STAND. COM. REP. NO. 296

Honolulu, Hawaii

FEB 20 2009

RE: S.B. No. 1045
S.D. 1

Honorable Colleen Hanabusa
President of the Senate
Twenty-Fifth State Legislature
Regular Session of 2009
State of Hawaii

Madam:

Your Committee on Health, to which was referred S.B. No. 1045 entitled:

"A BILL FOR AN ACT RELATING TO ADVANCED PRACTICE REGISTERED NURSES,"

begs leave to report as follows:

The purpose of this measure is to improve access to quality health care by:

(1) Requiring health insurers, mutual benefit societies, and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers;

(2) Granting global signature authority to advanced practice registered nurses;

(3) Authorizing prescriptive authority to advanced practice registered nurses; and

(4) Abolishing the Joint Formulary Advisory Committee.

Your Committee received testimony in support of this measure from Hawaii Primary Care Association, the School of Nursing and Dental Hygiene at the University of Hawaii at Manoa, Hawaii Government Employees Association, the Hawaii State Center for Nursing, Lanai Women's Center, Walgreens, and ten individuals.

Your Committee received testimony in opposition to this measure from Kaiser Permanente, Hawaii Medical Association, and one individual. Comments on this measure were received from the Department of Human Services, the Board of Nursing, and Hawaii Medical Service Association,

Copies of written testimony are available for review on the Legislature's website.

Your Committee finds that authorizing advanced practice registered nurses to be recognized as primary care providers with signature and prescriptive authority will help to alleviate the shortage of health care providers across the State by providing access to quality clinicians.

Your Committee has adopted the recommendations of the Board of Nursing and amended this measure by:

(1) Clarifying the definition of advanced practice registered nurse to require either a Master of Science in Nursing degree or a passing score on a national certification examination;

(2) Deleting the additional definition of "advanced practice registered nurse";

(3) Re-inserting the Board's authority to designate the requirements for advanced practice registered nursing practice related to prescriptive authority;

(4) Re-inserting the Board's authority to establish nursing requirements for education, experience, and national certification pursuant to rules adopted in accordance with chapter 91, Hawaii Revised Statutes;

(5) Clarifying that advanced practice registered nurses are authorized to diagnose, prescribe, and institute therapy or referrals of patients, within their practice specialty; and

(6) Changing the effective date to July 1, 2050, to encourage further discussion on this matter.

Your Committee has further amended this measure by making technical, nonsubstantive amendments for the purposes of clarity and style.

As affirmed by the record of votes of the members of your Committee on Health that is attached to this report, your Committee is in accord with the intent and purpose of S.B. No. 1045, as amended herein, and recommends that it pass Second Reading in the form attached hereto as S.B. No. 1045, S.D. 1, and be referred to the Committee on Commerce and Consumer Protection.

Respectfully submitted on
behalf of the members of the
Committee on Health,

DAVID Y. IGE, Chair

The Senate
Twenty-Fifth Legislature
State of Hawaii

Record of Votes
Committee on Health
HTH

Bill / Resolution No.:*	Committee Referral:	Date:
SB 1045	HTH, CPN	2/13/9

☐ The committee is reconsidering its previous decision on this measure.

If so, then the previous decision was to: _____

The Recommendation is:

☐ Pass, unamended 2312 ☑ Pass, with amendments 2311 ☐ Hold 2310 ☐ Recommit 2313

Members	Aye	Aye (WR)	Nay	Excused
IGE, David Y. (C)	✓			
GREEN, M.D., Josh (VC)	✓			
BAKER, Rosalyn H.	✓			
ESPERO, Will				✓
NISHIHARA, Clarence K.	✓			
HEMMINGS, Fred	✓			
TOTAL	5	0	0	1

Recommendation: ☑ Adopted ☐ Not Adopted

Chair's or Designee's Signature: [signature]

Distribution: Original — File with Committee Report; Yellow — Clerk's Office; Pink — Drafting Agency; Goldenrod — Committee File Copy

*Only one measure per Record of Votes

Revised: 12/18/08

Report Title:
Health Care; Advanced Practice Registered Nurse; Primary Care Provider; Prescriptive Authority

Description:
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. (SD1)

THE SENATE
TWENTY-FIFTH LEGISLATURE, 2009
STATE OF HAWAII

S.B. NO. 1045 S.D. 1

A BILL FOR AN ACT

RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. Chapter 431, article 10A, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§431:10A- Primary care provider; advanced practice registered nurse.** (a) Each policy of accident and health or sickness insurance delivered or issued for delivery in this State shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

(b) Notwithstanding any other law to the contrary, an insurer shall provide its insured with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the insured's policy requires the selection of

a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."

SECTION 2. Chapter 432, article 1, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§432:1- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this State by a mutual benefit society shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

(b) Notwithstanding any other law to the contrary, mutual benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses

on any publicly available list of participating primary care providers."

SECTION 3. Chapter 432, article 2, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§432:2- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this State by a fraternal benefit society shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

(b) Notwithstanding any other law to the contrary, fraternal benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses

on any publicly available list of participating primary care providers."

SECTION 4. Chapter 432D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§432D- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this State by a health maintenance organization shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and shall include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

(b) Notwithstanding any other law to the contrary, health maintenance organizations shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses

on any publicly available list of participating primary care providers."

SECTION 5. Chapter 457, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§457- Global signature authority.** Notwithstanding any law to the contrary, advanced practice registered nurses shall be authorized to sign, certify, or endorse all documents relating to health care for their patients, including but not limited to workers' compensation verification documents, verification and evaluation forms of the department of human services, verification and evaluation forms of the department of education, verification and authorization forms from the department of health, and physical examination forms; provided that nothing in this section shall be construed to expand the scope of practice of advanced practice registered nurses."

SECTION 6. Section 457-2, Hawaii Revised Statutes, is amended by amending the definition of "advanced practice registered nurse" to read as follows:

""Advanced practice registered nurse" means a registered nurse who has met the qualifications for advanced practice registered nurse set forth in this chapter and through rules of

the board, which shall include ~~[educational requirements.~~] the following:

(1) Has completed an accredited graduate-level education program leading to a degree or certification as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a certified nurse practitioner; or has passed a national certification examination that measures role and population-focused competencies;

(2) Maintains continued competencies through recertification in role and population competencies through the national certification program;

(3) Has acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients through a significant educational and practical concentration on the direct care of patients;

(4) Demonstrates a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;

(5) Has been educationally prepared to assume responsibility and accountability for health promotion

and maintenance and to assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and non-pharmacologic interventions; and

(6) Has clinical experience of sufficient depth and breadth to reflect the intended license."

SECTION 7. Section 457-8.6, Hawaii Revised Statutes, is amended to read as follows:

"**§457-8.6 Prescriptive authority for advanced practice registered nurses.** (a) The board shall grant prescriptive authority to qualified and currently recognized advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to prescriptive authority. [~~The Hawaii medical board shall submit an annual report of all amendments made to the formularies to the board.~~

~~(b) The department of commerce and consumer affairs shall establish a joint formulary advisory committee composed of:~~

~~(1) Two persons licensed as advanced practice registered nurses and appointed by the board;~~

~~(2) Two persons licensed in medicine by the Hawaii medical board and appointed by the Hawaii medical board;~~

~~(3) Three persons licensed as pharmacists and appointed by the board of pharmacy;~~

~~(4) One representative of the John A. Burns school of medicine appointed by the dean of the University of Hawaii school of medicine; and~~

~~(5) One representative from a school of nursing with an advanced practice registered nurse program.~~

~~The joint formulary advisory committee shall recommend the applicable formulary for persons recognized under this section. The Hawaii medical board shall consider the recommendations of the joint formulary advisory committee in adopting the formulary. The appropriate working relationship with licensed physicians shall be reflected in rules adopted by the board in accordance with chapter 91.~~]

The board shall establish nursing requirements for education, experience, and national certification pursuant to rules adopted in accordance with chapter 91.

(b) Qualified or currently recognized advanced practice registered nurses shall be authorized to diagnose, prescribe, and institute therapy or referrals of patients, within their practice specialty, to health care agencies, health care providers, and community resources and may:

(1) Prescribe, procure, administer, and dispense over the counter, legend, and controlled substances;

(2) Prescribe, order, and dispense medical devices and equipment; and

(3) Plan and initiate a therapeutic regimen that includes nutritional, diagnostic, and supportive services including home health care, hospice, and physical and occupational therapy."

SECTION 8. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 9. This Act shall take effect on July 1, 2050.

LINDA LINGLE
GOVERNOR

LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 3, 2009

MEMORANDUM

TO: Honorable Rosalyn H. Baker, Chair
Senate Committee on Commerce and Consumer Protection

FROM: Lillian B. Koller, Director

SUBJECT: **S.B. 1045, S.D. 1 – RELATING TO ADVANCED PRACTICE REGISTERED NURSES**
Hearing: Tuesday, March 3, 2009, 9:30 A.M.
Conference Room 229, State Capitol

PURPOSE: The purpose of this bill is to require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. In addition, grants global signature authority and prescriptive rights and amends definition of advanced practice registered nurse.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) outlines a mixed position on this bill that recognizes advance practice registered nurses as primary care providers; grants them global signature authority and prescriptive rights; and amends the definition of advanced practice registered nurses.

Because of issues surrounding physician workforce shortage and access, especially in the Neighbor Islands, DHS supports recognizing advanced practice registered nurses (APRN) as primary care providers practicing within their scope of practice. However, all APRNs may not be qualified to provide primary care.

When considering expanding the APRN scope of practice, DHS does not support the definition of APRN under Section 6 (1), which includes certified registered nurse anesthetists, certified nurse midwife, and clinical nurse specialists. These nurses have specialized training other than in primary care, and it would not be appropriate for them to provide primary care. This is similar to specialty physicians practicing in their specialty field and not in primary care. It will be important for this bill to specify only the APRNs qualified to provide primary care, e.g. adult, pediatric, or geriatric nurse practitioner.

DHS supports 'global signature authority' for APRNs, which will authorize them to certify documents related to the health care of their patients within the scope of their practice. Being able to certify documents, such as physical exam forms, Department of Health forms, and workers compensation forms, is an important part of practicing primary care so long as the APRN has specialized training in primary care.

Also, an important part of practicing primary care is prescriptive authority. DHS supports prescriptive authority for APRNs to prescribe/procure/administer/dispense over-the-counter and legend medications, medical devices and equipment, and nutritional, diagnostic and supportive services for those APRNs with specialized training in their scope of practice. Because of the multiple issues surrounding controlled substances, DHS does not support prescriptive authority for controlled substances unless the APRN is in consultation with a supervising physician.

The Department of Human Services cares very much about expanding access to care for its clients, but not at the expense of quality or safety, and we believe that primary care clinical nurse specialist APRNs can help increase access to quality primary care.

Thank you for this opportunity to testify.

PRESENTATION OF THE
BOARD OF NURSING

TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Tuesday, March 3, 2009
9:30 a.m.

WRITTEN COMMENTS ON SENATE BILL NO. 1045, S.D. 1, RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

TO THE HONORABLE ROSALYN H. BAKER, 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 comments on behalf of the Board on Senate Bill No. 1045, S.D. 1. This testimony pertains only to Sections 5, 6 and 7. The Board supports Section 5 but while it appreciates the intent of this measure, wishes to convey its concerns with Sections 6 and 7.

Section 5 amends Chapter 457 by adding a new section relating to global signature authority. The Board supports this amendment as Advanced Practice Registered Nurses ("APRN") 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);

- Create two new categories of APRN, qualified and currently recognized without defining either; and
- Allow the two new, undefined categories of APRN to prescribe medication (page 7, lines 2-3) whether or not they are educationally prepared to do so and without limitation to the APRN's specialty and scope of practice.

The Board has concerns that the proposed requirements for APRN recognition are placed in the definition of APRN rather than in the appropriate Section 457-8.5 which contains the current APRN recognition requirements.

The Board supports the concept of eventually increasing APRN recognition requirements as it would add to the APRN expertise. However, insofar as any requirement that all APRNs have both an MSN and national certification, the Board strongly recommends that a grandfathering provision be added for current ARPNs who do not have both. (The Board is prepared to provide language for this provision.) 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. The Board is concerned that the measure lacks a grandfathering provision for those APRNs who wish to be recognized as advanced practitioners, but do not wish or need to prescribe.

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

- Have two categories of APRN, qualified and currently recognized APRN, without defining either;
- Remove the APRN formulary from being under the auspices of the Hawaii Medical Board ("HMB") (page 7, lines 13-14);
- Remove the Joint Formulary Advisory Committee ("JFAC") (page 7, lines 15-22 and page 8 lines 1-12); and
- Allow all APRN 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 16-22 and page 9, lines 1-3).

The Board is deeply concerned that there is no provision regarding the placement of the formulary if it is removed from under the auspices of the Hawaii Medical Board. The Board is extremely concerned with the lack of oversight and review of the formulary, especially with the granting of uncontrolled prescriptive authority to inadequately trained APRN. If the Committee is inclined to remove the formulary from the Hawaii Medical Board then the Board recommends that it be placed with the Board. It further recommends that the current JFAC be retained to recommend the applicable formulary for APRN with the appropriate qualifications.

Finally, the Board is very concerned that the new provision (b) (page 8, lines 16-22 and page 9, lines 1-6) would allow all APRNs to prescribe, procure, administer, and dispense all substances, medical devices and equipment, and plan and initiate

therapeutic regimens without explicit limitations to the individual APRN's practice specialty and scope of practice.

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 provide comments on Senate Bill No. 1045, S.D. 1.

DISABILITY AND COMMUNICATION ACCESS BOARD

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

March 3, 2009

TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE
AND CONSUMER PROTECTION

Senate Bill 1045, Senate Draft 1 – 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 position on other portions of this bill.

We recommend inserting wording to clarify that this signature authority does not extend to the "handicapped parking" application form.

Thank you for the opportunity to comment on this issue.

Respectfully submitted,

Charles W Fleming

CHARLES W. FLEMING
Chairperson

FRANCINE WAI
Executive Director

Hawai'i State Center for Nursing

Testimony Presented Before
Senate Committee on Commerce and Consumer Protection
March 3, 2009
9:30 a.m.
Conference Room 229
By
Barbara P. Mathews
Executive Director
Hawaii State Center for Nursing

SB 1045, S.D. 1, Relating to Advanced Practice Registered Nurses
Chair Baker, Vice Chair Ige 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 SB 1045, HD 1 which would allow the full utilization of Advanced Practice Registered Nurses (APRNs) who have been valuable providers of healthcare for decades both in Hawai'i and across the nation. Updating the statute to enable APRNs to practice as primary care providers with global signature authority and prescriptive rights paves the way for a positive model of healthcare delivery. Their education and experience positions them well to address critical areas of provider shortage in both urban and rural areas in our State.

Local and national health workforce shortages continue to create difficulties with access to healthcare both in rural areas of Hawai'i and for underserved populations in all areas of the State. The disciplines of medicine and nursing and the roles of physicians and advanced practice registered nurses are complementary, and the interests of consumers are well-served when APRNs practice as an essential component of the primary healthcare team.

Decades of evidence from both medical and nursing literature show that APRNs provide safe, competent and quality care that is cost effective and with high patient satisfaction. Requiring both a graduate degree and national certification within the specialty and scope of practice provides protection for consumers and assures that national standards are met.

With the aging of the population, there is an increased need for primary care as well as care for those individuals with chronic disease including children, the elderly and those with mental illness. Advanced practice nurses are well suited to fill the gaps in our existing healthcare delivery system.

This bill would have immediate impact on addressing healthcare needs in rural areas and for underserved populations. By removing barriers to current practice, APRNs could expand much needed services.

Thank you for the opportunity to testify.

Hawai'i State Center for Nursing – 2528 McCarthy Mall, Webster 432, Honolulu, HI 96822
Phone: (808) 956-5211 Fax: (808) 956-3257 E-mail: hscfn@hawaii.edu Website: www.HINursing.org

Healthcare Association of Hawaii

SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION
Senator Rosalyn Baker, Chair

Conference Room 229
March 3, 2009 at 9:30 a.m.

Expressing support for SB 1045 SD 1.

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including acute care hospitals, two-thirds of the long term care beds in Hawaii, as well as home care and hospice providers. Thank you for this opportunity to support SB 1045 SD 1, which requires health plans to reimburse advanced practice registered nurses for their services as primary care providers.

In Hawaii we generally enjoy a high level of health care. However, there are certain geographical areas – particularly on the Neighbor Islands – that are experiencing a shortage of physicians. As a result, residents of these areas have difficulty accessing quality health care. Advanced practice registered nurses can provide services to help bridge this gap within their scope of practice related to health maintenance, diagnosis, and treatment.

It should be noted that this bill does not expand the scope of practice of advanced practice registered nurses. In requiring health plans to cover their services, the bill improves access to primary care for people living in areas that are suffering from a shortage of physicians.

For the foregoing reasons, the Healthcare Association of Hawaii supports SB 1045 SD 1.

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 Senate Committee on Commerce & Consumer Protection**
The Hon. Rosalyn H. Baker, Chair
The Hon. David Y. Ige, Vice Chair

Testimony in Support of Senate Bill 1045, SD1
Relating to Advanced Practice Registered Nurses
Submitted by Beth Giesting, CEO
March 3, 2009, 9:30 a.m. agenda, Room 016

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.

HMSA
Blue Cross Blue Shield of Hawaii
An Independent Licensee of the Blue Cross and Blue Shield Association

March 3, 2009

The Honorable Rosalyn Baker, Chair
The Honorable David Ige, Vice Chair

Senate Committee on Commerce and Consumer Protection

Re: SB 1045 SD1 – Relating to Advanced Practice Registered Nurses

Dear Chair Baker, Vice Chair Ige and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 1045 SD1 with some suggested amendments.

Sections 1-4 in the measure include a statement that health plans "shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers". It would seem that this wording would require health plans to recognize any APRN as a participating provider in our network without having to have gone through any type of certification or contracting process.

As this measure has been making its way through the legislative process, HMSA has been working with other stakeholders to come to consensus on language that would accomplish the goal of the measure without requiring plans to contract with or recognize uncontracted APRNs. We believe that the following changes will accomplish this goal.

The proposed changes clarify that a health plan may recognize a contracted participating APRN as a primary care provider but does not require the health plan to contract with the APRN. These changes include:

- In Sections 1-4, in subsections (a) and (b) the word "shall" was changed to "may"
  - In Subsection (a): Page 1, Lines 7 & 9; Page 2, Lines 10 & 11; Page 3, Lines 9 & 10; and Page 4, Lines 9 & 11
  - In Subsection (b): Page 1, Line 15; Page 2, Line 18; Page 3, Line 17; & Page 4, Line 17
- In Sections 1-4, subsection (b), a line was added stating that, "The insurer retains the right to determine the contracting criteria for the participating provider."
  - Page 2, Line 3; Page 3, Line 2, Page 4; Line 2; & Page 5, Line 2

With each section changed according the amended language for Section 1 reads as:

"§431:10A- Primary care provider; advanced practice registered nurse. (a) Each policy of accident and health or sickness insurance delivered or issued for delivery in this State may recognize advanced practice

registered nurses as defined under section 457-8.5 and may include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider. “Participating” advanced practice registered nurses are defined as advanced practice registered nurses who have contracted with the insurer to provide advanced practice registered nurse services to its insureds.

(b) Notwithstanding any other law to the contrary, an insurer may recognize a participating advanced practice registered nurse as a primary care provider if the insured's policy requires the selection of a primary care provider. The insurer shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers. The insurer retains the right to determine the contracting criteria for the participating provider."

We believe that these amendments will provide the outcome which all of the stakeholders are seeking.

Thank you for the opportunity to provide testimony today. We urge you to support his measure with the proposed amendments.

Sincerely,

Jennifer Diesman
Assistant Vice President
Government Relations

KAISER PERMANENTE®

Government Relations

Testimony of
Phyllis Dendle
Director of Government Affairs

Senate Committee on Commerce and Consumer Protection
The Honorable Rosalyn H. Baker, Chair
The Honorable David Y. Ige, Vice Chair

March 3, 2009
9:30 am
Conference Room 229

SB 1045 SD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Baker, and committee members, thank you for this opportunity to provide written testimony on SB1045 SD1 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 supports this bill with amendments.

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 had a number of concerns. In light of the discussions we have had with advocates for this bill we would like to propose the attached amendments.

Thank you for your consideration.

711 Kapiolani Blvd
Honolulu, Hawaii 96813
Telephone: 808-432-5210
Facsimile: 808-432-5906
Mobile: 808-754-7007
E-mail: phyllis.dendle@kp.org

PROPOSED DRAFT FROM KAISER PERMANENTE

THE SENATE
TWENTY-FIFTH LEGISLATURE, 2009
STATE OF HAWAII

S.B. NO. 1045 S.D. 1

A BILL FOR AN ACT

RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

New SECTION 1:

The legislature finds that there is a need for more access to health care professionals particularly in rural areas. Studies show that appropriately trained advanced practice registered nurses can produce high quality care and achieve good health outcomes for patients. They are also capable of providing critical access to primary care and can play an important role in meeting current and growing demand for such care particularly in underserved areas. The disciplines of medicine and nursing, and the roles of physicians and advanced practice registered nurses, are different yet complementary. The interests of patients are well served when APRNs practice in collaboration with physicians. The purpose of this act is to recognize APRNs as participating providers for insurance purposes, to permit APRNs to sign documents relating to health care for their patients, clarify the educational requirements for APRNs and to broaden the authority of APRNs to prescribe, pharmaceuticals including controlled substances, medical equipment, and therapeutic regimens.

SECTION 1. Chapter 431, article 10A, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§431:10A- Primary care provider; advanced practice registered nurse.** (a) Each policy of accident and health or sickness insurance delivered or issued for delivery in this State ~~shall~~ may recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and ~~shall~~ may include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

~~(b) Notwithstanding any other law to the contrary, an insurer shall provide its insured with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the insured's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."~~

SECTION 2. Chapter 432, article 1, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§432:1- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this State by a mutual benefit society ~~shall~~ may recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and ~~shall~~ may include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

~~(b) Notwithstanding any other law to the contrary, mutual benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."~~

SECTION 3. Chapter 432, article 2, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§432:2- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this State by a fraternal benefit society ~~shall~~ may recognize advanced practice registered nurses as

defined under section 457-8.5 as participating providers and ~~shall~~ may include coverage for care provided by participating advanced practice registered nurses practicing within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

~~(b) Notwithstanding any other law to the contrary, fraternal benefit societies shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."~~

SECTION 4. Chapter 432D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§432D- Primary care provider; advanced practice registered nurse.** (a) Each policy of insurance delivered or issued for delivery in this State by a health maintenance organization ~~shall~~ may recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers and ~~shall~~ may include coverage for care provided by participating advanced practice registered nurses practicing

within the scope of their licenses for purposes of health maintenance, diagnosis or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.

~~(b) Notwithstanding any other law to the contrary, health maintenance organizations shall provide their members with an opportunity to select a participating advanced practice registered nurse as a primary care provider, if the member's policy requires the selection of a primary care provider, and shall include participating advanced practice registered nurses on any publicly available list of participating primary care providers."~~

SECTION 5. Chapter 457, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"**§457- Global signature authority.** Notwithstanding any law to the contrary, advanced practice registered nurses shall be authorized to sign, certify, or endorse all documents relating to health care provided within their scope of practice for their patients, including but not limited to workers' compensation verification documents, verification and evaluation forms of the department of human services, verification and evaluation forms of the department of education, verification and authorization forms from the department of health, and physical examination

forms; provided that nothing in this section shall be construed to expand the scope of practice of advanced practice registered nurses."

SECTION 6. Section 457-2, Hawaii Revised Statutes, is amended by amending the definition of "advanced practice registered nurse" to read as follows:

""Advanced practice registered nurse" means a registered nurse who has met the qualifications for advanced practice registered nurse set forth in this chapter and through rules of the board, which shall include ~~[educational requirements.~~] the following:

(1) Has completed an accredited graduate-level education program leading to a degree or certification as a certified registered nurse anesthetist, a certified nurse midwife, a clinical nurse specialist, or a certified nurse practitioner; or has passed a national certification examination that measures role and population-focused competencies;

(2) Maintains continued competencies through recertification in role and population competencies through the national certification program;

(3) Has acquired advanced clinical knowledge and skills preparing the nurse to provide direct care to patients

through a significant educational and practical concentration on the direct care of patients;

(4) Demonstrates a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;

(5) Has been educationally prepared to assume responsibility and accountability for health promotion and maintenance and to assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and non-pharmacologic interventions; and

(6) Has clinical experience of sufficient depth and breadth to reflect the intended license."

SECTION 7. Section 457-8.6, Hawaii Revised Statutes, is amended to read as follows:

"§457-8.6 Prescriptive authority for advanced practice registered nurses. (a) The board shall grant prescriptive authority to qualified and currently recognized advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to prescriptive authority.—[~~The Hawaii medical board shall submit an annual report of all amendments made to the formularies to the board.~~

~~(b) The department of commerce and consumer affairs shall establish a joint formulary advisory committee composed of:~~

~~(1) Two persons licensed as advanced practice registered nurses and appointed by the board;~~

~~(2) Two persons licensed in medicine by the Hawaii medical board and appointed by the Hawaii medical board;~~

~~(3) Three persons licensed as pharmacists and appointed by the board of pharmacy;~~

~~(4) One representative of the John A. Burns school of medicine appointed by the dean of the University of Hawaii school of medicine; and~~

~~(5) One representative from a school of nursing with an advanced practice registered nurse program.~~

~~The joint formulary advisory committee shall recommend the applicable formulary for persons recognized under this section. The Hawaii medical board shall consider the recommendations of the joint formulary advisory committee in adopting the formulary. The appropriate working relationship with licensed physicians shall be reflected in rules adopted by the board in accordance with chapter 91.~~]

The board shall establish nursing requirements for education, experience, and national certification pursuant to rules adopted in accordance with chapter 91.

(b) Qualified or currently recognized advanced practice registered nurses shall be authorized to diagnose, prescribe, and institute therapy or referrals of patients, within their practice

specialty, to health care agencies, health care providers, and community resources and may:

(1) Prescribe, procure, administer, and dispense over the counter, legend, and controlled substances, under collegial agreements with licensed physicians, as established by the board,;

(2) Prescribe, order, and dispense medical devices and equipment; and

(3) Plan and initiate a therapeutic regimen that includes nutritional, diagnostic, and supportive services including home health care, hospice, and physical and occupational therapy."

SECTION 8. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 9. This Act shall take effect on July 1, 2050.

Hawaii
Association of
Professional
Nurses

Aloha Senators Baker and Ige and Members of the Senate Commerce and Consumer Protection Committee:

Mahalo for the opportunity to testify in support of SB 1045. Will you please consider modifying the bill as follows:

Please delete:

Section 6

(4) Demonstrates a greater breadth of knowledge, a greater synthesis of data, greater complexity of skills and interventions, and greater role autonomy than demonstrated by a registered nurse;

Please add in both places: "The board *of nursing* shall…."

Section 7

"§457-8.6 Prescriptive authority for advanced practice registered nurses. (a) The board shall grant prescriptive

authority to qualified and currently recognized advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to prescriptive authority.

The board shall establish nursing requirements for education, experience, and national certification pursuant to rules adopted in accordance with chapter 91.

Mahalo!

Yvonne Geesey

Hawai`i Association of Professional Nurses

P.O. Box 4314
Honolulu, HI 96812

LĀNA‘I WOMEN'S CENTER DBA LĀNA‘I COMMUNITY HEALTH CENTER

P. O. Box 630142
Lāna‘i City, HI 96763-0142

Phone: 808-565-9196
Fax: 808-565-6229
E-mail: dshaw@wave.hicv.net

TO: The Senate Committee on Commerce & Consumer Protection

March 3, 2009, 9:30 AM , Room 229, Hawaii State Capital

Re: SB 1045 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of SB 1045. As a community health center executive director and resident of Lāna‘i , I have experienced the ill effects of lack of access to primary care services first hand. As I build the services that **Lāna‘i Women's Center dba Lāna‘i 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

March 1, 2009

Senator Rosalyn Baker
Chair, Senate Committee on Commerce and Consumer Protection

Re: S.B. 1045, S.D.1 – Relating to Advance Practice Registered Nurses ("APNs")

Hearing: Tuesday, March 3, 2009 at 9:30 a.m., Room 229

Dear Chair Baker and Members of the Committee on Commerce and Consumer Protection:

I am Mihoko Ito, an attorney with Goodsill Anderson Quinn & Stifel, testifying on behalf of Walgreen Co. ("Walgreens"). Walgreens operates more than 6,600 locations in 49 states, the District of Columbia and Puerto Rico. Walgreens also operates 217 Take Care Health Clinics in 15 states within select Walgreens stores, employing Advance Practice Nurses and Physician Assistants.

Walgreens **supports the intent of** S.B. 1045, S.D.1, which seeks to expand the authority of advanced practice registered nurses as primary care providers grants them global signature authority and authorizes them to exercise prescriptive rights. Specifically, Walgreens supports the following provisions of this measure:

- to mandate that insurers recognize advance practice nurses as primary care providers;
- to expand the signature authority to allow advanced practice nurses to "sign, certify and endorse all documents relating to health care for their patient"; and
- to expand the prescriptive authority of advanced practice nurses, while remaining **neutral** on the provision to expand that authority to include controlled substances. [1]

Walgreens supports S.B. 1045, S.D.1 because advanced practice nurses are highly qualified professionals, who are consistently rated by patients as trusted professionals in the heath care system. Walgreen's Take Care advanced practice nurses are board certified, with master's degrees in the science of nursing. Research has shown that advanced practice nurses provide care comparable in quality to that provided by primary care physicians.

In addition, advanced practice nurses provide comparable care to physicians at lower costs to the patient. A typical visit to a nurse practitioner at a retail clinic costs $59-$80, whereas the same visit to a physician's office costs $95-$150.

[1] With respect to prescriptive authority for controlled substances, Walgreens does not permit its advances practice nurses to prescribe controlled substances even where permitted by law, as a matter of good business practices. Therefore, Walgreens does not have a position on this provision of the bill.

Walgreen Co. Government and Community Relations 104 Wilmot Road, MS 1444 Deerfield, IL 60015
847-315-4653 FAX 847-315-4417 www.walgreens.com

Advance practice nurses are a viable and qualified alternative to physician primary care, and in light of the increasing primary care physician shortage and rising healthcare costs overall, we respectfully ask for your favorable consideration of this measure.

Thank you very much for the opportunity to testify.

Eric Arquero

From: Allen Novak [alnnovak@msn.com]
Sent: Thursday, February 26, 2009 11:17 AM
To: CPN Testimony
Cc: Barbara Mathews; Pat Bilyk; Wailua Brandman; Nancy McGuckin
Subject: Testimony on SB 1045 SD1

Senate Committee on Commerce & Consumer Protection
Hearing Date: March 3, 2009 at 9:30 a.m. in Senate conference room 229
Re: Senate Bill 1045 SD1

I with to testify in support of Senate Bill 1045 SD1.

I am a Psychiatric Advanced Practice Registered Nurse with Prescriptive Authority in private practice in Hilo.

SB 1045 SD1 would allow me to serve more patients (many of whom have severe or chronic mental illness) in my practice. More significantly, SB 1045 SD1 would allow more Advanced Practice Registered Nurses to provide treatment to desperately underserved areas of Hawaii such as East Hawaii Island. This entire island is a federally designated mental health provider shortage (HPSA) and medically underserved area (MUA). Utilization of the full potential of Advanced Practice Registered Nurses will offer great relief to the shortage. It has become even more critical, since the Department of Health cut the AMHD budget. As documented by professional literature and decades of experience, care by Advanced Practice Registered Nurses is safe, effective and well accepted by consumers. We must improve access to care at a time when Hawaii is experiencing severe provider shortages.

Hawaii has an opportunity to both diminish the health care provider shortage, and catch up with the rest of the nation by passage of SB 1045 SD1. It will remove unnecessary barriers to practice so that dedicated Advanced Practice Registered Nurses are not induced to leave for less restrictive states. In almost all states, Advanced Practice Registered Nurses have the privilege of unobstructed, autonomous practice.

May I also state that the Board of Nursing should control the formulary used by Advanced Practice Registered Nurses with Prescriptive Authority. Doing so will avoid the creation of barriers to practice which can occur should another discipline wish to limit public access to Advanced Practice Registered Nurse services. In most states, the Board of Nursing is the sole authority to regulate Advanced Practice Registered Nurse Prescriptive Authority.

Thanking you in advance.

Allen Novak, APRN, Rx, CSAC
122 Haili Street
Hilo, Hawaii 96720

THE SENATE COMMITTEE on
COMMERCE AND CONSUMER
PROTECTION
Tuesday, March 3, 2009
Conference room 229
9:30 AM

TESTIMONY in SUPPORT of SENATE BILL NO. 1045 SD1

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

TO: THE HONORABLE ROSALYN BAKER, CHAIR
THE HONORABLE DAVID Y. IGE, VICE- CHAIR,
AND MEMBERS OF THE COMMITTEE

My name is Amy Stone Murai and I testify in strong support of the intent of SB 1045 SD1. I have been a nurse practitioner for 32 of the 44 years that the role has been in existence. 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. More of our citizens are losing jobs and health coverage daily. There are many parts of this state, even on Oahu, where even those who have insurance coverage can't get care. They delay until they no longer can, resulting in more serious health problems and an increased use of high-cost emergency care and hospital admissions.

Strategies to recruit physicians to fill the gaps experienced by an increasing segment of our population have been unsuccessful. According to a survey published in the September 2008 Journal of the American Medical Association, only two percent of graduating medical students intend to work in primary care internal medicine, only 12 percent are pursuing pediatrics and just five percent are going into family medicine.

Advanced practice nurses (APRNs) have historically provided care to the underserved and in underserved areas, often as the only care provider(s) in large geographic areas. Claims of inferior education and 2nd class care have been used to sway rule makers, in spite of decades of evidence attesting to the safety, quality and efficacy of advanced practice nurses' care.

In "Health Care Dollars and Regulatory Sense: The Role of Advanced Practice Nursing," published in the Yale Journal on Regulation, 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, states,

> 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."

SB 1045 SD1 would help accomplish all of Dean Safriet's recommendations. Although I testify as an individual and not a board member, I do have a great appreciation for the impact the wording of statute and regulation has on professional practice. Therefore I request consideration of the following:

- Proposed amendments to Section 457-2, definitions, (1) on page 6, lines 5-7, strike the word "certified registered" before nurse anesthetist, and "certified" before nurse midwife and nurse practitioner. Educational programs do not provide this credential. It is awarded upon passage of the national certifying exam listed in the final clause.
- Proposed amendments to Section 457-2, definitions, (2) on page 6, line 12, insert the word "relevant" between "the" and "national." There are several certifying organizations, depending on the APRN's area of practice.
- Sections (3), (4), and (6) are be covered by meeting the objective criteria of educational attainment and national certification in proposed sections (1) and (2), and by the BON's review of an applicant for APRN recognition according to criteria in HAR 16-89, Subchapter 14. While the text in (3), (4), and (6) is used to describe APRN's in the 2008 "Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education" by the APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee**,** their inclusion in the statute could be interpreted to require a far more in depth assessment of each individual applicant than is reasonable or common practice. Please consider striking them.
- Proposed amendment to Section 457-8.6 in Section 7 on page 7, line 10, I do not understand the need for the proposed addition of the phrase "and currently recognized." I would assume that all APRNs who are currently recognized are qualified. Additionally, I have concerns about the location of some of the proposed material in (b) on pages 8 & 9 in the section on prescriptive authority. An APRN's generic ability to diagnose, order diagnostic studies or institute certain therapies or referrals is not predicated on their ability to prescribe. Many APRNs currently practice without prescriptive authority and the inclusion of these functions in the prescriptive authority section implies they are dependent on that authority. The proposed amendment to the definition of advanced practice registered nurse in section 6 (5) of the bill recognizes the educational preparation of APRNs to assess, diagnose and manage patient problems via non-pharmacologic interventions. Could these functions please be listed separately and removed from the section on prescriptive authority, as the BON may utilize recognition criteria that requires additional preparation before the ability to prescribe is granted.

Senators Baker and Ige, thank you for your vision in drafting this bill and for giving me the opportunity to testify in support of SB 1045 SD1, which seeks to remove barriers to access to nurse practitioner and to the full provision of the care for which they have been educated and certified. I thank the committee for their consideration of my concerns and regret that I am not able to be there in person to respond to any questions.

Amy Stone Murai, RN, MS, APRN-c

Eric Arquero

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 02, 2009 1:53 PM
To: CPN Testimony
Cc: cstu@hawaii.edu
Subject: Testimony for SB1045 on 3/3/2009 9:30:00 AM

Testimony for CPN 3/3/2009 9:30:00 AM SB1045

Conference room: 229
Testifier position: support
Testifier will be present: No
Submitted by: cynthia stuhlmiller
Organization: Individual
Address: 7007 hawaii kai drive a15 honolulu
Phone: 808 728 2443
E-mail: cstu@hawaii.edu
Submitted on: 3/2/2009

Comments:

Testimony
Senate Bill SB 1045 SD1
Commerce and Consumer Protection
on
March 3, 2009 ~ Conference Room 229 9:30 AM

By

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

SB1045 SD1 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. (SD1)

Senator Rosalyn H. Baker, Chair and Senator David Y. Ing Vice Chair and Committee Members on Commerce and Consumer Protection:

Thank you for this opportunity to provide testimony regarding SB 1045 SD 1. I thank you for putting forth an excellent bill that will allow Nurse Practitioners to prescribe medications and treatments within their specialty scope of practice. I strongly **support** this bill. This will ensure that health care access be more readily available to patients in a more cost effective, therapeutic, and timely fashion.

APRNs are part of the solution to the health care shortage of professional practitioners in the State of Hawai`i. They have proven over the last 14 years of practice in Hawai`i and 40 years of practice in the United States to be competent, safe practitioners providing care to predominantly underserved groups that physicians have sometimes neglected. APRNs often augment physician private practices and supplement excellent health care when the MDs practices are too robust for the MD to manage. APRNs are valuable contributors to health care and have the knowledge and clinical expertise to practice independently within the scope of their education.

Please make your decision on the basis of the “facts” not “myths” as listed below:

MYTH: Physician liability Insurance premiums will increase, forcing all healthcare providers to pay higher premium rates.

FACTS: Premiums are based on prescribing experience. The practice record of non-physician prescribers (APRNs) has demonstrated safe practice without an increase in liability. Nurse practitioners account for a very low rate of all medical practice settlements. To date, the Board of Nursing reports no cases of complaints or discipline against the 882 designated APRNS. Further, employers such as health centers and hospitals conduct a separate credentialing process. Medicare, Medicaid (QUEST) and HMSA qualify APRNS to apply for reimbursement. There are no increases in malpractice or negligence complaints against physicians due to APRN practice.

MYTH: APRNs do not have adequate education and clinical training to prescribe controlled substances.
FACTS: APRNs are educated at a graduate level that includes courses in pharmacology, pathophysiology, and prescriptive practices. Additionally, to maintain national certification requires the APRN to complete continuing education and document clinical competency. In the majority of states, the Board of Nursing is designated as the sole authority to regulate APRN education, practice, and authority to prescribe controlled substances.

MYTH: APRNs providing primary care services will create a two-tier health care system.
FACTS: Forty years of experience and research evidence in both the medical and nursing literature consistently indicate that care provided by nurse practitioners is equal to the care of primary care doctors and that APRNs achieve quality health outcomes for patients. Care by APRNs is safe, effective and well accepted by consumers. We must improve access to primary care at a time when Hawai'i is experiencing severe provider shortages.

MYTH: APRNs will over prescribe controlled and other substances.
FACTS: Since 1994, APRNS in Hawai'i have had limited prescriptive authority and are held to standards of practice, ethical codes, and peer review. They are required to practice within their specialty and legal scope of practice. APRNs are well trained to assess, diagnose, and treat both acute and chronic pain. Controlled substances are controlled because of the potential for abuse and addiction NOT for their potential lethality.

Mahalo nui loa for examining opening access to care for your constituents and correct analysis of the ability of APRNs to provide safe, quality care to residents of Hawai`i.

Thank you for this opportunity to testify.

Eric Arquero

From: Donald Bunnell [dbunnell@hawaii.edu]
Sent: Monday, March 02, 2009 7:06 AM
To: CPN Testimony
Subject: Support of HB 1378

To: Senator Rosalyn H. Baker Chair, Senator David Y. Ige Vice-Chair and the Senate Committee on Consumer Protection (CPN
03-03-09 9:30am in conference room 229, Hawaii State Capital
Re: SB 1045 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 much needed health care for our vulnerable and under served populations of Hawaii.

I have worked closely with APRN's and have seen the high quality care they provide. **Importantly, they often are the professionals who are most willing to serve in those not so glamorous and down right tough areas of our state.**

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

Your name, title and address

Eric Arquero

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 02, 2009 10:47 AM
To: CPN Testimony
Cc: kohala123@msn.com
Subject: Testimony for SB1045 on 3/3/2009 9:30:00 AM

Testimony for CPN 3/3/2009 9:30:00 AM SB1045

Conference room: 229
Testifier position: comments only
Testifier will be present: No
Submitted by: Elizabeth Bush, APRN
Organization: Individual
Address: 64-5234 Hohola Drive Kamuela, Hawaii
Phone: 808-885-5988
E-mail: kohala123@msn.com
Submitted on: 3/2/2009

Comments:
O au me ka ha`a ha`a (I am humbly yours),

Elizabeth Bush, MSN, APRN, CARN-AP, CSAC Board Certified Psychiatric Advanced Practice Nurse (NP and CNS) Certified Addiction Registered Nurse, Advanced Practice Certified Substance Abuse Counselor

"You must be the change you wish to see in the world." - Mahatma Gandhi

Eric Arquero

From: genekama@aol.com
Sent: Monday, March 02, 2009 4:13 PM
To: CPN Testimony
Cc: lenora@hawaii.edu
Subject: Fwd: SB 1045

-----Original Message-----
From: Lenora Lorenzo <lenora@hawaii.edu>
To: Adele Mitchell <mitchella001@hawaii.rr.com>; debk@hawaii.rr.com; Ferna Garigin <hisunflwr@yahoo.com>; genekama@aol.com; Sunsetgirly808@yahoo.com; jennifer scelfo <jenniferscelfo@hotmail.com>; Jenna Hollinger <jennahollinger@hawaii.rr.com>; Kathianne Thurston <mkdthurston@hotmail.com>; mkealoha5@hawaii.rr.com
Cc: Lorenzo, Lenora L. <Lenora.Lorenzo@va.gov>
Sent: Mon, 2 Mar 2009 4:34 am
Subject: SB 1045

Aloha Please send testimony asap to:

send to CPNTestimony@capitol.hawaii.gov

Below is a draft you may use.
Mahalo
Lenora

To: Senator Rosalyn H. Baker Chair, Senator David Y. Ige Vice-Chair and the Senate Committee on Consumer Protection (CPN
03-03-09 9:30am in conference room 229, Hawaii State Capital
Re: SB 1045 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 much needed health care for our vulnerable and underserved populations=2 0of 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
Gene M. Kama, CNA,NA,RMA,BLS INSTR.

Your name, title and address

Eric Arquero

From: Jamie Boyd [boydj@hawaii.edu]
Sent: Monday, March 02, 2009 9:28 AM
To: CPN Testimony
Subject: SB 1045 Relating to Advanced Practice Registered Nurses

Good Morning, Senator Rosalyn H. Baker Chair,
Senator David Y. Ige Vice-Chair
and the Senate Committee on Consumer Protection

Re: SB 1045 Relating to Advanced Practice Registered Nurses
03-03-09 9:30am in conference room 229, Hawaii State Capital

My name is Jamie Kamailani Boyd. I live in Kahalu`u, O`ahu. Thank you for this opportunity to present my individual testimony.
I write to you in strong support of SB 1045 relating to Advance Practice Registered Nurses (APRNs).

I am an APRN-Rx now doing health care research and volunteering at the Aloha Medical Mission. Often, on the evenings when I am there, there are no physicians volunteering. The reality is that Nurse Practitioners (NPs) are needed in addition to the shrinking pool of physicians to meet the health care needs of the community, especially for the increasing numbers of people who have recently found themselves unemployed and without health care insurance.

Senator Baker, I worked at the Hana Community Health Center. While I was there I treated women who had not had gynecological care in 20+ years. The women in the community told me that they had avoided routine screening and urgent episodic treatment primarily for two reasons: 1) the drive to Kahului is a 2 hour adventure; and, 2) they didnt feel comfortable getting their care at the Health Center because the only Primary Care Provider (PCP) bought his groceries at the only grocer in Hana. They didnt want to see the man who had done their pelvic exam at the bread counter. Eventually, the Health Center ran out of funds for an NP as I was unable to bill for my services. It was an unnecessary separation for me and the women of the Hana Coast.

Until recently, I worked in a semi-private practice in the Leeward O`ahu Coast area with collaboration agreements with two physicians, as presently required by law. Both were also in practice in the Leeward O`ahu Coast area. I labored to develop those collaborations when, in 2000, an agency dedicated to serving the needs of the medically underserved hired me to go into a rural area to provide services. To meet the collaboration requirements of the law I drafted a letter seeking collaboration, introducing myself and my family practice training with ANCC board credentials, the needs of the population, along with a summary of the legal implications of collaboration. I mailed the letter to 100 physicians on O`ahu. Only one physician responded. Eventually, after months of reaching-out, I was able to meet with and persuade two physicians to help me - help the population. Over the seven years that I worked at the clinic with physician collaboration both physicians grew increasingly pleased with our relationship and continually expressed confidence in my skills and in knowing that I would refer out any case that required specialized medical services (e.g. oncological, obstetrical, etc.). This is the same approach to treatment that a physician would take.

Billing, however, was wrought with barriers to acquiring providership from health insurance companies. Many clients in the rural area where I worked were tasked to fit in health care visits between work and family schedules and long hours spent commuting. The rural clinic seemed to be an ideal access point, except for the fact that they would have to pay cash for the services as I was unable to bill insurance. To meet the needs of the

population (and the clinic's Mission), I modified the billing formula and charged only $10.00 per visit, a fee equal to the usual co-pay. To be ethical in billing practices, I charged that same fee to all clients. At an average of 15 patients a day – I'll let you do the math! When I left, the clinic had to close its doors. It took over 1 year to secure another provider. It was a NP that replaced me. I would have bet that the management wouldn't be able to get a physician to go to that rural, single provider, clinic.

This year alone I have already been asked to work as an NP by two different Native Hawaiian serving agencies who are desperately seeking health care providers that are competent in the needs and preferences of their rural Native Hawaiian clientele. In both cases the transition would require me to seek new collaboration agreements; posing more barriers. The physicians that I currently collaborate with don`t know the population in the area that I'd be transferring to, and the physicians in the area I'd be transferring to don't know me. The thought of sending out another 100 letters seeking collaboration is depressing. What I've seen happen in other cases is that NPs find the task of securing collaboration and stop practicing. I know to excellent NPs with years of experience, who stopped practicing because of the barriers imposed by current laws, when they had to move their families to a new area. Thankfully there is a shortage of qualified nursing instructors to provide employment opportunities. I'm not familiar with the data, but I believe it safe to say that NPs who transition to academia will likely not return to full-time practice.

This is an excellent bill which would acknowledge APRNs for their Scopes of Practice. APRNs are educated to provide primary care, which includes: assessment of urgent and acute illness, treatment planning and treatment interventions, preventative health education, and referrals to other trained providers when needed medical intervention lay outside the APRNs scope of practice.

Planned changes in this Bill could reduce redundancies in the process of health care and improve access to care for consumers. It may also reduce the cost of health care in Hawai'i as APRNs are generally reimbursed at 85% of the Physician's Medicare Fee Schedule.

This Bill would also allow APRNs authority to sign documents substantiating the care they render. Current barriers requiring clients to seek additional signatures from physicians to validate the care they received are time consuming and redundant for clients and APRNs. But most importantly, I don't believe that the intended safeguards are actually providing clients any protection. The reality is that, in most cases, the MD co-signing has no part in the exam, treatment plan, and has only a limited experience or relationship with the client. Co-signature requirements actually only hold physicians accountable for services they did not provide.

I ask that you approve SB 1045.

O wau no me ke aloha, Yours, with aloha,

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Eric Arquero

From: Lenora Lorenzo [lenora@hawaii.edu]
Sent: Monday, March 02, 2009 4:19 AM
To: CPN Testimony
Cc: Lorenzo, Lenora L.
Subject: testing
Attachments: Handicap Parking Permits Map TEMP 2-09.doc; NP_Cost_Eff112907.pdf; Quality_of_NP_Prac112907.pdf

To: Senator Rosalyn H. Baker Chair, Senator David Y. Ige Vice-Chair and the Senate Committee on Consumer Protection (CPN 03-03-09 9:30am in conference room 229, Hawaii State Capital
Re: SB 1045 Relating to Advanced Practice Registered Nurses

Mahalo for the opportunity to speak in Strong Support of SB 1045.
I speak as the Hawaii State Representative of the American Academy of Nurse Practitioners (AANP) and as an individual who serves as a Primary Care Provider for the Veterans Administration and Lanai Community Health Center (LCHC). This measure will remove barriers to APRN practice and increase access to care in a time of increasing provider shortages. Both under served populations and to those who have limited access to health care providers will benefit.
In opposition to global signature APRN's for handicap placards, it was reported there is a federal regulation that specifies physicians must sign these. The alleged "Federal Law" is only guidelines.Therefore, each state may designate APRN's this signature ability. A majority of the states already allow APRN's to sign for these and I have attached a map that identifies which states do so. As one of the few PCP in LCHC which is a nurse managed community health center with no physician on site, our patients are not given the same rights as others because their APRN PCP cannot sign for their handicap placard, but can manage all other aspects of their health care.Therefore my patients would have to go to Straub or another provider off island,in both cases the additional fees incurred may not be covered under their HCI. As a PCP at the VA, this requires me to find another physician to sign this for my patient, again the physician is not the provider and therefore not knowledgeable of the patient's health care conditions and often signs it based on my recommendations. This adds another layer of costs and time to health care.

The present HAR impede APRN practice such that we are forced to seek physicians from each practice site to sign collegial documents that must be notarized and sent for record keeping to DCCA. Needless to say this is not only an administrative nightmare for DCCA, it is costly and unnecessary. Further it actually increases liability for our physician colleagues who and has led to APRN's not practicing in rural area or neighbor islands because they could not find a collegial physician.Therefore SB 1045 will

remedy these issues.

There is ample research demonstrating the safety and quality of care APRN's provide. Please find attached summaries and references to these studies from the AANP "Quality of NP Practice and NP Cost Effectiveness".APRN's have been prescribing safely and practicing within our scope of practice as PCP for the past 13 years in Hawaii and for over 40 years nationally without supervision by physicians. Therefore SB 1045 would allow APRN's to continue to practice and prescribe safely within their scope of practice as we have been prepared to do and as others APRN's across the nation are already doing!

After reviewing the testimony of other groups and in discussion with other APRN leaders the following amendments are respectfully offered:

- Language should specify that Board of Nursing has sole authority to license and certify APRN's within their area of specialty and scope of practice.
- Employers retain the authority to credential providers within their organizations or on their panels. Health care delivery organizations retain the ability to manage the primary care provider designation within their organization. HMSA has drafted language to address this area.
- Both graduate education and national certification are necessary requirements to assure APRN competence and patient safety.
    - The master's degree in the specialty area from a nationally accredited and Hawaii Board of Nursing approved school provides the knowledge base
    - Clinical competence is demonstrated by achieving and maintaining national certification in the specialty area
    - Insert language to provide for "grand fathering" of APRN's who are currently licensed but don't meet both of the above. Note these nurses are not and will not be able to prescribe. BON has drafted text.

This measure is extremely important because it will strengthen Hawaii's health care safety net and prevent thousands of medically under served patients from losing access to much needed primary care services. APRN's are entrenched 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 to care once barriers to existing practice are removed. I urge the Senate Committee on Consumer Protection pass this measure with above revisions.

O au me ka ha`a ha`a (I am humbly yours),

Lenora Lorenzo MSN, MSA, APRN-RX, BC-FNP/GNP, CDE

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Quality of Nurse Practitioner Practice

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Quality of Nurse Practitioner Practice

Nurse practitioners (NPs) are high quality health care providers who practice in primary care, ambulatory, acute care, specialty care, and long-term care. They are registered nurses with specialized advanced education and clinical competency to provide health and medical care for diverse populations in a variety of settings. A graduate degree is required for entry-level practice. The NP role was created in 1965. For over 40 years, research has consistently demonstrated the high quality of care provided by NPs. The body of evidence regarding the quality of NP practice supports that NP care is at least equivalent to that of physician care. This paper provides a summary of a number of important reports of research supporting the NP, the majority of which are published by observers and researchers outside of the discipline of nursing.

Avorn, J., Everitt, D.E., & Baker, M.W. (1991). The neglected medical history and therapeutic choices for abdominal pain. A nationwide study of 799 physicians and nurses. Archives of Internal Medicine, 151 (4), 694-698.
A sample of 501 physicians and 298 NPs participated in a study by responding to a hypothetical scenario regarding epigastric pain in a patient with endoscopic findings of diffuse gastritis. They were able to request additional information before recommending treatment. Adequate history-taking resulted in identifying use of aspirin, coffee, cigarettes, and alcohol, paired with psychosocial stress. Compared to NPs, physicians were more likely to prescribe without seeking relevant history. NPs, in contrast, asked more questions and were less likely to recommend prescription medication.

Brown, S.A. & Grimes, D.E. (1995). A meta-analysis of nurse practitioners and nurse midwives in primary care. Nursing Research, 44 (6) 332-9.
A meta-analysis of 38 studies comparing a total of 33 patient outcomes of NPs with those of physicians demonstrated that NP outcomes were equivalent to or greater than those of physicians. NP patients had higher levels of compliance with recommendations in studies where provider assignments were randomized and when other means to control patient risks were used. Patient satisfaction and resolution of pathological conditions were greatest for NPs. The NP and physician outcomes were equivalent on all other outcomes.

Congressional Budget Office (1979). Physician extenders: Their current and future role in medical care delivery. Washington, D.C.: US Government Printing Office.
As early as 1979, the Congressional Budget Office reviewed findings of the numerous studies of NP performance in a variety of settings and concluded that NPs performed as well as physicians with respect to patient outcomes, proper diagnosis, management of specified medical conditions, and frequency of patient satisfaction.

Cooper, M.A., Lindsay, G.M., Kinn, S., Swann, I.J. (2002). Evaluating emergency nurse practitioner services: A randomized controlled trial. Journal of Advanced Nursing, 40 (6).
A study of 199 patients randomly assigned to emergency NP-led care or physician-led care in the U.K. demonstrated the highest level of satisfaction and clinical documentation for NP care. The outcomes of recovery time, symptom level, missed work, unplanned follow-up, and missed injuries were comparable between the two groups.

Ettner, S.L., Kotlerman, J., Abdelmonem, A., Vazirani, S., Hays, R.D., Shapiro, M., Cowan, M. (2006). An alternative approach to reducing the costs of patient care? A controlled trial of the multi-disciplinary doctor-nurse practitioner (MDNP) model. Medical Decision Making, 26, 9-17.
Significant cost savings were demonstrated when 1207 patients in an academic medical center were randomized to either standard treatment or to a physician-NP model.

Horrocks, S., Anderson, E., Salisbury, C. (2002). Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. BMJ, 324, 819-823.
A systematic review of 11 randomized clinical trials and 23 observational studies identified data on outcomes of patient satisfaction, health status, cost, and/or process of care. Patient satisfaction was highest for patients seen by NPs. The health status data and quality of care indicators were too heterogeneous to allow for meta-analysis, although qualitative comparisons of the results reported showed comparable outcomes between NPs and physicians. NPs offered more advice/information, had more complete documentation, and had better communication skills than physicians. NPs spent longer time with their patients and performed a greater number of investigations than did physicians. No differences were detected in health status, prescriptions, return visits, or referrals. Equivalency in appropriateness of studies and interpretations of x-rays were identified.

Larkin, H. (2003). The case for nurse practitioners. Hospitals and Health Networks Aug 2003, 54-59.
The author describes compelling statistics supporting the case of NPs, including several studies demonstrating decreased inpatient days, decreased ventilator days, improved heart failure outcomes, and decreased complications such as skin lesions, urinary tract infections, and pneumonia.

Laurant, M., Reeves, D., Hermens, R., Braspenning, J., Grol, R., & Sibbald, B. (2006). Substitution of doctors by nurses in primary care. Cochrane Database of systematic reviews. 2006, Issue 1.
This meta-analysis included 25 articles relating to 16 studies comparing outcomes of primary care nurses (nurses, NPs, clinical nurse specialists, or advance practice nurses) and physicians. The quality of care provided by nurses was as high as that of the physicians. Overall, health outcomes and outcomes such as resource utilization and cost were equivalent for nurses and physicians. The satisfaction level was higher for nurses. Studies included a range of care delivery models, with nurses providing first contact, ongoing care, and urgent care for many of the patient cohorts.

Lenz, E.R., Mundinger, M.O., Kane, R.L., Hopkins, S.C., & Lin, S.X. (2004). Primary care outcomes in patients treated by nurse practitioners or physicians: Two-year follow-up. Medical Care Research and Review 61 (3), 332-351.
The outcomes of care in the study described by Mundinger, et al in 2000 (see below) are further described in this report including two years of follow-up data, confirming continued comparable outcomes for the two groups of patients. No differences were identified in health status, physiologic measures, satisfaction, or use of specialist, emergency room, or inpatient services. Patients assigned to physicians had more primary care visits than those assigned to NPs.

Lin, S.X., Hooker, R.S., Lens, E.R., Hopkins, S.C. (2002). Nurse practitioners and physician assistants in hospital outpatient departments, 1997-1999. Nursing Economics, 20 (4), 174-179.
Data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) were used to identify patterns of NP and PA practice styles. NPs were more likely to see patients alone and to be involved in routine examinations, as well as care directed towards wellness, health promotion, disease prevention, and health education than PAs, regardless of the setting type. In contrast, PAs were more likely to provide acute problem management and to involve another person, such as a support staff person or a physician.

Mundinger, M.O., Kane, R.L., Lenz, E.R., Totten, A.M., Tsai, W.Y., Cleary, P.D., Friedewald, W.T., Siu, A.L., & Shelanski, M.L. (2000). Primary care outcomes in patients treated by nurse practitioners or physicians: A randomized trial. JAMA, 283 (1), 59-68.
The outcomes of care were measured in a study where patients were randomly assigned either to a physician or to an NP for primary care between 1995 and 1997, using patient interviews and health services utilization data. Comparable outcomes were identified, with a total of 1316 patients. After six months of care, health status was equivalent for both patient groups, although patients treated for hypertension by NPs had lower diastolic values. Health service utilization was equivalent at both 6 and 12 months and patient satisfaction was equivalent following the initial visit. At six months, physicians rated higher on one component of the satisfaction scale.

Office of Technology Assessment (1986). Nurse practitioners, physician assistants, and certified nurse midwives: A policy analysis. Washington D.C.: US Government Printing Office.
The Office of Technology Assessment reviewed studies comparing NP and physician practice, concluding that, "NPs appear to have better communication, counseling, and interviewing skills than physicians have." (p. 19) and that malpractice premiums and rates supported patient satisfaction with NP care, pointing out that successful malpractice rates against NPs remained extremely rare.

Prescott, P.A. & Driscoll, L. (1980). Evaluating nurse practitioner performance. Nurse Practitioner, 1 (1), 28-32.
The authors reviewed 26 studies comparing NP and physician care, concluding that NPs scored higher in many areas. These included: amount/depth of discussion regarding child health care, preventative health, and wellness; amount of advice, therapeutic listening, and support offered to patients; completeness of history and follow-up on history findings; completeness of physical examination and interviewing skills; and patient knowledge of the management plan given to them by the provider.

Roblin, D.W., Becker, R., Adams, E.K., Howard, D. H., & Roberts, M.H. (2004). Patient satisfaction with primary care: Does type of practitioner matter? Medical Care, 42 (6), 579-590.
A retrospective observational study of 41,209 patient satisfaction surveys randomly sampled between 1997 and 2000 for visits by pediatric and medicine departments identified higher satisfaction with NP and/or PA interactions than those with physicians, for the overall sample and by specific conditions. The only exception was for diabetes visits to the medicine practices, where the satisfaction was higher for physicians.

Sacket, D.L., Spitzer, W. O., Gent, M., & Roberts, M. (1974). The Burlington randomized trial of the nurse practitioner: Health outcomes of patients. Annals of Internal Medicine, 80 (2), 137-142.
A sample of 1598 families were randomly allocated, so that two-thirds continued to receive primary care from a family physician and one-third received care from a NP. The outcomes included: mortality, physical function, emotional function, and social function. Results demonstrated comparable outcomes for patients, whether assigned to physician or to NP care. Details from the Burlington trial were also described by Spitzer, et al (see below).

Safriet, B. J. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. Yale Journal on Regulation, 9 (2).
The full Summer 1992 issue of this journal was devoted to the topic of advanced practice nursing, including documenting the cost-effective and high quality care provided, and to call for eliminating regulatory restrictions on their care. Safriet summarized the OTA Study concluding that NP care was equivalent to that of physicians and pointed out that 12 of the 14 studies reviewed in this report which showed differences in quality reported higher quality for NP care. Reviewing a range of data on NP productivity, patient satisfaction, and prescribing, and data on nurse midwife practice, Safriet concludes, "APNs are proven providers, and removing the many barriers to their practice will only increase their ability to respond to the pressing need for basic health care in our country." (p. 487).

Spitzer, W.O., Sackett, D.L., Sibley, J.C., Roberts, M., Gent, M., Kergin, D.J., Hacket, B.D., & Olynich, A. (1974). The Burlington randomized trial of the nurse practitioner. NEJM, 290 (3), 252-256.
This report provides further details of the Burlington trial, also described by Sackett, et al (see above). This study involved 2796 patients being randomly assigned to either one of two physicians or to an NP, so that one-third were assigned to NP care, from July 1971 to July 1972. At the end of the period, physical status and satisfaction were comparable between the two groups. The NP group experienced a 5% drop in revenue, associated with absence of billing for NP care. It was hypothesized that the ability to bill for all NP services would have resulted in an actual increased revenue of 9%. NPs functioned alone in 67% of their encounters. Clinical activities were evaluated and it was determined that 69% of NP management was adequate compared to 66% for the physicians. Prescriptions were rated adequate for 71% of NPs compared to 75% for physicians. The conclusion was that "a nurse practitioner can provide first-contact primary clinical care as safely and effectively as a family physician." (p. 255)

Nurse Practitioner Cost-Effectiveness

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Cost-Effectiveness

Nurse Practitioners (NPs) are a proven response to the evolving trend towards wellness and preventive health care driven by consumer demand. For over four decades, NPs have been proven to be cost-effective providers of high-quality care.

Over 25 years ago, the Office of Technology Assessment (1981) conducted an extensive case analysis of NP practice and reported that NPs provided equivalent or improved medical care at a lower total cost than physicians. The authors determined that NPs could manage up to 80% of adult primary care and 90% of pediatric primary care needs at that time. NPs in a physician-practice were found to have the potential to decrease the cost per patient visit by as much as one-third, particularly when seeing patients in an independent, rather than complementary manner. Since that time, continued reports have supported ongoing cost-effectiveness of NP practice. When OTA later re-examined the role of NP practice, the positive analysis was confirmed (OTA, 1986)

In 1981, the OTA reported that the hourly cost of an NP was one-third to one-half the cost of a physician. The median total compensation for primary care physicians in 2004 ranged from $130,000 to $208,700, depending on type and size of practice (Lowes, 2005). The median 2004 salary for NPs across all specialties who practiced full-time was $71,000, with a mean of $73,630. (AANP, 2004). NP preparation currently costs 20-25% that of physician preparation (AACN, 2000). When productivity measures, salaries, and costs of education are considered, NPs are cost-effective providers of health services.

A recent study of 26 capitated primary care practices with approximately two million visits by 206 providers determined that the practitioner labor costs per visit and total labor costs per visit were lower in practices where NPs and physician assistants (PA) were used to a greater extent (Roblin et al, 2004).

A cost analysis comparing the cost of providing services at an NP managed center for homeless clients with other community alternatives showed earlier and less costly interventions by the NP managed center (Hunter, et al, 1999). NPs delivering care in Tennessee's state-managed MCO, TennCare, delivered health care at 23% below the average cost of other primary care providers with a 21% reduction in hospital inpatient rates and 24% lower lab utilization rates compared to physicians ((Spitzer, 1997). Jenkins & Torrisi (1995) performed a one-year study comparing a family practice physician managed practice with an NP managed practice within the same managed care organization. The NP managed practice had 43% of the total emergency department visits, 38% of the inpatient days, and a total annualized per member monthly cost that was 50% that of the physician practice.

Revised 2007

A study conducted in a large HMO setting found that adding an NP to the practice could virtually double the typical panel of patients seen by a physician. The projected increase in revenue was $1.28 per member per month, or approximately $1.65 million per 100,000 enrollees per year (Burl, Bonner, & Rao, 1994).

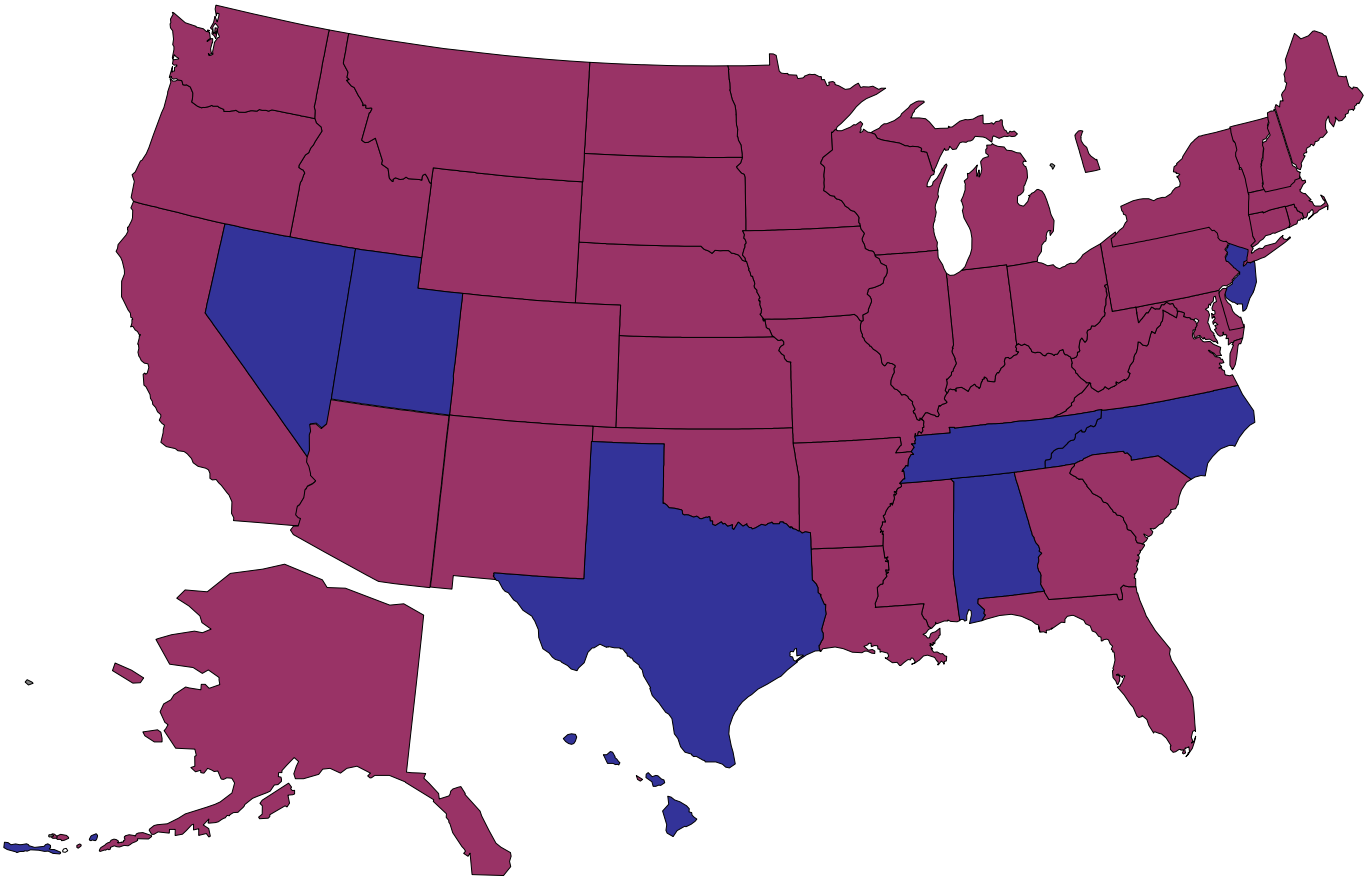
Chenowith et al (2005) analyzed the health care costs associated with an innovative on-site NP practice for over 4000 employees and their dependents. Compared with claims from earlier years, the NP care resulted in significant savings of $ .8 to 1.5 million, with a benefit-to-cost ratio of up to 15 to 1. Paez and Allen (2006) compared NP and physician management of hypercholesterolemia following revascularization. Patients in the NP-managed group were more likely to achieve their goals and comply with prescribed regimen, with decreased drug costs.

When comparing the cost of physician-only teams with the cost of a physician-NP team in a long-term care facility, the physician-NP team's cost were 42% lower for the intermediate and skilled care residents and 26% lower for those with long-term stays. The physician-NP teams also had significantly lower rates of emergency department transfers, shorter hospital lengths of stays, and fewer specialty visits (Hummel & Pirzada, 1994).

A collaborative NP/physician team was associated with decreased length of stay and costs and higher hospital profit, with similar readmission and mortality rates (Cowan et al, 2006; Ettner et al, 2006). Larkin (2003) cites a number of studies supporting decreased costs, complication rates, and lengths of stay associated with NP-managed care. For instance, he cites University of Virginia health System's 1999 introduction of an NP model in the area of neuroscience, resulting in over $2.4 million savings the first year and a return on investment of 1600 percent. The NP model has been expanded in this system, with similar savings and improved outcomes documented. Another example cited includes an NP model introduced at Loyola University Health System's cardiovascular area, with a decrease in mortality from 3.7% to 0.6% and over 9% decreased cost per case (from $27,037 to $24,511).

In addition to absolute cost, other factors are important to health care cost-effectiveness. These include illness prevention, health promotion, and outcomes. See Documentation of Quality of Nurse Practitioner Practice (AANP, 2007) for further discussion.

NURSE PRACTITIONER AUTHORITY TO SIGN HANDICAP PARKING PERMITS



States Where Nurse Practitioner Can Sign Handicap Placard Forms

States Where Nurse Practitioner Can Not Sign Handicap Placard

Source: State Statutes

The American Academy of Nurse Practitioners is the largest full service Nurse Practitioner organization representing the 125,000 Nurse Practitioners in all Specialties

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