

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

LATE

In reply, please refer to:
File:

**SENATE COMMITTEE ON HEALTH AND COMMITTEE ON COMMERCE
AND CONSUMER PROTECTION**

SB1632, RELATING TO RESPIRATORY CARE

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 10, 2009, 8:30 AM

1 **Department's Position:** The Department of Health opposes Senate Bill 1632 as currently written. The
2 department recommends a sunrise analysis to determine if the licensing of respiratory care professionals
3 is necessary.

4 **Fiscal Implications:** Establishing a regulatory board and a licensure program within the DOH would
5 require additional funding for staff, training, and materials.

6 **Purpose and Justification:** Senate Bill 1632 creates a new chapter to regular respiratory care
7 practitioners. Section 26H-6, Hawaii Revised Statutes, requires that new regulatory measures being
8 considered for enactment be referred to the Auditor for a sunrise analysis. The statute further requires
9 that the analysis shall set forth the probable effect of regulation, assess whether its enactment is
10 consistent with the legislative policies of the Hawaii Regulatory Licensing Reform Act, and assess
11 alternative forms of regulation.

12 The department recommends the completion of a sunrise analysis to determine if the licensing of
13 respiratory care professional is needed before regulating respiratory care practitioners. Thank you for
14 the opportunity to testify.

February 9, 2009

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

By: Diane Brenessel, BS, D.Ed., RRT, AE-C
Clinical Educator for Respiratory Care

**RE: SB 1632 RELATING TO RESPIRATORY CARE
on Feb 10, 2009 at 0830**

Chairs and Committee Members:

I am writing in support SB 1632. I see my role as not just an educator but as a strong patient advocate ensuring a consistent high level of care-delivery that produces positive patient outcomes and promotes patient safety.

I have practiced and taught respiratory care for over 20 years and I have witnessed the role change for the respiratory care practitioner from prior task-driven physician ordering pattern to our current practice that requires critical thinking, independent assessment and individual clinical judgment in the management of patients suffering from respiratory disorders and diseases. Physicians rely on our clinical assessment and recommendations and they assume all respiratory care practitioners are required to comply with established standards that support on-going education and competency testing and this is not the case.

My role as an educator at my facility is to assist in the orientation of new hires. My observation and concern is that a new hire respiratory care practitioner can pass the didactic and clinical orientation, successfully complete the probation period, and then lapse into previous patterns of behavior that resulted in poor clinical judgment and harm to patients. These types of situations can and should be avoided through licensing where people with these problems are identified prior to employment.

Lastly, with threats of bioterrorism and pandemic flu outbreaks, it's just a matter of time before Hawaii will be called on to produce resources to deal with these situations. Currently, there is no requirement for respiratory care practitioners to gain the knowledge and competence to be able to deal with these catastrophic respiratory events as addressed in other states.

I am asking this committee to support and pass **Senate Bill 1632** to help protect patients requiring respiratory care services in Hawaii.

Thank you for your kind consideration,
Diane Brenessel, BS, D.Ed., RRT, AE-C
Clinical Educator for Respiratory Care