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LAWRENCE M. REIFURTH  
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**PRESENTATION OF THE  
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-FIFTH LEGISLATURE  
Regular Session of 2010

Tuesday, March 9, 2010  
10:00 a.m.

**TESTIMONY ON SENATE BILL NO. 2600, S.D. 2, RELATING TO HEALTHCARE.**

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

My name is Celia Suzuki, Acting Licensing Administrator for the Professional and Vocational Licensing Division ("PVLD") of the Department of Commerce and Consumer Affairs ("DCCA"). PVLD appreciates the opportunity to testify on S.B. No. 2600, S.D. 2, Relating to Healthcare.

For the Committee's information, much of the contents of this bill represents consensus between PVLD and the proponents for regulation as well as amendments requested by PVLD of the Senate Health and Commerce and Consumer Protection Committees. Our position, however is that if regulation is enacted, it should be in the form of a certification program and not licensure. We also advised that a licensure

structure would entail higher costs as additional staff and general funds for start-up costs will be needed, whereas a certification structure would not.

Also, we do not support the requirement that to renew a license, a person must complete at least 18 credit hours of continuing education. Before continuing education is imposed as a condition to renew, there should be (1) a demonstrated need to impose such a requirement; (2) identification of the objective(s) that mandatory continuing education is meant to address; (3) a review of existing mechanisms or methods and a finding that mandatory continuing education is the best method to achieve the objective(s) identified in (3) above; (4) verification that continuing education courses meeting the objective(s) are readily available and accessible to the person; (5) evidence that the fiscal impact on the professional will not be adverse; and (6) confirmation that resources are available for the regulatory agency to implement the continuing education program. Until all of these issues are addressed, we cannot support continuing education as a requirement for the renewal of the license

Finally, for the Committee's information, there will be start-up costs to implement the program. Those additional costs will be passed on to licensees in addition to regular fees for the new biennium.

Thank you for the opportunity to testify on Senate Bill No. 2600, S.D. 2.



**TESTIMONY OF MARION M. HIGA, STATE AUDITOR  
ON SENATE BILL 2599, SENATE DRAFT 2  
RELATING TO HEALTH INSURANCE**

**House Committee on Health**

**March 9, 2010**

Chair Yamane and Members of the Committee:

Thank you for this opportunity to testify in support of Senate Bill 2599, Senate Draft 2. The purpose of this bill is to provide coverage for the early detection of colorectal cancer by requiring health insurers to cover colorectal cancer screening procedures and tests, including colonoscopy every ten years for adults beginning at age 50 and continuing until age 75, that received a grade A or B from the United States Preventive Services Task Force (USPSTF).

In Report No. 10-02 entitled *Study of Proposed Mandatory Health Insurance Coverage for Colorectal Cancer Screening*, we reported that the USPSTF 2008 recommended procedures for average risk adults between the ages of 50 and 75 are: colonoscopy at ten year intervals, annual fecal occult blood tests, and flexible sigmoidoscopy every five years combined with high sensitivity fecal occult blood testing every three years. These procedures received a grade A from the USPSTF in its 2008 guidelines.

Senate Bill 2599, SD2, implements the recommendations in our report. For this reason, we support passage of this bill.

I would be pleased to answer any questions you may have.



# **UNIVERSITY OF HAWAII SYSTEM**

## **Legislative Testimony**

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Written Testimony Presented Before the  
House Committee on Health

March 9, 2010, 10:00 a.m.

By

Virginia S. Hinshaw, Chancellor

And

Jerris R. Hedges, MD, MS, MMM  
Dean and Professor of Medicine  
Barry & Virginia Weinman Endowed Chair  
John A. Burns School of Medicine  
University of Hawai'i at Mānoa

Chair Yamane, Vice Chair Nishimoto and members of the House Committee on Health, mahalo for the opportunity to testify in support of SB 2529 SD2.

The University of Hawai'i at Mānoa's John A. Burns School of Medicine supports SB 2529 SD2 because it is very important that Hawai'i establish a system under the department of commerce and consumer protection to collect, analyze and distribute health insurance claims information.

Our support of SB 2529 SD2 is based on six factors:

1. We believe in transparency in health care.
2. We believe that all of us--health care providers, researchers, insurers, policy makers, citizens—need to understand how Hawai'i's delivery system works. This common understanding supports both the identification and resolution of changes needed in the system.
3. We believe the information collected, once analyzed, can help all of us improve the quality of care delivered.

4. We anticipate that rising costs of healthcare will compel us to find ways to assess current utilization and use this information to optimize clinical outcomes while eliminating waste, overutilization and underutilization.
5. We believe it is inevitable that these data will be mandated. The sooner we act to collect it and understand it, the greater will be our collective ability to design the system we want rather than react to a system imposed through Federal legislation.
6. Currently, no one data set provides a comprehensive look at the utilization and delivery of health services in the state. Without benefit of knowing the big picture, we cannot effectively plan for the provision of health services, training of adequate numbers of providers, or managing cost and quality.

Thank you for the opportunity to support SB 2529 SD2.



**HAWAII MEDICAL ASSOCIATION**

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

**Tuesday, March 9, 2010, 10:00 a.m., Conference Room 320**

To: COMMITTEE ON HEALTH  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

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

RE: SB2600 Relating to Healthcare

In Support

Chairs & Committee Members:

Hawaii Medical Association supports this measure as an important element in protecting patients from medical errors by providing assurance that educational requirements and qualifications are met for respiratory practitioners, who currently have no educational requirements by any Hawaii state government agency.

Forty-eight other states have oversight of respiratory care practitioners. This not only helps protect patients, but provides assurance to hospitals and medical professionals who contract with respiratory care practitioners. The hospitals and other medical professionals will know that there is some guarantee these respiratory care practitioners meet the educational requirements for their profession.

We also support the added exemptions for sleep technologists and other licensed healthcare professionals performing within their own scope of practice.

Thank you for the opportunity to provide this testimony.

**OFFICERS**

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Immediate Past President - Gary Okamoto, MD Treasurer - Stephen Kemble, MD Executive Director - April Donahue



## THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • FAX: (808) 547-4646 • www.queens.org

**To: Representative Ryan I Yamane, Chair Health Committee  
Representative Scott Y. Nishimoto, Vice Chair**

**Hearing: Tuesday, March 9, 2010 @ 10:00 a.m. Conference Rm  
329**

**Re: SB 2600, SD2 Relating to Healthcare**

**Hearing: Tuesday, March 9, 2010 @ 10:00 a.m. RM 329**

**I strongly support the intent of SB2600 SD2 to regulate the  
practice of respiratory care in Hawaii.**

◆ 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, including Asthma, COPD and respiratory pandemics such as SARS and H1N1.

◆ Federal Medicare laws for reimbursement are currently undergoing a significant change that affects reimbursement to all Medical Centers. Medicare is closely scrutinizing the current personnel requirements as it relates to reimbursement for the services provided to Medicare patients. Specifically, payment for services provided by unlicensed personnel are under review. If Medicare were to decide to amend its rules and not reimburse for services provided by unlicensed health care personnel, this would reduce the Federal dollars to our state as Medicare is reformed on this important point.

Thank you for your consideration on this important issue.

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Reid Ikeda, MD  
Medical Intensivist, Medical Intensive Care Unit  
Assistant Professor of Medicine John A. Burns School of Medicine  
University of Hawaii  
Medical Director Respiratory Care Services

Founded in 1859 by Queen Emma and King Kamehameha IV



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**Hearing: Tuesday, March 9, 2010 @ 10:00 a.m. Conference Rm 329**

**Re: SB 2600, SD2 Relating to Healthcare**

**I strongly support the intent of SB2600 SD2 to regulate the practice of respiratory care in Hawaii.**

Enacting this legislation to regulate the practice of respiratory care in Hawaii will:

- Hawaii's Respiratory Therapists are committed to making this a **budget neutral** licensing program.
- Respiratory Therapists do not require further examinations. Currently for many decades, the National Board for Respiratory Care (NBRC) has been tasked with credentialing Respiratory Therapists through a validated national exam. This exam process is required in order to achieve "certified or registered" status for all Respiratory Therapists in all states.
- Similar "DCCA" state departments in 48 other states, District of Columbia and Puerto Rico, have already acknowledged and accepted the NBRC distinguished role as the only credentialing body required for validation of knowledge necessary to practice as a Respiratory Therapist.
- As well, there already exists continuing education credit offerings and tracking through the national professional organization for respiratory therapists, the American Association for Respiratory Care (AARC), whose membership now stands at approximately 50,000.
- Protect the citizens of Hawaii, who when in need of excellent respiratory care services and at times life-saving medical attention, receive this care from competent, validated, licensed Respiratory Therapists.

Mahalo for accepting my testimony.

*Diane Brenessel, RRT*  
Diane Brenessel, BS, D.Ed., RRT, AE-C  
Clinical Educator for Respiratory Care Services  
Queen's Medical Center  
Honolulu, Hawaii 96813

Founded In 1859 by Queen Emma and King Kamehameha IV  
The Queen's Medical Center is a 501(c)(3) nonprofit corporation







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Thank you for your consideration on this important issue.

Mihae Yu, MD, FACS, Professor of Surgery  
Vice-Chair of Education,  
University of Hawaii Department of Surgery  
Program Director, Surgical Critical Care Fellowship  
Director of Surgical Intensive Care,

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Thank you for your consideration on this important issue.

Signature/Credentials

Cheryl W.-J. Chang, MD

Print Name

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**To: Representative Ryan I Yamane, Chair Health Committee  
Representative Scott Y. Nishimoto, Vice Chair**

**Hearing: Tuesday, March 9, 2010 @ 10:00 a.m. Conference Rm. 329**

**Re: SB 2600, SD 2 Relating to Healthcare**

**My name is Carol Agard and I am the manager of Respiratory Care Services and the Sleep Center at the Queen's Medical Center.**

I support the intent of SB 2600, SD2 to regulate the practice of respiratory care in Hawaii for these reasons:

The practice of respiratory care has evolved over the years to include much more pharmacological interventions and invasive procedures with increased potential for harm to patients.

Respiratory services are no longer exclusive based in the hospital environment. Patients are being discharged much more quickly into other care sites such as nursing homes, hospices, clinics and the patient's own home still requiring respiratory services.

In the interest of patient safety and to assure that the patients are receiving appropriate and quality respiratory services, those providing this life sustaining therapy must be regulated.

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, including Asthma, COPD and respiratory pandemics such as SARS and H1 N1.

Federal Medicare laws for reimbursement are currently undergoing a significant change that affects reimbursement to all Medical Centers. Medicare is closely scrutinizing the current personnel requirements as it relates to reimbursement for the services provided to Medicare patients. Specifically, payment for services provided by unlicensed personnel are under review. If Medicare were to decide to amend its rules and not reimburse for services provided by unlicensed health care personnel, this would reduce the Federal dollars to our state as Medicare is reformed on this important point.

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**The proposed regulation has the potential to be budget neutral even in the face of Hawaii's current economic challenges for the following reasons:**


There are more than 300 Respiratory Care Practitioner in the state.

The proposed three year cycle for initial start up and licensing renewal supports efficiency and cost effectiveness for licensing over sight.

The existing National Board for Respiratory Care (NBRC) can serve as the credentialing and continuing education credits (CEUs) over sight body, as is the case in 48 other states. The NBRC currently maintains a national data base which would eliminate the need for any competency testing or monitoring of CEUs to be done by the state of Hawaii.

The NBRC also maintains a free data bank accessible to all state respiratory therapy licensure boards. This data bank tracks state disciplinary actions taken against all licensed respiratory therapists. The licensure boards use this data system to check to see if respiratory therapists applying for a license in that state has had their license revoked or action taken against them. This information then is used to determine if a state will issue a license to practice. This is yet another public safety reason to license respiratory therapists, it will protect the public from those who shouldn't be providing respiratory therapy to an unsuspecting public.

Thank you for the opportunity to present testimony,



Carol Agard RRT, FAARC

Manager Respiratory Care Services/Neurodiagnostics  
The Queen's Medical Center



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To: **House Committee on Health**  
**Rep. Ryan I. Yamane, Chair**  
**Rep. Scott Y. Nishimoto, Vice Chair**

RE: **Senate Bill 2600 SD2 relating to Healthcare**  
 Hearing scheduled for March 9, 2010 @ 10:00am, conference Rm 329

### Chairs and Committee Members:

I support the intent of bill **Senate Bill 2600 SD2** regarding the regulation of the practice of Respiratory Care Profession.

There is without a question a strong need for the oversight of the Respiratory profession, as evidenced by the fact that all but two of our states have already seen fit to enact legislation to oversee our profession.

As a manager of on of Hawaii's largest Respiratory Care Department, I understand the desperate need to have licensed practitioners caring for our states sick and injured. Our profession is one that deals with the father, mothers brothers and sisters of this great state of Hawaii, but for the life of me I cannot grasp how anyone cannot see the critical nature of this pressing issue. As a respiratory manager I am personally responsible for hiring competent and qualified staff to care for Hawaii's people who for one reason or another cannot care for themselves. I am asking you...no I implore you to help me to bring a level of accountability to Hawaii Respiratory Care Practitioners that the rest of our nations state legislatures have seen fit to enact.

How can I be required to have a license to cut your hair, sell you a house or even massage your back, but not need a license to perform invasive procedures on you as a patient or even possibly save your life? Without licensure our state will become the dumping ground of the nation for Respiratory Care Practitioners who have lost the ability to practice in 48 other states. I do not think that this is the vision that our Queen had when going door to door to raise funds to care for Hawaii's people.

Please consider this issue before our local hospitals become scattered with practitioners that will not be welcome to practice throughout the rest of our nation. Thank you for your action on this matter.

Everett A. Bransford  
 Manager

Respiratory Care Department  
 The Queen's Medical Center  
FOUNDED IN 1863 BY QUEEN EMMA AND KING KAMEHAMEHA IV  
 THE QUEEN'S MEDICAL CENTER CORPORATION



March 8, 2010

Testimony to: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Valerie Chang, JD  
Executive Director, Hawaii COPD Coalition



RE: SB2600SD2 Relating to Healthcare  
Hearing scheduled for March 9, 2010 @ 10:00 AM, Conference Rm 329

Dear Chair Yamane, Vice-Chair Nishimoto and Committee Members,

I support the intent of SB2600, SD2 which seeks to regulate the practice of Respiratory Care. My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. 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. State surveys indicate that over 30,000 Hawaii adults have been diagnosed with COPD. Many, many more people in Hawaii suffer from asthma, tuberculosis, pneumonia and other respiratory conditions.

Respiratory Therapists are a very important of the healthcare team for COPD patients and their loved ones. They help the patients get their medication, keep their lungs clear, and learn to manage their breathing conditions. As has been noted, only Hawaii and Alaska lack certification for respiratory therapists. Have a certification process in place and certifying the respiratory therapists will help to insure that all of our therapists meet appropriate standards and are providing quality care to our many people in Hawaii who need respiratory care.

My husband, children, and I have asthma and additionally, I have severe emphysema. We have all used the services of respiratory therapists to test how well our lungs are working. I have also been fortunate enough to have a respiratory therapist in Colorado help me develop a personalized exercise program which is safe and appropriate for my lung condition. Respiratory nurses and respiratory therapists have also provided me with education on how to live actively with asthma and emphysema.

I have also enjoyed working with many respiratory therapists with our Hawaii COPD Coalition where we have:

- (1) Free breathing testing at clinics throughout our state;
- (2) Free support groups (run by two respiratory therapists); and
- (3) Free annual education day.

I strongly SUPPORT the prompt passage of legislation to establish licensing and regulatory requirements for practice of respiratory care and to create a board for respiratory care, as written in SB 2600, SD2. Please do not hesitate to contact me if I can provide any additional information.

Sincerely,

Aloha,  
Valerie Chang, JD  
Executive Director, Hawaii COPD Coalition  
[www.hawaiicopd.org](http://www.hawaiicopd.org),  
e-mail: [copd.hawaii@yahoo.com](mailto:copd.hawaii@yahoo.com)  
(808)699-9839  
733 Bishop Street, Suite 1550,  
Honolulu, HI 96813



# *HSRC* Hawaii Society for Respiratory Care

Testimony in Support of SB 2600, SD2

To: House Committee on Health, Ryan Yamane Chair, Scott Nishimoto, Vice Chair

From: Ed Borza, RRT-NPS, CPFT, President HSRC

Committee Chair, Vice Chair and members of the committee,

I am testifying in support of SB 2600, SD2 to license and regulate respiratory therapists (RTs) in Hawaii. RTs are involved in the care of the most critical patients in Hawaii's healthcare system and also are critical in the continuum of care as homecare providers, patient educators and advocates for lung health. It is critical that the consumers and patients in Hawaii have the same protections afforded to consumers of 48 other states, the District of Columbia and Puerto Rico. Because we are among the last states (with Alaska) to recognize and regulate the profession, there is a possibility of unethical or incompetent RT's coming from other states and harming our patients. There is also the risk that an unscrupulous therapist could move from hospital to hospital within our state.

RTs are involved with the most critically ill patients in Emergency departments and Intensive care units, including pediatric and newborn intensive care. They are primarily responsible for operating life-support equipment and assisting with, and performing, invasive procedures such as arterial punctures and artificial airway placement. RT's also administer medications and medical gasses that have the potential to harm a patient if not correctly or safely administered.

It has sometimes been suggested that hospitals police the profession sufficiently by requiring national credentials and doing "background" checks, but there is evidence that this system is not always able to screen adequately. In Hawaii, employers are

not given access to licensing board decisions in many mainland jurisdictions because we don't have a state licensing authority. The lack of a license in Hawaii also means that Hawaii based RTs would not be eligible to apply for Federal disaster relief teams and may be restricted from providing certain Medicare services if regulations mandate services be provided by licensed professionals.

The Hawaii Society for Respiratory Care is not interested in restricting other qualified health professionals from doing their jobs. It is critical that a nurse not be worried that her license is at risk by administering oxygen to a patient or that a sleep tech be restricted from providing CPAP to a patient with sleep apnea. We suggested to the Senate committees on Health and Consumer Protection that exemptions be added to the Bill.

I am unable to attend the hearing on March 9. Carol Agard of the Queen's Medical Center is the Chair of HSRC's licensing committee and she is authorized by me to represent our interests at your hearing.

Thank you for the opportunity to testify.

Aloha, Ed Borza, RRT-NPS, CPFT



To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Jo Ann Ikehara, BS, RRT, CPFT Honolulu, Oahu

Date: March 7, 2010

RE: SB2600SD2 Relating to Healthcare  
March 9, 2010 @ 1000 AM, Conference Rm 329

Chairs and Committee Members,

I support the intent of SB2600SD2 which seeks to regulate the practice of Respiratory Care for the following reasons:

- Our potential to do harm is great. Respiratory therapists work under medical direction and often in the most critical situations along side physicians and nurses trying to save the life of persons whose breathing and circulation have been compromised.
- The people of Hawaii deserve to be cared for by respiratory therapists who have met standards for education, training, credentialing and on-going continuing education. Licensing as proposed would attest to competence and adherence to standards of conduct and ethics. Thus minimizing the potential to do harm.
- The licensing process would serve to identify unscrupulous or less than qualified respiratory therapists who have lost their license and/or are unable to obtain one in any of the other 48 states who have regulation; thereby preventing them from jeopardizing the health, welfare and safety of persons in our state who require respiratory care services.
- It addresses exemptions in a manner which does not restrict the practice of other licensed or credentialed persons from practicing within their own recognized scopes of practice; and provides for others in the home setting such as family caregivers.
- Lastly, in the interest of fiscal conservatism, it forgoes the initial request for an independent board and instead places the administration of this new chapter under the auspices of the director of Commerce and Consumer Affairs who will appoint an advisory committee composed of practicing respiratory therapists to assist with its implementation. In addition, resources of established agencies such as the Committee on Accreditation for Respiratory Care education programs and the credentialing exams of the National Board for Respiratory Care, or their successors are included; thus avoiding duplication of effort and unnecessary cost to the department.

Mahalo for the opportunity to comment.

March 07, 2010

Representative Ryan I. Yamane  
Chair, House Committee on Health  
Hawaii State Capitol, Room 419  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Yamane:

My name is Carol Yoshimura and I am a Polysomnographic (sleep) Technologist employed at Kuakini Medical Center's Pulmonary Sleep Disorders Center 20 years of experience in Polysomnographic Technology and 10 years in Respiratory Therapy. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am submitting written testimony to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

SD 2600 S.D. 2, Section 7 (2) states that a person working as a sleep technologist is exempted from this bill if he/she "has passed an examination for set-up, titration, and monitoring of continuous positive airway pressure, bi-level positive airway pressure for diagnostic purposes.". There are issues with this language:

1. The ambiguity associated with the term "examination" may result in a large number and variety of un-validated examinations [not approved by the BRPT and the American Association of Sleep Technologists (AAST)] being used by local sleep testing facilities to ensure compliance with this requirement.

The current nationally (and internationally) recognized certification examinations for Polysomnographic Technologists and Polysomnographic Technicians are administered by the Board of Registered Polysomnographic Technologists (BRPT). Sleep Technologists and Sleep Technicians who have passed the BRPT examinations are credentialed sleep professionals who have demonstrated a high degree of core knowledge, skills, abilities and attributes in Polysomnographic Technology. Current credentials awarded by the BRPT are: Registered Polysomnographic Technologist (RPSGT) and Certified Polysomnographic Technician (CPSGT). ([www.brpt.org](http://www.brpt.org))

Should it be necessary to include taking and passing an "examination" as a requirement to demonstrate competency in this area, the BRPT and the AAST should be consulted regarding the examination's specific name, content and format.

2. The present exemption language may unintentionally encroach and negatively impact the scope of practice of Polysomnographic Technologists and Polysomnographic Technicians (available on [www.aastweb.org](http://www.aastweb.org)) here in Hawaii by non-inclusion of those who are in-training and/or studying to become sleep technologists/technicians.

3. "...for diagnostic purposes." This phrase does not address the use of continuous positive airway pressure and bi-level positive airway pressure as treatment modalities which is an essential component of the scope of practice for sleep technologists and sleep technicians.

It is due to the abovementioned issues that I support the Hawaii Sleep Society's recommendation that the exemption language in SB2600 S.D. 2, Section 7 (2) be ammended as follows:

**A person working as a Sleep Technologist/Technician as defined by the American Association of Sleep Technologists ([www.aastweb.org](http://www.aastweb.org)), a person in-training to be a Sleep Technologist/Technician, and/or a person studying to become a Sleep Technologist/Technician.**

Respectfully yours,

Carol Yoshimura, RRT, RPSGT

94-100 Huki Place, #S-202

Waipahu, HI 96797

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Jackie Scotty RRT-NPS Kaunoi  
print name credentials city of residence

Date: March 8, 2010

RE: SB2600SD2 Relating to Healthcare  
Hearing scheduled for March 9, 2010 @ 1000 AM, Conference Rm 329

Chairs and Committee Members,

I support the intent of SB2600SD2 which seeks to regulate the practice of Respiratory Care.

Licensing will help to protect the public from respiratory therapists who are unable to obtain licenses to practice in the other 48 states who come to Hawaii seeking employment opportunities for respiratory therapists.

I and my colleagues work along side physicians and nurses at the bedside of many critically ill patients. We are entrusted with the respirators that support the breathing or "life support" for these critically ill patients. Our potential to do harm is great. Yet persons whose job involves hair care and cosmetics are required to be licensed while we are allowed to practice without oversight and accountability. This does not make good sense or offer the consumer of healthcare services, specifically respiratory care services much protection.

I ask that you change this scenario and help to protect the health and welfare of the people in Hawaii who require respiratory care services now and may in the future.

Thank you for your time.

Sincerely,

Jackie Scotty  
Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Shayne Castanera MD Hawaii  
print name credentials city of residence

Date: March 8, 2010

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I ask that you change this scenario and help to protect the health and welfare of the people in Hawaii who require respiratory care services now and may in the future.

Thank you for your time.

Sincerely,



Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Timothy Allen MD Area  
print name credentials city of residence

Date: March 8, 2010

RE: SB2600SD2 Relating to Healthcare  
Hearing scheduled for March 9, 2010 @ 1000 AM, Conference Rm 329

Chairs and Committee Members,

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Timothy Allen  
Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Estrella G. Pasion CPFT, RRT Kapolei, Hi  
print name credentials city of residence

Date: March 8, 2010

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Sincerely,

S Pasion, RRT  
Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Jenny Pivonka, RN, Honolulu  
print name credentials city of residence

Date: March 8, 2010

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Sincerely,

Jenny Pivonka, RN  
Signature, credential



To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By:                                 Thomas Lydon                                RRG                                Kaiua                                  
  print name  credentials  city of residence

Date: March 8, 2010

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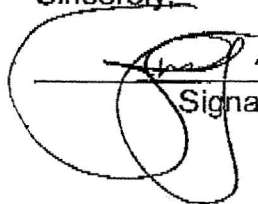
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Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Joan Lake RRT Honolulu, HI  
print name credentials city of residence

Date: March 8, 2010

(Registered Respiratory Therapist)

RE: SB2600SD2 Relating to Healthcare  
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Sincerely,

Joan Lake RRT  
Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By:    \_\_\_ Clarence N Rodrigues                    RRT                    Kaneohe  
\_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
\_\_\_\_\_                    print name                    credentials                    city of residence

Date: March 8, 2010

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Sincerely,

\_\_\_ Clarence N Rodrigues, RRT \_\_\_\_\_  
Signature, credential

**nishimoto2-Ashley**

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 08, 2010 10:15 AM  
**To:** HLTtestimony  
**Cc:** downbythesea@hawaii.rr.com  
**Subject:** Testimony for SB2600 on 3/9/2010 10:00:00 AM

Testimony for HLT 3/9/2010 10:00:00 AM SB2600

Conference room: 329  
Testifier position: oppose  
Testifier will be present: No  
Submitted by: monica nishiki  
Organization: Individual  
Address: 2116 alaeloa pl honolulu,hawaii  
Phone: 808 2711772  
E-mail: [downbythesea@hawaii.rr.com](mailto:downbythesea@hawaii.rr.com)  
Submitted on: 3/8/2010

**Comments:**

I AM A POLYSOMNOGRAPH TECHNICIAN WITH 10 YEARS OF WORKING EXPERIENCE. THIS BILL IS NOT WORDED APPROPRIATELY. PLEASE CHANGE THE LANGUAGE OF THE BILL STATING ONLY RESPIRATORY THERAPISTS MAY APPLY CPAP ON PATIENTS. RESPIRATORY THERAPISTS ARE NOT READY TO JUMP INTO A SLEEP LAB AND START WORKING. THEY WILL NEED THE SAME TRAINING I HAVE HAD TO WORK IN A SLEEP LAB. POLYSOMNOGRAPH TECHNICIANS HAVE SPECIAL TRAINING, COURSES, AND REGISTRY WITH THE AMERICAN ACADEMY OF SLEEP MEDICINE AND THE BOARD OF REGISTERED POLYSOMNOGRAPH TECHNICIANS. IF THIS BILL PASSES WITH THIS LANGUAGE. MANY OF US COULD LOSE OUR JOBS CAUSING SLEEP LABS TO CLOSE AND THE PUBLIC WILL NOT GET THEIR SLEEP TESTS DONE. PLEASE CHANGE THE LANGUAGE OF THE BILL.

## nishimoto2-Ashley

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**From:** Danielle Bass on behalf of Rep. Ryan Yamane  
**Sent:** Monday, March 08, 2010 11:29 AM  
**To:** HLTtestimony  
**Subject:** FW: Senate Bill 2600

---

**From:** Roger Yim [mailto:rey67@hawaii.rr.com]  
**Sent:** Monday, March 08, 2010 11:09 AM  
**To:** Rep. Ryan Yamane  
**Subject:** Senate Bill 2600

Representative Ryan I. Yamane  
Chair, House Committee on Health  
Hawaii State Capitol, Room 419  
415 South Beretania Street  
Honolulu, HI 96813

RE: Senate Bill SD 2600

Dear Representative Yamane:

My name is Dr. Roger Yim and I am a practicing pulmonologist and the Medical Director of the Queen's Sleep Center. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am in favor of this bill, but wanted to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

SD 2600 S.D. 2, Section 7 (2) states that a person working as a sleep technologist is exempted from this bill if he/she "has passed an examination for set-up, titration, and monitoring of continuous positive airway pressure, bi-level positive airway pressure for diagnostic purposes.". There are issues with this language:

- 1) The ambiguity associated with the term "examination" may result in a large number and variety of un-validated examinations [not approved by the BRPT and the American Association of Sleep Technologists (AAST)] being used by local sleep testing facilities to ensure compliance with this requirement. The current nationally (and internationally) recognized certification examinations for Polysomnographic Technologists and Polysomnographic Technicians are administered by the Board of Registered Polysomnographic Technologists (BRPT). Sleep Technologists and Sleep Technicians who have passed the BRPT examinations are credentialed sleep professionals who have demonstrated a high degree of core knowledge, skills, abilities and attributes in Polysomnographic Technology. Current credentials awarded by the BRPT are: Registered Polysomnographic Technologist (RPSGT) and Certified Polysomnographic Technician (CPSGT). ([www.brpt.org](http://www.brpt.org)). Should it be necessary to include taking and passing an "examination" as a requirement to demonstrate competency in this area, the BRPT and the AAST should be consulted regarding the examination's specific name, content and format.

- 2) Another unintended consequence of having the language state that the sleep technologist “passed an examination,” would mean that this board would have to monitor and police the sleep centers, sleep labs, and all the sleep technologists/technicians to enforce this. I believe this would be beyond the scope of this bill. If the intent of this bill is to also police the sleep community, then it should include wording from the two national organizations above in #1. While as a society we hope to someday have a licensing board for sleep technologist/technicians, trying to include it in this current bill would be difficult and likely delay the bill. In the bill, it clearly states that they do not wish to exclude people in other professions as long as they do not purport to be respiratory therapist. Since the sleep technologist/technicians do not purport as being respiratory therapists, the examination wording should be excluded and stated as below.
- 3) The present exemption language may unintentionally encroach and negatively impact the scope of practice of Polysomnographic Technologists and Polysomnographic Technicians (available on [www.aastweb.org](http://www.aastweb.org)) here in Hawaii by non-inclusion of those who are in-training and/or studying to become sleep technologists/technicians.
- 4) “...for diagnostic purposes.” This phrase does not address the use of continuous positive airway pressure and bi-level positive airway pressure as treatment modalities which is an essential component of the scope of practice for sleep technologists and sleep technicians.

It is due to the abovementioned issues that I support the Hawaii Sleep Society’s recommendation that the exemption language in SB2600 S.D. 2, Section 7 (2) be amended as follows:

**A person working as a Sleep Technologist/Technician as defined by the American Association of Sleep Technologists ([www.aastweb.org](http://www.aastweb.org)), a person in-training to be a Sleep Technologist/Technician, and/or a person studying to become a Sleep Technologist/Technician.**

Respectfully yours,

Roger E. Yim, M.D  
Medical Director, Queen’s Sleep Center  
Medical Director, Queen’s Pulmonary Function Laboratory  
President-Elect, Hawaii Sleep Society  
1329 Lusitana St, Suite 704  
Honolulu, Hawaii 96813  
808-524-2100

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: kehaulani Perez CRT HI.  
print name credentials city of residence

Date: March 8, 2010

RE: SB2600SD2 Relating to Healthcare  
Hearing scheduled for March 9, 2010 @ 1000 AM, Conference Rm 329

Chairs and Committee Members,

I support the intent of SB2600SD2 which seeks to regulate the practice of Respiratory Care.

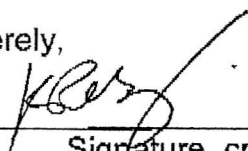
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Thank you for your time.

Sincerely,

  
\_\_\_\_\_  
Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Stephanie Takahara, RW, Honolulu, HI  
print name credentials city of residence

Date: March 8, 2010

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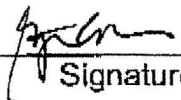
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Sincerely,

 RW  
Signature, credential



To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: James KK O'Sullivan, RN, Mokuleia  
print name credentials city of residence

Date: March 8, 2010

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To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Dwight Watanabe RRT H. Mililan  
print name credentials city of residence

Date: March 8, 2010

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 RRT  
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To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Kelly Kawasaki Registered Nurse Pearl City  
print name credentials city of residence HI

Date: March 8, 2010

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To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Deborah Hacker, RN, Mililani  
print name credentials city of residence

Date: March 8, 2010

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Sincerely,

Deborah Hacker RN CM  
Signature, credential

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: TRENT NAMAHUE \_\_\_\_\_ HONOLULU  
print name credentials city of residence

Date: March 8, 2010

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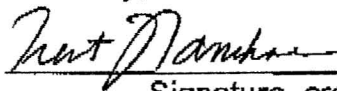
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To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Stephen Kaya, RRT, Honolulu  
print name credentials city of residence

Date: March 8, 2010

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Stephen Kaya RRT  
Signature, credential

March 8, 2010

Representative Ryan I. Yamane  
Chair, House Committee on Health  
Hawaii State Capitol, Room 419  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Yamane:

My name is Mary Ellen Lau and I am a Polysomnographic (sleep) Technologist employed at The Sleep Lab (Jamil Sulieman, M.D.) with 27 years of experience. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am submitting written testimony to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

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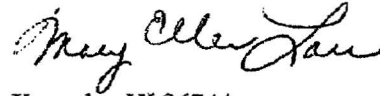
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Respectfully yours,

Mary Ellen Lau, RPSGT



45-115C Waikalua Road, Kaneohe, HI 96744



March 8, 2010

Representative Ryan I. Yamane  
Chair, House Committee on Health  
Hawaii State Capitol, Room 419  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Yamane:

My name is Lois Gallagher and I am a Registered Polysomnographic Technologist employed at Straub Clinic and Hospital with twenty-five years of experience. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am submitting written testimony to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

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The current nationally (and internationally) recognized certification examinations for Polysomnographic Technologists and Polysomnographic Technicians are administered by the Board of Registered Polysomnographic Technologists (BRPT). Sleep Technologists and Sleep Technicians who have passed the BRPT examinations are credentialed sleep professionals who have demonstrated a high degree of core knowledge, skills, abilities and attributes in Polysomnographic Technology. Current credentials awarded by the BRPT are: Registered Polysomnographic Technologist (RPSGT) and Certified Polysomnographic Technician (CPSGT). ([www.brpt.org](http://www.brpt.org))

Should it be necessary to include taking and passing an "examination" as a requirement to demonstrate competency in this area, the BRPT and the AAST should be consulted regarding the examination's specific name, content and format.

2. The present exemption language may unintentionally encroach and negatively impact the scope of practice of Polysomnographic Technologists and Polysomnographic Technicians (available on [www.aastweb.org](http://www.aastweb.org)) here in Hawaii by non-inclusion of those who are in-training and/or studying to become sleep technologists/technicians.

3. "...for diagnostic purposes." This phrase does not address the use of continuous positive airway pressure and bi-level positive airway pressure as treatment modalities which is an essential component of the scope of practice for sleep technologists and sleep technicians.

It is due to the above mentioned issues that I support the Hawaii Sleep Society's recommendation that the exemption language in SB2600 S.D. 2, Section 7 (2) be amended as follows:

**A person working as a Sleep Technologist/Technician as defined by the American Association of Sleep Technologists ([www.aastweb.org](http://www.aastweb.org)), a person in-training (supervised by a Technologist/Technician) to be a Sleep Technologist/Technician, and/or a person studying to become a Sleep Technologist/Technician.**

Respectfully yours,

Lois Gallagher, RPSGT

Straub Clinic and Hospital 888 S. King Street, Honolulu, HI 96813

(808) 522-4448

March 8, 2010

Representative Ryan I. Yamane  
Chair, House Committee on Health  
Hawaii State Capitol, Room 419  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Yamane:

My name is *LIZ BAGOT* and I am a Polysomnographic (sleep) Technician, who is self employed >with 21 years of experience. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am submitting written testimony to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

SD 2600 S.D. 2, Section 7 (2) states that a person working as a sleep technologist is exempted from this bill if he/she "has passed an examination for set-up, titration, and monitoring of continuous positive airway pressure, bi-level positive airway pressure for diagnostic purposes." There are issues with this language:

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Respectfully yours,

*Jay Bayot*

*91-1020 Pohakawai St.*

*Ewa Beach. HI 96706*

March 8, 2010

Memorandum of Testimony

To: House Committee on Health , Ryan Yamane Chairperson Scott Nishimoto, Vice Chair

From: Stephen F. Wehrman CRT, RRT, CPFT, RPFT, AE-C

Re: Hearing for March 9, 2010 SB 2600 SD2 (crossover) Licensure of Respiratory Therapists

I have been a Respiratory Therapist for 33 years. I took my training as an RN in Hilo in the early 1970's and went on to Respiratory school in the mainland since we did not have a program in Hawaii. I have taught Respiratory Care for 28 years and I've been the Director of the only program in this state for the last 20 years. I have seen a lot in my career and I've seen a lot of changes in society, in medicine, in healthcare and in education. One thing hasn't changed: Respiratory Therapists don't have a license to practice in Hawaii.

A license to practice defines what a health care professional does and how they are supposed to do it. When our profession was young, in the 60's and 70's, we didn't have licenses and what we did was more or less undefined. Our profession grew and licensure efforts began in the 1980's. I was licensed in California and later in Washington before I moved back to Hawaii. We don't have a license here and it has not been for lack of trying.

I think that a lot of people know the myths about licensure and not the truths. I came here today to tell you about the truth and to tell you why the truth is important.

**Myth #1: Licensure is all about turf and protecting your profession.**

**Fact:** Paramedics, RN's, Physicians-all provide critical life-saving therapies for patients. All have overlapping areas of skill and responsibility. Respiratory Therapists are members of the lifesaving team. We have no need or desire to take away from others. We all work together sharing these vital responsibilities.

**Bottom Line: Our licensure will have no impact on other professions. They are our partners not our rivals.**

**Myth#2: Licensure increases the cost of healthcare and the cost to society.**

**Fact:** The cost of every respiratory care license in the United States is paid by the Respiratory Therapists. In California this costs \$500. In Washington it is \$100. Costs vary from state to state but the facts are simple: the people who want the license pay for it. A \$300 a year license would cost an RT less than 1\$ per day and less than most of us make in a day.

**Bottom Line: We are willing to make this sacrifice to protect our patients.**

**Myth #3: The hospitals will protect the people of Hawaii, so we don't need licensure.**

**Fact:** Hawaii's hospitals do try to protect people. They do drug testing and background checks using the State of Hawaii database. I have seen them catch people who had an outstanding parking ticket or never went to jury duty. I've never had a graduate rejected by a background check here in Hawaii, however, I have had graduates who could not obtain a license in another state!

Hawaii employers can check for credentials but they only require unofficial proof since no license is involved. What they can't do is check for previous license problems *because the National Disciplinary Database is only available to states with licensure.*

Does this matter? Aside from the obvious big issues, hiring staff that you later terminate due to background issues costs money.

**Bottom Line: Licensure is the only method of regulating health care workers that can ensure a hiring process that is safe and effective. Mainland respiratory therapists who lost their license or experienced disciplinary action try to come to Hawaii!**

**Myth #4: Nothing bad has happened so what's the big deal?**

**Fact:** Bad things have happened, on the mainland and right here in Hawaii. I'll give you three examples:

**The Angel of Death**

A respiratory therapist at Glendale Adventist Hospital in California. He euthanized elderly patients he felt were kept alive inappropriately. He was arrested and released for lack of evidence. **The licensure board revoked his license immediately.** It took 4 years to convict this man.

**The Pediatric Therapist**

He was good with children and volunteered to work with them at his community hospital. Until he was accused of molesting a young female patient. Threatened with termination, he fought back and demanded proof. The hospital administration told him he could resign and they would let him go. What happened? The HR department at the community hospital could not tell the new employer of their problem because of the risk of lawsuits and bad publicity. **A licensure board would have suspended his license and investigated.** This gentleman now works at one of the three hospitals on Oahu that have large pediatric populations.

**The Cocaine Fiend**

I went to the Big Island to set up additional clinical experiences for my students. My goal was to get rural community health rotations where students could learn to care for patients outside the hospital and the urban setting of Oahu. I know the future of healthcare lies outside the hospital and I know how important it is to provide this care on the neighbor islands. I had just signed an agreement and come home to Kaneohe. My mother-in-law called from Waimea to ask me if I had seen the Tribune

Herald? She informed me that my 'friend' had just been arrested on Mamo St. in Hilo for buying cocaine. I immediately canceled the clinical rotation. The judge gave leniency for this man's role in society and his first-time offense. **A license board would have revoked his license until rehabilitation was proved.** It took years of repeated offenses for the system to remove this man from caring for patients in their homes.

I urge you to pass this bill. Actually, I'm begging you. We've tried for 25 years and we need your help. It's pretty important. We're not asking for ourselves, we're asking on behalf of the people we have sworn to care for and protect. The people of Hawaii are counting on us and we are counting on you.

When I get up in the morning I look in the mirror and I ask myself if I like the person I see. I'm usually pretty happy. I hope when you look in the mirror you look happy knowing that you did something to make life better for the 250,000 people in this state who suffer from lung diseases.

We took care of Brother Iz. We took care of Governor Cayetano. We took care of Patsy Mink. And we took care of June Jones, and Tadd Fujikawa and we took care of your loved ones. Who should be taking care of them? People who are trusted.

If you still don't think it is necessary to license my profession, I want you to ask yourself who takes care of your wife, your mother, or your daughter when they are sick. Is it someone trusted? Is it a licensed health care provide?

Finally, I want to share what happened when I volunteered to help with Hurricane Katrina. The United States of America said **NO**. They said I was not qualified. I was not licensed. If we had a public health disaster in Hawaii we would only be able to help at the hospital where we work. We would lose 300 highly trained critical care workers exactly when we need them most. The United States of America bought life-support ventilators to use during a disaster. We have them here in Hawaii. The paramedics are supposed to operate them. Who trained the paramedics?  
**Respiratory Therapists.**

<INSERT DATE>

Representative Ryan I. Yamane  
Chair, House Committee on Health  
Hawaii State Capitol, Room 419  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Yamane:

My name is Frankie Pasion and I am a Polysomnographic Technologist with 10 years of experience. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am submitting written testimony to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

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Respectfully yours,

Frankie Pasion/CRT, RPSGT

1615 Haupu Pl., Honolulu, HI 96819

3/8/2010

Representative Ryan I. Yamane  
Chair, House Committee on Health  
Hawaii State Capitol, Room 419  
415 South Beretania Street  
Honolulu, HI 96813

Dear Representative Yamane:

My name is Wendy Ogawa and I am a Registered Respiratory Therapist and Certified Polysomnographic Tech employed at Kaiser Permanente Sleep Lab with 18 years of experience. I am pleased to submit comments on Senate Bill 2600 S. D. 2, which would establish licensure for respiratory therapists. I am submitting written testimony to express my concern regarding the added ambiguous exemption language for sleep technologists in SB2600 S. D. 2 Section 7 (2) and what I believe could be significant repercussions if this legislation is passed without change to such exemption language.

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Respectfully yours,

Wendy Ogawa, RPSGT.RRT.

3288 Moanalua Road

Honolulu, Hawaii 96819

KP Sleep Lab