



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

Date: 03-03-09 9:30 AM in Conference Room 229.

Re: SB 1045, 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 SB 1045, 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. 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. **SD1** designates the Board of Nursing as the sole authority to regulate APRN education, practice and prescriptive rights. Requiring both a graduate degree and national certification with the specialty and scope of practice provides protection for consumers and assures that national standards are met.

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

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

Thank you for the opportunity to provide comments.

March 2, 2009

The Hawaii State Senate

The Twenty-Fifth Legislature

Regularly Scheduled Session 2009

Committee on Health

Senator David Ige, Chair

Senator Josh Green, MD, Vice Chair

And members of the Committee

RE: SB 1045

Aloha, my name is Nora Barrington Waters, RN, BSN. I am an MSN student at the University of Hawai'i Manoa, and employed full time as a psychiatric nurse at Hilo Medical Center.

I would like to add my strong support to other individuals in the State of Hawaii who recognize the value of allowing Advanced Practice Registered Nurses (APRNs) to function in the manner that their education, license and realm of expertise prepares them: health maintenance, diagnosis and treatment, including prescriptive authority. The process begun in 1994 when prescriptive authority for APRNs was first authorized by the Hawai'i legislature and signed into law, through adoption of regulations by the Department of Commerce and Consumer Affairs in 1998, through development of the APRN formulary by the Board of Medical Examiners in 2008, has been extremely slow but now SB 1045 promises needed progress by providing APRNs the next required level of consumer access & medication prescribing to function fully in their designated primary health care provider roles.

Through passage of SB 1045, Hawai'i can move into the realm other progressive states by removing artificial and unnecessary barriers to safe health care delivery. APRNs show a consistently high level of safety in their diagnostic and prescriptive actions, as well as high rates of satisfaction in their patient populations, equal to or exceeding other primary care providers in their specialties.

Hawai'i and in particular the Big Island is in great need of APRN primary care providers who can function to the extent of their preparation and licensure.

Thank you for the opportunity to strongly support SB 1045.

Nora Barrington Waters, RN, BSN

2880 Ainaola Drive, Hilo, Hawaii 96720 808-896-6335 cell noisynorab@yahoo.com



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 3, 2009, 9:30 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

SB 1045 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 SB 1045 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). We are pleased to present suggestions regarding this bill.

Designating advanced practice registered nurses as primary care providers in Hawai'i will increase access to healthcare by Hawai'i citizens, particularly in high need and rural communities. Likewise, the statute updates to support the processes of such care delivery including global signature authority and prescriptive rights. Because the bill uses nationally accepted definitions for APRNs education and certification, you can be confident that we will be assuring quality care delivery. This collaborative approach to addressing the demand for primary healthcare is a direction that 24 states have taken to address access issues.

Hawai'i Revised Statutes Section 457 was last approved in 1994. While broad in language, the corresponding administrative (Hawai'i Administrative Rules Title 16, Chapter 89C) rules have hampered implementation of the statute. 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.

As described in the reasons above, we are in support of sections 1 through 5 which will allow the approximately 892 APRNs in the State of Hawai'i to practice to the full extent

of their education while creating the structure to assure quality care delivery to consumers. We recognize that insurers may need to retain the right to determine the contracting criteria for participating providers, but with updated language APRNs (in accordance with their scope of practice) can help address the significant need for primary care health services.

We are in support of updating the current definition of APRNs to reflect the National Council on State Boards of Nursing (NCSBN) *2008 APRN Model Act/Rules and Regulations* which recommends that APRNs complete both a graduate-level education program **and** have passed a national certification exam, among other requirements. This model is supported by the American Association of Colleges of Nursing, the national voice for America's baccalaureate- and higher-degree nursing education programs, of which SONDH is a member. In the long term, a uniform model of regulation will also remove barriers from APRNs who relocate from other states. The proposed changes will ensure consumer safety and access by removing statutory barriers to the full scope of national practice for APRNs and by setting education and quality requirements.

Section 6 amends the definition of APRN in Chapter 457-2 specifying educational and other qualifications for advanced practice registered nurses. **We respectfully suggest that future APRNs meet the requirement for both the appropriate graduate-level education and certification (Section 6, item 1) rather than meeting just one of these requirements as currently stated. Also, we support the suggestion by the Board of Nursing to amend the requirements for future APRNs in HRS 457-8.5 rather than in the definition as proposed in the bill, but with the requirement for both graduate education and certification.** We fully support that the Hawai'i State Board of Nursing is the authorized entity to ensure the statutes and rules for nurse licensure/recognition are enacted in accordance with this bill.

Section 7 amends section 457-8.6, relating to prescriptive authority which include adopting the APRN qualification requirements, and prescribing and ordering authority language from the *NCSBN APRN Model Act/Rules and Regulations*, thus nullifying the verification of 1,000 clinical hours experience and the collegial working relationship agreement which has been a significant barrier to the practice of nursing in Hawai'i. We fully support those aspects of the amendment.

Thank you for allowing me to provide the education perspective on this important issue. Our shared goal is to promote patient safety and consumer protection while increasing access to health care. By applying the NCSBN 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.

This letter is in support of SB1045 SD. 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. It has been difficult for me to become employed in Hawaii because I do not have prescriptive authority. I have not been able to find a physician who will sponsor me due to the severe lack of availability from overwhelmed physicians.

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 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 and in entering the state as well as passing a National Board Certification.

Hawaiian Medical Association's (HMA) 2009 Legislative Advocacy states that their objectives are to help physicians put patient care first, and to assure high quality health care for all the people in Hawaii. One of these objective goals is ***To oppose granting prescriptive and surgical privileges to non-physicians.*** www.hmaonline.net/HealthCareAdvocacy/LegislativeIssues/tabid/732/Default.aspx Under HRS 453, there is no language addressing prescriptive authority of PAs whom I believe are ***non-physicians*** yet have full prescriptive authority.

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

150 years later, it appears that the plea for quality healthcare in Hawaii continues to be hampered by different organizations. 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. (At www.webnp.net *Lugo NR, O'Grady ET, Hodnicki DR, Hanson CM. Ranking state NP regulation: practice environment and consumer healthcare choice. *Am J Nurse Pract.* April 2007;11(4):8-24. ***In 2007 Hawaii received an F.***

I ask myself, "What would be the factors that influence the committees that oppose nurse practitioners?" I asked several physicians this question. One physician answered that there have been too many malpractice suits with Nurse Practitioners. Others answered that granting full

prescriptive authority would be a risk for them. When I asked them what source they based this from, they all stated from other physicians. Evidence based research through the National Provider Data Bank Summary Report of 12/28/2008 for the state of Hawaii listed the Medical Malpractice Reports to list 560 reports for physicians out of the total of 7293 physicians; 0 reports for the total of 835 Nurse Practitioners and 0 for the 146 Allopathic PAs. Therefore, the responses I received were hearsay and not evidence-based-practice information. Please note the ratio of Nurse Practitioners vs Physician Assistants during this time of Health Care Crisis for the state of Hawaii.

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". www.hmaonline.net/HealthCareAdvocacy/LegislativeIssues/tabid/732/Default.aspx How about enacting that same common sense towards prescriptive authority for Nurse Practitioners and removing the unreasonable restraint of not being allowed to prescribe controlled substances. The states of Alaska and Idaho have explicit legal authority to "prescribe" with no requirement for physician involvement. Texas and California can apply for prescriptive authority *without* the requirement of 1000 hours of physician supervision (as in the state of Hawaii) and are also allowed to prescribe controlled substances.

According to an example of an effective response to the health care practice of rural Indiana with the aid of a PHHS Block Grant "Effective use of nurse practitioners increases access to health care and cost savings. Studies have concluded that 80% of adult primary care services and up to 90% of pediatric primary care services could be performed by nurse practitioners. The cost of seeking care from a nurse practitioner is 40% less than that of a physician." www.cdc.gov/nccdphp/examples/pdfs/indiana_bg.pdf

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

I urge the committees to vote in favor of SB1045 SD 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**. Hawaii is in a state of Health Care Crisis and we need to collaborate in the efforts to

streamline improved quality patient access to health care. Consider the exemplary actions taken by King Kamehameha and Queen Emma in their progressive example of *change NOW*.