

SB 1045

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

February 11, 2009

MEMORANDUM

TO: Honorable David Y. Ige, Chair
Senate Committee on Health

FROM: Lillian B. Koller, Director

SUBJECT: **S.B. 1045 – RELATING TO ADVANCED PRACTICE REGISTERED
NURSES**
Hearing: Wednesday, February 11, 2009, 3:00 PM.
Conference Room 016, 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. Grants global signature authority and prescriptive rights. 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 advanced 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 nurse practitioners (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 primary care. 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.

Thank you for this opportunity to testify.

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE
Regular Session of 2009

Wednesday, February 11, 2009
3:00 p.m.

**TESTIMONY ON SENATE BILL NO. 1045, RELATING TO ADVANCED PRACTICE
REGISTERED NURSES.**

TO THE HONORABLE DAVID Y. IGE, 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 testimony on behalf of the Board on Senate Bill No. 1045. This testimony pertains only to Sections 5, 6 and 7. Based on a cursory review of Senate Bill No. 1045, the Board appreciates the intent of this measure, but wishes to convey its concerns. The Board supports Section 5 but has 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 APRNs 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);
- Allow all APRNs to prescribe medication whether or not they are educationally prepared (page 7, lines 2-3); and
- Create confusion with another definition for APRN (page 7, lines 6-8).

The Board has concerns with a requirement that all APRNs have both an MSN and national certification. 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. Further, the Board is uncertain of the intent of the additional definition of APRN or the significance of the June 30, 2009 date included in Section 6 of the bill. Therefore, the Board reserves comment on these provisions until they are further clarified.

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

- Allow all APRNs to prescribe while removing the Board's authority to designate the requirements (page 7, lines 12-18);
- Remove the APRN formulary from being under the auspices of the Hawaii Medical Board ("HMB") (page 7, lines 16-18);
- Remove the Joint Formulary Advisory Committee ("JFAC") by adding "or currently recognized, or both" (page 7, lines 19-22 and page 8 lines 1-16);
- Remove the Board's ability to adopt rules that establish education, experience and national certification (page 8, lines 17-19); and
- Allow all APRNs 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 20-22 and page 9, lines 1-3).

The Board strongly disagrees with removing its authority to designate the requirements for APRN prescriptive authority (page 8, lines 17-19) because it places public safety at risk. It also strongly disagrees with the removal of the Board's ability to adopt rules on APRN

education, experience and national certification (page 8, lines 17-19). In essence, the standards upon which the Board is able to grant prescriptive authority will be removed.

Further, the Board, while in agreement with the removal of the APRN formulary from being under the auspices of the HMB (pg. 7, lines 16-18), is concerned that there is no provision to place the formulary under the Board. The Board supports the removal of the JFAC with the removal of the HMB's control over the APRN formulary.

Lastly, the Board is concerned that the new provision (b) would allow all APRNs to prescribe, procure, administer, and dispense all substances, medical devices and equipment; plan and initiate therapeutic regimens without explicit limitations to the individual APRN's practice specialty.

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 testify on Senate Bill No. 1045.



Hawai'i Primary Care Association

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www.hawaiipca.net

To: **The Senate Committee on Health**
The Hon. David Y. Ige, Chair
The Hon. Josh Green, MD, Vice Chair

Testimony in Support of Senate Bill 1045
Relating to Advanced Practice Registered Nurses
Submitted by Beth Giesting, CEO
February 11, 2009, 3:00 p.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



An Independent Licensee of the Blue Cross and Blue Shield Association

February 11, 2009

The Honorable David Ige, Chair
The Honorable Josh Green M.D., Vice Chair

Senate Committee on Health

Re: SB 1045 – Relating to Advanced Practice Registered Nurses

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

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1045 which would require health plans recognize Advanced Practice Registered Nurses (APRNs) as participating providers as well as afford them other rights. HMSA has concerns with the language included in Sections 1-4 but takes no position on the remainder of the bill.

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. We have concerns with this language.

When new providers wish to become HMSA participating providers, HMSA engages in a credentialing process to verify that the provider has the proper training to provide medical services. This includes having to obtain medical malpractice coverage, verifying state licensure, a criminal record check, disciplinary actions taken against the individual, and member complaints. With the language of this measure any APRN would have to be recognized as a participating provider by a health plan without undergoing this vigorous application process. We believe that this could potentially put consumers and HMSA at risk if an APRN who is not properly trained causes harm to a member.

Additionally, participating providers agree to comply with all of HMSA’s contracting requirements. This includes accepting HMSA’s eligible charge as payment in full. Under this measure, uncontracted “participating” APRNs would enjoy all of the benefits of contracted participating providers without agreeing to HMSA contract terms. This means that HMSA members who see a “participating” non-contracted APRN could be balance billed amounts above the eligible charge. Once again we believe the potential harm to consumers under this measure is great.

Due to the concerns we have with this measure, we would respectfully request the removal of Sections 1-4 in its entirety.

Thank you for the opportunity to testify today.

Sincerely,

A handwritten signature in black ink, appearing to read 'JD', with a long horizontal flourish extending to the right.

Jennifer Diesman
Assistant Vice President
Government Relations

Testimony of
Frank P. Richardson
Vice President and Regional Counsel

Before:
Senate Committee on Health
The Honorable David Y. Ige, Chair
The Honorable Josh Green, M.D., Vice Chair

February 11, 2009
3:00 pm
Conference Room 016

SB 1045 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SB1045 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 opposes this bill.

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 a number of concerns. First, we would like to be clear that as one of the largest employers of Advanced Practice Registered Nurses (APRNs) in the state of Hawaii, Kaiser Permanente highly values the many contributions of its APRNs within its integrated healthcare delivery system and the care they provide to Kaiser's members. However, the fact is that APRNs are not clinically trained and educated to be Primary Care Providers (PCPs). APRNs are trained and educated to be nurses. Their scope of practice, intensity and duration of training, and level of expertise is narrower than that of a physician.

The complexity of primary care, and the complex level of medical thinking and judgment that is required of a primary care physician, is simply more than what an APRN is trained to be prepared for. Primary care within the Kaiser Permanente delivery system includes performing procedures, the ability to take call for ER admissions, the ability to do inpatient work, and the ability to advise and inform clinical decisions when they conflict with clinical opinions of MD specialists, among other things. Thus, PCP credentials by any discipline other than MD or DO

need to include cognitive and procedural skills, as well as medical skills, equivalent to a physician, not simply superior to a registered nurse.

Kaiser Permanente is also concerned with the granting of prescriptive authority to all APRNs to prescribe controlled substances. Currently, APRNs are prohibited from prescribing narcotics and controlled substances, presumably out of concern for patient safety and due to the lack of education, training, and pharmacological knowledge base of APRNs to safely prescribe these substances. As a result, controlled substances fall within the exclusionary formulary for APRNs with prescriptive authority. With the exception of the Certified Registered Nurse Anesthetists, Kaiser Permanente fears that it would not be safe to grant this prescriptive authority to APRNs.

Furthermore, if the purpose and intent of this proposed legislation is to address the State of Hawaii's critical access issue, Kaiser believes that this bill not only falls short of the mark, but may in fact contribute to increased patient care access issues. Government reimbursement issues will persist, cost of living issues will persist, lack of specialty care physicians will persist, and downstream costs of the healthcare system may actually increase as quality issues proliferate. Moreover, adding APRNs as PCPs to the specialty starved neighbor islands will likely result in an increase of referrals for specialty care that does not exist there.

In conclusion, the skill set of the APRN is highly valuable in collaboration with physician providers, where the APRN's scope of practice is clearly defined within specialties and sub-specialties, as opposed to a primary care setting for which they are not adequately prepared.

In closing, Kaiser Permanente would be happy to work with the legislature in better understanding the value of the APRN in our delivery care system and how they can be utilized in collaboration with physicians to provide enhanced quality of care to our State's populace.

Thank you for the opportunity to comment.



**PLEASE DELIVER TO: Health Committee, Room 016
February 11, 2009, 3:00 pm**

To: Senate Committee on Health
Senator David Y. Ige, Chair
Senator Josh Green, MD, Vice Chair

From: Hawaii Medical Association
Gary A. Okamoto, MD, President
Philip Hellreich, MD, Legislative Co-Chair
Linda Rasmussen, MD, Legislative Co-Chair
April Donahue, Executive Director
Richard C. Botti, Government Affairs
Lauren Zirbel, Government Affairs

Re: SB1045 ADVANCE PRACTICE REGISTERED NURSES

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Thomas Kosasa, MD
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April Donahue
Executive Director

Chairs & Committee Members:

Hawaii Medical Association opposes this measure for the following reasons:

1. APRNs lack the requisite education and training to prescribe independent of direct physician supervision.
2. All prescriptive privileges should be decided by the Hawaii Medical Board, and not the Board of Nursing.
3. This bill will create a two-tiered health care system, in which the indigent and less educated patients will receive care inferior to that available to patients of higher socioeconomic status.
4. Should something go wrong while a patient is under APRN care, and the patient is transferred by the APRN to a physician for care, it will be the physician and the hospital who are sued, resulting in more lawsuits and higher malpractice premiums.

Thank you for the opportunity to provide this testimony.

Hawaii Medical Association
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Suite 200
Honolulu, HI 96814
(808) 536-7702
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UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committee on Health
February 11, 2009, 3:00 p.m.

by

Virginia S. Hinshaw, Chancellor
and

Mary G. Boland, DrPH, RN, FAAN
Dean and Professor

School of Nursing and Dental Hygiene
University of Hawai'i at Mānoa

SB 1045 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Ige, Vice Chair Green, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in support of SB 1045 to recognize advance practice registered nurses as primary care providers, granting of global signature authority and prescriptive rights, and amending the definition of advanced practice registered nurses (APRN).

We all agree that providing access while assuring quality health care is a national and state priority. Historically, physicians have served as the access point for primary care. Thus, the physician provider shortage and maldistribution throughout the islands is a subject of great concern. The 2008 Association of American Medical Colleges' *Principles for Health Care Reform* notes the geographic disparity of providers of care and recommends "the nation create appropriate incentives for health providers – whether nurses, generalists, or specialist physicians – to locate in communities of need" (AAMC, p. 9). The movement of the health care system is away from institutional based to primary and preventive care throughout the community and delivery by a wider choice of providers, including APRNs. While we work together to address state health workforce need, we hear increasingly from consumers and employers that they are unable to deliver services to their populations due to physician shortages. Thirty years of evaluation of APRN performance has demonstrated quality outcomes related to care delivery. As far back as 1986, the Congressional Office of Technology Assessment concluded that quality of care by APRNs and physicians was equivalent for comparable services, based on the "weight of the evidence" for both process measures and actual outcomes. Public systems, including the Department of Defense and Veteran's Affairs, effectively use a variety of providers to deliver care.

With respect to Dr. Green and my physician colleagues and friends, no one group has a monopoly on health care knowledge, nor are they the only qualified independent providers of care. Currently, our State's restrictive definitions of "primary care provider"

are a barrier to delivery of primary care services by qualified nurses. Nurses and physicians work closely every day to provide great patient care. As knowledge grows, roles expand and change. The taking of a blood pressure was once the purview of the physician only. Today, you can walk into a drug store and have the BP taken by a machine or purchase the equipment to do it yourself at home. You can diagnose your own pregnancy, take a DNA test, and order drugs through the internet. When these changes occurred, there was much gnashing of teeth but the sky did not fall in. Many would argue that an engaged consumer will have better care outcomes.

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

The University of Hawai'i graduate programs preparing APRNs, using a hybrid model of distance and face to face strategies, are in high demand with local residents. We have numbers of students living on Big Island, Maui and Kaua'i who are excited about the potential to serve their home communities after graduation. Because we have competed successfully for federal funds to help underwrite the programs, we minimize cost to the state budget. Accepting a standard definition for "primary care provider" that includes APRNs as proposed in the bill will allow these well educated and nationally certified nurses to expand access in our communities. This bill will allow the approximately 892 APRNs in the State of Hawai'i to practice to the full extent of their education while creating the structure to assure quality care delivery to consumers.

Hawai'i Revised Statutes Section 457 was last approved in 1994. While broad in language, the corresponding administrative (Hawai'i Administrative Rules Title 16, Chapter 89C) rules have hampered implementation of the statute. For this reason, we support updating the current definition of APRNs to reflect the National Council on State Boards of Nursing (NCSBN) *2008 APRN Model Act/Rules and Regulations*. This model is also supported by the American Association of Colleges of Nursing, the national voice for America's baccalaureate- and higher-degree nursing education programs, of which SONDH is a member. In the long term, a uniform model of regulation will also remove barriers from APRNs who relocate from other states. The proposed changes will ensure consumer safety and access by removing statutory barriers to the full scope of national practice for APRNs and by setting education and quality requirements.

Nationally we are evolving toward an APRN model that provides for only one designation of APRN recognition with prescriptive authority. Hawai'i's current statutes and administrative rules contain unnecessary additional requirements for prescriptive authority that will now be reasonably met by the certification requirement, if the new NCSBN model is adopted. We concur with the prescribing and ordering authority language from the *NCSBN APRN Model Act/Rules and Regulations* as stated in the bill, thus nullifying the verification of 1,000 clinical hours experience and the collegial

working relationship agreement which has been a significant barrier to the practice of nursing in Hawai'i.

We support that the Hawai'i State Board of Nursing is the authorized entity to ensure the statutes and rules for nurse licensure/recognition are enacted. The proposed bill language provides for the board to grant prescriptive authority to qualified or currently recognized, or both, APRNs. We recognize that a small number will be unable to demonstrate evidence of a master's degree and national certification. It is hoped that this language will enable the Board to transition the requirements to implement the new statutes accordingly while working with current APRNs that are recognized in the system.

Thank you for allowing me to provide the education perspective on this important issue. Our shared goal is to promote patient safety and consumer protection while increasing access to health care. By applying the NCBSN model for APRNs in Hawai'i, we will be aligned with the nation's direction in nursing and healthcare. Furthermore, by revising the definition of primary care providers to APRNs, increased access to primary care services will be available to the citizens of Hawai'i.

The University of Hawai'i Mānoa and the School of Nursing and Dental Hygiene supports a collaborative approach to addressing the healthcare provider needs of Hawai'i and looks forward to our continued partnership with the legislature and community.

Thank you for the opportunity to testify.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME Local 152, AFL-CIO

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The Twenty-Fifth Legislature, State of Hawaii
Hawaii State Senate
Committee on Health

Testimony by
Hawaii Government Employees Association
February 11, 2009

S.B. 1045 – RELATING TO
ADVANCED PRACTICE
REGISTERED NURSES

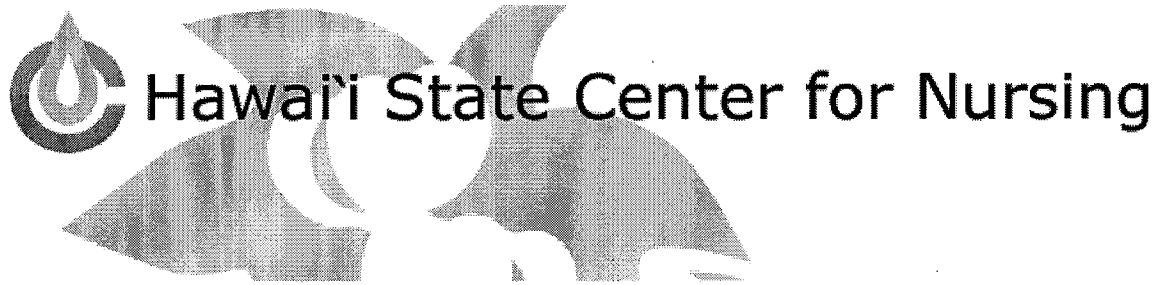
The Hawaii Government Employees Association supports the purpose and intent of S.B. 1045. The bill establishes a requirement for insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. This bill also grants global signature authority and prescriptive rights and amends the definition of advanced practice registered nurses.

The proposed legislation will benefit the insured by expediting the care and services usually provided by other health care providers.

Thank you for the opportunity to testify in support of S.B. 1045.

Respectfully submitted,

Nora A. Nomura
Deputy Executive Director



**Testimony Presented Before
Senate Committee on Health
February 11, 2009**

3:00 p.m.

Conference Room 016

By

Barbara P. Mathews

Executive Director

Hawaii State Center for Nursing

SB 1045, Relating to Advanced Practice Registered Nurses

Chair Ige, Vice Chair Green 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 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. Their education and experience positions them well to address critical areas of provider shortage in both urban and rural areas in our state.

With the aging of the population, there is 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.

Evidence shows that APRNs provide safe, competent and quality care within their specialty and scope of practice. Updating the statute to enable APRNs to practice as primary care providers with global signature authority and prescriptive rights paves the way for healthcare delivery in areas of physician shortage. Requiring a graduate degree and certification provides protection for consumers and assures that national standards are met.

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.

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

P. O. Box 630142
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Phone: 808-565-9196
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TO: The Senate - Committee on Health Hearing

February 11, 2009 3:00 PM , Senate Conference Room 016, 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

E Ola nō Lāna'i

LIFE, HEALTH, and WELL-BEING FOR LĀNA'I



February 10, 2009

Senator David Ige
Chair, Senate Committee on Health

**Re: S.B. 1045 – Relating to Advance Practice Registered Nurses (“APNs”)
Hearing on Wednesday, February 11th at 3:00p.m., Conference Room 016**

Dear Chair Ige and Members of the Committee on Health:

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**, 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 because advanced practice nurses are highly qualified professionals, who are consistently rated by patients as trusted professionals in the health 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 advanced 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.

From: Allen Novak [alnnovak@msn.com]
Sent: Tuesday, February 10, 2009 2:52 PM
To: HTHTestimony
Cc: Wailua Brandman; Nancy McGuckin; Lenora Lorenzo
Subject: SB 1045 Hearing Date 2 11 09 3:00pm conference room 016

Categories: Green Category, Blue Category

Re: SB 1045
Hearing Date: February 11, 2009 3:00PM in Senate conference room 016

I wish to testify in support of House Bill 1045.

I am a Psychiatric Advanced Practice Nurse with Prescriptive Authority practicing in Hilo.

SB 1045 would allow me to serve more patients (many of whom have severe or chronic mental illness) in my practice. More significantly, SB 1045 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 is even more critical, since the Department of Health has cut the AMHD budget.

Hawaii has an opportunity to catch up with the rest of the nation by passage of SB 1045. It will remove unnecessary barriers to practice so that dedicated Advanced Practice Registered Nurses are not induced to leave for less restrictive states, as many of our physicians have already done. In almost all states, Advanced Practice Registered Nurses have the privilege of unobstructed, autonomous practice.

Thanking you in advance.

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

SENATE
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009
COMMITTEE ON HEALTH

Rep, David Ige, Chair
Rep. Josh Green, Vice Chair
and Rosalyn Baker, Will Espero, Clarence Nishihara and Fred Hemmings,
Members of the Committee

DATE: February 11, 2009
TIME: 3:00 PM
PLACE: Senate Conference Room 016

Good Morning, Representatives Ige and Green and Members of the Committee.

My name is Jamie Kamilani Boyd. I live in Kahalu`u. Thank you for this opportunity to present my individual testimony in support of SB1045 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 available 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.

Until recently, I worked in 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 was closed.

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 of 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 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 SB1045.

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



Jamie Boyd, PhD, APRN-Rx

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Testimony
Senate Health Committee

February 11, 2009, 3:00 PM ~ Senate Conference Room 016

By

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

**SB 1045 Health Care; Advanced Practice Registered Nurse; Primary Care
Provider; Prescriptive Authority**

Senator David Ige – Chair, Senator Josh Green – Vice Chair, Senator Rosalyn Baker,
Senator Will Espero, Senator Clarence Nishihara, and Senator Fred Hemmings

Thank you for this opportunity to provide testimony regarding SB 1045 which 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.

As a nurse practitioner and educator of Advanced Practice Nurses (APRN), I am very pleased **to support** this resolution, which provides nurse practitioners in fair and appropriate reimbursement for their services with health insurers and fully recognizes APRN practice in Hawai'i.

Having practiced for many years in the community as a nurse practitioner, I have noted several barriers to practice; from hospitals refusing to allow me to order pertinent radiological tests without a physician's signature, to workman's compensation forms requiring a physician signature, to school physicals requiring a physician's signature. I provide the care, but am limited to partial reimbursement or must get a physician signature for work that I have done. These limit the scope of routine nurse practitioner work, take time from the nurse practitioner and the physician practice to report on the results of the examination to the physician who has not examined the patient, and secure the physician's signature. This has been an unnecessary barrier to practice and an inefficient way to provide health care services.

The current bill will allow certified APRNs to practice in practice sites where they are currently limited because of the requirement to have two collegial physicians. Currently a nurse practitioner who works for a solo MD practice is unable to obtain prescriptive authority because the APRN does not have two collegial MDs in the same practice.

APRNs are already embedded in the health care system and have demonstrated throughout the state and the nation over the past 40 years that we are competent providers of care. APRNs already are licensed with prescriptive authority. We have been colleagues of physicians for many years and they, as well as the APRNs, know our scope of practice. There are no major system changes which are needed, and this bill does not incur additional costs.

Supporting this bill will assist APRNs as well as physicians to be cost efficient and time saving while providing timely access to care.

Thank you for your attention to helping to make health care more productive and accessible to your constituents, and for this opportunity to testify.

THE SENATE HEALTH COMMITTEE
Wednesday, February 11, 2009
Senate conference room 16
3:00 PM

TESTIMONY in SUPPORT of SENATE BILL NO. 1045

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

TO: THE HONORABLE DAVID Y. IGE, CHAIR,
AND MEMBERS OF THE COMMITTEE

My name is Amy Stone Murai and I testify in strong support of the intent of SB HB 1378. I have been a nurse practitioner for 32 of the 44 years that the role has been in existence. I have practiced on the East and West Coasts and in between. I have worked in inner city clinics, public health clinics, faculty practice clinics, student health clinics and in private practice. Since 1989, I have been in Hawaii working for a large HMO and recently at a federally funded community health center which is mandated by the Social Security Act to have "a nurse practitioner, a physician assistant, or a certified nurse-midwife... available to furnish patient care services not less than 50 percent of the time the clinic operates." Additionally, 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. 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, describes our current health care system as "oriented to medicine rather than health, and to biomedical research and cure, rather than care."

More of our citizens are losing jobs and health coverage daily. There are many parts of this state, even on Oahu, where those who have insurance coverage can't get care. They delay care until they no longer can, resulting in more serious health problems and an increased use of high-cost emergency room care and hospital admissions. Care by advanced practice nurses in programs for patients with cardiac conditions have demonstrated a significant decrease in readmissions to hospitals compared with patients receiving standard medical care. There are numerous other examples of high quality nursing care that has resulted in cost savings to patients and to society.

Strategies to recruit physicians to fill the gaps experienced by an increasing segment of our population have not been successful. Advanced practice nurses (APRNs) have historically provided care to the underserved and in underserved areas, often as the only care provider(s) in a large geographic area. The nurse midwives on Molokai have been hampered by current law and regulation-imposed restrictions that impede their ability to care for their patients (e.g. signing certifications, referring patients for needed therapies, prescribing prenatal vitamins, birth control and other needed medications). Nurse practitioners across the state experience these same frustrations.

From the early days of the profession, with its unstandardized programs to the current universal requirement for a graduate degree and national certification, the competence of advanced

practice nurses has been documented in countless studies and publications. Claims of inferior education and 2nd class care have been used to sway rule makers, in spite of decades of evidence attesting to the quality of advanced practice nurses' care. Studies have found that nurse practitioners can manage 80% of the needs of people presenting for primary care with outcomes as good, and in some cases better than physicians.

What about that other 20%? Advanced practice nurses consult and refer their patients in the same way that primary care physicians do when the need exceeds their expertise. Dr. Catherine DeAngelis, in a commentary published in the Journal of the American Medical Association in 1994, states, "The ultimate accountability for each patient lies with the profession practicing within the scope of his or her practice, ie the type of care for which each professional has been educated and trained." SB 1045 removes many of the barriers (e.g. need for physician signatures on forms and collaborative prescribing agreements) blocking full utilization of these skilled nurses.

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

Thank you for the opportunity to testify in support of the intent of SB 1045, 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 would be glad to provide copies of any references cited in this testimony.

Amy Stone Murai, RN, MS, APRN-c
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THE SENATE HEALTH COMMITTEE
Wednesday, February 11, 2009
Senate conference room 16
3:00 PM

**Proposed Amendments in SUPPORT of SENATE BILL NO.
1045**

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

TO: THE HONORABLE DAVID Y. IGE, CHAIR,
AND MEMBERS OF THE COMMITTEE

Thank you for the opportunity to present suggestions for possible amendments to clarify and strengthen SB 1045.

Section 6. page 6. (1) line 2 delete "or certification" which is covered in (2) and not by graduate education.

Section 6. page 6. (5) Demonstration of the items listed is measured by the items in sections (1) – (4), and so seems redundant.

Section 7. page 7 lines 13 & 14 remove the ability of the Board of Nursing to establish criteria for practice thereby negating its charge to protect public safety. Please leave the clause in the statute. I support the remaining deletions because experience in other states, evidence in the literature, and the recommendation of experts like Barbara Safriet, noted in my testimony, support this action.

Section 7. pages 8- 9 (b) should qualify that APRNs may do these things within the scope of their area of practice. Many of the rights authorized are not appropriate for all APRNS and leave open the possibility or suggestion that APRNs could practice outside their education and certification specialties at will.

Thank you for the opportunity to testify in support of the intent of SB 1045.

Amy Stone Murai, RN, MS, APRN-c
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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 09, 2009 8:34 PM
To: HTHTestimony
Cc: geesey@hawaii.edu
Subject: Testimony for SB1045 on 2/11/2009 3:00:00 PM

Categories: Blue Category

Testimony for HTH 2/11/2009 3:00:00 PM SB1045

Conference room: 016
Testifier position: support
Testifier will be present: No
Submitted by: Yvonne Geesey
Organization: Individual
Address: PO Box 62245 HI
Phone: (808) 227-9361
E-mail: geesey@hawaii.edu
Submitted on: 2/9/2009

Comments:

I would like to support SB 1045, an omnibus bill that amends the law to allow advanced practice registered nurses in Hawaii to practice to the full extent of their training and certifications.

**Testimony of
Suzann Filleul, RN, MBA
Regional Nurse Executive, Kaiser Permanente**

SB 1045 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair, Vice Chair, and committee members, thank you for this opportunity to provide testimony on SB 1045 that would require insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize Advanced Practice Registered Nurses as Primary Care Providers.

As the Chief Nurse Executive at Kaiser Hawaii, I have many colleagues in nursing, many of whom are APRNs. I respect their practice and truly value the work and services they provide our patients and members in collaboration with our Physicians. Although, I appreciate the intent of this bill, I have spoken to a number of our Kaiser APRNs, and I oppose this bill for a number of reasons:

1. We would be asking these nurses to act as Primary Care Physicians when, in truth, they do not have the same education of our physician counterparts. Primary care is a very difficult practice and very broad in its scope. This would mean two standards of care. Even they have told me that there are two separate disciplines that complement each other for the benefit of our patients.
2. Many of the APRNs are trained for and restricted to a limited specialty; however, this opens them up to provide any service (including prescribing controlled substances) to any population. Some of our APRNs are experts in Women's Health, but could be dangerous if working with Neonates since their education is limited (if any) in that field.
3. The Global Signature Authority and Controlled Substance proposals are very broad, with no way of monitoring practice, and would allow APRNs to prescribe medications whether or not they are educationally prepared to do so (page 7, lines 2-3). And the bill would allow APRNs to prescribe while removing the State Board of Nursing authority to designate the requirements.
4. Unlike our physician counterparts, not all APRNs meet the same licensing standards. This bill further clouds the issue.
5. Even the State Board of Nursing has major concerns related to this bill as written and how they may be able to support its mandate.

In conclusion, although I support the incredible work of our APRNs, I cannot support this bill as written.

Thank you for the opportunity to testify in opposition to SB1045.

Wailua Brandman APRN-Rx BC
Ke'ena Mauliola Nele Paia, LLC
615 Piikoi Street. Suite 1509
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February 8, 2009

THE SENATE
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON HEALTH

Senator David Ige, Chair
Senator Josh Green, MD, Vice Chair
and Members of the Committee

DATE: Wednesday, February 11, 2009
TIME: 3:00 p.m.
PLACE: Conference Room 016

Good Morning, Senatorss Ige, Green and Members of the Committee. My name is Wailua Brandman. Thank you for the opportunity to present testimony, as an individual, in support of SB 1045, relating to Advance Practice Registered Nurses (APRNs). I am an APRN in private practice in Honolulu. My specialty is Adult Psychiatric Mental Health Nursing. I am the President of the Hawai'i Association of Professional Nurses. My other professional responsibilities include being the O'ahu Board Member-at-Large of the American Psychiatric Nurses Association Hawai'i Chapter, and I am a committee member of the APRN Advisory Committee to the Hawai'i Board of Nursing (Board).

This is an excellent bill which would acknowledge APRNs for their Scopes of Practice, reduce redundancies in the process of health care, improve access to care for consumers and reduce the cost of health care in Hawai'i. As you may be aware, APRNs are educated to provide primary care, which includes preventative teaching and care, promotes self-care when indicated, and referrals to other providers when the needed care lies outside the APRNs scope of practice. APRNs are generally reimbursed at 85% of the Physician's Medicare Fee Schedule. By statute, the nursing profession in Hawai'i is an autonomous health care profession, regulated by nurses through the State Board of Nursing. APRNs should be granted authority to sign any documents substantiating the care they render. It is redundant and costly to require them to refer to physicians or psychologists to validate the care they have rendered to their patients when the State requires such signed documentation. APRNs perform the same kinds of evaluations, treatment plans and treatments but are compelled by State law to find a physician or psychologist to sign the APRNs work, most times when the MD or PhD has no experience or relationship with the APRNs patient. If the APRN is not qualified to perform the required evaluation or treatment, they refer the patient to a provider who is so qualified.

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Note that the professional literature has for many years recommended the removal of the barriers to APRN practice as an improvement to the health care delivery system in the United States (The Institute of Medicine's *The Quality Chasm*, and Barbara Safriet JD's article Health Care Dollars and Regulatory Sense, in the Yale Law Journal, to name a couple).

APRNs have had prescriptive authority in Hawai'i for over a decade without substantial complaints. It is time to remove the barriers to their practice by eliminating the oversight of the Board of Medicine and to lift the restrictions on controlled substances. Note that staff level RNs have traditionally had control of the narcotic keys on hospital units, have been tasked with monitoring and evaluating responses to controlled substances and made recommendations to attending physicians to prescribe controlled substances for their patients when needed. To think that APRNs are not qualified to prescribe controlled substances without physician supervision is frankly ignorant and deprecating to APRNs. Physician Assistants have less education than APRNs and they have been allowed by statute to prescribe controlled substances.

Many of my patients do not see another health care provider because of the stigma of mental illness and the fear that they will not be treated like other patients by a general practitioner or family practice. They rely on me to monitor their overall health status, which I do with an initial history, review of systems, and when needed a limited physical examination. I also order initial baseline laboratory studies to screen for overall pathology. When I find abnormalities, I refer them, with encouragement and instilling confidence in the referral provider to deliver the quality of care they deserve. I also provide a great deal of case management to steer my patients through the delivery system, helping them make the appropriate phone calls, coaching them on pertinent questions to ask, and educating them as to the sequella they can expect if they ignore their pathology. Being acknowledged as a Primary Mental Health Care Provider would facilitate consumers' navigation through the health care system.

The bill does, however, fail to include specifics regarding the regulation by the Board of Nursing. I believe that the Board is submitting testimony to cover this oversight. Having met with the Board on 2-6-09, I am in support of their proposed amendments.

There seems to be one technical error in the bill, however. Graduate nursing education leads to a degree, not to certification. Certification is granted with the passing of certification examinations developed and administered by National Certification Agencies, such as the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, and others. For that reason, I suggest the bill be amended by inserting the word "graduate" before the word "degree" and deleting the line in Page 6, line 2, "or certification as a . . ." to the end of that section on line 5.

Once again, thank you for this opportunity to testify in **strong support** of SB 1045, with the noted amendment.

Sincerely, and with
Warmest Aloha,

Wailua Brandman MSN APRN-CNP

Wailua Brandman APRN-Rx BC

Committee on Health
Sen. David Y. Ige, Chair
Sen. Josh Green, Vice Chair

Wednesday, February 11, 2009, 3:00 p.m. agenda room 016

SB 1045
Strong Support

I would encourage you to amend Hawaii Revised Statutes Chapter 431, article 10A to recognized advance practice registered nurses as defined under section 457-85 as participating providers. At this point in time, as an APRN provider, my name cannot be places as the ordering provider for diagnostic tests for some insurance companies. For these same companies, my services also have to be billed under the name of one of the physicians I work with. This is disingenuous and creates a lot of confusion. Many times, I do not receive the results of diagnostic tests I've ordered in a timely manner because the results are directed to the physician listed as the provider.

Please amend the current law to avoid confusion and allow patients to receive care in a timely manner.

Yours truly,

Naty Hopewell, APRN

TO: Senate Health Committee

02-11-09 3:00PM in Senate conference room 016. Hawaii State Capital

Re: SB1045 Relating to Advanced Practice Registered Nurses

Thank you for the opportunity to speak in strong support of SB1045. As the fifth generation from rural big island and the eldest of 12 children, I have experienced the ill effects of lack of access to primary care services first hand. I graduated from the University of Hawaii and have served 35 years as an RN and 13 years as an APRN in Hawai'i. In past service as Hawaii Nurses Association board member, VP and President, I was involved in legislation pertaining to APRN's regulation and prescriptive authority since 1990.

Today, I serve full time as an independent APRN - Primary Care Provider (PCP) in the Veterans Administration caring for complex acute and chronic conditions. To further ensure access to care to our most rural island, I also serve part-time time as PCP in the Lana'i Community health Center (LCHC). The LCHC is presently 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 our 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. 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 once barriers to existing practice are removed. I urge the committee support and pass this Bill as written.

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

Lenora Lorenzo MSN, MSA, APRN-RX, BC-FNP/GNP, CDE
Board Certified Family and Gerontological NP, Certified Diabetes Educator
Hawai'i State Representative of the American Academy of Nurse Practitioners

FROM: Valisa Saunders MN, APRN, GNP
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TO: Senate Committee on Health
Senator David Ige
Chair
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: S.B. 1045
HEARING: February 11, 2009 3:00pm

My name is Valisa Saunders

I am testifying in support of: **S.B. 1045, Relating to Advanced Practice Registered Nurses.**

I am a Gerontological Nurse Practitioner and have been practicing in the State of Hawaii for the past 25 years. I am a full-time clinician and I see the oldest, frailest patients in the clinic, at home, on home Hospice, inpatient Hospice and in Care Homes, Foster Homes and Long Term Care Facilities. I work at Kaiser Permanente, but am not testifying on their behalf. I am an individual that belongs to a variety of nursing and gerontological care organizations. I am a former member and chair of the board of nursing (1995-2001) and nursing advisory committee (2001-2006). I am very familiar with the operations of health care and the regulatory environment for Advanced Practice Registered Nurses (APRNs) under state and Federal (CMS) statutes and rules.

The APRN prescribing formulary should be moved to the Board of Nursing to administer as this bill provides. I have been involved and followed the regulation of prescriptive authority since 1990 and have served on the Joint Formulary Advisory Committee for virtually all of its existence, since 1994.

The current arrangement of having the Board of nursing administering APRN rules, including prescriptive authority, but not the APRN formulary has been inefficient, confusing and ineffective. Specifically, having the Board of Medical Examiners (BME) in charge of the APRN formulary of drugs that we can or cannot prescribe has been a slow, time consuming, painful process. With each new version or a bill or rules, the participating parties from the BME have no history of knowledge of the role of the APRN, most often have no current experience in primary care and are confused about their role, and want to debate the merits of APRNs prescribing at all.

It has been 15 years since our first prescriptive authority bill and we are still working on the basics of what we need to function to our scope of practice. The last revision of the formulary, which was only the first change, was completed at the end of 2004 and has not yet been implemented. Hawaii was one of the last states in the country to pass any prescriptive authority for APRNs, and continues to lag behind the rest of the country in effective use of APRNs through regulation. These regulatory barriers are discourage the use of APRNs which have been shown to provide at

least 80% of primary care services when working in collaboration with other members of the health care team. APRNs also work in specialty services and help bridge the gap of primary care needs within specialties.

I support safeguards for the public related to ALL health care providers. The Hawaii Board of Nursing Rules have adequate disciplinary action rules in place for APRNs, RNs and LPNs. I have participated in disciplinary action investigations and testified on nursing licenses while participating on the Nursing Advisory committee. However, my expertise called on was not related to APRNs nor prescriptive authority problems, but problems in long term care facilities and care homes. Additionally, credentialing and privileging and peer review mechanisms for all health care providers have increased dramatically in recent years as an additional safeguard for patients. The current Nursing Rules address disciplinary matters for APRNs not following safe, competent practice.

The Global Signature provision is needed to allow APRNs contribute more fully to the many processes in health care requiring determination of patient conditions and eligibility for services such as home health services, long term care services, handicapped parking passes and more. APRNs are currently recognized under state rule for service in Expanded Adult Residential Care Homes (EARCH), but not Foster Homes which are the same level of care, but the Foster Home Rules were written before APRN recognition in our state. Long Term Care Licensing rules for the state are similarly out of date and have been "in revision" for over 15 years, therefore excluding APRNs from the ability under Federal rules to admit and recertify any required visit for patients in Nursing facilities. The global signature provision will not fix all barriers to APRN scope of practice in Hawaii, but it's a good start.

For a review of the work of the Joint Formulary Advisory Committee completed in 2004, and reported to the legislature in 2005 I would like to refer you to the document located at: www.hawaii.gov/dcca/areas/pvl/main/reports/pvl legislature reports

Respectfully,
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SB 1045 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Ige, Vice Chair Green, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in support of SB 1045 to recognize advanced practice registered nurses as primary care providers, granting of global signature authority and prescriptive rights, and amending the definition of advanced practice registered nurses (APRN).

We all agree that providing access while assuring quality health care is a national and state priority. Historically, physicians have served as the access point for primary care. Thus, the physician provider shortage and maldistribution throughout the islands is a subject of great concern. The 2008 Association of American Medical Colleges' *Principles for Health Care Reform* notes the geographic disparity of providers of care and recommends "the nation create appropriate incentives for health providers – whether nurses, generalists, or specialist physicians – to locate in communities of need" (AAMC, p. 9). The movement of the health care system is away from institutional based to primary and preventive care throughout the community and delivery by a wider choice of providers, including APRNs. While we work together to address state health workforce need, we hear increasingly from consumers and employers that they are unable to deliver services to their populations due to physician shortages. Thirty years of evaluation of APRN performance has demonstrated quality outcomes related to care delivery. As far back as 1986, the Congressional Office of Technology Assessment concluded that quality of care by APRNs and physicians was equivalent for comparable services, based on the "weight of the evidence" for both process measures and actual outcomes. Public systems, including the Department of Defense and Veteran's Affairs, effectively use a variety of providers to deliver care.

With respect to Dr. Green and my physician colleagues and friends, no one group has a monopoly on health care knowledge, nor are they the only qualified independent providers of care. Currently, our State's restrictive definitions of "primary care provider" are a barrier to delivery of primary care services by qualified nurses. Nurses and physicians work closely every day to provide great patient care. As knowledge grows, roles expand and change. The taking of a blood pressure was once the purview of the physician only. Today, you can walk into a drug store and have the BP taken by a machine or purchase the equipment to do it yourself at home. You can diagnose your own pregnancy, take a DNA test, and order drugs through the internet. When these changes occurred, there was much gnashing of teeth but the sky did not fall in. Many would argue that an engaged consumer will have better care outcomes.

Designating advanced practice registered nurses as primary care providers in Hawai'i will increase access to healthcare by Hawai'i citizens, particularly in high need and rural communities. Likewise, the statute updates to support the processes of such care delivery including global signature authority and

prescriptive rights. Because the bill uses nationally accepted definitions for APRNs education and certification, you can be confident that we will be assuring quality care delivery. This collaborative approach to addressing the demand for primary healthcare is a direction that 24 states have taken to address access issues.

Hawai'i Revised Statutes Section 457 was last approved in 1994. While broad in language, the corresponding administrative (Hawai'i Administrative Rules Title 16, Chapter 89C) rules have hampered implementation of the statute. For this reason, we support updating the current definition of APRNs to reflect the National Council on State Boards of Nursing (NCSBN) *2008 APRN Model Act/Rules and Regulations*. This model is also supported by the American Association of Colleges of Nursing, the national voice for America's baccalaureate- and higher-degree nursing education programs. In the long term, a uniform model of regulation will also remove barriers from APRNs who relocate from other states. The proposed changes will ensure consumer safety and access by removing statutory barriers to the full scope of national practice for APRNs and by setting education and quality requirements.

Nationally we are evolving toward an APRN model that provides for only one designation of APRN recognition with prescriptive authority. Hawai'i's current statutes and administrative rules contain unnecessary additional requirements for prescriptive authority that will now be reasonably met by the certification requirement, if the new NCSBN model is adopted. We concur with the prescribing and ordering authority language from the *NCSBN APRN Model Act/Rules and Regulations* as stated in the bill, thus nullifying the verification of 1,000 clinical hours experience and the collegial working relationship agreement which has been a significant barrier to the practice of nursing in Hawai'i.

We support that the Hawai'i State Board of Nursing is the authorized entity to ensure the statutes and rules for nurse licensure/recognition are enacted. The proposed bill language provides for the board to grant prescriptive authority to qualified or currently recognized, or both, APRNs. We recognize that a small number will be unable to demonstrate evidence of a master's degree and national certification. It is hoped that this language will enable the Board to transition the requirements to implement the new statutes accordingly while working with current APRNs that are recognized in the system.

Thank you for the opportunity to testify.