



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
House Committee on Health  
January 26, 2010, 9:00 a.m.

by

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and

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### HB 2205 RELATING TO CONTINUING EDUCATION FOR 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 2205 to require continuing education credits for registered nurse (RN) licensure renewal.

At this time, continuing education credits are not required for RN licensure renewal in the State of Hawai'i. This bill proposes a 15 hour requirement of continuing education for each 2-year licensure period renewal.

The University of Hawai'i at Mānoa promotes life long learning, especially in the field of healthcare, where new research, technologies, and evidence based practice can increase the quality of care provided to the community. We support this bill with the shared goal to promote patient safety and support the valuable role nurses contribute in our health care system.

There is a national call for a more highly educated nursing workforce as recognized by the Josiah Macy Foundation, the Carnegie Foundation, and the American Association of Colleges of Nursing (AACN), the national voice for America's baccalaureate- and higher-degree nursing education programs. In a recent joint publication on lifelong learning by the AACN and Association of American Medical Colleges, a shared vision is articulated for a "continuum of health professional education from admission into a health professional program to retirement that values, exemplifies, and assesses lifelong skills ..."<sup>1</sup>. The report encourages an understanding of and support for change and collaboration among stakeholders to achieve this vision noting four key areas for

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<sup>1</sup> AAMC/AACN. 2009. Lifelong Learning in Medicine and Nursing.  
<http://www.aacn.nche.edu/Education/pdf/MacyReport.pdf>.

analysis and recommendation: continuing education methods; interprofessional education; lifelong learning; and workplace learning.

The University of Hawai'i at Mānoa and the School of Nursing and Dental Hygiene support a collaborative approach to addressing the needs of Hawai'i and is willing to work with the legislature, Hawai'i State Board of Nursing, and community to assist with this measure including further discussion on the matter and offering educational opportunities to support Hawai'i's RNs.

Thank you for the opportunity to testify.



Tuesday – January 26, 2010 – 9:00am  
Conference Room 329

**The House Committee on Health**

To: Representative Ryan H. Yamane, Chair  
Representative Scott Y. Nishimoto, Vice Chair

From: Joan Burritt, RN  
Vice President/Chief Nurse Executive  
Kapi'olani Medical Center for Women & Children

**Re: Testimony in Strong Support HB 2205 Relating to Continuing Education  
for Nurses**

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My name is Dr. Joan Burritt, RN, Vice President/Chief Nurse Executive at Kapi'olani Medical Center for Women and Children.

**I am writing in strong support of HB 2205** which requires nurses licensed in the state to complete 15 hours of continuing education (CE) during each two-year license period as a requirement for license renewal.

Nurses must continuously learn and acquire new skills to maintain competence in their profession. Many healthcare organizations have continuing education established within their practice, yet many nurses work independently of these organizations and therefore have no obligation to complete requirements for continuing education.

Hawai'i lags behind most other states which require continuing education requirements as a condition of license renewal. As of 2009, 32 of the 50 states require nurses to obtain some type of continuing education units to renew their license. Physicians have been required to obtain 40 continuing medical education (CME) every two years for many years, and numerous states also require other healthcare professionals – such as pharmacists and social workers – to obtain continuing education credits to renew their licenses. However, Hawai'i is among only 18 states that does not require continuing education credits in order for nurses to renew their license.

Requiring CE can be done with minimal cost to the licensing body and at minimal financial burden to an individual nurse. The oversight of these requirements can be managed efficiently through the use of random audits, as done with physicians CE credits. For example, instead of sending in proof of CME to a central department, physicians are randomly audited. This method has proven to be effective and less labor

intensive than traditional methods of CE oversight. Random audits can be applied to manage CE compliance and in fact is the preferred method by many national organizations such as the American Association of Critical Care Nurses (AACN).

For individual nurses, the cost to maintain education credits are manageable given the alternative CE methods that is widely available. There are now numerous avenues for a nurse to obtain continuing education – some of which are free. Examples include seminars and conferences that offer continuing education – which are the costliest of the options to professional journals and online sources. Therefore, the 15 continuing hours every two years can be done at little cost given the relatively low number of continuing education credits proposed in this bill to maintain a nursing license.

For nurses seeking national certification, the same educational credits could also be applied toward national certification. For example, the American Association of Critical Care Nurses (AACN) requires 100 continuing credit every three years, which the 15 hour requirement requested in HB 2205 could also be applied to AACN requirements.

Please consider passing HB 2205 from this committee. Patient safety is dependent on well educated nurses and continuing education is an avenue of assuring all nurses obtain continuing education independent of their practice of area. Requiring education is a small effort to comply with when delivering safe and quality patient care is at stake.

Thank you so much for the opportunity to provide testimony.

**Tuesday – January 26, 2010**  
**Conference Room 329**  
**9:00am**

**The House Committee on Health**

**To:** Representative Ryan H. Yamane, Chair  
Representative Scott Y. Nishimoto, Vice Chair

**From:** Patricia Boeckmann  
Chief Nurse Executive & VP of Operations  
Straub Clinic & Hospital

**Re: Testimony in Strong Support HB 2205 Relating to Continuing Education for Nurses**

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My name is Patricia Boeckmann, Chief Nurse Executive and VP of Hospital Operations for Straub Clinic & Hospital. Straub Clinic & Hospital is an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

**I am writing in strong support of HB 2205** which requires nurses licensed in the state to complete 15 hours of continuing education (CE) during each two-year license period as a requirement for license renewal.

Historically, people in the community have assumed that the care being providing in hospitals has been "safe" and "appropriate", and in general it is. The ability to deliver safe and appropriate care is compromised by the proliferation of technology and the ability of the healthcare provider to maintain a reasonable level of proficiency and knowledge of those new advances. If we focus only on a single technology, pharmaceutical advances, what a nurse learned as little as five years ago may no longer be relevant.

It is expected that by 2012, nurses in their 50s will become the largest segment of the nursing workforce, accounting for almost one quarter of the RN population in the hospital setting. For that 25% of nurses, it may have been 25 years or more since they earned their certificate, diploma, or degree. Consider that at least 85 new drugs have been introduced each year of the last 25 years. That's over 2000 new drugs in the past 25 years, each with their own side effects, but also with the ability to interact with any other medication taken by a patient. What expectation should we as healthcare consumers have, that our nurses have kept up with the advances in pharmacy? If we include in that equation, the effect of advances in other technologies and the many accepted best practices that are recommended based on evidence and research, is it not reasonable that nurses, as professionals, be required to participate in ensuring their own level of competence and education?

If hospitals were the only location where nurses practice, it might be easy to suggest that hospitals bear the burden of ensuring ongoing education of nurses. Nurses, however, can practice in clinics, in private physician's offices, in free-standing, for-profit ambulatory settings, in long term care facilities, as per diem practitioners in multiple hospitals or settings in a given week, and may be employed through an agency as a temporary nurse in any or all of the settings listed.

Hawai'i lags behind most other states which require continuing education requirements as a condition of license renewal. As of 2007, 31 of the 50 states require nurses to obtain some type of continuing education units to renew their license. Physicians have been required to obtain 40

continuing medical education (CME) every two years for many years, and numerous states also require other healthcare professionals – such as pharmacists and social workers - to obtain continuing education credits to renew their licenses. However, Hawai'i is among only 19 states that does not require continuing education credits in order for nurses to renew their license.

Requiring CE can be done with minimal cost to the licensing body and at minimal financial burden to an individual nurse. The oversight of these requirements can be managed efficiently through the use of random audits, as done with physician CE credits. For example, instead of sending in proof of CME to a central department, physicians are randomly audited. This method has proven to be effective and less labor intensive than traditional methods of CE oversight. Random audits can be applied to manage CE compliance and in fact is the preferred method by many national organizations such as the American Association of Critical Care Nurses (AACN).

For individual nurses, the cost to maintain education credits is manageable given the alternative CE methods that are widely available. There are now numerous avenues for a nurse to obtain continuing education - some of which are free. If you Google "free nursing continuing education", the result is more than 4,820,000 results. One of the top 3 results offers 30 credits for \$39.00. Clearly, cost for the individual is not a primary issue.

For nurses seeking national certification, the same educational credits could also be applied toward national certification. For example, the American Association of Critical Care Nurses (AACN) requires 100 continuing credit every three years, which the 15 hour requirement requested in HB 2205 could also be applied to AACN requirements.

Please consider passing HB 2205 from this committee. Patient safety is dependent on well educated nurses and continuing education is an avenue of assuring all nurses obtain continuing education independent of their practice area. Requiring education is a small effort to comply to when delivering safe and quality patient care is at stake.

Thank you for the opportunity to provide testimony.

**PRESENTATION OF THE  
BOARD OF NURSING**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE  
Regular Session of 2010

Tuesday, January 26, 2010  
9:00 a.m.

**TESTIMONY ON HOUSE BILL NO. 2205, RELATING TO CONTINUING EDUCATION  
FOR NURSES.**

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

My name is Kathy Yokouchi and I am the Executive Officer of the Board of Nursing ("Board"). I thank you for the opportunity to present testimony in strong opposition to House Bill No. 2205.

This bill requires nurses licensed in the state to complete 15 hours of continuing education during each two-year license period as a requirement for license renewal.

The Board is not in support of House Bill No 2205 for the following reasons:

- Nursing careers take widely divergent paths, varying by professional role, setting, clients, disease conditions and therapeutic modalities as well as level of health care delivery;
- There is the inherent evolution of practice from the new graduate-entry-generalist level to the experienced-focused practice level of competence;
- The need and the costs involved in implementing an effective mandatory continuing education program for twenty-four thousand nurses licensed in the State need to be assessed;
- Increased fees to the nurses and possible increased costs to consumers as a result of the cost of the continuing education requirements need to

be assessed to determine whether the benefits to the nurses, the employers, and the public outweigh the costs;

- An adequate phase-in period proposed to allow educational institutions, employers, and professionals sufficient time to meet the mandatory continuing education requirements needs to be determined; and
- The National Council of State Boards of Nursing explored the characteristics of registered and licensed practical/vocational nursing from entry through five years of practice. It will report its finding and solution to the problem in 2011.

For the reasons stated above, the Board opposes this bill moving forward as is and that minimally a study be done first to:

- Evaluate whether there is a demonstrated need for mandatory continuing education and documented evidence that problems related to unacceptable professional performance exist because of actual performance deficiencies, rather than inadequacies in supervision, facilities, financial resources, or equipment;
- Identify the resources required to ensure proper delivery, monitoring, and compliance of the program (funds for additional program operation including qualified staff, space, materials, and equipment. Include the cost impact on the professional, the employer, and the educational institution must also be identified and weighed);
- Identify the availability of the needed resources to establish a continuing education program for 24,000 nurses licensed in Hawaii;



- Perform a comprehensive examination of the characteristics of post-entry nursing practice and how the characteristics change over time;
- Identify the chronologic evolution of nursing practice;
- Evaluate how factors specific to the individual nurse (e.g., age, gender, type of basic nursing educational program, propensity for self-study, specialty area, work setting, etc.) influence the evolution of practice;
- Identify the determinants of safe post-entry practice. Determine what are the characteristics of safe versus unsafe practice;
- Identify a professional program suitable for analyzing the training and educational needs of nurses and for evaluating competence on the basis of current practice criteria; and
- Identify what the fiscal impact will be on the State, the public, the nurse, the employer, and the educational system of establishing and maintaining a mandatory continuing education system.

Further, if such a study is supported by the Committee then the Board recommends that the Hawaii State Center for Nursing establish a joint advisory committee of stakeholders to study this important issue. The Board believes composition of the advisory committee could include a representative from the Board of Nursing, each of the Hawaii schools of nursing, the National Council of State Boards of Nursing, and the following associations:

- Hawaii Association of Professional Nurses
- Hawaii Nurses Association
- Philippine Nurses Association

- Hawaii Association of Nurse Anesthetists
- Hawaii Association of Nurse Executives
- Healthcare Association of Hawaii
- Hawaii Long Term Care Association
- Department of Health
- Department of Human Services
- Department of Commerce & Consumer Affairs
- Office of the Legislative Auditor

For these reasons, the Board of Nursing opposes House Bill No. 2205 and strongly believes that prior to the implementation of mandatory continuing education for nurses, an assessment be done whether such a program is necessary and feasible.

Thank you for the opportunity to testify.



# THE QUEEN'S MEDICAL CENTER

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Representative Ryan I. Yamane, Chair  
Representative Scott Y. Nishimoto, Vice Chair

January 26, 2010 – 9:00 a.m.  
State Capitol, Conference Room 329  
**COMMITTEE ON HEALTH**

## **In Strong Support of HB 2205, Relating to Continuing Education for Nurses**

Chair Yamane, Vice Chair Nishimoto and Members of the Committee,

My name is Cindy Kamikawa, and I am the Chief Nurse Executive for The Queen's Medical Center. I am testifying in strong support of HB 2205, which requires nurses licensed in the state to complete 15 hours of continuing education (CE) during each two-year license period as a requirement for license renewal.

Lifelong learning is essential for nurses to maintain and increase competence in nursing practice. The increasingly complex healthcare needs of Hawaii's culturally diverse and aging population underscores the need for nurses to regularly update their knowledge of physical, social, biological and behavioral sciences related to nursing practice.

Hawaii is one of only 18 states that do not require continuing education credits in order for nurses to renew their license. Recognizing the importance of continuing education to professional competence and delivery of high quality patient care, many states require healthcare professionals such as physicians, nurses, pharmacists and social workers to obtain continuing education credits as a condition of license renewal. A wide variety of methods for obtaining CE credits are available to nurses through seminars, classes, conferences and online activities.

Patient safety is dependent on well prepared and educated nurses. Passage of this bill will ensure that all nurses regularly participate in continuing education to expand their professional nursing knowledge. Your favorable review of HB2205 is appreciated.

Thank you for the opportunity to testify.