by the person in this State, another state or United States territory are unencumbered; and

(3) Changing the effective date to upon approval.

As affirmed by the record of votes of the members of your Committee on Health that is attached to this report, your Committee is in accord with the intent and purpose of H.B. No. 1378, H.D. 2, as amended herein, and recommends that it pass Second Reading in the form attached hereto as H.B. No. 1378, H.D. 2, S.D. 1, and be referred to the Committee on Commerce and Consumer Protection.

Respectfully submitted on
behalf of the members of the
Committee on Health,




DAVID Y. IGE, Chair



The Senate
Twenty-Fifth Legislature
State of Hawaii

Record of Votes
Committee on Health
HTH

Bill / Resolution No.:*	Committee Referral:	Date:		
HB 1378 HD 2	HTH, CPN	3/23/09		
<input type="checkbox"/> The committee is reconsidering its previous decision on this measure. If so, then the previous decision was to: _____				
The Recommendation is:				
<input type="checkbox"/> Pass, unamended 2312 <input checked="" type="checkbox"/> Pass, with amendments 2311 <input type="checkbox"/> Hold 2310 <input type="checkbox"/> Recommit 2313				
Members	Aye	Aye (WR)	Nay	Excused
IGE, David Y. (C)	✓			
GREEN, M.D., Josh (VC)		✓		
BAKER, Rosalyn H.	✓			
ESPERO, Will	✓			
NISHIHARA, Clarence K.	✓			
HEMMINGS, Fred				✓
TOTAL	4	1	0	1
Recommendation:				
<input checked="" type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted				
Chair's or Designee's Signature:				
				
Distribution:				
Original File with Committee Report	Yellow Clerk's Office	Pink Drafting Agency	Goldenrod Committee File Copy	

*Only one measure per Record of Votes

A BILL FOR AN ACT

RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

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

1 SECTION 1. The legislature finds that there is a need for
2 more access to healthcare professionals, particularly in rural
3 areas. Studies show that appropriately trained advanced
4 practice registered nurses can provide high quality health care
5 and achieve positive outcomes for patients. Advanced practice
6 registered nurses are capable of providing primary health care
7 and play an important role in meeting the growing demand for
8 primary health care, particularly in underserved areas.

9 The legislature further finds that the disciplines of
10 medicine and nursing and the roles of physicians and advanced
11 practice registered nurses are complementary. Ultimately, the
12 interests of patients are well served when advanced practice
13 registered nurses are included as an essential component of the
14 primary health care team.

15 The purpose of this Act is to recognize advanced practice
16 registered nurses as participating primary health care providers
17 for insurance coverage purposes, to permit advanced practice

1 registered nurses to sign documents relating to health care for
2 their patients, to clarify educational and other requirements
3 for advanced practice registered nurses, and to update the
4 authority for advanced practice registered nurses to write
5 prescriptions including for controlled substance, medical
6 equipment, and therapeutic regimens in accordance with their
7 scope of practice.

8 SECTION 2. Chapter 431, article 10A, Hawaii Revised
9 Statutes, is amended by adding a new section to be appropriately
10 designated and to read as follows:

11 "§431:10A- Primary care provider; advanced practice
12 registered nurse. (a) Each policy of accident and health or
13 sickness insurance delivered or issued for delivery in this
14 State shall recognize advanced practice registered nurses, as
15 defined under section 457-8.5, as participating providers and
16 shall include coverage for care provided by participating
17 advanced practice registered nurses practicing within the scope
18 of their licenses for purposes of health maintenance, diagnosis
19 or treatment to the extent that the policy provides benefits for
20 identical services rendered by another health care provider.
21 "Participating advanced practice registered nurses" are defined

1 as advanced practice registered nurses who have contracted with
2 the insurer to provide healthcare services to its insureds.

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

11 SECTION 3. Chapter 432, article 1, Hawaii Revised
12 Statutes, is amended by adding a new section to be appropriately
13 designated and to read as follows:

14 **"§432:1- Primary care provider; advanced practice**
15 **registered nurse.** (a) Each policy of insurance delivered or
16 issued for delivery in this State by a mutual benefit society
17 shall recognize advanced practice registered nurses, as defined
18 under section 457-8.5, as participating providers and shall
19 include coverage for care provided by participating advanced
20 practice registered nurses practicing within the scope of their
21 licenses for purposes of health maintenance, diagnosis or
22 treatment to the extent that the policy provides benefits for

1 identical services rendered by another health care provider.
2 "Participating advanced practice registered nurses" are defined
3 as advanced practice registered nurses who have contracted with
4 the insurer to provide healthcare services to its insureds.

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

13 SECTION 4. Chapter 432, article 2, Hawaii Revised
14 Statutes, is amended by adding a new section to be appropriately
15 designated and to read as follows:

16 **"§432:2- Primary care provider; advanced practice**
17 **registered nurse.** (a) Each policy of insurance delivered or
18 issued for delivery in this State by a fraternal benefit society
19 shall recognize advanced practice registered nurses, as defined
20 under section 457-8.5, as participating providers and shall
21 include coverage for care provided by participating advanced
22 practice registered nurses practicing within the scope of their

1 licenses for purposes of health maintenance, diagnosis or
2 treatment to the extent that the policy provides benefits for
3 identical services rendered by another health care provider.
4 "Participating advanced practice registered nurses" are defined
5 as advanced practice registered nurses who have contracted with
6 the insurer to provide healthcare services to its insureds.

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

15 SECTION 5. Chapter 432D, Hawaii Revised Statutes, is
16 amended by adding a new section to be appropriately designated
17 and to read as follows:

18 **"§432D- Primary care provider; advanced practice**
19 **registered nurse.** (a) Each policy of insurance delivered or
20 issued for delivery in this State by a health maintenance
21 organization shall recognize advanced practice registered
22 nurses, as defined under section 457-8.5, as participating

1 providers and shall include coverage for care provided by
2 participating advanced practice registered nurses practicing
3 within the scope of their licenses for purposes of health
4 maintenance, diagnosis or treatment to the extent that the
5 policy provides benefits for identical services rendered by
6 another health care provider. "Participating advanced practice
7 registered nurses" are defined as advanced practice registered
8 nurses who have contracted with the insurer to provide
9 healthcare services to its insureds.

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

18 SECTION 6. Chapter 457, Hawaii Revised Statutes, is
19 amended by adding a new section to be appropriately designated
20 and to read as follows:

21 "§457- **Global signature authority.** (a) Notwithstanding
22 any law to the contrary, advanced practice registered nurses

1 shall be authorized to sign, certify, or endorse all documents
2 relating to health care within their scope of practice provided
3 for their patients, including but not limited to workers'
4 compensation verification documents, verification and evaluation
5 forms of the department of human services, verification and
6 evaluation forms of the department of education, verification
7 and authorization forms from the department of health, and
8 physical examination forms; provided that nothing in this
9 section shall be construed to expand the scope of practice of
10 advanced practice registered nurses.

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

14 SECTION 7. Section 457-8.5, Hawaii Revised Statutes, is
15 amended to read as follows:

16 **"§457-8.5 Advanced practice registered nurse;**
17 **qualifications; recognition; endorsement; fees; eligibility.**

18 (a) ~~[The]~~ Effective October 1, 2009, the board shall grant
19 recognition as an advanced practice registered nurse~~;~~ ~~provided~~
20 ~~the]~~ to a nurse who has:

21 (1) A current, unencumbered license as a registered nurse
22 in this State;

- 1 (2) An unencumbered license as a registered nurse in all
2 other states in which the nurse has a current and
3 active license;
- 4 (3) An unencumbered recognition as an advanced practice
5 registered nurse or similar designation in all other
6 states in which the nurse has a current and active
7 recognition as an advanced practice registered nurse;
- 8 ~~[(4) A master's degree in nursing as specified in rules
9 adopted by the board or a current certification for
10 specialized and advanced nursing practice from a
11 national certifying body recognized by the board;
12 provided that certified nurse midwives shall maintain
13 current certification from a national certifying body
14 recognized by the board; and~~
- 15 ~~-(5)]~~ (4) An accredited graduate-level education program
16 leading to a master's degree as a certified registered
17 nurse anesthetist, a nurse midwife, a clinical nurse
18 specialist, or a nurse practitioner;
- 19 (5) A current, unencumbered certification of having passed
20 a national certification examination that measures
21 role and population-focused competencies and is
22 recognized by the board;

- 1 (6) Maintained continued competencies through
2 recertification in role and population competencies
3 through a national certification program recognized by
4 the board;
- 5 (7) Acquired advanced clinical knowledge and skills
6 preparing the nurse to provide direct care to patients
7 through a significant educational and practical
8 concentration on the direct care of patients;
- 9 (8) Demonstrated a greater breadth of knowledge, a greater
10 synthesis of data, greater complexity of skills and
11 interventions, and greater role autonomy than
12 demonstrated by a registered nurse;
- 13 (9) Been educationally prepared to assume responsibility
14 and accountability for health promotion and
15 maintenance and to assess, diagnose, and manage
16 patient problems through the use and prescription of
17 pharmacologic and non-pharmacologic interventions;
- 18 (10) Acquired clinical experience of sufficient depth and
19 breadth to reflect the intended license; and
- 20 (11) Paid the appropriate fees.
- 21 (b) ~~[The board shall require certified nurse midwives to~~
22 ~~meet the requirements of subsection (a) in order to obtain~~

1 ~~recognition and maintain recognition as advanced practice~~
2 ~~registered nurses.]~~ Any person recognized as an advanced
3 practice registered nurse prior to October 1, 2009 whose
4 recognition was granted based on a master's degree in nursing or
5 a current certification for specialized and advanced nursing
6 practice from a national certifying body recognized by the board
7 shall be eligible to renew that recognition as an advanced
8 practice registered nurse; provided that all nurse licenses,
9 recognitions and prescriptive authorities or similar
10 designations held by the person in any jurisdiction are
11 unencumbered.

12 (c) Any person applying for advanced practice registered
13 nurse recognition by endorsement shall be granted recognition as
14 an advanced practice registered nurse provided that:

15 (1) The person applying is licensed as a registered nurse
16 in this State; and

17 (2) All nurse licenses, recognitions and prescriptive
18 authorities or similar designations held by the person
19 under the laws of this State, another state, or a
20 United States territory are unencumbered and if the
21 originating state's requirements were equal to or
22 greater than the board's advanced practice registered

1 nurse requirements which were in effect prior to
2 October 1, 2009. The advanced practice registered
3 nurse shall be eligible to renew that recognition as
4 an advanced practice registered nurse; provided that
5 all nurse licenses, recognitions and prescriptive
6 authorities or similar designations held by the person
7 in this State, another state, or a United States
8 territory are unencumbered.

9 (d) Only a person who has a current, unencumbered
10 recognition from the board to practice as an advanced practice
11 registered nurse shall use the title "Advanced Practice
12 Registered Nurse" and the abbreviation "A.P.R.N.". No other
13 person shall assume the title "nurse" or in any manner imply that
14 the person is a nurse except as defined in section 457-2 or as
15 provided in sections 457-7 and 457-8 or use the abbreviation
16 "A.P.R.N." or any other words, letter, sign, or device to
17 indicate that the person using the same is an advanced practice
18 registered nurse. Nothing in this section shall preclude a
19 registered nurse who is not recognized by the board as an
20 advanced practice registered nurse and who is currently
21 certified by a national certifying body recognized by the board
22 from using another title designated by certification."

1 SECTION 8. Section 457-8.6, Hawaii Revised Statutes, is
2 amended to read as follows:

3 **"§457-8.6 Prescriptive authority for advanced practice**
4 **registered nurses.** (a) The board shall grant prescriptive
5 authority to qualified advanced practice registered nurses and
6 shall designate the requirements for advanced nursing practice
7 related to prescriptive authority. [~~The Hawaii medical board~~
8 ~~shall submit an annual report of all amendments made to the~~
9 ~~formularies to the board.] The board shall determine the
10 exclusionary formulary for qualified advanced practice
11 registered nurses who are granted prescriptive authority.~~

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

14 (1) Two persons licensed as advanced practice registered
15 nurses and appointed by the board;

16 (2) Two persons licensed in medicine by the Hawaii medical
17 board and appointed by the Hawaii medical board;

18 (3) Three persons licensed as pharmacists and appointed by
19 the board of pharmacy;

20 (4) One representative of the University of Hawaii John A.
21 Burns school of medicine appointed by the dean of the

1 University of Hawaii John A. Burns school of medicine;
2 and

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

5 The joint formulary advisory committee shall recommend the
6 applicable formulary for persons recognized under this section.

7 The [~~Hawaii medical~~] board shall consider the recommendations of
8 the joint formulary advisory committee in adopting the
9 formulary. The appropriate working relationship with licensed
10 physicians shall be reflected in rules adopted by the board in
11 accordance with chapter 91.

12 (c) The board shall establish nursing requirements for
13 education, experience, and national certification pursuant to
14 rules adopted in accordance with chapter 91.

15 (d) Advanced practice registered nurses shall be
16 considered qualified if they have met the requirements of
17 section 457-8.5, and have met the advanced pharmacology
18 requirements for initial prescriptive authority pursuant to
19 rules adopted by the board. Only qualified advanced practice
20 registered nurses authorized to diagnose, prescribe, and
21 institute therapy or referrals of patients to health care
22 agencies, health care providers, and community resources and,

1 only as appropriate to the practice specialty in which the
2 advanced practice nurse is qualified, may:

3 (1) Prescribe, procure, administer, and dispense over the
4 counter, legend, and controlled substances;

5 (2) Prescribe, order, and dispense medical devices and
6 equipment; and

7 (3) Plan and initiate a therapeutic regimen that includes
8 nutritional, diagnostic, and supportive services
9 including home health care, hospice, and physical and
10 occupational therapy."

11 SECTION 9. Statutory material to be repealed is bracketed
12 and stricken. New statutory material is underscored.

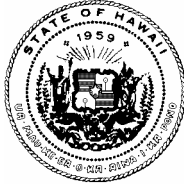
13 SECTION 10. This Act shall take effect upon approval.

Report Title:

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

Description:

Requires insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. Provides for licensure by endorsement. Grants global signature authority and prescriptive rights. Amends definition of advanced practice registered nurse. (SD1)



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

April 2, 2009

MEMORANDUM

TO: Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 1378, H.D. 2, S.D. 1 – RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

Hearing: Thursday, April 02, 2009, 10:00 a.m.
Conference Room 229, 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) supports this bill.

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.

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.

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.

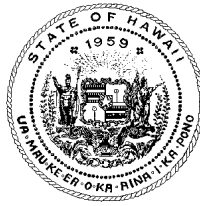
We support the role of a joint formulary advisory committee, which we believe sufficiently addresses our concerns regarding the applicable formulary for the APRNs. To support the recommendations of the joint formulary advisory committee and the formulary adopted by the State Board of Nursing, we respectfully recommend an amendment to Section 8, that amends section 457-8.6 (d)(1), beginning on page 14, line 3, as follows:

"Prescribe, procure, administer, and dispense over the counter, legend, and controlled substances included in the board's formulary."

The Department of Human Services cares very much about expanding access to care for its clients, but wants to ensure quality or safety. ARPNS can greatly help expand access to our clients, particularly on the Neighbor Islands.

Thank you for this opportunity to testify.

LINDA LINGLE
GOVERNOR



STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

CLAYTON A. FRANK
DIRECTOR

DAVID F. FESTERLING
Deputy Director
Administration

TOMMY JOHNSON
Deputy Director
Corrections

JAMES L. PROPOTNICK
Deputy Director
Law Enforcement

No. _____

TESTIMONY ON HOUSE BILL 1378 HD2 SD1
A BILL FOR AN ACT RELATING TO
RELATING TO ADVANCE PRACTICE REGISTERED NURSES

by
Clayton A. Frank, Director
Department of Public Safety

Committee on Consumer Protection & Commerce
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

Thursday, April 2, 2009, 10:00 am
State Capitol, Room 229

Senator Baker and Members of the Committee:

The Department of Public Safety has concerns with House Bill 1378 HD2 SD1 as it pertains to an Advance Practice Registered Nurses ability to administer, prescribe and dispense controlled substances. The Department has concerns that House Bill 1378 HD2 SD1 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 would place an added administrative and investigative responsibilities on the Divisions Narcotics Enforcement Division without providing additional manpower.

The Department would like to suggest the following amendments to House Bill 1378 HD2 SD1 on page 14 lines 3 and 4:

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

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

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

“"Advance Practice Registered Nurse with Prescriptive Authority" means a person licensed under section 457-8.6, who is registered under this chapter to administer, or prescribe a controlled substance. Under this section Advance Practice Registered Nurse with Prescriptive Authority are not authorized to request, receive, or sign for professional controlled substance samples.”

The definition of "Practitioner" would have to be amended in section 329-1 to read as follows:

"Practitioner" means:

(1) A physician, dentist, veterinarian, scientific investigator, or other person licensed and registered under section 329-32 to distribute, dispense, or conduct research with respect to a controlled substance in the course of professional practice or research in this State; [~~and~~]

(2) Advance practice registered nurse with prescriptive authority licensed and registered under section 329-32 to prescribe and administer controlled substance in the course of professional practice in this State; and

~~[(2)]~~ (3) A pharmacy, hospital, or other institution licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this State."

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 nurse with prescriptive authority as described in section 453-5.3 and 457-8.6."

Thank you for the opportunity to testify on this matter.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
April 2, 2009, 10:00 a.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 SD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Baker, Vice Chair Ige, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in support of HB 1378 HD2 SD1 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. Updating the restrictive statutes and rules are imperative to access to healthcare particularly the verification of 1,000 clinical hours experience and the collegial working relationship agreement which has been a significant barrier to the practice of nursing in Hawai'i. Additionally, we support the Hawai'i State Board of Nursing's authority to ensure the statutes and rules for nurse licensure/recognition including determining the exclusionary formulary for qualified advanced practice registered nurses.

We understand that the Department of Public Safety suggests language to facilitate the transition and implementation of this bill in regard to APRNs prescribing and

administering controlled substances including amended definitions for “APRNs with prescriptive authority” and “practitioner” and support their recommendations.

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 at 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.

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Thursday, April 2, 2009
10:00 a.m.

WRITTEN TESTIMONY ONLY

**TESTIMONY ON H.B. NO. 1378, H.D. 2, S.D. 1, RELATING TO ADVANCED
PRACTICE REGISTERED NURSES.**

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEE:

Thank you for the opportunity to provide written testimony on H.B. 1378, H.D 2, S.D. 1, 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 primary care providers. It provides for licensure by endorsement, grants global signature authority and prescriptive rights and amends the definition of advanced practice registered nurse.

The Hawaii Medical Board's ("Board") comments relate solely to the APRN formulary and formulary committee as provided for on page 12, line 7 through page 13, line 11.

Testimony on H.B. 1378, H.D. 2, S.D. 1
April 2, 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.

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

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE SENATE COMMITTEE ON COMMERCE
AND CONSUMER PROTECTION

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Thursday, April 2, 2009
10:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 1378, H.D. 2, S.D. 1, RELATING TO ADVANCED
PRACTICE REGISTERED NURSES.**

TO THE HONORABLE ROSALYN H. BAKER, 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 in support of House Bill No. 1378, H.D. 2, S.D. 1. The Board does, however, request that amendments be made to the measure.

The Board's requested amendments apply to Sections 2, 3, 4, 5 and 8, however, the main focus of this testimony pertains to Section 8.

First, the Board recommends that reference to "section 457-8.5" be amended to read, "section 457-8.5**(a)**" in Section 2, page 2, line 15; Section 3, page 3, line 18; Section 4, page 4, line 20; Section 5, page 5, line 22; and Section 8, page 13, line 17.

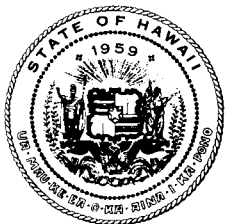
Second, the Board strongly supports the amendments proposed by the Department of Public Safety ("DPS") in its testimony to:

- Have section 8, page 14, lines 3-4 read as, "**(1) Prescribe, procure, administer and dispense over the counter, legend drugs and only**

prescribe and administer controlled substances in compliance with provisions set forth in Chapter 329."

- Amend Section 329-1 by adding a new definition for "Advance Practice Registered Nurse with Prescriptive Authority" and amending the definition of "Practitioner"; and
- Amend the definition of "physician" in Section 329-121.

In closing, the Board is in strong support of this measure and respectfully requests that this Committee pass this measure out with the amendments requested above. Thank you for the opportunity to provide testimony on House Bill No. 1378, H.D. 2, S.D. 1.



DISABILITY AND COMMUNICATION ACCESS BOARD

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April 2, 2009

TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

House Bill 1378, House Draft 2, Senate Draft 1 – Relating to Advanced Practice Registered Nurses

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

DCAB administers the parking for persons with disabilities program that is operated by the counties on behalf of the State. Senate Draft 1 removes the contents of House Bill 1378, House Draft 2 and replaces it with language from Senate Bill 1045, Senate Draft 1. Language on page 7, lines 11 to 13 clarifies that the signature authority for advanced practice registered nurses does not include certifying disability on the application for parking permits for persons with disabilities. We recommend that this language remain in the bill in order to remain consistent with Part III, Chapter 291, Hawaii Revised Statutes.

With the inclusion of this language, 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

From: Lorenzo, Lenora L. [Lenora.Lorenzo@va.gov]
Sent: Wednesday, April 01, 2009 11:11 AM
To: CPN Testimony
Cc: Lenora Lorenzo
Subject: HB1378 HD2 SD1 Relating to Advanced Practice Registered Nurses
Attachments: att7eb4e.gif; Sunflower Bkgrd.jpg; NP_Cost_Effectiveness.pdf; QualityofNPPractice.pdf; Handicap Parking Permits Map TEMP 2-09.doc

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Date/Place: 04-02-09 10:00AM in Senate conference room 229 Hawaii State Capital

Re: HB1378 HD2 SD1 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). I am regret I am unable to attend as I have a full patient schedule at the Veterans Administration today.

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. Please find attached summaries and references to studies from the AANP "Quality of NP Practice" and "NP Cost Effectiveness". 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.

Of note, the testimony in opposition to this measure from the Hawaii AMA physicians is provided by physicians who are not primary care providers and without knowledge or experience practicing with APRN's. They report concern that APRNs providing primary care services will create a two-tier health care system. The fact is that

forty years of experience and research evidence in both the medical and nursing literature consistently indicate that **care provided by nurse practitioners is equal to the care of primary care doctors and that APRNs achieve quality health outcomes for patients.** Care by APRNs is safe, effective and well accepted by consumers. We must improve access to primary care at a time when Hawai'i is experiencing severe provider shortages. Furthermore, APRN's often work in practices that accept vulnerable population patients who are uninsured or underinsured that many other providers are unable to accept. Today, more than ever, we must use all the qualified health care providers to help us meet the health care needs of our communities, particularly the vulnerable populations. Both Physicians and APRN's must work together to provide health care, with mutual respect for the unique contributions and skills offered by each profession.

Further, the Hawaii AMA testifies that reported Physician liability Insurance premiums will increase, forcing all healthcare providers to pay higher premium rates. This is not accurate as it is common knowledge that premiums are based on prescribing and practice experience. The practice record of non-physician prescribers (APRNs) has demonstrated safe practice without an increase in liability. Nurse practitioners account for a very low rate of all medical practice settlements. To date, the Board of Nursing reports no cases of complaints or discipline against the 882 designated APRNS. Further, employers such as health centers and hospitals conduct a separate credentialing process. Medicare, Medicaid (QUEST) and HMSA qualify APRNS to apply for reimbursement. There are no increases in malpractice or negligence complaints against physicians due to APRN practice.

Additionally, the Hawaii AMA testifies APRNs will over prescribe controlled and other substances. Since 1994, APRNS in Hawai'i have had limited prescriptive authority and are held to standards of practice, ethical codes, and peer review. They are required to practice within their specialty and legal scope of practice. APRNs are well trained to assess, diagnose, and treat both acute and chronic pain. Controlled substances are controlled because of the potential for abuse and addiction NOT for their potential lethality. Furthermore, APRN's and RN's have more experience than other providers in administering and monitoring controlled substances safely and judiciously for hundreds of years in hospitals and clinics throughout our nation.

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

sign these for the placards, therefore it is unlikely there will be an increase but instead a more direct and less costly method of completion.

In Summary, this measure will allow APRNs to practice within their legally defined scope of practice and allow APRN's to deliver the health services they are capable of providing. Additionally this measure will allow more direct reimbursement mechanisms to APRNs for services rendered within their scope of practice. Prescriptive authority for APRNs should be administered and monitored under the BON and must include all the necessary pharmacological therapies needed to provide care within our scope of practice capabilities. I understand there are some mutually agreed upon revision for APRN prescriptive authority for controlled substances crafted by the Hawaii DEA and our BON to improve implementation of this measure. I am in agreement with their revisions.

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 with revisions submitted by DEA, the BON and to include the global signature authority inclusive of handicap placards. Mahalo for your time and considerate attention!

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

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Quality of Nurse Practitioner Practice

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Quality of Nurse Practitioner Practice

Nurse practitioners (NPs) are high quality health care providers who practice in primary care, ambulatory, acute care, specialty care, and long-term care. They are registered nurses with specialized advanced education and clinical competency to provide health and medical care for diverse populations in a variety of settings. A graduate degree is required for entry-level practice. The NP role was created in 1965. For over 40 years, research has consistently demonstrated the high quality of care provided by NPs. The body of evidence regarding the quality of NP practice supports that NP care is at least equivalent to that of physician care. This paper provides a summary of a number of important reports of research supporting the NP, the majority of which are published by observers and researchers outside of the discipline of nursing.

Avorn, J., Everitt, D.E., & Baker, M.W. (1991). The neglected medical history and therapeutic choices for abdominal pain. A nationwide study of 799 physicians and nurses. *Archives of Internal Medicine*, 151 (4), 694-698.

A sample of 501 physicians and 298 NPs participated in a study by responding to a hypothetical scenario regarding epigastric pain in a patient with endoscopic findings of diffuse gastritis. They were able to request additional information before recommending treatment. Adequate history-taking resulted in identifying use of aspirin, coffee, cigarettes, and alcohol, paired with psychosocial stress. Compared to NPs, physicians were more likely to prescribe without seeking relevant history. NPs, in contrast, asked more questions and were less likely to recommend prescription medication.

Brown, S.A. & Grimes, D.E. (1995). A meta-analysis of nurse practitioners and nurse midwives in primary care. *Nursing Research*, 44 (6) 332-9.

A meta-analysis of 38 studies comparing a total of 33 patient outcomes of NPs with those of physicians demonstrated that NP outcomes were equivalent to or greater than those of physicians. NP patients had higher levels of compliance with recommendations in studies where provider assignments were randomized and when other means to control patient risks were used. Patient satisfaction and resolution of pathological conditions were greatest for NPs. The NP and physician outcomes were equivalent on all other outcomes.

Congressional Budget Office (1979). Physician extenders: Their current and future role in medical care delivery. Washington, D.C.: US Government Printing Office.

As early as 1979, the Congressional Budget Office reviewed findings of the numerous studies of NP performance in a variety of settings and concluded that NPs performed as well as physicians with respect to patient outcomes, proper diagnosis, management of specified medical conditions, and frequency of patient satisfaction.

Cooper, M.A., Lindsay, G.M., Kinn, S., Swann, I.J. (2002). Evaluating emergency nurse practitioner services: A randomized controlled trial. *Journal of Advanced Nursing*, 40 (6).

A study of 199 patients randomly assigned to emergency NP-led care or physician-led care in the U.K. demonstrated the highest level of satisfaction and clinical documentation for NP care. The outcomes of recovery time, symptom level, missed work, unplanned follow-up, and missed injuries were comparable between the two groups.

Ettner, S.L., Kotlerman, J., Abdelmonem, A., Vazirani, S., Hays, R.D., Shapiro, M., Cowan, M. (2006). An alternative approach to reducing the costs of patient care? A controlled trial of the multi-disciplinary doctor-nurse practitioner (MDNP) model. *Medical Decision Making*, 26, 9-17.

Significant cost savings were demonstrated when 1207 patients in an academic medical center were randomized to either standard treatment or to a physician-NP model.

Horrocks, S., Anderson, E., Salisbury, C. (2002). Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *BMJ*, 324, 819-823.

A systematic review of 11 randomized clinical trials and 23 observational studies identified data on outcomes of patient satisfaction, health status, cost, and/or process of care. Patient satisfaction was highest for patients seen by NPs. The health status data and quality of care indicators were too heterogeneous to allow for meta-analysis, although qualitative comparisons of the results reported showed comparable outcomes between NPs and physicians. NPs offered more advice/information, had more complete documentation, and had better communication skills than physicians. NPs spent longer time with their patients and performed a greater number of investigations than did physicians. No differences were detected in health status, prescriptions, return visits, or referrals. Equivalency in appropriateness of studies and interpretations of x-rays were identified.

Larkin, H. (2003). The case for nurse practitioners. *Hospitals and Health Networks* Aug 2003, 54-59.

The author describes compelling statistics supporting the case of NPs, including several studies demonstrating decreased inpatient days, decreased ventilator days, improved heart failure outcomes, and decreased complications such as skin lesions, urinary tract infections, and pneumonia.

Laurant, M., Reeves, D., Hermens, R., Braspenning, J., Grol, R., & Sibbald, B. (2006). Substitution of doctors by nurses in primary care. *Cochrane Database of systematic reviews*. 2006, Issue 1.

This meta-analysis included 25 articles relating to 16 studies comparing outcomes of primary care nurses (nurses, NPs, clinical nurse specialists, or advance practice nurses) and physicians. The quality of care provided by nurses was as high as that of the physicians. Overall, health outcomes and outcomes such as resource utilization and cost were equivalent for nurses and physicians. The satisfaction level was higher for nurses. Studies included a range of care delivery models, with nurses providing first contact, ongoing care, and urgent care for many of the patient cohorts.

Lenz, E.R., Mundinger, M.O., Kane, R.L., Hopkins, S.C., & Lin, S.X. (2004). Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up. *Medical Care Research and Review* 61 (3), 332-351.

The outcomes of care in the study described by Mundinger, et al in 2000 (see below) are further described in this report including two years of follow-up data, confirming continued comparable outcomes for the two groups of patients. No differences were identified in health status, physiologic measures, satisfaction, or use of specialist, emergency room, or inpatient services. Patients assigned to physicians had more primary care visits than those assigned to NPs.

Lin, S.X., Hooker, R.S., Lenz, E.R., Hopkins, S.C. (2002). Nurse practitioners and physician assistants in hospital outpatient departments, 1997-1999. *Nursing Economics*, 20 (4), 174-179.

Data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) were used to identify patterns of NP and PA practice styles. NPs were more likely to see patients alone and to be involved in routine examinations, as well as care directed towards wellness, health promotion, disease prevention, and health education than PAs, regardless of the setting type. In contrast, PAs were more likely to provide acute problem management and to involve another person, such as a support staff person or a physician.

Mundinger, M.O., Kane, R.L., Lenz, E.R., Totten, A.M., Tsai, W.Y., Cleary, P.D., Friedewald, W.T., Siu, A.L., & Shelanski, M.L. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians: A randomized trial. *JAMA*, 283 (1), 59-68.

The outcomes of care were measured in a study where patients were randomly assigned either to a physician or to an NP for primary care between 1995 and 1997, using patient interviews and health services utilization data. Comparable outcomes were identified, with a total of 1316 patients. After six months of care, health status was equivalent for both patient groups, although patients treated for hypertension by NPs had lower diastolic values. Health service utilization was equivalent at both 6 and 12 months and patient satisfaction was equivalent following the initial visit. At six months, physicians rated higher on one component of the satisfaction scale.

Office of Technology Assessment (1986). Nurse practitioners, physician assistants, and certified nurse midwives: A policy analysis. Washington D.C.: US Government Printing Office.

The Office of Technology Assessment reviewed studies comparing NP and physician practice, concluding that, "NPs appear to have better communication, counseling, and interviewing skills than physicians have." (p. 19) and that malpractice premiums and rates supported patient satisfaction with NP care, pointing out that successful malpractice rates against NPs remained extremely rare.

Prescott, P.A. & Driscoll, L. (1980). Evaluating nurse practitioner performance. *Nurse Practitioner*, 1 (1), 28-32.

The authors reviewed 26 studies comparing NP and physician care, concluding that NPs scored higher in many areas. These included: amount/depth of discussion regarding child health care, preventative health, and wellness; amount of advice, therapeutic listening, and support offered to patients; completeness of history and follow-up on history findings; completeness of physical examination and interviewing skills; and patient knowledge of the management plan given to them by the provider.

Roblin, D.W., Becker, R., Adams, E.K., Howard, D. H., & Roberts, M.H. (2004). Patient satisfaction with primary care: Does type of practitioner matter? *Medical Care*, 42 (6), 579-590.

A retrospective observational study of 41,209 patient satisfaction surveys randomly sampled between 1997 and 2000 for visits by pediatric and medicine departments identified higher satisfaction with NP and/or PA interactions than those with physicians, for the overall sample and by specific conditions. The only exception was for diabetes visits to the medicine practices, where the satisfaction was higher for physicians.

Sackett, D.L., Spitzer, W. O., Gent, M., & Roberts, M. (1974). The Burlington randomized trial of the nurse practitioner: Health outcomes of patients. *Annals of Internal Medicine*, 80 (2), 137-142.

A sample of 1598 families were randomly allocated, so that two-thirds continued to receive primary care from a family physician and one-third received care from a NP. The outcomes included: mortality, physical function, emotional function, and social function. Results demonstrated comparable outcomes for patients, whether assigned to physician or to NP care. Details from the Burlington trial were also described by Spitzer, et al (see below).

Safriet, B. J. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. *Yale Journal on Regulation*, 9 (2).

The full Summer 1992 issue of this journal was devoted to the topic of advanced practice nursing, including documenting the cost-effective and high quality care provided, and to call for eliminating regulatory restrictions on their care. Safriet summarized the OTA Study concluding that NP care was equivalent to that of physicians and pointed out that 12 of the 14 studies reviewed in this report which showed differences in quality reported higher quality for NP care. Reviewing a range of data on NP productivity, patient satisfaction, and prescribing, and data on nurse midwife practice, Safriet concludes, "APNs are proven providers, and removing the many barriers to their practice will only increase their ability to respond to the pressing need for basic health care in our country." (p. 487).

Spitzer, W.O., Sackett, D.L., Sibley, J.C., Roberts, M., Gent, M., Kergin, D.J., Hackett, B.D., & Olynich, A. (1974). The Burlington randomized trial of the nurse practitioner. *NEJM*, 290 (3), 252-256.

This report provides further details of the Burlington trial, also described by Sackett, et al (see above). This study involved 2796 patients being randomly assigned to either one of two physicians or to an NP, so that one-third were assigned to NP care, from July 1971 to July 1972. At the end of the period, physical status and satisfaction were comparable between the two groups. The NP group experienced a 5% drop in revenue, associated with absence of billing for NP care. It was hypothesized that the ability to bill for all NP services would have resulted in an actual increased revenue of 9%. NPs functioned alone in 67% of their encounters. Clinical activities were evaluated and it was determined that 69% of NP management was adequate compared to 66% for the physicians. Prescriptions were rated adequate for 71% of NPs compared to 75% for physicians. The conclusion was that "a nurse practitioner can provide first-contact primary clinical care as safely and effectively as a family physician." (p. 255)



Nurse Practitioner Cost-Effectiveness

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Cost-Effectiveness

Nurse Practitioners (NPs) are a proven response to the evolving trend towards wellness and preventive health care driven by consumer demand. For over four decades, NPs have been proven to be cost-effective providers of high-quality care.

Over 25 years ago, the Office of Technology Assessment (1981) conducted an extensive case analysis of NP practice and reported that NPs provided equivalent or improved medical care at a lower total cost than physicians. The authors determined that NPs could manage up to 80% of adult primary care and 90% of pediatric primary care needs at that time. NPs in a physician-practice were found to have the potential to decrease the cost per patient visit by as much as one-third, particularly when seeing patients in an independent, rather than complementary manner. Since that time, continued reports have supported ongoing cost-effectiveness of NP practice. When OTA later re-examined the role of NP practice, the positive analysis was confirmed (OTA, 1986)

In 1981, the OTA reported that the hourly cost of an NP was one-third to one-half the cost of a physician. The median total compensation for primary care physicians in 2004 ranged from \$130,000 to \$208,700, depending on type and size of practice (Lowe, 2005). The median 2004 salary for NPs across all specialties who practiced full-time was \$71,000, with a mean of \$73,630. (AANP, 2004). NP preparation currently costs 20-25% that of physician preparation (AACN, 2000). When productivity measures, salaries, and costs of education are considered, NPs are cost-effective providers of health services.

A recent study of 26 capitated primary care practices with approximately two million visits by 206 providers determined that the practitioner labor costs per visit and total labor costs per visit were lower in practices where NPs and physician assistants (PA) were used to a greater extent (Roblin et al, 2004).

A cost analysis comparing the cost of providing services at an NP managed center for homeless clients with other community alternatives showed earlier and less costly interventions by the NP managed center (Hunter, et al, 1999). NPs delivering care in Tennessee's state-managed MCO, TennCare, delivered health care at 23% below the average cost of other primary care providers with a 21% reduction in hospital inpatient rates and 24% lower lab utilization rates compared to physicians ((Spitzer, 1997). Jenkins & Torrasi (1995) performed a one-year study comparing a family practice physician managed practice with an NP managed practice within the same managed care organization. The NP managed practice had 43% of the total emergency department visits, 38% of the inpatient days, and a total annualized per member monthly cost that was 50% that of the physician practice.

A study conducted in a large HMO setting found that adding an NP to the practice could virtually double the typical panel of patients seen by a physician. The projected increase in revenue was \$1.28 per member per month, or approximately \$1.65 million per 100,000 enrollees per year (Burl, Bonner, & Rao, 1994).

Chenowith et al (2005) analyzed the health care costs associated with an innovative on-site NP practice for over 4000 employees and their dependents. Compared with claims from earlier years, the NP care resulted in significant savings of \$.8 to 1.5 million, with a benefit-to-cost ratio of up to 15 to 1. Paez and Allen (2006) compared NP and physician management of hypercholesterolemia following revascularization. Patients in the NP-managed group were more likely to achieve their goals and comply with prescribed regimen, with decreased drug costs.

When comparing the cost of physician-only teams with the cost of a physician-NP team in a long-term care facility, the physician-NP team's cost were 42% lower for the intermediate and skilled care residents and 26% lower for those with long-term stays. The physician-NP teams also had significantly lower rates of emergency department transfers, shorter hospital lengths of stays, and fewer specialty visits (Hummel & Pirzada, 1994).

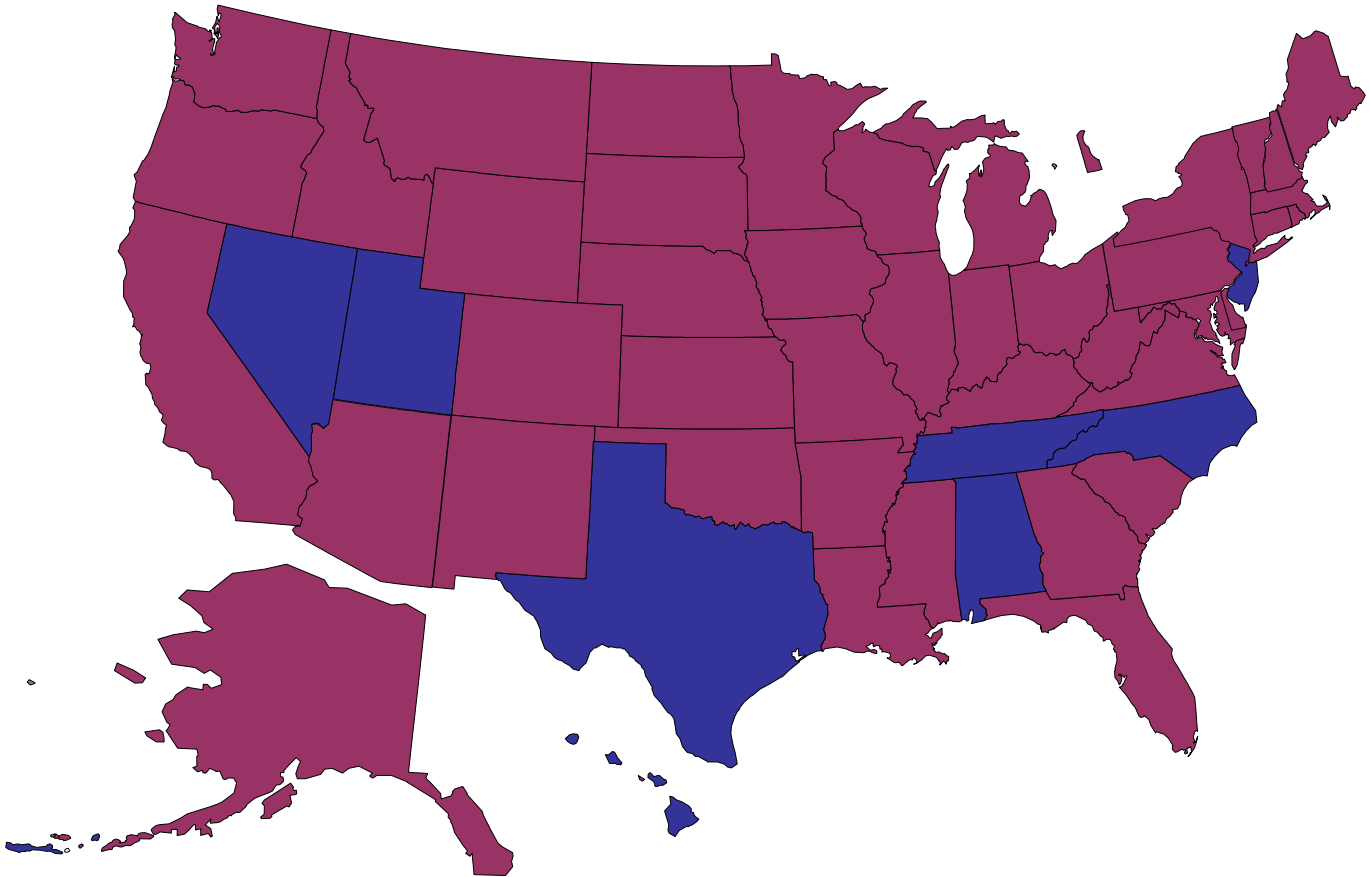
A collaborative NP/physician team was associated with decreased length of stay and costs and higher hospital profit, with similar readmission and mortality rates (Cowan et al, 2006; Ettner et al, 2006). Larkin (2003) cites a number of studies supporting decreased costs, complication rates, and lengths of stay associated with NP-managed care. For instance, he cites University of Virginia health System's 1999 introduction of an NP model in the area of neuroscience, resulting in over \$2.4 million savings the first year and a return on investment of 1600 percent. The NP model has been expanded in this system, with similar savings and improved outcomes documented. Another example cited includes an NP model introduced at Loyola University Health System's cardiovascular area, with a decrease in mortality from 3.7% to 0.6% and over 9% decreased cost per case (from \$27,037 to \$24,511).

In addition to absolute cost, other factors are important to health care cost-effectiveness. These include illness prevention, health promotion, and outcomes. See Documentation of Quality of Nurse Practitioner Practice (AANP, 2007) for further discussion.

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NURSE PRACTITIONER AUTHORITY TO SIGN HANDICAP PARKING PERMITS



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

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

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

Hawaii
Association of
Professional
Nurses

Aloha Senator Baker, Senator Ige and Members of the Senate Commerce and Consumer Protection Committee:

Mahalo for the opportunity to testify in support of HB 1378 HD 2 SD 1. The Hawai'i Association of Professional Nurses would ask that you consider modifying the bill to include signatory authority for Advanced Practice Registered Nurses to sign the medical certification form for disabled persons parking placards.

We researched federal statutes and rules it is clear that there is no federal mandate that physicians only sign these medical certifications.

Hawaii is one of 8 states that does not allow Advanced Practice Nurses to sign the certification forms for disabled parking placards. In practice, we are actually completing the forms and then finding a physician colleague to sign them. It is the most common form we are asked to complete for our patients.

Please consider modifying HB 1378 HD 2 SD 1 so that APRNs may sign disabled parking placard medical certification forms.

Mahalo!
Yvonne Geesey
Hawai'i Association of Professional Nurses

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



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Thursday, April 2, 2009, 10:00 am, Conference Room 229

To: COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

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

Re: HB 1378 ADVANCE PRACTICE REGISTERED NURSES

Chairs & Committee Members:

Hawaii Medical Association opposes this measure in the interests of patient safety. Reasons for our concerns include:

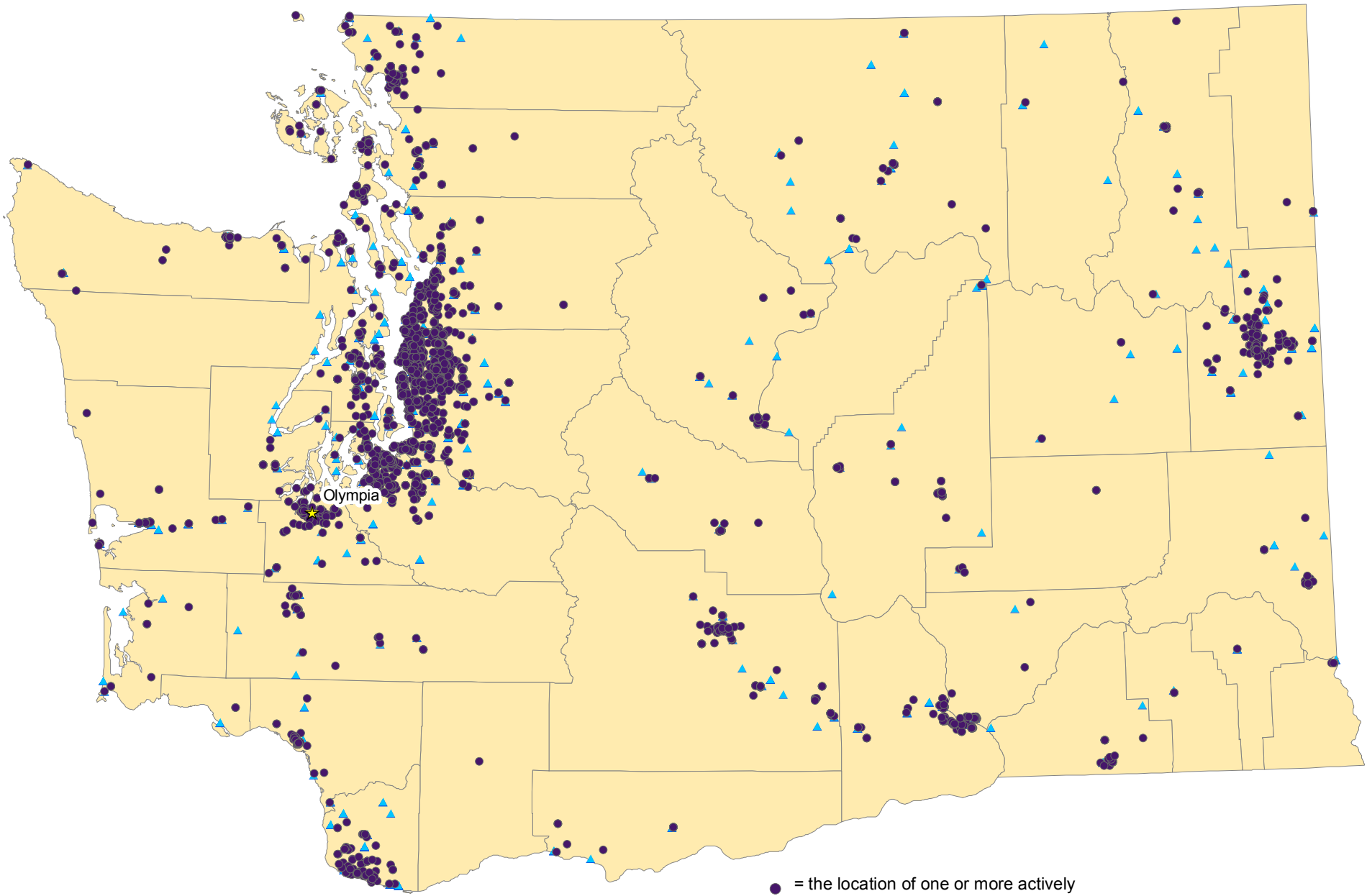
1. APRNs lack the requisite education and training to prescribe independent of direct physician supervision.
2. All prescriptive privileges should be decided by the Hawaii Medical Board, and not the Board of Nursing.
3. This bill will create a two-tiered health care system, in which the indigent and 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.

If you feel this measure must be passed out, we strongly recommend that it be restricted to federally designated medically underserved areas, though do note that this does create a two-tiered system. In other states that have expanded APRN privileges, access in rural areas has not increased (see attached maps for examples).

Thank you for the opportunity to provide this testimony.

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

Washington Primary Care Physician to Advanced Practice Registered Nurse Distribution Comparison



● = the location of one or more actively practicing Primary Care Physicians (n = 5,786)

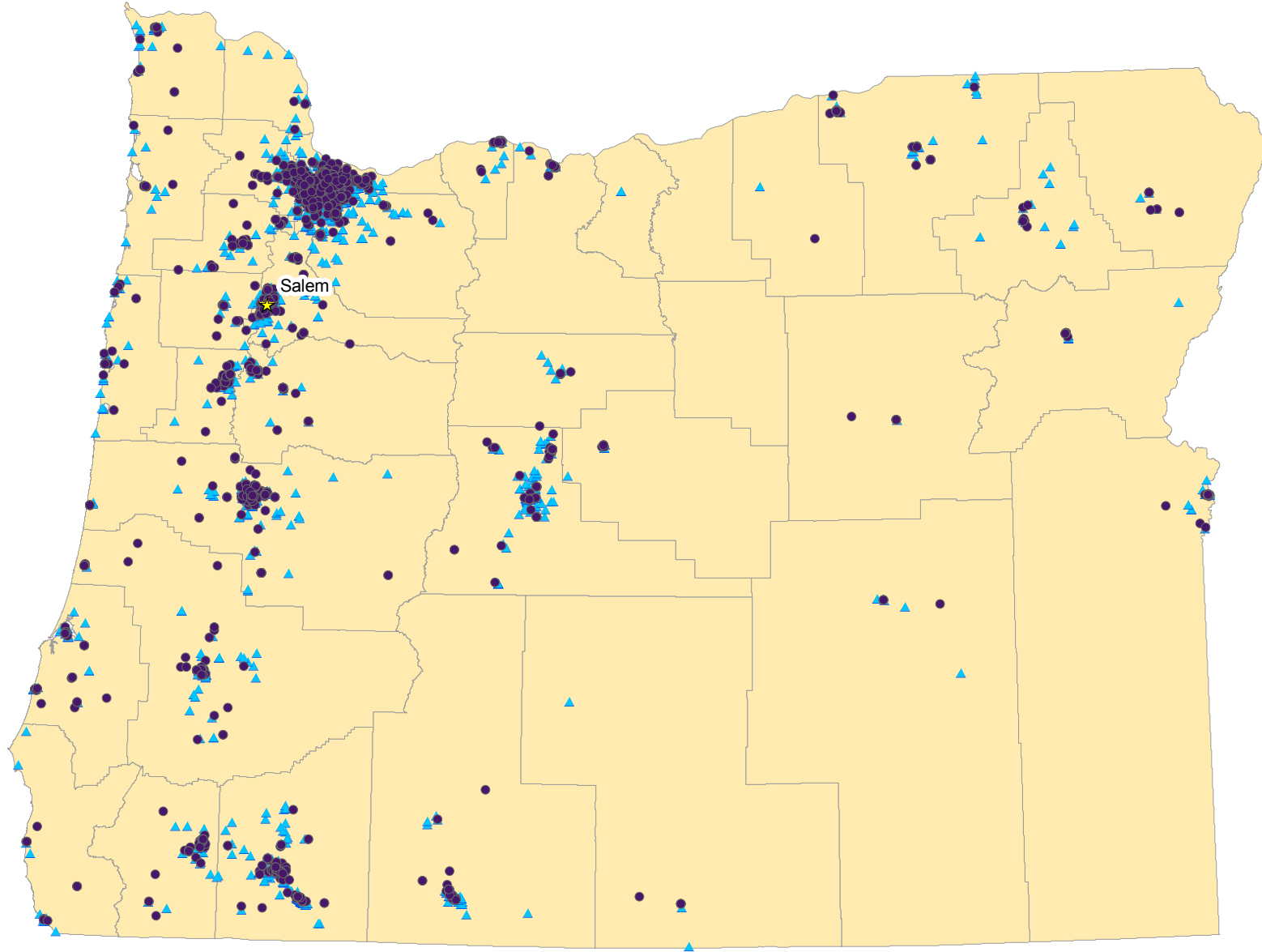
▲ = the location of one or more actively practicing Advanced Practice Registered Nurses (n = 3,771)

Data Source: American Medical Association,
American Osteopathic Association (2008)
Washington Dept. of Health (September 2008)



**National Center for the
Analysis of Healthcare Data (2008)**

Oregon Primary Care Physician to Advanced Practice Registered Nurse Distribution Comparison



● = the location of one or more actively practicing Primary Care Physicians (n = 3,446)

▲ = the location of one or more actively practicing Advanced Practice Registered Nurses (n = 1,686)

Data Source: American Medical Association, American Osteopathic Association (2008) and the Oregon State Board of Nursing (June 2008)



National Center for the
Analysis of Healthcare Data (2008)



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 Commerce and Consumer Protection**
The Hon. Rosalyn H. Baker, Chair
The Hon. David Y. Ige, Vice Chair

Testimony in Support of House Bill 1378, HD 2, SD 1
Relating to Advanced Practice Registered Nurses
Submitted by Beth Giesting, CEO
Thursday, April 2, 2009, 10:00 a.m. agenda, Room 229

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 COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn Baker, Chair

Conference Room 229
April 2, 2009 at 10:00 a.m.

Testimony in support of HB 1378 HD 2 SD 1.

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers. Thank you for this opportunity to testify in support of HB 1378 HD 2 SD 1, which requires health care insurance plans to recognize advanced practice registered nurses as participating providers.

In Hawaii we generally enjoy a high level of health care. 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 recognize advanced practice registered nurses as participating providers, 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 SD 1.

Testimony of
Phyllis Dendle
Director of Government Relations

Senate Committee on Commerce and Consumer Protection
The Honorable Rosalyn H. Baker, Chair
The Honorable David Y. Ige, Vice Chair

April 2, 2009
10:00 am
Conference Room 229

HB 1378 HD2 SD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Baker 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.

We request one additional amendment for clarity.

On page 6 line 14 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. For consistency the same amendment could be made on Page 3 Line 7, Page 4 Line 9, and Page 5, Line 11.

We appreciate the effort that all of the stakeholders for this bill have put into improving it as it has gone through the hearings.

Thanks you for your consideration.

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.



COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

**Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair**

**Tuesday, April 2, 2009, 10:00 a.m.
Conference Room 229
Hawaii State Capitol**

**Testimony Supporting House Bill 1378 HD2 SD1
Relating to Advance Practice Registered Nurses**

Merilyn Harris, Administrator, Ka'u Hospital

Appropriate utilization of Advanced Practice Registered Nurses (APRNs) is essential to the future of health care in our state. APRNs not only improve cost effective access to care but excel in those components of primary care that focus on prevention of illness. For those reasons alone, they will play an increasingly important role in the transformation of the nation's health care system.

As a very rural facility, Ka'u Hospital has first hand experience with the difficulty in recruiting physicians to rural areas. We have had difficulty at times recruiting even temporary physicians to our rural health clinic. During these times, our nurse practitioner has been the sole day-to-day provider in both our clinic and long-term care areas. The fact that she had prescriptive authority was critical to our being able to continue to provide service. However, her inability to prescribe narcotics was a significant barrier for some of our patients.

In practice, at our clinic and others across the state, nurse practitioners are the primary care provider for a great many patients but because some insurers have not recognized them as such, additional costs are incurred to hire physicians to provide oversight to those APRNs who are, in fact, by their own scope of practice capable of independent service.

Because the educational preparation of nurse practitioners emphasizes teamwork, they are well suited to working collaboratively with physicians as well as the many other health and social service providers that are involved in high quality patient centered care. Independent practice does not mean isolated practice.

Thank you for the opportunity to submit testimony in support of this bill.

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 Commerce & Consumer Protection

March 3, 2009, 9:30 AM , Room 229, Hawaii State Capital

Re: SB 1045 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of SB 1045. As a community health center executive director and resident of Lāna'ī, I have experienced the ill effects of lack of access to primary care services first hand. As I build the services that **Lāna'ī Women's Center dba Lāna'ī Community Health Center** offers to the community, I have based the foundation of our program upon FNP, APRN's. This foundation allows us to provide economic, culturally sensitive services in a high quality manner. And the clinical approach of our NP's blends well with our community's talk story style. But we have continually been challenged by our outdated APRN legislation that affects insurance payments and prescriptive authority.

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

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

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

E Ola nō Lāna'ī

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

The Twenty-fifth Legislature, State of Hawaii
Hawaii State Senate
Committee on Commerce and Consumer Protection

Testimony by
Hawaii Government Employees Association
April 2, 2009

H.B. 1378 , HD2, SD1 (SSCR1031)-
RELATED TO ADVANCED PRACTICE
REGISTERED NURSES

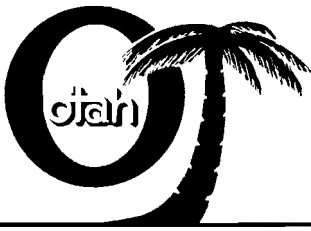
The Hawaii Government Employees Association supports H.B. 1378, HD2, SD 1 (SSCR1031) which requires insurers, mutual and fraternal benefit societies and health maintenance organization to recognize advance practice registered nurses as primary care providers. The proposed bill will benefit the insured by expediting the care and services usually provided by other health care providers.

The bill grants global signature authority and prescriptive rights, and amends the definition of advanced practice registered nurses. We agreed with the deletion of the Hawaii medical board submitting an annual report or 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, HD2, SD1 (SSCR1031).

Respectfully Submitted,

Nora A. Nomura
Deputy Executive Director



OCCUPATIONAL THERAPY ASSOCIATION OF HAWAII

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

Testimony by:

Virginia Tully, OTR, MBA

HB 1378hd2,sd1, Advanced Practice Registered Nurses

Sen CPN Hearing – Thursday, April 2, 2009

Room 229 – 10:00 am

Position: Support

Chair Baker, and Members of the Senate CPN Committee:

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

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

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

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

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



To: Senate Committee on Consumer Protection
Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

Date: 4-01-09, 10:00 am, Conf. Rm. 229

Re: **HB1378, HD2, SD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

Chair Baker 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, SD1. 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 believe that SD1 incorporates the necessary safeguards for APRNs to practice in the state, especially with the provisions specifying the educational and certification standards and Board of Nursing regulatory authority.

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.

From: Allen Novak [alnnovak@msn.com]
Sent: Monday, March 30, 2009 1:02 PM
To: CPN Testimony
Cc: Barbara Mathews; Stacey Kracher; Lynette Hoffman; Leon Luce; Nidhi Chabora; Tammy Wheeler; Kathryn Murphy; Dawn Ferguson; Paula Vickery; Stacey Kracher; Karen Schultz; Beth Ananda-Stout; Barbara Hughes; Elizabeth Bush; Suzanna Dee; Jan Brencick; Nora Waters; Nancy McGuckin; Wailua Brandman
Subject: Testimony in support of House Bill 1378 HD2 SD1

Senate Committee on Commerce and Consumer Protection
Hearing Date: April 2, 2009 at 10:00 a.m. in Senate conference room 229
Re: House Bill 1378 HD2 SD1

I wish to testify in support of House Bill 1378 HD2 SD1.

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

HB 1378 HD2 SD1 would allow me to serve more patients (many of whom have severe or chronic mental illness) in my practice. More significantly, HB 1378 HD2 SD1 would allow more Advanced Practice Registered Nurses to provide treatment to desperately underserved areas of Hawai'i such as East Hawai'i Island. 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. 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.

According to ModernHealthcare.com March 27, 2009 – "Nurse practitioners make up a large part of the primary care arena; in fact 85% of the over 200,000 advanced-practice nurses in our country are in primary care." 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 SD1. 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

THE SENATE COMMITTEE on
COMMERCE AND CONSUMER
PROTECTION
Tuesday, April 2, 2009
Conference room 229
10:00 AM

TESTIMONY in SUPPORT of HOUSE BILL 1378 HD2 SD1

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

TO: THE HONORABLE ROSALYN BAKER, CHAIR
THE HONORABLE DAVID Y. IGE, VICE- CHAIR,
AND MEMBERS OF THE COMMITTEE

My name is Amy Stone Murai and I testify in support HB 1378 HD2 SD1 and the amendments proposed by the Board of Nursing and the Department of Public Safety to Section 8, page 14, lines 3-4. I also support the enabling amendments to Chapter 329. However, I do ask that the committee reconsider and remove the prohibition of APRNs to certify disability that may be used to obtain parking privileges for disabled persons, and to amend Chapter 291-51, Definitions to support this request. Federal guidelines do not mandate physician signature and currently only eight states require it (American Academy of Nurse Practitioners, 2009).

I have the privilege of serving as a member of the Board of Nursing, but provide this testimony as an individual and as a nurse practitioner for 32 of the 44 years that the role has been in existence. Thank you for the opportunity to testify in support of HB 1378 HD 2 SD1, which seeks to remove barriers to access to advanced practice registered nurses and to the full provision of the care for which they have been educated and certified.

Amy Stone Murai, RN, MS, APRN, WHNP-BC

Cristina E. Prokop, RN, APRN, NP-C, ANP-BC
Honolulu, Hawaii

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

March 31, 2009

Commerce and Consumer Protection Committee

Senator David Y. Ige,
Senator Rosalyn H. Baker
Senator Will Espero
Senator Josh Green
Senator Les Ihara
Senator Norman Sakamoto
Senator Fred Hemmings

Date: Thursday, April 2, 2009

Time: 10:00 am

Place: Conference 229

Thank you Senators Ige, Baker, Espero, Green, Ihara, Sakamoto and Senator Hemmings for the opportunity to present testimony on H.B. NO. 1378. I am in strong support of HB1378 HD2 SD1 relating to Advance Practice Registered Nurses (APRN) to: Require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers; Provides for licensure by endorsement; Grants global signature authority and prescriptive rights.

As I am a new A.P.R.N in Hawaii with a background of 22 years as a Registered Nurse + 16 years as an Emergency Room Nurse. I am also nationally board certified as a Certified Emergency Nurse (CEN); Adult Nurse Practitioner by both The Academy of Nurse Practitioner, ANP-C and The American Nurses Credentialing Center, ANP-BC. I have encountered difficulties to become employed in Hawaii because I do not have prescriptive authority.

I have also been rejected for employment by an Emergency Department (ED) because of my lack of prescriptive authority and the inability of a future potential of prescribing Controlled Substances. An apologetic physician explained that even though I was one of the best qualified applicants, his physician group decided to hire a Physician Assistant (PA) as the current law for the PA here in Hawaii grants them prescriptive authority (without the 1000 hours of supervision deemed of NPs) as well as authority to prescribe controlled substances and they were in desperate need of filling their physician gaps with a midlevel practitioner. Please note that the requirement for the state of Hawaii mandates that NPs have a Master's degree to be allowed to apply for their APRN license and 30 CEs of Pharmacology within the last three years to apply for a prescriptive license, whereas a PA can apply for a prescriptive license after the completion of either an Associate, Bachelor's, Master's or Certificate Program upon entering the state as well as passing a National Board Certification.

Hawaiian Medical Association's Legislative Advocacy states that their objectives are to help physicians put patient care first, and to assure high quality health care for all the people in Hawaii. Under their 2009 objective goals one of these goals is bulleted as *to oppose granting prescriptive and surgical privileges to non-physicians* (Hawaiian Medical Association 2009). Interestingly, PAs whom *I believe are non-physicians*; have full prescriptive authority including the prescription of controlled substances. "Physician assistant" means a person licensed under section 453-5.3, who is registered under this chapter to administer, prescribe, or dispense a controlled substance under the authority and supervision of a physician registered under section 329-33, but who is not authorized to request, receive, or sign for professional controlled substance samples. (Department Of Commerce and Consumers' Affairs, 2008)

A groundbreaking study reported in *AJNP (American Journal of Nurse Practitioners)* ranked the regulatory environment for NP practice and consumer healthcare choice for each state by evaluating NPs' legal capacity, patient access to NP services, and patient access to NP prescriptions to arrive at a category ranking, wherein a score of 100 represents the ideal. Each state then received a grade of A to F relative to consumer choice (Lugo, O'Grady, Honick, & Hanson, 2007). *In 2007 Hawaii received an F.*

The PVL Geographical Reports (2004 - 2008) demonstrates that the current licenses by the end of January 2009 were: 7,293 Medical Doctors out of which 3,362 have returned to the mainland; Certified PA's numbered 146, out of which 25 returned to the mainland. APRNs were 892 – out of which 241 have returned to the; APRNs with prescriptive rights numbered 182 out of which only 4 have returned to the mainland. What these numbers signify is that **we don't have enough providers** to care for the Hawaiian population of approximately 1,283,388 (US Census 2007).

I am alarmed that in a state that is considered to be in a *health care crisis*, affecting Hawaii's residents and tourists' alike, needless barriers persists towards the scope of practice of the Nurse Practitioner. According to the **Hawaiian Medical Association**, our doctors are cutting back on high-risk services taking early retirement, or moving to states with more patient-friendly liability laws and crying out for health care reform, using states such as Texas, California, Alaska, Idaho and others as examples of enactment of *common sense* "Medical Liability Reform" (Hawaiian Medical Association 2009).

According to an example of an effective response to the health care practice of rural Indiana with the aid of a PHHS Block Grant "Effective use of nurse practitioners increases access to health care and cost savings. Studies have concluded that 80% of adult primary care

services and up to 90% of pediatric primary care services could be performed by nurse practitioners. The cost of seeking care from a nurse practitioner is 40% less than that of a physician.”(Centers for Disease Control and Prevention, 2009)

One of the principles of medical ethics is that “a physician shall respect the law and also recognize a responsibility to *seek changes* in those requirements which are contrary to *the best interest of the patients.*” The strategies for integrating safety and quality for Collaborate Healthcare Reform developed by the Institute of Medicine needs to be considered. “In 1994, Hillary Clinton cited Hawaii as the “model” for her proposed national health care reform based on universal health care coverage for its citizens. Now, 15 years later, Hawaii has become the model for health care meltdown.” Dr. Kane addresses physicians leaving the state in droves. (Kane, 2008). We **NEED** physician extenders to fill in the gap of providers in this state and we **NEED** to include Nurse Practitioners as primary care providers with full prescriptive rights, including the issuance of controlled substances to be included as an element in the NP scope of practice for the state of Hawaii.

I urge the Committee of Health to vote in favor of HB 1378 to BE PASSED with amendments and to change section (9) in page nine to read that ***This Act takes effect July 1, 2009*** and **NOT July 1, 2050 or 2020!** Hawaii is in a state of *Health Care Crisis* and we need to collaborate in the efforts to streamline improved quality *patient access* to health care. Also clarification should include **what Board** regulates the nurse practitioner’s prescriptive authority. The American Academy of Nurse Practitioners recommends that **state boards of nursing** regulate Nurse Practitioner Practice and prescriptive authority. (American Academy of Nurse Practitioners, 2007)

Mahalo nui loa,

Cristina E. Prokop, RN, APRN, C-NP, ANP-BC

References

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- Lugo, N. R., O'Grady, E. T., Honick, D. R., & Hanson, C. M. (2007). Ranking State NP Regulation: Practice Environment and Consumer Healthcare Choice. *The American Journal for Nurse Practitioners*, 11(4), 16.

If you need to type anything after the reference list then start it on this page

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, April 01, 2009 11:41 AM
To: CPN Testimony
Cc: cstus@hawaii.edu
Subject: Testimony for HB1378 on 4/2/2009 10:00:00 AM

Testimony for CPN 4/2/2009 10:00:00 AM HB1378

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: cynthia stuhlmiller
Organization: Individual
Address: 7007 hawaii kai drive a15 honolulu
Phone: 8087282443
E-mail: cstus@hawaii.edu
Submitted on: 4/1/2009

Comments:

Please support handicap placard inclusion in this bill for purpose of streamlining care delivery.

TO: State of Hawaii Twenty-fifth Legislature
The Senate Committee on Commerce and Consumer Protection
Thursday, April 3, 2009 at 10:00a.m.
Conference Room 229, Hawaii State Capital

FROM: Dr. Linda Beechinor, DNP, APRN-Rx

Re: HB 1378, HD2, SD1
Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of this bill, and in support of the Board of Nursing's prior testimony and the testimony for amendments from the Department of Public Safety for the prescribing of controlled substances by APRN's.

Re: Prescriptive Authority

I have prescribed for patients within my scope of practice since 1999 in Hawaii, with the proviso of collaborative physicians with whom I am to collaborate regarding these prescriptions. I cannot recall in the past ten years ever having the need to collaborate with a physician for this purpose, because I have the education and experience to safely and effectively render this service to patients independently. There are times when any primary care provider may consult with their peers regarding a patient's care, or refer the patient to a colleague for more specialized care, but I have never seen the need to collaborate with a physician about a prescription for a patient they

have not seen and know nothing about. Since the requirement for APRN's to have a collaborating physician for prescriptive authority is not useful in protecting the public and only serves as a barrier to delivering timely care to patients in our community, I will be happy to practice safely without it.

Re: Global Signature Authority

In my practice, I routinely assess patients for fitness for school, sports, employment, insurance, etc., and sign my name to various forms provided for these purposes. It is insulting to receive a letter from our own State of Hawaii Department of Human Resources Development office rejecting my authorization of an employee's ability to meet health requirements. I am recognized by the State of Hawaii as able to perform and document the physical examination and history of the employee's health status, as that is within my scope of practice. No entity in Hawaii should be allowed to reject that authorization, although I defer to the testimony of others regarding the certificate of disability for parking privileges.

Thank you for this opportunity to offer testimony on this bill.

Dr. Linda Beechinor, APRN-Rx
500 Lunalilo Home Rd. # 27-E
Honolulu Hawaii USA 96825
phone: (808) 779-3001 fax (808) 395-7428
E-MAIL <L.Beechinor@hawaiiantel.net>

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 31, 2009 11:18 AM
To: CPN Testimony
Cc: lpacyau@hawaii.rr.com
Subject: Testimony for HB1378 on 4/2/2009 10:00:00 AM

Testimony for CPN 4/2/2009 10:00:00 AM HB1378

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: Linda Pacyau
Organization: Individual
Address: PO Box 607 HI
Phone: 808 965-7653
E-mail: lpacyau@hawaii.rr.com
Submitted on: 3/31/2009

Comments:

As a Nurse Practitioner on the Big Island of Hawaii, we find that health care is limited and primary care participants are often unable to find providers to take care of them. In some cases they require small amounts of controlled substances to relieve pain for a few days for temporary ailments. Without this legislation, our efforts to provide complete care to our patients is hampered. We must refer them to other providers (and there aren't any here) for this service. As research shows, NPs prescribe controlled substances in many other states. They are allowed to hold and use DEA numbers with few restrictions. To move Hawaii into the new age of multidisciplinary health care, we must move forward to use the NP as a resource to alleviate this crisis. We have nearly eight hundred NPs here, but the restrictions contended by the legislature and the Board of Nursing retard the advancement of providing health care to the needy.

Please pass this bill to provide relief of our health care provider crisis on the Big Island.

Submitted with respect and honor,

Linda Pacyau, A.P.R.N., F.N.P.-BC

Matthew Bishop
94-418 Kapuahi St. # 17
Mililani, HI 96789

RE: HB 1378

I am writing testimony in support of HB 1378. I am the current president of the Hawaii Association of Nurse Anesthetists and I also serve as board member on the Hawaii State Board of Nursing. I feel this is a good bill that will better serve the citizens of the state of Hawaii.

Many places in our state do not have the access to health care that is afforded those of us that live on Oahu. One only needs to read the paper to see the number of doctors leaving our state, as well as the closure of many smaller clinics on all islands. This will leave these areas underserved. I feel that allowing APRN's to function to their full capacity will help the citizens of our state receive good, quality healthcare.

Although this bill does not have any large implications for the over 100 CRNA's that live and work in a variety of settings throughout the state, providing safe, quality anesthesia everyday, I feel comfortable in stating that the Hawaii Association of Nurse Anesthetists is in full support of HB 1378.

Aloha,

Matt Bishop CRNA, MS

March 31, 2009

State of Hawai'i, The Twenty-Fifth Legislature

Regularly Scheduled Session 2009

Committee on Consumer Protection & Commerce

Representative Robert N. Herkes, Chair

Representative Glenn Wakai, Vice Chair

And members of the Committee

RE: HB 1378 HD2 SD1

Aloha, my name is Nora Barrington Waters, RN, BSN employed full time as a psychiatric nurse at Hilo Medical Center. I am also pursuing my MSN at the University of Hawai'i Manoa, and scheduled to graduate and begin practice as a Child and Adolescent Psychiatric Advanced Practice Registered Nurse (APRN) by next year. I hope to add my expertise working with children and families to other APRNs providing primary care on the Big Island in the near future. As such, I want to testify in strong professional support of HB 1378 HD2 SD1 and the amendments proposed by the Board of Nursing and the Department of Public Safety to Section 8, page 14, lines 3-4. I also support the enabling amendments to Chapter 329.

Chairman Herkes, as a Representative from the Big Island, I know that you and your committee share my concerns for the severe shortage of mental health providers on Hawai'i Island, which is a federally designated mental health provider shortage area (HPSA) and medically underserved area (MUA). Current economic conditions in our state have led to recent drastic cuts by the Department of Health to services for severely mentally ill citizens. These are vulnerable citizens who are generally unable to advocate for their own needs in the State Congress and other public forums, and need our support.

Advanced Practice Registered Nurses have been providing documented safe, effective care that is well accepted by consumers for decades. HB 1378 HD2 SD1 would allow APRNs to provide access to care by needy citizens in our severely underserved community of Hawai'i County, and in other underserved population areas of our state. Passage of HB1378 HD2 SD1 will help to move Hawaii forward into the company of the majority of states in the union which have removed unnecessary barriers to APRN practice, and in doing so, helped to advance better health care in their own communities. Most states grant APRNs the privilege of unobstructed, autonomous practice within the scope of their expertise, education & national certifications.

I would also call attention to the enlightened view that the Board of Nursing should control the formulary of pharmaceuticals used by APRNs with Prescriptive Authority, not other disciplines. In most states, the Board of Nursing is the sole authority to regulate APRN Prescriptive Authority, and Hawai'i should move into line with current regulatory standards, so as not to obstruct the public's access to

APRN provider services. Allow APRNs in Hawai'i to do the work they are well qualified to do, and remove obstructions to their practice of primary health care provision to Hawai'i's citizens.

Thank you for your attention and action on these critical issues.

Nora Barrington Waters

2880 Ainaola Drive, Hilo, Hawai'i 96720

808-981-2832

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Committee on Commerce and Consumer Protection

Renee Bertollette

(808)-854-5053

For Public Hearing on April 2, 2009 at 10:00AM

In Support of HB 1378

Aloha, Representatives, and thank you for this opportunity to testify.

My name is Renee Bertollette and my testimony is in support of house bill # 1378, related to advance practice registered nurses. (APRN) If passed this legislation will recognize APRNs (who are masters-level nurses) as primary health care providers for insurance reimbursement. It will also allow them more prescriptive authority within their practice specialty.

As a Big Island resident living in one of Hawaii's most rural areas I have great concern about the health care crisis our state is facing. This bill would address an important part of that crisis, our shortage of nurses, which is estimated to be twice that of the national shortage and is even worse in our rural areas. Our rural-based APRNs work more and earn less than APRNs in more populated areas and they spend valuable time tracking down the few physicians we do have in order to get their signatures on charts and prescriptions for patients the physicians haven't even seen. This is a waste of valuable time, time that could be spent treating the patient or counseling them in preventative, holistic care,

which is an APRN specialty and an essential part the solution to the health care crisis. There is ample evidence that says that the care of APRNs is at least as effective as that of physicians and that patient satisfaction with APRNs is at times higher. Literature shows that APRNs read x-rays just as well, identify more physical abnormalities, communicate with the patient better and spend more time with them. Research also shows that nurses prescribe safely and effectively, that patients say accessibility is a major advantage in getting their medicine from a nurse rather than a physician and that with nurses prescribing healthcare costs can be reduced. I encourage you to vote yes on this bill and give our APRNs primary care privileges. They need insurance reimbursement for their sustainability and we all need more time for quality prevention, treatment and healing in our medical care.

For references or more information:

Renee Bertollette (808) 854-5053

Kona NPs LLC

74-5027A Tomi Tomi Drive
Kailua Kona, HI 96740
Phone: 808-987-4506
Fax: 808-326-9071
Email: rondasoto@yahoo.com

April 1, 2009

Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair
Committee on Commerce and Consumer Protection
Conference Room 229 State Capitol
415 South Beretania Street

To Committee Members:

I would like to voice my opinion on the current legislation of HB 1378. This legislation is much needed, even more so for those practicing on the outer islands. It addresses a couple of very important issues that would simply enhance my current practice. They are the capability to be considered a primary care provider (the healthcare provider who performs most of your healthcare needs as well as referring to specialists as needed) and the need to adequately address the analgesic needs of our clientele.

Currently, most insurance providers allow the APRN to be a primary care provider as we tend to holistically address our client's needs. However, a few insurance providers prevent their clients from seeing a nurse practitioner as their primary care provider or delay their care by insisting the APRN use a physician for those clients. This could mean that an ultrasound, laboratory, or CAT scan report abnormality could be called or faxed to a physician who simply allows the APRN to utilize his/her practice for exactly these restrictive insurance practices. This could result in disastrous consequences if not accurately communicated to the ordering provider, ie, the APRN who is familiar with the client, his/her health problems, and the appropriate changes in care needed.

Appropriate care includes the use of controlled substance analgesics for those experiencing severe pain. Currently, APRNs are restricted from providing this service, or they once again have a good relationship with a physician who will allow them to call the substance into the pharmacy utilizing the physician's call and DEA numbers. It is also restrictive in that many clients have an intermittent need for better pain control than is offered by noncontrolled substances. If the nurse practitioner chooses to not use a physician's call and DEA number, s/he may lose that client to someone who will practice in that manner or to the physician whose information s/he has access to.

Access to adequate health care providers, as well as adequate pain control, are two of my biggest concerns. It would be nice if you would consider granting APRNs the capability to order therapies, such as physical, occupational, etc. home health services, hospice services, as well as DMEs, it would also enhance our outer island capabilities to bridge the service gap. Thank you for allowing me to state my opinions. I hope that you give this matter your utmost attention as it is much needed.

Sincerely,

Ronda K. Soto
APRN, Adult NP-C, MSN, BSN, RN

THE SENATE COMMITTEE on
COMMERCE AND CONSUMER
PROTECTION
Thursday April 2, 2009
Conference room 229
10:00 AM

TESTIMONY in SUPPORT of HOUSE BILL 1378 HD2 SD1

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

TO: THE HONORABLE ROSALYN BAKER, CHAIR
THE HONORABLE DAVID Y. IGE, VICE- CHAIR,
AND MEMBERS OF THE COMMITTEE

My name is Roxann Rowe and I testify in support HB 1378 HD2 SD1 and the amendments proposed by the Board of Nursing and the Department of Public Safety to Section 8, page 14, lines 3-4. I also support the enabling amendments to Chapter 329.

I am a gerontological nurse practitioner (GNP) in the rural area of the Island of Hawaii where we currently have a serious shortage of primary care providers. This bill will significantly help facilitate more effective use of myself and other APRNs (Advanced Practice Registered Nurses), to provide primary and other needed care in Hawaii, in many settings.

I work full-time in geriatrics at the Department of Veterans Affairs, but am testifying as an individual. My organization does recognize me as a "Primary Care Provider" and has numerous APRNs employed throughout the nation. I provide primary care to the frailest geriatric patients in the clinic and home setting. I make home visits to home-bound Veterans on the East and South sides of the Big Island.

Thank you for the opportunity to testify in support of HB 1378 HD 2 SD1, which seeks to remove barriers to access to advanced practice registered nurses and to the full provision of the care for which they have been educated and certified.

Roxann Rowe MSN, APRN, GNP-BC

From: tammy wheeler [twheelerinhilo@yahoo.com]
Sent: Monday, March 30, 2009 3:19 PM
To: CPN Testimony
Cc: tammy wheeler
Subject: Testify IN SUPPORT of House Bill 1378 HD2 SD1.

Senate Committee on Commerce and Consumer Protection Hearing Date: April 2, 2009 at 10:00 a.m. in Senate conference room 229
Re: House Bill 1378 HD2 SD1

I wish to testify in support of House Bill 1378 HD2 SD1.

I am a Psychiatric Advanced Practice Registered Nurse with Prescriptive Authority employed by the State of Hawaii.

HB 1378 HD2 SD1 would benefit my community in that I would be able to help more severely mentally ill residing on the East Side of Hawaii. This bill would also allow a greater number of Advanced Practice Registered Nurses to provide treatment to the desperately underserved areas of the Big Island of Hawai'i.

We must improve access to care at a time when Hawai'i is experiencing severe provider shortages. The entire Big 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.

According to ModernHealthcare.com March 27, 2009 - "Nurse practitioners make up a large part of the primary care arena; in fact 85% of the over 200,000 advanced-practice nurses in our country are in primary care." 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 SD1. It will remove unnecessary barriers to practice so that dedicated Advanced Practice Registered Nurses do not leave for less restrictive states. In almost all states, Advanced Practice Registered Nurses provide services unobstructed and autonomously.

I also endorse the Board of Nursing controlling 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.

Sincerely,

Tammy Wheeler, APRN-Rx
Hilo Adult Mental Health Services
37 Kekaulike Street
Hilo, Hawai'i 96720

THE SENATE COMMITTEE on
COMMERCE AND CONSUMER
PROTECTION
Thursday April 2, 2009
Conference room 229
10:00 AM

TESTIMONY in SUPPORT of HOUSE BILL 1378 HD2 SD1

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

TO: THE HONORABLE ROSALYN BAKER, CHAIR
THE HONORABLE DAVID Y. IGE, VICE- CHAIR,
AND MEMBERS OF THE COMMITTEE

My name is Valisa Saunders and I testify in support HB 1378 HD2 SD1 and the amendments proposed by the Board of Nursing and the Department of Public Safety to Section 8, page 14, lines 3-4. I also support the enabling amendments to Chapter 329. I am a gerontological nurse practitioner (GNP) and have lived with the significant barriers to Advanced Practice Registered Nurse (APRN) practice in our State for 25 years. This bill will significantly help facilitate more effective use of myself and other APRNs, to provide primary and other needed care in Hawaii, in many settings.

I work full-time in geriatrics at Kaiser Permanente, but am testifying as an individual. While my organization does not recognize me as a "Primary Care Provider", I do provide primary care to the frailest geriatric patients in the clinic, home setting, Hospice and Long Term Care. I provide home and hospice visits throughout Oahu. Thank you for the opportunity to testify in support of HB 1378 HD 2 SD1, which seeks to remove barriers to access to advanced practice registered nurses and to the full provision of the care for which they have been educated and certified.

Valisa Saunders MN, APRN, GNP-BC

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

March 30, 2009

HAWAII STATE SENATE
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Roz Baker, Chair
Senator David Ige, Vice Chair
and Members of the Committee

DATE: Thursday, April 2, 2009
TIME: 10:00 a.m.
PLACE: Conference Room 229

Good morning, Senators Baker, Ige and Members of the Committee. My name is Wailua Brandman. Thank you for the opportunity to present testimony, as an individual, in support of HB 1378 HD2 SD1, 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).

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, whose skill sets are above and beyond the RN, are not qualified to prescribe controlled substances without physician supervision is frankly ignorant and deprecating to APRNs. Hawai'i is one of only a few States which do not allow this privilege.

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

There seems to be one technical error in the bill, however. Graduate nursing education leads to a degree, not to certification. Certification is granted with the passing of certification examinations developed and administered by National Certification Agencies, such as the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, and others. For that reason, I suggest the bill be amended by deleting the word "certified" before the words "registered nurse anesthetist" in Section 7, line 4.

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 1378HD2 SD1, with the noted amendment.

Sincerely, and with
Warmest Aloha,

Wailua Brandman MSN APRN CS NP

Wailua Brandman APRN-Rx BC

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Date/Place: 04-02-09 10:00AM in Senate conference room 229 Hawaii State Capital

Re: HB1378 HD2 SD1 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



Hanh Inofinaida
Medical Assistant

*VA Pacific Islands Health Care System
459 Patterson Road
Honolulu, Hawaii 96819
Phone: (808) 433-0091
Fax: (808) 433-7863*

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

- Senator David Y. Ige, Vice Chair

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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



Janice Cruce, APRN
Nurse Practitioner

VA Pacific Islands Health Care System
459 Patterson Road
Honolulu, Hawaii 96819
Phone: (808) 433-0091
Fax: (808) 433-7863

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Date/Place: 04-02-09 10:00AM in Senate conference room 229 Hawaii State Capital

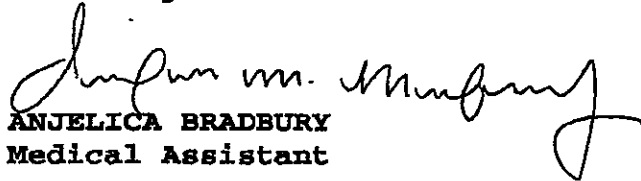
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Sincerely



ANJELICA BRADBURY
Medical Assistant

94-405 Opeha st.,
Waipahu, Hi 96797

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

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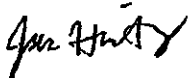
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I urge this committee to support and pass this Bill as written to remove the unnecessary barriers to practice that would further encourage our APRNs to leave Hawaii for states with less restrictive rules.

Sincerely



**Jenny Heinz, Pharm D
Clinical Pharmacist**

*VA Pacific Islands Health Care System
459 Patterson Road
Honolulu, Hawaii 96819
Phone: (808) 433-0091
Fax: (808) 433-7863*

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

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Sincerely

Joan E. Watson, MD

*VA Pacific Islands Health Care System
459 Patterson Road
Honolulu, Hawaii 96819
Phone: (808) 433-0091
Fax: (808) 433-7863*

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Date/Place: 04-02-09 10:00AM in Senate conference room 229 Hawaii State Capital

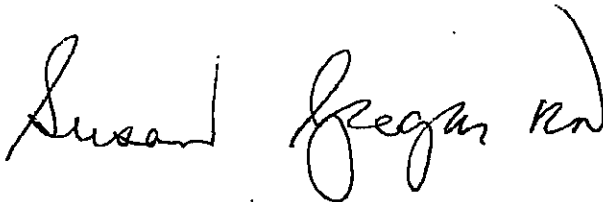
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I urge this committee to support and pass this Bill as written to remove the unnecessary barriers to practice that would further encourage our APRNs to leave Hawaii for states with less restrictive rules.

Sincerely



Susan Spegar Registered Nurse

*VA Pacific Islands Health Care System
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Fax: (808) 433-7863*

TO: Senate COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Senator Rosalyn H. Baker, Chair

Senator David Y. Ige, Vice Chair

Date/Place: 04-02-09 10:00AM in Senate conference room 229 Hawaii State Capital

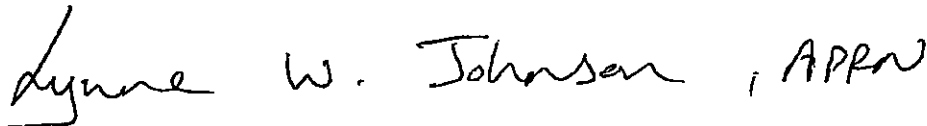
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I urge this committee to support and pass this Bill as written to remove the unnecessary barriers to practice that would further encourage our APRNs to leave Hawaii for states with less restrictive rules.

Sincerely



**Lynn W. Johnson, APRN
Nurse Practitioner**

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Honolulu, Hawaii 96819
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Fax: (808) 433-7863*