

SB 1332

Testimony in support of SB1332 SD1
Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 25, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

By: Delmar J. Bayang, Registered Respiratory Therapist
Mililani, Oahu

RE: SB1332, SD1 Relating to Healthcare

Aloha Chair Kim, Vice Chair Tsutsui and Members of the Committee:

I strongly support the intent of SB1332 SD1 to regulate the practice of respiratory care in Hawaii.

- A large growing number of working Respiratory workforce in the State of Hawaii would be more than adequate for a reasonable licensing fee that will help support the program.
- As Medicare reform is taking place, licensed Respiratory Care Practitioners would be able to expand their respiratory services thus drawing more federal money into the state.
- Hawaii's population is aging faster than the rest of the country. Quality of care, safety, and service is all at risk in especially rural areas where physicians or pulmonary specialists have limited access. Licensed Respiratory Care Practitioners would be able to service these areas under physician driven protocols.

Thank you for the opportunity for provide a testimony.

FEB 26 2009

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Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 26, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

By: Carol Agard RRT, RPFT, FAARC
Past President and Co-Chair Legislative Affairs
Hawaii Society for Respiratory Care

RE: **SB 1332 Relating to Respiratory Care**

Chair Kim, Vice Chair Tsutsui and Member of the Committee

The HSRC strongly supports the intent of SB 1332 SD1 to regulate the practice of respiratory care in Hawaii.

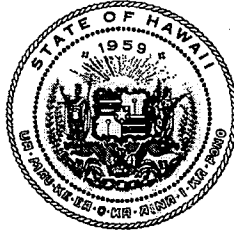
As the local affiliate for the American Association for Respiratory Care, we are the patient's advocate facilitating processes to educate and ensure safety for patients and the public relating to the standards, practice and delivery of respiratory care in any setting

Due to the urgent nature of this regulation, coupled with our desire to be fiscally responsible, we have proposed to eliminate the independent board and place the licensing for respiratory care under the DCCA with the support of an appropriate advisory committee.

Our best estimate of the number of individuals currently practicing respiratory care is near 300 statewide. We believe the number is sufficient to allow for a reasonable license fee that will support the program in being budget neutral.

The passage of this legislation has the potential to attract federal dollars to our state as Medicare is reformed and rules added allowing licensed respiratory care practitioners to work in expanded roles in the out-patient setting. This can favorably impact communities on the neighbor islands and all other areas where access to physicians and pulmonary specialists is limited.

At this juncture in the legislative process, we believe that there is no longer a question as to whether the profession of Respiratory Care should be licensed. It is rather a matter of can we afford not to, given the role and responsibilities we have in providing good, safe patient care with the potential for expanding the public's access to our services.



**TESTIMONY OF MARION M. HIGA, STATE AUDITOR,
ON SENATE BILL NO. 1332, SENATE DRAFT 1, RELATING TO HEALTHCARE**

Senate Committee on Ways and Means

February 27, 2009

Chair Kim and Members of the Committee:

Thank you for this opportunity to testify in opposition, in part, to Senate Bill No. 1332, Senate Draft 1. The bill proposes to regulate the practice of respiratory care by establishing a state respiratory care board and licensure requirements. In addition, the bill carves an exception to the “sunrise” provision in Section 26H-6, Hawai‘i Revised Statutes, of the Hawai‘i Regulatory Licensing Reform Act.

We object to the new language in Section 3 of the Senate Draft that would exempt proposals for licensure of certain health care professions from sunrise analyses. The sunrise provision of Section 26H-6, HRS, requires that, prior to enactment, legislative bills proposing the regulation of previously unregulated professions or vocations be referred to the Auditor for analysis. The sunrise/sunset principles embodied in the Licensing Reform Act of 1977 and its subsequent amendments, in their totality, place the burden of proof to justify a consumer protection purpose on the proposers of new regulations. To automatically give a free pass, and a vague one at that, to a select occupation without analysis of all aspects of proposed regulation and its costs, would open the doors to other petitions for exemption. The term, “certain health care professions,” is too vague. Each possible health care profession has, or ought to have, for example, its own definitions of scopes of practice, certification bodies and requirements (or not), minimum qualifications, and other considerations—all of which ought to be explicated and analyzed. Furthermore, the term “federal programs” is also vague. There is hardly a state program in

existence without some federal involvement that could include whichever health care professionals are contemplated by the proposers of this new language in Section 3.

We urge this Committee's closer look at this Senate Draft. I would be pleased to answer any questions you may have.

Testimony in support of SB1332 SD1

February 26, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

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

**Re: SB1332, SD1 Relating to Healthcare
Chair Kim, Vice Chair Tsutsui and Members of the Committee:**

I strongly support the intent of SB1332 SD1 to regulate the practice of respiratory care in Hawaii.

- ◆ The need for licensure is now and there are enough Respiratory Care Practitioners working in Hawaii to support a licensing process and still maintain a "budget neutral" status.
- ◆ Federal Medicare laws for reimbursement are currently undergoing a significant change that affects reimbursement to all Medical Centers. Medicare soon will not reimburse for patient care given by an unlicensed healthcare provider. This would reduce the Federal dollars to our state as Medicare is reformed on this important point.
- ◆ As Physician's patient-loads are increasing, especially on the neighbor islands, they are relying on Respiratory Care Practitioners more than ever, to manage their most challenging patients, those with pulmonary diseases, such as COPD.

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



Testimony in support of SB1332 SD1
Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 25, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

By: Valerie Chang, JD
Executive Director, Hawaii COPD Coalition
Website: <http://hawaiicopd.org>, e-mail: copd.hawaii@yahoo.com
(808)699-9839; address 733 Bishop Street, Suite 1550; Honolulu, HI 96813

RE: SB1332, SD1 Relating to Healthcare

Chair Kim, Vice Chair Tsutsui and Members of the Committee:

I strongly support SB1332 SD1 to regulate the practice of respiratory care in Hawaii.

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. I was diagnosed out of the blue with severe emphysema at age 42 in 2000, from no known cause. It was the scariest time in my life. There were and still are very few resources to turn to and was very little information available to me. To serve patients with emphysema and chronic bronchitis, I co-founded the Hawaii COPD Coalition in 2007.

Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease (COPD), more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Our 2007 and 2008 survey data reveal that slightly under 4% of our adult population have been told they have COPD, emphysema and/or chronic bronchitis. Smoking is the major cause of these health conditions. COPD is currently the 4th leading cause of death in the US and projected to rise to 3rd in the US and world by 2020. For more information to go <http://learnaboutcopd.org> or <http://hawaiicopd.org>.

Our COPD patients, as well as asthmatic and anyone who ends up needing help breathing with life support in a hospital needs the care of good respiratory therapists; licensing is the best way to insure the public of high standards in keeping all of us breathing well.

The question is how can we make this happen in our financially strapped economy? Respiratory therapists understand that they will have to pay for the license and its maintenance which we anticipate will be both a reasonable and manageable fee, which will make this measure revenue neutral. Having licensing will bring the nation one giant step closer to getting respiratory services properly compensated by Medicare, which will help bring more tax dollars into our economy, as only Hawaii and Alaska currently do not have licensing for respiratory therapists.

Mahalo for the opportunity to provide testimony. Please pass SB1332 out of committee and support it when it comes to the floor for a vote.



Testimony in support of SB1332 SD1
Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 25, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

By: Valerie Chang, JD
Executive Director, Hawaii COPD Coalition
Website: <http://hawaiicopd.org>, e-mail: copd.hawaii@yahoo.com
(808)699-9839; address 733 Bishop Street, Suite 1550; Honolulu, HI 96813

RE: SB1332, SD1 Relating to Healthcare

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Mahalo for the opportunity to provide testimony. Please pass SB1332 out of committee and support it when it comes to the floor for a vote.

Testimony on SB 1332 for Friday, February 27, 2009 to Senate Committee on Ways and Means @ 9:00 a.m. in Conference Room 211

Senate Committee on Ways and Means
Sen. Donna Mercado Kim, Chair
Sen. Shan S. Tsutsui, Vice Chair

By: Edmund J. Borza, BA, RRT-NPS, CPFT
Hawaii Society for Respiratory Care
President-Elect, co-chair Legislative committee

Re: SB 1332, SD1 RELATING TO RESPIRATORY CARE

Madame Chair & Committee Members:

I support SB 1332. The measure is necessary to protect the people of Hawaii from negligent, untrained or unscrupulous respiratory therapists. The scope of practice of respiratory care professionals (RCPs) includes many things that put our most vulnerable citizens at risk from incompetent or irresponsible practitioners. There are currently no laws or regulations that protect against such negligent or malicious behavior.

I have practiced the art and science of respiratory care in Hawaii for 25 years, my entire adult life. I have worked as a clinician specializing in the care of infants and children as well as a clinical manager and as an educator. I am keenly aware of how the practice of respiratory care has changed over the last 25 years. In the 1980's and before, RCPs largely followed the direct orders of a physician and worked with mechanical devices with few controls. Today, RCPs work under protocols, often assessing patients' needs and treating without direct physician supervision. The modern ventilators and life support equipment the RCP works with are far more complex and sophisticated than the simple mechanical devices of previous decades and the dangers of improper use can cause the patient harm or even death.

As a leader of the RCP community, I am aware of examples of respiratory care being provided by "therapists" without national credentials or RCP's who have falsified credentials. I am also aware of therapists coming to Hawaii from mainland states, who it was later discovered, had lost their license in the other state due to disciplinary action. As one of only 2 states left in the union without RCP license laws, our state has become a target for RCPs who can't work elsewhere. In addition to patient safety, there is also a concern that CMS and other Federal agencies may look more favorably on the profession if all states, including Hawaii, license RCPs.

I know the legislature has looked at this issue in the past and decided that the respiratory care profession did not require regulation, but I feel the profession and environment have changed considerably over the last 10-15 years and that the State of Hawaii owes its citizens the protection that SB 1332 offers.

Thank you for your thoughtful consideration and vote in favor of SB 1332.

Sincerely,

Edmund J. Borza, BA, RRT-NPS, CPFT

Testimony in support of SB1332 SD1
Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 25, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

By: Mark Sappington, RRT
Kapolei, Oahu

RE: SB1332, SD1 Relating to Healthcare

Chair Kim, Vice Chair Tsutsui and Members of the Committee:

I strongly support the intent of SB1332 SD1 to regulate the practice of Respiratory Care in Hawaii.

- Without this legislation, our Hawaii residents could be denied access to federally approved health care programs. Medicare is close to allowing licensed Respiratory Care Practitioners (RT's) to work in expanded roles in out-patient settings. This can favorably impact communities on the neighbor islands where access to physicians and pulmonary specialists is limited. Licensed RCPs could service patients with breathing abnormalities and chronic respiratory conditions under physician direction via care protocols and tele-medicine communications.
- I believe that there is no longer a question as to whether or not our profession should be licensed. Respiratory Care is technically complex and yet very patient oriented in its practice. RT's who have lost licenses in other states can still practice in Hawaii. There are no requirements for continuing education for RT's in Hawaii and anyone can assume the role and or identity of an RT in Hawaii. Our states medical patients should be guaranteed care from safe practitioners who have met a high standard of licensing requirements.
- While licensure is important for the protection of patients, it should not be necessary to create a formal "Board for Respiratory Care". An appointed volunteer "Advisory Board" would be sufficient for case review. This would decrease the financial impact of this legislation.
- There are about 300 Respiratory Therapists statewide. This number will allow for a reasonable license fee that will support the program and be cost-neutral.
- As professionals, we understand there will be a cost for this initiative. Respiratory Therapists know that we will have to pay for a license and its maintenance which we anticipate will be both a reasonable and manageable fee.

Thank you for the opportunity to provide testimony.

kim2 - Arline

From: Joan Loke [catnap@hawaii.rr.com]
Sent: Wednesday, February 25, 2009 11:40 PM
To: WAM Testimony
Subject: Testimony in support of HB1332

Importance: High

Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 25, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

**TESTIMONY IN SUPPORT OF HB 1332,
Relating to Respiratory Care
February 1, 2009**

My name is Joan Loke. Uncle Joe referred to me as Joan of Arc. I am a Respiratory Therapist at Kaiser Permanente Moanalua. I am the PACT Representative in the American Association for Respiratory Care. The PACT team lobbies for respiratory issues in Washington D.C. I would like to present testimony in support of HB 1332, which seeks to establish licensing and regulatory requirements for practice of respiratory care and to create a board of respiratory care.

- The trend nationwide is to move patient care outside the hospital. This will be a cost saving move for the hospital and Medicare. At this time, patients cannot gain access to respiratory therapy services outside the hospital. The wording of the Medicare Bill needs to be changed from "direct" to "general" supervision from the doctor. The Ways and Means committee in Washington D.C. would like to be assured that all States are licensed before they approve of the change. Hawaii and Alaska is stalling the process.
- We are not recognized by the Federal Government as part of the health team. The Federal Government only recognize licensed professionals such as physicians and nurses on their list. The patients missed out on grants and programs since our professional is invisible.
- Hawaii and Alaska are the only States that are not licensed. Respiratory therapists who have problems getting licensed in other States will apply for jobs in Hawaii. We will get the therapists that other States do not want in order to protect their patients.
- In a Federal disaster, only licensed personal can cross the line and help disaster victims. Respiratory therapists have no license . We are the first to response in the hospital setting. We cannot do the same outside of the hospital when disaster strikes.
- Your decision to grant us our license in Hawaii will affect the outcome of the Bills in the Federal Government.

Respectfully submitted,

Joan Loke
PACT Team Representative for AARC
HSRC

Testimony in support of SB1332 SD1
Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 25, 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

By: Jo Ann Ikehara, BS, RRT
Kalihi, Oahu

RE: SB1332, SD1 Relating to Healthcare

Chair Kim, Vice Chair Tsutsui and Members of the Committee:

I strongly support the intent of SB1332 SD1 to regulate the practice of respiratory care in Hawaii.

- While licensure is important for the protection of patients, it may not be necessary for an “independent board” which would reduce the financial impact of this legislation.
- Our best estimate of our numbers (those practicing respiratory care) is close to 300 statewide. We believe the number is sufficient to allow for a reasonable license fee that will support the program to be cost-neutral.
- The passage of this legislation has the potential to attract federal dollars to our state as Medicare is reformed and rules are added allowing licensed respiratory care practitioners (RCPs) to work in expanded roles in out-patient settings. This can favorably impact communities on the neighbor islands where access to physicians and pulmonary specialists is limited. Licensed RCPs could service patients with breathing abnormalities and chronic respiratory conditions under physician direction via care protocols and tele-medicine communications.
- At this juncture in the legislative process, we believe that there is no longer a question as to whether our profession should be licensed. Rather it is a matter of can we afford not to, given the role and responsibilities we have in providing good, safe patient care with the potential for expanding the public’s access to such care.
- The question is how can we make this happen in our financially strapped economy? Respiratory therapists understand that we will have to pay for the license and its maintenance which we anticipate will be both a reasonable and manageable fee.

Mahalo for the opportunity to provide testimony.

February 25, 2009

Testimony to: Senate Ways and Means Committee
Senator Donna Mercado Kim, Chair
Senator Shan Tsutsui, Vice Chair

By: Abegail Kopf, RRT, CPFT
Educator, Respiratory Care Program

Re: SB 1332, SD1 RELATING TO RESPIRATORY CARE

Chairs and Committee Members:

I support SB 1332, SD1 which would seek to provide licensing of respiratory care practitioners.

- **If respiratory care practitioners in Hawaii continue to remain unlicensed, the public will not have access to federally approved health programs such as pulmonary rehabilitation.** The CMS/Medicare guidelines for implementation of the Pulmonary Rehabilitation act of 2008 require that non-physician practitioners must be licensed by the State in which the services are furnished to render the services.
- **Licensure ensures that a patient has a caregiver with adequate training in the respiratory field.** Advances in technology have made life-support machines and monitoring devices quite sophisticated compared to those utilized 10 to 15 years ago. Special training in these devices is necessary to ensure appropriate care for the patients. By defining a standard level of optimal care in cardiopulmonary health, accountability and patient safety is improved. As an educator, it is my responsibility to ensure that graduates are trained properly to be able to meet the health demands of the public. Anyone can push buttons on a machine but only those who have learned the theories and passed the competencies know what the implications of a push of a button are to a patient.
- **To protect the public, a respiratory care practitioner (RCP) is the best qualified person to assist a physician in managing patients with breathing disorders.** Students enrolled in the Respiratory Care program at KCC go through seven intense semesters of didactics and clinical rotations. This education is what qualifies the graduates over anybody else to be the eyes and ears of physicians with regards to breathing concerns at the patient's bedside. They rely on us to implement respiratory protocols that significantly improve patient outcomes.
- **Currently, there is nothing to prevent respiratory care practitioners who lose their license to practice in other states from securing employment in Hawaii.** We remain one of two states vulnerable to this possibility. All other states, except Alaska currently have licensure in place. This is a concern since it is sometimes impossible to find out the reason why someone lost his or her license in another state. It is risky to say the least to permit an RCP to take care of our loved-ones here because they are not allowed to do it elsewhere.

Thank you for this opportunity to testify.

kim2 - Arline

From: June Kanda [jkanda@hawaii.rr.com]
Sent: Thursday, February 26, 2009 2:12 PM
To: WAM Testimony
Subject: Testimony in support of SB1332 SD1

Testimony in support of SB1332 SD1
Decision Making on February 27, 2009 at 0900, Conf Rm 211

February 26 2009

To: Senate Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

By: June Kanda, RRT RPFT

RE: SB1332, SD1 Relating to Healthcare

Chair Kim, Vice Chair Tsutsui and Members of the Committee:

I strongly support the intent of SB1332 SD1 to regulate the practice of Respiratory Care in Hawaii.

- Without this legislation, our Hawaii residents could be denied access to federally approved health care programs. Medicare is close to allowing licensed Respiratory Care Practitioners (RT's) to work in expanded roles in out-patient settings. This can favorably impact communities on the neighbor islands where access to physicians and pulmonary specialists is limited. Licensed RCPs could service patients with breathing abnormalities and chronic respiratory conditions under physician direction via care protocols and tele-medicine communications.
- I believe that there is no longer a question as to whether or not our profession should be licensed. Respiratory Care is technically complex and yet very patient oriented in its practice. RT's who have lost licenses in other states can still practice in Hawaii. There are no requirements for continuing education for RT's in Hawaii and anyone can assume the role and or identity of an RT in Hawaii. Our states medical patients should be guaranteed care from safe practitioners who have met a high standard of licensing requirements.
- While licensure is important for the protection of patients, it should not be necessary to create a formal "Board for Respiratory Care". An appointed volunteer "Advisory Board" would be sufficient for case review. This would decrease the financial impact of this legislation.
- There are about 300 Respiratory Therapists statewide. This number will allow for a reasonable license fee that will support the program and be cost-neutral.
- As professionals, we understand there will be a cost for this initiative. Respiratory Therapists know that we will have to pay for a license and its maintenance which we anticipate will be both a reasonable and manageable fee.

Thank you for the opportunity to provide testimony.