



**HAWAII HEALTH SYSTEMS**  
C O R P O R A T I O N

*"Touching Lives Everyday"*

LATE

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

**Friday, February 6, 2009, 8:30 a.m.**  
**Conference Room 329**  
**Hawaii State Capitol**

**Testimony Supporting HB1378 Relating to Advanced Practice Registered Nurses**  
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.

Thomas M. Driskill, Jr.  
President & Chief Executive Officer  
Hawaii Health Systems Corporation

Thank you for the opportunity to provide testimony in support of HB 1378.

On behalf of the Hawaii Health Systems Board of Directors, we strongly support this proposed legislation.

Respectively yours,  
Thomas M. Driskill, Jr.

**nishimoto2-Bryce**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Friday, February 06, 2009 8:43 AM  
**To:** HLTtestimony  
**Cc:** phahn86@gmail.com  
**Subject:** Testimony for HB1378 on 2/6/2009 8:30:00 AM

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

Conference room: 329  
Testifier position: support  
Testifier will be present: Yes  
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Submitted on: 2/6/2009

**Comments:**

I respectfully support this bill and the intention behind the bill to increase patient access to health care. I propose the amendment that rather than requiring insurers, etc. to recognize advanced practice registered nurses as primary care providers, to instead permit insurers, etc. to utilize these nurses as primary care providers.

Pearl Hahn

**From:** jackie murray [rnref@hawaii.rr.com]  
**Sent:** Friday, February 06, 2009 8:14 AM  
**To:** HLTtestimony  
**Subject:** \*\*\*\*\*SPAM\*\*\*\*\* HB1378  
**Attachments:** Ivy.gif; Jackie Murray.vcf

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Aloha

I would like to introduce myself to you and to let you know that I support HB 1378. I hope you will utilize your resources to have this bill heard, that you rally your fellow representatives to support this bill. It is vitally important that barriers to access between patient and provider be changed to allow better access and treatment. Current regulations impede continuity of care, impede a patient's ability to see the provider of choice, contribute to barriers for timely treatment.

As a nurse practitioner on the Big Island, I think I'm filling a critical need for primary and specialty care on this island. I've spent several years with an asthma, allergy, immunology practice. Last year I also started working at Kona Community Hospital in the Skilled Nursing Unit and also see patients in internal medicine. As a practitioner in a SNF unit, I am credentialed by KCH. I monitor patients, work to optimize their medications, monitor labs, regularly assess patient health, consult with specialists, order labs, procedures, authorize surgical procedures, order blood transfusions. However, I cannot sign forms that will allow the hospital to be paid for Medicaid patients. I cannot sign a form for any public school to allow an asthmatic child to use albuterol at school, even though I may be the only practitioner that has seen that child, assessed, made a plan of care and prescribed the albuterol. I cannot sign a form for a state physical. I can perform the physical but will need a MD or DO to countersign that document. If a patient needs that physical, then, they must seek another provider to perform the same physical that I am licensed to perform but cannot sign. If the patient needs the physical soon for a prospective job and is unable to find a provider or cannot obtain an appointment in a timely manner, they may lose an employment opportunity or lose income because they cannot start a job until the physical is completed.

At Kona Community Hospital, I can order blood transfusions for patients who are severely anemic from gastric bleeding, who are suffering from kidney failure but cannot order an opioid to alleviate their pain. I must call a physician, who must call the hospital to order the medication that I suggest as being most appropriate given the patient's condition and level of pain. In the meantime, the patient must wait until the physician can be located, call the unit and order the pain medication. Once the order is received, it must be transmitted to pharmacy to fill the order and then brought back to the unit for the nurse to administer to the patient. In the outpatient setting, I have had patients who have experienced anaphylaxis, have managed their intensive treatment and recovery. However, if they become Medicaid in Hawaii, they can continue to see me but will deny payment. Medicaid will only reimburse the physician. If a patient that I have been seeing changes insurances, then there is the loss of continuity of care, loss of seeing a provider on a schedule that is most convenient for the patient.

My training includes a masters as a nurse practitioner as well as a doctor of nursing. I participate in continuing education on a regular basis. I have national certification as an advanced practice nurse for both adult and geriatric practice. I also have certification as a

clinical nurse specialist. I would like to be able to utilize the skills I have worked hard to gain and to be able to give the best care I can to the patients I've been entrusted to care for.

I hope this gives you a little insight to what NPs in the state face with their various practices. I hope many other NPs share their experiences with you. Mahalo for your sponsorship of this very important bill

Mahalo for your support.

Jackie Murray, ND, APRN, MSN  
Ali'i Health  
Kona Community Hospital  
Hawaii Asthma, Allergy & Immunology