



DISABILITY AND COMMUNICATION ACCESS BOARD

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

February 6, 2009

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH

House Bill 1378 – 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 has a question regarding the global signature authority on page 5, lines 6-16. DCAB administers the parking for persons with disabilities program that is operated by the counties on behalf of the State. We are uncertain whether or not the global signature authority in this bill will allow advanced practice registered nurses to sign applications for parking permits for persons with disabilities in lieu of a physician. If it does, we oppose the bill. If it does not grant that authority, then we have no position. DCAB offers no comment on other portions of this bill.

Currently only licensed practicing physicians may sign an application for a parking permit for persons with disabilities. This is based on federal law, Public Law 100-614 and 23 CFR §1235.2(b), which calls for a determination by a licensed physician. There are 8,223 such physicians in Hawaii (data from the Department of Commerce and Consumer Affairs). When the physician certifies the application form, they also provide their State identification number for verification for fraud.

Currently, DCAB has difficulty verifying applications certified by physicians. Expanding the signature authority to include approximately 1,000 (active and inactive) advanced practice registered nurses on applications for parking permits for persons with disabilities would make follow-up verification for fraud an additional burden for DCAB and the counties.

Thank you for the opportunity to comment on this issue.

Respectfully submitted,

CHARLES W. FLEMING
Chairperson

FRANCINE WAI
Executive Director



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
House Committee on Health
February 6, 2009, 8:30 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 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Yamane, Vice Chair Nishimoto, and members of the House Committee on Health, thank you for this opportunity to provide testimony in support of HB 1378 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).

Access to available and quality health care is a national and state priority to ensure protection of consumers of care. Designating advanced practice registered nurses as primary care providers in Hawai'i would increase access to healthcare by Hawai'i citizens, particularly in high need and rural communities. Likewise, updating statutes to reflect global signature authority, prescriptive rights, and nationally accepted definitions for APRNs will help to address the provider shortage and ensure quality care delivery.

The University of Hawai'i at Mānoa (UHM) School of Nursing and Dental Hygiene (SONDH), as an educational program preparing APRNs in Hawai'i, is pleased to provide background information to assist in your deliberations. The UHM nursing program is fully accredited and recognized as an approved educational program by the Hawai'i State Board of Nursing. UHM's master of science in nursing program uses a community-based approach to prepare nurses for advanced practice in a variety of specialty areas including primary care options to practice as nurse practitioners or clinical nurse specialists. Using technology, we are educating students on all the islands. After successfully completing the academic program, students are eligible to take the appropriate specialty area national certification. The APRN programs are in high demand by students and many enroll with the goal of providing services to their rural community. As you are aware, the physician shortage is limiting access to primary care. Today we have available APRNs whose ability to provide this service is restricted by existing regulation.

There are several key areas of this bill which we support. The first is to designate APRNs as primary care providers in Hawai'i by all entities. This will increase access to healthcare by Hawai'i's citizens, particularly in high need areas. Currently, our State's restrictive definitions of "primary care provider" are a barrier to delivery of primary care services by qualified nurses. There are approximately 892 APRNs licensed in the State of Hawai'i who are a resource, not to mention those students in the academic pipeline. Accepting a standard definition for "primary care provider" that includes APRNs as proposed in the bill will ease the burden on the healthcare system. This collaborative approach to addressing the demand for primary healthcare is a direction that 24 states have taken to address access issues.

Second, in order to effectively and efficiently implement the APRN role, APRNs must have the ability to sign the multiple forms required to document services. The scope of an APRN includes, but is not limited to, performing acts of advanced assessment and diagnosing. Expanding global signature rights to APRNs will streamline the process at the health care system level by providing point-of-contact service to clients. Clear bill language will allow APRNs global signature rights relative to health care for their patients to further address this ongoing need. For example, the APRN signature will be accepted by insurers on the forms required for school physicals, durable medical equipment such as wheelchairs and walkers, and many other consumer needs.

Third, as we expand access we must assure quality service delivery. Because of the importance of the APRNs in caring for the current and future health needs of patients, the education, accreditation, certification and licensure of APRNs need to be effectively aligned in order to continue to ensure patient safety while expanding patient access to APRNs. Hawai'i Revised Statutes Section 457 was last approved in 1994. For this reason, we support updating the current definition of APRNs to reflect the National Council on State Boards of Nursing (NCSBN) *2008 APRN Model Act/Rules and Regulations*. This model is also supported by the American Association of Colleges of Nursing, the national voice for America's baccalaureate- and higher-degree nursing education programs, of which SONDH is a member. In the long term, a uniform model of regulation will also remove barriers from APRNs who relocate from other states. The proposed changes will ensure consumer safety and access by removing statutory barriers to the full scope of national practice for APRNs and by setting education and quality requirements.

Fourth, nationally we are evolving toward an APRN model that provides for only one designation of APRN recognition with prescriptive authority. Hawai'i's current statutes and administrative rules contain unnecessary additional requirements for prescriptive authority that will now be reasonably met by the certification requirement, if the new NCSBN model is adopted. We concur with the prescribing and ordering authority language from the *NCSBN APRN Model Act/Rules and Regulations* as stated in the bill, thus nullifying the verification of 1,000 clinical hours experience and the collegial working relationship agreement which has been a significant barrier to the practice of nursing in Hawai'i.

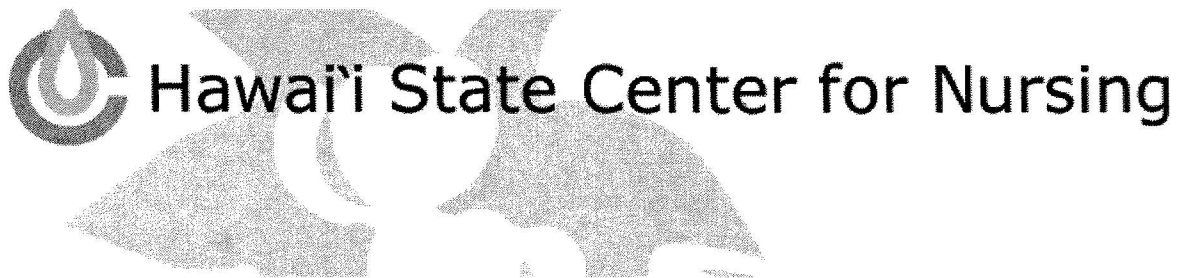
We support that the Hawai'i State Board of Nursing is the authorized entity to ensure the statutes and rules for nurse licensure/recognition are enacted. The proposed bill

language provides for the board to grant prescriptive authority to qualified or currently recognized, or both, APRNs. We recognize that a small number will be unable to demonstrate evidence of a master's degree and national certification. It is hoped that this language will enable the Board to transition the requirements to implement the new statutes accordingly while working with current APRNs that are recognized in the system.

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

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

Thank you for the opportunity to testify.



**Testimony Presented Before
House Committee on Health
February 6, 2009
8:30 a.m.
Conference Room 329
By**

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

HB 1378, Relating to Advanced Practice Registered Nurses
Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

On behalf of the Hawai'i State Center for Nursing, I am pleased to provide testimony in strong support of HB 1378 which allows the full utilization of Advanced Practice Registered Nurses (APRNs) to provide high quality health care. APRNs have been valuable providers of healthcare for many years, and their education and experience positions them well to address critical areas of provider shortage.

The Hawai'i Board of Nursing currently licenses APRNs within their area of specialty to include prescriptive authority. There are no major modifications of the current regulatory system needed to remove the barriers to full utilization, and this bill would not incur additional costs.

This bill would have immediate impact on addressing healthcare needs in rural areas and for underserved populations. By removing barriers to current practice, nurse practitioners would be able to practice more efficiently and effectively, thus expanding services.

With the aging of the population, there is increased need for primary care and for those individuals with chronic diseases. Advanced practice nurses are well suited to fill the gaps in our existing healthcare delivery system and provide care that has been shown to be of high quality and with high level so patient and family satisfaction.

Thank you for the opportunity to testify.



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February 5, 2009

To: House Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, 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

PLEASE DELIVER TO:
Health Committee
2/6/2009
8:30 a.m.
Room 329

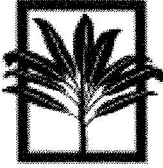
Chairs & Committee Members:

Hawaii Medical Association opposes this measure for the following reasons:

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

Thank you for the opportunity to provide this testimony.

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



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 House Committee on Health**
The Hon. Ryan I. Yamane, Chair
The Hon. Scott Y. Nishimoto, Vice Chair

Testimony in Support of House Bill 1378
Relating to Advanced Practice Registered Nurses
Submitted by Beth Giesting, CEO
February 6, 2009, 8:30 a.m. agenda, Room 329

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

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

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

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

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 House of Representatives - Committee on Health Hearing

February 06, 2009 8:30 AM , House Conference Room 329, Hawaii State Capital

Re: HB 1378 Relating to Advanced Practice Registered Nurses

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

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

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

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

E Ola nō Lāna'ī

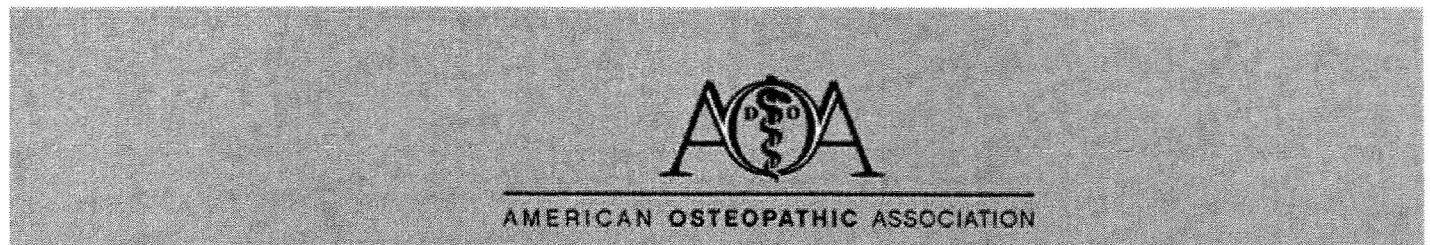
LIFE, HEALTH, and WELL-BEING FOR LĀNA'Ī

nishimoto2-Bryce

From: Candace Van Buren on behalf of Rep. Scott Nishimoto
Sent: Wednesday, February 04, 2009 2:51 PM
To: HLTtestimony
Subject: FW: Vote "No" on HB 1378 in Committee on February 6, 2009
Attachments: image001.jpg; image002.jpg

Candace Van Buren
Office Manager
Representative Scott Y. Nishimoto
District 21 Kaimuki, Kapahulu, Waikiki, Ala Wai, Diamond Head
Phone: 586-8515 Fax: 586-8519
State Capitol, Room 441, Honolulu, HI 96813
E-Mail: vanburen@capitol.hawaii.gov

From: Trueblood Witt, Debbie [mailto:dtwitt@osteopathic.org]
Sent: Wednesday, February 04, 2009 2:00 PM
To: Rep. Scott Nishimoto
Subject: Vote "No" on HB 1378 in Committee on February 6, 2009



142 East Ontario Street, Chicago, IL 60611-2864 ph 312 202 8000 | 800 621 1773

February 4, 2009

The Honorable Scott Nishimoto
21st District
Hawaii State Capitol, Room 441
415 South Beretania Street
Honolulu, HI 96813
reprnishimoto@Capitol.hawaii.gov

Dear Representative Nishimoto:

Re: Vote "No" on HB 1378 in the House Health Committee on Friday, February 6, 2009

The American Osteopathic Association (AOA) is writing to ask you to oppose HB 1378 in the House Health Committee on Friday, February 6, 2009. This bill would require health maintenance organizations to recognize advanced practice registered nurses as primary care providers; allows signature authority and prescriptive

rights to advanced practice registered nurses. **This means nurses would be able to practice without the oversight of a physician.**

The AOA represents its professional family of more than 64,000 osteopathic physicians (D.O.s) and 16,000 osteopathic medical students throughout the U.S., promotes public health, encourages scientific research, serves as the primary certifying body for DOs, and houses the accrediting agencies for all osteopathic medical colleges and health care facilities.

The bill would allow nurse practitioners all over the state to be primary care providers without the oversight of a physician. The AOA recognizes the valuable role that nurses play in healthcare. However, the AOA stance remains firm in that the scope of practice should be maintained at a level commensurate with the experience and clinical training of the clinician. In summary, the AOA remains committed to the ideal that in order to practice medicine, the education and post graduate training must be the same standard for all practitioners. DOs/MDs have proven and continue to prove the efficacy of their education, training, examinations, and regulation for the unlimited practice of medicine. As non-physician clinicians seek wider roles, standards of education, training, examination, and regulation must all be adopted.

Nurse practitioners (NPs) are registered nurses that have completed a graduate-level education preparation that leads to a master's degree. Typically, before being accepted to a master's program an NP must obtain a baccalaureate degree in nursing or some other discipline from a nationally accredited program. One year of professional practice as a registered nurse is required or desired, depending on the individual school. Such programs typically take two to three years, depending on the specialty, which include: research, theory, and clinical judgment in nursing practice; healthcare economics and policy; leadership; and the scientific basis for selected concepts in advanced nursing practice. The focus of the programs includes developing competence in health assessment, management of specific health problems, and promotion of wellness for individuals. After completion of a master's degree, a graduate may work as an entry-level NP or may seek certification in a specialized area and would be allowed to provide primary care.

The requirements to become a physician are much different than those required of NPs and PA's. Since educational requirements differ from school to school, the following is a summary found on the AOA website. Prior to being admitted to medical school, a candidate must obtain a Bachelor's degree, with undergraduate studies that include one year each of English, biological science, physics, general chemistry and organic chemistry. Applicants must also take the Medical College Admissions Test (MCAT) and receive an acceptable aptitude score to be admitted. Upon admission, an osteopathic student's first two years' curriculum will focus on the basic sciences. The curriculum includes courses in anatomy, physiology, microbiology, histology, osteopathic principles and practices (including osteopathic manipulative medicine), pharmacology, clinical skills doctor/patient communication, and systems courses that focus on each major system of the body such as cardiology, respiratory, genitourinary, etc. The third and fourth years of osteopathic medical curriculum emphasize clinical work, with much of the instruction in community hospitals, major medical centers, and doctors' offices. Students learn osteopathic manipulative treatment for prevention, diagnosis and treatment of disease. Following graduation, DOs complete an approved 12-month internship and another residency program in a specialty. Residency lengths range from two to six additional years. The requirements for an allopathic physician are substantially similar. Clearly, the educational, post-graduate training and examination requirements are more strenuous, demanding, and time-consuming for physicians than they are for NPs and PAs.

Unless NPs raise their educational and post-graduate training standards to match those of physicians, they should not be able to provide medical service in realms that are traditionally held by physicians. To allow them to increase their scope of practice without also increasing their level of education and post-graduate training would be detrimental to healthcare quality and patient safety.

The AOA supports the "team" approach to medical care, with the physician as the leader of the team. The AOA recognizes the growth of non-physician clinicians and supports their rights to practice within the

scope of the relevant state statutes. However, it is the AOA's position that new roles for non-physician clinicians may be granted only after appropriate processes and programs are established in all of the following four areas: education, training, examination, and regulation.

I urge you to act in the best interests of Hawaii patients by **voting "no" on HB 1378 in the House Health Committee on Friday, February 6, 2009.** We look forward to working with you on this important public policy matter. Please feel free to contact us to discuss this issue further. You can reach Debbie Trueblood Witt, AOA Manager of State Government Affairs, at dtwitt@osteopathic.org or (800) 621-1773 ext. 8185.

Sincerely,



Carlo J. DiMarco, DO
President

CC: Larry A Wickless, DO, AOA President-Elect
Robert S. Juhasz, DO, Chair, AOA Department of Government Affairs
James J. Dearing, DO, Chair, AOA Bureau of State Government Affairs
John B. Crosby, JD, AOA Executive Director
Michael Mallie, AOA Associate Executive Director, Membership, and Governance
Linda Mascheri, AOA Director, Department of State, Specialty, and Socioeconomic Affairs
Amy Brengle, AOA Executive Communications Specialist
Marcia Batchelder, Interim Administrator, Hawaii Association of Osteopathic Physicians and Surgeons

nishimoto2-Bryce

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 05, 2009 10:40 AM
To: HLTtestimony
Cc: geesey@hawaii.edu
Subject: Testimony for HB1378 on 2/6/2009 8:30:00 AM

Testimony for HLT 2/6/2009 8:30:00 AM HB1378

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Yvonne Geesey
Organization: Hawaii Association of Professional Nurses
Address: P.O. Box 4314 Honolulu, HI 96812
Phone:
E-mail: geesey@hawaii.edu
Submitted on: 2/5/2009

Comments:

Hawai`i Association of Professional Nurses is an organization of registered nurses and advanced practice registered nurses and is in support of House Bill 1378. This bill addresses barriers to practice and will increase access to health care.

**PRESENTATION OF THE
BOARD OF NURSING**

THE HOUSE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Friday, February 6, 2009
8:30 a.m.

WRITTEN TESTIMONY ONLY

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

TO THE HONORABLE RYAN I. YAMANE, 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 written testimony on behalf of the Board on House Bill No. 1378. This testimony pertains only to Sections 5, 6 and 7. It should be noted that the Board has not had the opportunity to study and discuss the provisions of this measure in depth, but will do so at its meeting on February 6, 2009. Based on a cursory review of House Bill No. 1378, the Board appreciates the intent of this measure, but wishes to convey its concerns.

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

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

- Require all APRNs to have both their Masters of Science in Nursing degree ("MSN") and national certification (page 6, lines 3 through 9);
- Allow all APRNs to prescribe medication whether or not they are educationally prepared (page 7, lines 2-3);
- Create confusion with another definition for APRN (page 7, lines 6-8).

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

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

- Allow all APRNs to prescribe while removing the Board's authority to designate the requirements (page 7, lines 12-18);

- Remove the APRN formulary from being under the auspices of the Hawaii Medical Board ("HMB") (page 7, lines 16-18);
- Remove the Joint Formulary Advisory Committee ("JFAC") by adding "or currently recognized, or both" (page 7, lines 19-22 and page 8 lines 1-16);
- Remove the Board's ability to adopt rules that establish education, experience and national certification (page 8, lines 17-19); and
- Allow all APRNs to prescribe, procure, administer, and dispense over the counter, legend, and controlled substances as well as medical devices/equipment, and plan and initiate therapeutic regimens (page 8, lines 20-22 and page 9, lines 1-3).

The Board strongly disagrees with removing its authority to designate the requirements for APRN prescriptive authority (page 8, lines 17-19) because it places public safety at risk. It also strongly disagrees with the removal of the Board's ability to adopt rules on APRN education, experience and national certification (page 8, lines 17-19). In essence, the standards upon which the Board is able to grant prescriptive authority will be removed.

The Board, while in agreement with the removal of the APRN formulary from being under the auspices of the HMB (pg. 7, lines 16-18), is concerned that there is no provision to place the formulary under the Board. The Board supports the removal of the JFAC with the removal of the HMB's control over the APRN formulary.

The Board is concerned that the new provision (b) would allow all APRNs to prescribe, procure, administer, and dispense all substances, medical devices and

Testimony on House Bill No. 1378
Friday, February 6, 2009
Page 4

equipment; plan and initiate therapeutic regimens without explicit limitations to the individual APRN's practice specialty (Page 9, lines 3-10).

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



To: House Committee on Health
Rep. Ryan I. Yamane, Chair

Date: 02-06-09 8:30 AM in House conference room 329.

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

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

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

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

Thank you for the opportunity to testify.

Testimony of
Frank P. Richardson
Vice President and Regional Counsel

Before:
House Committee on Health
The Honorable Ryan I. Yamane, Chair
The Honorable Scott Y. Nishimoto, Vice Chair

February 6, 2009
8:30 am
Conference Room 329

HB 1378 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

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

Kaiser Permanente Hawaii opposes this bill.

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

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

The complexity of primary care, and the complex level of medical thinking and judgment that is required of a primary care physician, is simply more than what an APRN is trained to be prepared for. Primary care within the Kaiser Permanente delivery system includes performing procedures, the ability to take call for ER admissions, the ability to do inpatient work, and the ability to advise and inform clinical decisions when they conflict with clinical opinions of MD specialists, among other things. Thus, PCP credentials by any discipline other than MD or DO

need to include cognitive and procedural skills, as well as medical skills, equivalent to a physician, not simply superior to a registered nurse.

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

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

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

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

Thank you for the opportunity to comment.

Testimony
House Health Committee
on
February 6, 2009, 8:30 AM ~ Conference Room 329

By

**Hobie Etta Feagai, EdD, MSN, FNP-BC, APRN-Rx
Hawai'i Pacific University
Associate Professor of Nursing
Program Chair for Faculty and Learning Resources**

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

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

Thank you for this opportunity to provide testimony regarding HB1378. This bill would require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize Advanced Practice Registered Nurses (APRNs) in Hawaii as Primary Care Providers, grants global signature authority and prescriptive rights to APRNs with prescriptive authority (APRN-RX), and amends the definition of APRN.

As a Family Nurse Practitioner (APRN # 62) and with prescriptive authority (APRN-RX #18), having practiced in the state of Hawai'i for 21 years, and in the state of Tennessee for 8 years prior to that, I am in deed very pleased to support this resolution. This bill will provide Nurse Practitioners with an equitable reimbursement by health insurers for the quality services they provide to the people and communities of Hawai'i. As an educator of Advanced Practice Nurses, this bill is progressive and visionary.

In my many years of practice in a variety of settings (Department of Corrections, Kaiser Permanente, Waikiki Health Center Ho'ola Like Clinics, and private practice), I have witnessed first-hand many prohibitive barriers to safe and accessible Nurse Practitioner practice: schools requiring physical assessment (PE) forms being signed by physicians although exams performed by NPs; the same with workman's compensation forms, state forms, licensure/handicap parking forms; refusal of specialty physicians to accept consults; departments refusing to accept orders for laboratory or radiological tests without a physician's signature; and the list continues, The Goals of Healthy People 2010 is to dissolve barriers to care and to provide better access. Such barriers limit those possibilities and negatively impact the health care of our people. Only partial reimbursement is allowed for comprehensive care given by me as a Nurse Practitioner or, a physician co-signs for work I did, so that full reimbursement may be obtained. Another barrier to timely and effective health care in Hawai'i.

APRNs have been well accepted as comprehensive providers of competent and safe health care and as independent prescribers of medications for many years in Hawai'i and throughout the nation for over 40 years. Our physician colleagues have been very receptive to such provision of care, especially those APRNs licensed with prescriptive authority. Our education dictates our scope of practice, and the need to partner with our physical colleagues as necessary while at the same time being able to practice independently.

As HB 1378 incurs no additional costs to the public and requires no major system changes, it is time for a change in how we provide health care services to the people and communities of Hawai'i.

Mahalo and fa'afetai for your attention and for allowing me an opportunity to testify on this very important health care bill.

nishimoto2-Bryce

From: Kathy Sassi [redwinehi@aol.com]
Sent: Wednesday, February 04, 2009 7:54 AM
To: HLTtestimony
Subject: APRN HB1378

Aloha Kakou,

I am both a Community Health Clinical Nurse Specialist and a Family Nurse Practitioner. Currently I am an Assistant Professor of Nursing as well, teaching Community Health. I work as an FNP in Job Corps in Waimanalo, and am the first provider students see when they come there, some of them directly from Micronesia. I also volunteer with Aloha Medical Mission and so have visited some of these adolescents' home islands. I believe this bill will help APRNs provide care to rural and underserved populations in Hawaii. Compared to national rates we actually have a high physician to patient ration, however the physicians are clustered in urban areas and Honolulu and so the neighbor islands and rural areas have unmet needs, especially in general family practice, mental health, and preventive care. Nurse Practitioners and CNSs are passionate about education and primary preventive care, keeping folks out of hospitals by emphasizing prevention, early identification, accessible, affordable, acceptable management of chronic illness, including mental illness. There is a large body of evidence that APRN care is cost effective, reducing emergency room use, health disparities, and is care given where most needed. Nurses, including APRNs, are the first to volunteer in times of trouble or areas of need. This bill will allow APRNs to independently meet the need in Hawaii, as they do in other states, helping communities who need them the most in a cost effective way. Passage of this bill will help eliminate inequities in Hawaii.

Mahalo,

Kathy Sassi MSN APRN CHCNS-BC FNP

Hawaii Pacific University (45-141 Kamehameha Hwy Kaneohe HI 96744)

Medical Corner (contracted to Waimanalo Job Corps)

PO Box 125

Kailua , HI 96734

808-358-9823

Testimony
House Health Committee
on
February 26, 2009, 8:30 AM ~ Conference Room 329

By

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

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

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

Thank you for this opportunity to provide testimony regarding HB1378 which requires insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. Grants global signature authority and prescriptive rights. Amends definition of advanced practice registered nurse.

As a nurse practitioner and educator of Advanced Practice Nurses (APRN), I am very pleased to support this resolution, which provides nurse practitioners in fair and appropriate reimbursement for their services with health insurers and fully recognizes APRN practice in Hawai'i.

Having practiced for many years in the community as a nurse practitioner, I have noted several barriers to practice; from hospitals refusing to allow me to order pertinent radiological tests without a physician's signature, to workman's compensation forms requiring a physician signature, to school physicals requiring a physician's signature. I provide the care, but are limited to partial reimbursement or must get a physician signature for work that I have done. These limit the scope of routine nurse practitioner work, take time from the nurse practitioner and the physician practice to report on the results of the examination to the physician who has not examined the patient, and secure the physician's signature. This has been an unnecessary barrier to practice and an inefficient way to provide health care services.

APRNs are already embedded in the health care system and have demonstrated throughout the state and the nation over the past 40 years that we are competent providers of care. APRNs already are licensed with prescriptive authority. We have been colleagues of physicians for many years and they, as well as the APRNs, know our scope of practice. There are no major system changes which are needed, and this bill does not incur additional costs.

Supporting this bill will assist APRNs as well as physicians to be cost efficient and time saving while providing timely access to care.

Thank you for your attention to helping to make health care more productive and accessible to your constituents, and for this opportunity to testify.

nishimoto2-Bryce

From: Anne Leake [aleake@hawaii.edu]
Sent: Thursday, February 05, 2009 10:37 AM
To: HLTtestimony
Cc: Anne Leake
Subject: HB1378 testimony in favor Hearing 02-06-09 8:30 AM in House conference room 329

Anne Leake PhD, ARRN-Rx, Family Nurse Practitioner with UH, Manoa School of Nursing and Dental Hygiene, Kalihi-Palama Health Center and Lanai Community Health Center

House Health Committee
Hearing 02-06-09 8:30 AM in House conference room 329

HB1378 testimony in favor
Committee is requesting 3 copies

Good morning. I am testifying in favor of HB 1378 because it will provide access to health care for the most vulnerable people in Hawaii, those without health insurance, those without income, those who cannot qualify for Medicaid because of insufficient time of residency, those who have insurance but live in rural areas with few providers. HB 1378 will remove barriers to nurse practitioner (NP) practice in this state where we have been preparing NPs for advanced practice for almost 20 years in 2 universities, with students and graduates on Oahu as well as Kauai, Hawaii and Maui. The key barriers that will be removed quickly by this bill are reimbursement and a collegial physician relationship.

I have been a family nurse practitioner for 31 years, 16 of those in Hawaii at community health centers. I live in Kaneohe. When prescriptive authority began in Hawaii over 10 years ago, my employee status at a federally qualified health center and the fact that I had already been working as a licensed APRN with physicians at the health center made it easy for me to get both reimbursement and prescriptive authority. Not so for a new graduate or someone coming from out of state or an entrepreneurial NP in a rural area. Finding a physician who knows your practice well enough to enter into a collegial relationship with you is a big barrier.

We've seen recent coverage in the newspaper about physicians leaving the state because of low Medicare reimbursement, making it impossible for people to find a primary care provider even here on Oahu. Nurse practitioners are prepared to take on this role to meet this access need that will only increase as our population ages.

I am sure you will hear from insurance companies that having more reimbursable providers will drive up the cost of health care, and you will hear from some physicians that nurse practitioners can't be safe without physician oversight. I just ask that you seek substantiation for these claims. The past 10 years of experience in Hawaii with prescriptive authority has shown that those with the APRN-Rx license practice safely. There is much experience in other states to the contrary when reimbursement and prescriptive authority for qualified nurses became possible decades ago.

Anne Leake PhD, APRN-Rx
Assistant Professor
School of Nursing and Dental Hygiene
2528 McCarthy Mall Webster 436
Honolulu, HI 96822
Office 808-956-0987
Cell 808-222-1145

nishimoto2-Bryce

From: Candace Van Buren on behalf of Rep. Scott Nishimoto
Sent: Thursday, February 05, 2009 9:08 AM
To: HLTtestimony
Subject: FW: HB 1378

Candace Van Buren
Office Manager
Representative Scott Y. Nishimoto
District 21 Kaimuki, Kapahulu, Waikiki, Ala Wai, Diamond Head
Phone: 586-8515 Fax: 586-8519
State Capitol, Room 441, Honolulu, HI 96813
E-Mail: vanburen@capitol.hawaii.gov

From: Leanne B. Logan [<mailto:llogan@hpu.edu>]
Sent: Wednesday, February 04, 2009 4:03 PM
To: Rep. Scott Nishimoto
Subject: HB 1378

Dear Rep. Nishimoto,

I am writing in support of HB 1378 and ask that you too support this effort to create more access for Hawaii's citizens to healthcare. Please do what you can to see that this bill is heard by the committee and ultimately passed in the House.

Thank you!

Leanne Logan MSN, RN, APRN, PHCNS-BC
Assistant Professor
Hawaii Pacific University School of Nursing
(808)236-3565
llogan@hpu.edu

TO: The House of Representatives - Committee on Health Hearing

February 06, 2009 8:30 AM , House Conference Room 329, Hawaii State Capital

Re: HB 1378 Relating to Advanced Practice Registered Nurses

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

During the last 30 years on the Big Island in Hawaii, I have personally and professionally experienced first hand the challenges in our communities of lack of access to primary care/mental health services. I graduated from Boston University, the University of Utah and completed postgraduate programs at the University of Hawaii and have served as an RN since 1974 and an APRN since 1983. I have three post graduate certificates as a Family Nurse Practitioner, Psychiatric Mental Health Clinical Nurse Specialist and Certified Nurse Midwife.

Today, I serve full time as an independent APRN - Primary Care Provider (PCP) in the Veterans Administration caring for complex acute and chronic conditions in psychiatric and mental health care in a primary care setting. To further ensure access to care to our most rural island, I also serve in the capacity of consultant and facilitate coordination of services with the hospitals, and community based not-for-profit systems of case management for our most severely mentally ill. In addition, I am a member of a Field Advisory Committee for Mental Health for the Office of Nursing Services at the VA.

As you may be aware, the Big Island has some of the most severe and chronic social and health needs of the islands, with deficient number of providers. Because of Hawaii's outdated APRN legislation that affects insurance payments and prescriptive authority, APRNs are limited in providing the full scope of practice.

APRN's are involved in increasingly important roles in the delivery and collaborative health care services, particularly in medically-underserved and rural areas of our state where providers are in scarce supply. APRN's safe, high quality health care that meets the National Committee for Quality Assurance (NCQA) standards has been well documented. Despite 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 do so.

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 an integral part 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 committee support and pass this Bill as written.

Warm Regards,

Beth Ananda-Stout, MSN, APRN-Rx, FNP, CNM, CNS

Board Certified Psychiatric Mental Health Clinical Nurse Specialist; Certified Nurse-Midwife.

nishimoto2-Bryce

From: Cliff Field [cliff56@hawaii.rr.com]
Sent: Thursday, February 05, 2009 12:01 PM
To: HLTtestimony
Subject: Testimony Senate Bill 1045 and House Bill 1378

Dear Legislatures:

I am a practicing physician in Hawaii and I support the passage of Senate Bill 1045 and House Bill 1378.

I have been a Board Certified Family Physician for over 28 years. I am currently practicing in an Emergency Room in a Critical Access Hospital in Pahala on the Big Island. This area is perhaps the most rural and isolated district in the State of Hawaii. I have had extensive experience in rural medicine in both Colorado and Idaho. These state and the District of Kau rely heavily on the care APRNs can provide. However, the APRN's practice in Hawaii has been severely hampered by outdated restrictions that Bill 1045 and 1378 address. The passage of these bills will allow APRNs to practice medicine at their full capabilities that their training and education allows. This has been the case for many years in Colorado and Idaho where they can act as independent health care providers with the same privileges as Physicians.

Allowing unrestricted practice for APRNs is vital to the Hawaii's health care system. The current climate of Hawaii's Health Care system makes it difficult to recruit and retain new practicing physicians. This and the National decline in graduating Primary Care Physicians will create a crisis situation for Hawaii in a few short years. This crisis is already occurring in rural areas such as the Kau district and the Big Island. This crisis can be diverted or delayed by allowing APRNs who are already in Hawaii to practice to their full potential and by making Hawaii a more attractive State to recruit APRNs.

I strongly encourage you to support and have these bills heard.

Feel free to contact me with further questions.

Sincerely

Clifford Field, M.D.
ED Director
Kau Hospital
Pahala, HI
808-928-2050

Rose Clute, APRN-RX

46-106 Humu St.

Kaneohe HI 96744

Ph: (o) 537-7792

Sgt at Arms

*Please deliver
40 copies to Clerk in Rm. 441
HLT 2/6/09 @ 8:30
Conf. Rm. 329*

HOUSE COMMITTEE ON HEALTH

Rep. Ryan I. Yamane, Chair

Rep. Scott Y. Nishimoto, Vice Chair

DATE: Friday, February 6th, 2009, 8:30 AM

HB 1378 RELATING TO ADVANCED PRACTICE NURSES

POSITION: **SUPPORT**

Aloha, my name is Rose Clute, and I am an Advanced Practice Community Mental Health nurse. I have worked in Hawaii for over 30 years as a nurse and Advanced Practice for over 10 years. I am testifying on my own behalf in *strong FAVOR* of HB 1378, relating to advanced practice nursing.


I have the luxury of working in a multidisciplinary clinic but often have to find a MD to sign papers for patients in my practice. These MD's do sign but have never seen or treated this patient.

I am also limited in prescribing certain classes of medications that my patients would benefit from because of our current limitations. This bill will ensure patients can be treated fully for their health care needs by an APRN.

I urge you to vote 'yes' on this measure for the health care needs of the people of Hawaii.

Again, I strongly urge the committee to **support HB 1378**.

Mahalo for your serious and thoughtful consideration of my submitted testimony & for considering this bill. Please do not hesitate to contact me for additional information or with questions.

Sincerely

Rose Clute, APRN-RX

TO: The House of Representatives
Committee on Health Hearing
February 06, 2009 8:30 AM,
House Conference Room 329, Hawaii State Capital
Re: HB 1378 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of HB 1378. This Legislation is important to remove the barriers that prevent Advanced Practice Registered Nurses (APRN's) from providing health care for our vulnerable and underserved populations of Hawaii.

I have worked closely with APRN's and have seen the high quality care they provide. As a consumer I highly recommend APRN's for my family and friends.

I urge this committee to support and pass this bill as written in order to remove unnecessary barriers to practice that encourage our APRNs to leave Hawaii for states with more supportive rules.

Sincerely


Donald Bunnell

nishimoto2-Bryce

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 04, 2009 10:57 AM
To: HLTtestimony
Cc: geesey@hawaii.edu
Subject: Testimony for HB1378 on 2/6/2009 8:30:00 AM

Testimony for HLT 2/6/2009 8:30:00 AM HB1378

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Yvonne Geesey
Organization: Individual
Address:
Phone: 808-227-9361
E-mail: geesey@hawaii.edu
Submitted on: 2/4/2009

Comments:
Aloha Health Committe:

I encourage you to pass HB 1378 out of committe after correcting the error of graduate education leading to a degree, not certification.

This bill will improve access to care tremendously.

Mahalo!

TO: The House of Representatives
Committee on Health Hearing
February 06, 2009 8:30 AM,
House Conference Room 329, Hawaii State Capital
Re: HB 1378 Relating to Advanced Practice Registered Nurses

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

Jenni Heintz, Pharm.D.
VA Pacific Islands Health Care System

TO: The House of Representatives
Committee on Health Hearing
February 06, 2009 8:30 AM,
House Conference Room 329, Hawaii State Capital
Re: HB 1378 Relating to Advanced Practice Registered
Nurses

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

Susan Spegar, RN
Pacific Islands Healthcare Systems
459 Patterson Road (111)
Honolulu, HI 96819-1522

TO: The House of Representatives - Committee on Health Hearing
February 06, 2009 8:30 AM , House Conference Room 329, Hawaii State Capital
Re: HB 1378 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of HB 1378. As the fifth generation from rural big island and the eldest of 12 children, I have experienced the ill effects of lack of access to primary care services first hand. I graduated from the University of Hawaii and have served 35 years as an RN and 13 years as an APRN in Hawai'i. In past service as Hawaii Nurses Association board member, VP and President, I was involved in legislation pertaining to APRN's regulation and prescriptive authority since 1990.

Today, I serve full time as an independent APRN - Primary Care Provider (PCP) in the Veterans Administration caring for complex acute and chronic conditions. To further ensure access to care to our most rural island, I also serve part-time time as PCP in the Lana'i Community health Center LCHC). The LCHC is presently 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 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.

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 urge the committee support and pass this Bill as written.

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
Hawai'i State Representative of the American Academy of Nurse Practitioners

nishimoto2-Bryce

From: KASILe@aol.com
Sent: Wednesday, February 04, 2009 10:45 AM
To: HLTtestimony
Subject: APRN

Categories: Red Category

HB 1378

To all concerned:

Feb.4th,2009

I am a RN working at 2 different hospitals on the north side of the Big Island and I am sending this testimony in hopes of improving the health care here. We struggle on a daily bases in the ER to find patients follow up care and specialty MD's. With our most recent situation being, Kapauu is left with only one primary MD for the entire north side of Kohala. Please, in behalf of all the Big island community and visitors to our island we need improve our health care options. One of the lest expensive and possible alternatives would be hiring and utilizing APRN's. We have several working in the community but not able to provide the care they were educated to do. Help us, help our patients please?

Mahalo,

Ellen Lisak R.N.

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THE HOUSE COMMITTEE ON HEALTH
Friday, February 6, 2009
House conference room 329
8:30 a.m.

TESTIMONY in SUPPORT of HOUSE BILL NO. 1378

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

TO: THE HONORABLE RYAN I. YAMANE, CHAIR,
AND MEMBERS OF THE COMMITTEE:

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

It is widely recognized at both the state and national levels that our health care system is not working, and to continue to operate as we have been will only result in continued failure. Barbara Safriet, past Associate Dean at the Yale Law School and noted authority in the areas of administrative and constitutional law, and health care workforce regulation, describes our current health care system as "oriented to medicine rather than health, and to biomedical research and cure, rather than care." She suggests that a "rational health care system" must address the basic consumer issues of; "Can I get care? How good will it be?" and "How much will it cost?"

Can I get care? There are many parts of this state, even on Oahu, where those who have insurance coverage can't get care. In the current economy, more of our citizens are losing jobs and health coverage. They delay care until they no longer can, resulting in more serious health problems and an increased use of high-cost emergency room care and hospital admissions. Providers refuse to see people with certain types of coverage. Shortage of providers leads to lengthy waits for appointments, limitations from closed panels, and long distances to travel. Language, cultural factors and poor literacy compound the problem. Strategies to recruit physicians to fill the gaps experienced by an increasing segment of our population have not been successful. Advanced practice nurses (APRNs) have historically provided care to the underserved and in underserved areas, often as the only care provider in a large geographic area. The nurse midwives on Molokai have been hampered by the difficulty of finding backup physicians and meeting the regulation-imposed restrictions for reimbursement and prescribing.

How good will it be? From the early days of the profession, with its unstandardized hodgepodge of programs to the current universal requirement for a graduate degree and national certification, the competence of advanced practice nurses has been documented in countless studies and publications. Claims of inferior education and 2nd class care have been used to

sway rule makers, in spite of decades of evidence attesting to the quality of advanced practice nurses' care. Studies have found that nurse practitioners can manage 80% of the needs of people presenting for primary care with outcomes as good, and in some cases better than physicians.

What about that other 20%? Advanced practice nurses consult and refer their patients in the same way that primary care physicians do when the need exceeds their expertise. Dr. Catherine DeAngelis, in a commentary published in the *Journal of the American Medical Association* in 1994, states, "The ultimate accountability for each patient lies with the profession practicing within the scope of his or her practice, ie the type of care for which each professional has been educated and trained." HB 1378 removes many of the barriers (e.g. need for physician signatures on forms and collaborative prescribing agreements) blocking full utilization of these skilled nurses where they currently practice and in communities where physician care is not available.

How much will it cost? Primary care nurse practitioners excel in patient education and helping people attain maximum wellness, whether it's preventing illness or managing chronic conditions. Our holistic approach considers the personal and psychological aspects of health and illness. We can provide "first contact care which is accessible, comprehensive, coordinated, continuous, and accountable." (Safreit, 1992) Care by advanced practice nurses Programs for patients with cardiac conditions run by clinical nurse specialists have demonstrated a significant decrease in readmissions to hospitals compared with patients receiving standard medical care. There are numerous other examples of high quality nursing care that has resulted in cost savings to patients and to society.

In summary, our current system of care is not working. HB 1378 does exactly what Ms. Safriet recommended in "Health Care Dollars and Regulatory Sense: The Role of Advanced Practice Nursing," published in the [Yale Journal on Regulation](#).

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

A Commentary in the policy journal [Health Affairs](#) notes, "Patient-centered systems of care require new leadership roles in which professionals have the authority to perform differentiated roles and the flexibility to change those roles to best meet patients' needs."

Thank you for the opportunity to testify in support of this far-reaching, visionary bill. I would be glad to provide copies of any references cited in this testimony.

Amy Stone Murai, RN, MS, APRN-c
1308 Ala Hoku Place
Honolulu, HI 96819
808-833-1842
muraiz3@aol.com

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

TO: House Committee on Health
Representative Ryan I. Yamane
Chair
37th Representative District
Hawaii State Capitol, Room 419
415 South Beretania Street
Honolulu, HI 96813
phone 808-586-6150; fax 808-586-6151
E-mail repyamane@Capitol.hawaii.gov

RE: H.B. 1378
HEARING: February 6, 2009 8:30am

My name is Valisa Saunders

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

I am a Gerontological Nurse Practitioner and have been practicing in the State of Hawaii for the past 25 years. I am a full-time clinician and I see the oldest, frailest patients in the clinic, at home, on home Hospice, inpatient Hospice and in Care Homes, Foster Homes and Long Term Care Facilities. I work at Kaiser Permanente, but am not testifying on their behalf. I am an individual that belongs to a variety of nursing and gerontological organizations. I am a former member and chair of the board of nursing (1995-2001) and nursing advisory committee (2001-2006). I am very familiar with the operations of health care and the regulatory environment for Advanced Practice Registered Nurses (APRNs) under state and Federal (CMS) statutes and rules.

The APRN prescribing formulary should be moved to the Board of Nursing to administer as this bill provides. I have been involved and followed the regulation of prescriptive authority since 1990 and have served on the Joint Formulary Advisory Committee for virtually all of its existence, since 1994). The current arrangement of having the Board of nursing administering APRN rules, including prescriptive authority, but not the APRN formulary been inefficient, confusing and ineffective. Specifically, having the Board of Medical Examiners (BME) in charge of the APRN formulary of drugs that we can or cannot prescribe has been a slow, time consuming, painful process. With each new version or a bill or rules, the participating parties from the BME have no history of knowledge of the role of the APRN, most often have no current experience in primary care and are confused about their role, and want to debate the merits of APRNs prescribing at all. It has been 15 years since our first prescriptive authority bill and we are still working on the basics of what we need to function to our scope of practice. The last revision of the formulary, which was only the first change, was completed at the end of 2004 and has not yet been implemented. Hawaii was one of the last states in the country to pass any prescriptive authority for APRNs, and continues to lag behind the rest of the country in effective use of APRNs through regulation.

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

The Global Signature provision is needed to allow APRNs contribute more fully to the many processes in health care requiring determination of patient conditions and eligibility for services such as home health services, long term care services, handicapped parking passes and more. APRNs are currently recognized under state rule for service in Expanded Adult Residential Care Homes (EARCH), but not Foster Homes which are the same level of care, but the Foster Home Rules were written before APRN recognition in our state. Long Term Care Licensing rules for the state are similarly out of date and have been "in revision" for over 15 years, therefore excluding APRNs from the ability under Federal rules to admit and recertify any required visit for patients in Nursing facilities. The global signature provision will not fix all barriers to APRN scope of practice in Hawaii, but it's a good start.

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

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

Respectfully,

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To: House Committee on Health
Rep. Ryan I. Yamane, Chair

From: Judith Bowman, RN, MPH

Date: 02-06-09 at 8:30 AM in House conference room 329.

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

Chair Yamane and Committee members,

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

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

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

Access to care

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

Nurses have been providing primary care for many years, but usually only in settings with limited authority. Hawaii has been a leader in providing access to insurance through employers, yet we do not address access to the actual providers themselves. Advance Practice Registered Nurses (APRNs) are well educated and experienced, and

HB 1378 does a good job of insuring that only qualified APRNs will provide primary care by defining who can function in this position and outlining the education and experience requirements.

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

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

Quality and Cost

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

Addressing the nursing shortage

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

retention. Having the opportunity to become an APRN, work autonomously, and provide primary care will surely lead to better retention of our nursing workforce.

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

Mahalo for the opportunity to testify.

Judith Bowman
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Committee on Health
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Friday, February 6, 2009, 8:30 a.m. agenda, Room 329

H.B. No. 1378
Strong Support

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

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

Yours truly,

Naty Hopewell, APRN

**TO: The House of Representatives
Committee on Health Hearing
February 06, 2009 8:30 AM,
House Conference Room 329, Hawaii State Capital
Re: HB 1378 Relating to Advanced Practice Registered Nurses**

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



Donna Reaves RN
Registered Nurse/Triage Nurse
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Kauai Community Based Outpatient Clinic
3367 Kuhio Highway, Lihue, Hi 96766

1- 800-535-3859

TO: The House of Representatives
Committee on Health Hearing
February 06, 2009 8:30 AM,
House Conference Room 329, Hawaii State Capital
Re: HB 1378 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of HB 1378. 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 care that APRNs provide. As a consumer and a health care provider, I would highly recommend APRN's for my family or friends. I have been a preceptor for APRN students and have been practicing as an APRN at the VA and in the Kauai Community for the past 15 years and feel this bill is an important means of furthering our practice so we can provide health care that is needed in the community here on Kauai as well as throughout Hawaii.

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

Sharon L. Espina MS FNP-BC

Sharon L. Espina MS FNP-BC
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