



LINDA LINGLE
GOVERNOR
JAMES R. AIONA, JR.
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

LAWRENCE M. REIFURTH
DIRECTOR
RONALD BOYER
DEPUTY DIRECTOR

**PRESENTATION OF THE
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION**

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-FIFTH LEGISLATURE
Regular Session of 2010

Tuesday, February 23, 2010
10:05 a.m.

WRITTEN COMMENTS ONLY

TESTIMONY ON SENATE BILL NO. 2600, S.D. 1, RELATING TO HEALTHCARE.

TO THE HONORABLE DONNA MERCADO KIM, 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. 1, 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 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 new requirement added in the S.D. 1 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. And 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. 1.



HAWAII MEDICAL ASSOCIATION

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

Tuesday, February 23, 2010, 10:05am, Conference Room 211

To: COMMITTEE ON WAYS AND MEANS
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, 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 recently 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

President - Robert Marvit, MD President-Elect - Morris Mitsunaga, MD Secretary - Thomas Kosasa, MD
Immediate Past President - Gary Okamoto, MD Treasurer - Stephen Kemble, MD Executive Director - April Donahue

HSRC Hawaii Society for Respiratory Care

Testimony in Support of SB 2600, SD1

To: Senate WAM committee, Senator Donna Mercado Kim, Chair and Senator Shan Tsutsui, Vice Chair

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

Committee Chairs, Vice Chairs and members of the committees,

I am testifying in support of SB 2600 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.

The licensing of Respiratory Therapists should be budget neutral to the State because the cost of licensing will be borne by the licensees. The DCCA has expressed concern about cost in previous testimony, but the mechanisms are already in place to make administration of the bill easy and cost effective through nationally recognized programs and credentialing offered through the National Board of Respiratory Care (NBRC), the American Association for Respiratory Care (AARC) and the Committee on Accreditation of Respiratory Care (CoARC).

Thank you for your consideration and for your support of RT licensure and SB 2600 (SD1).

Aloha, Ed Borza, RRT-NPS, CPFT

Testimony on SB2600,SD1
Senate Committee on Ways and Means
Tuesday, February 23, 2010 at 10:05 AM in Conference Rm 211

Date: February 21, 2010
To: Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

RE: SB2600,SD1 Relating to Healthcare

Honorable Chair, Vice Chair and Committee Members:

I strongly support the intent and purpose of SB2600,SD1 with the amendments proposed in SSCR2254. Enacting this legislation to regulate the practice of respiratory care in Hawaii will:

- 1) Protect the health and safety of persons in need of respiratory care services by requiring that respiratory therapists meet specified criteria in order to practice in the State of Hawaii.
- 2) Provide a mechanism to identify incompetent, untrained or unscrupulous respiratory therapists and prevent them from jeopardizing the health and welfare of patients, co-workers and others around them.
- 3) Require that respiratory therapists keep up with developments in their field and obtain continuing education credits annually in order to renew a license.
- 4) Not infringe upon nor prevent the practice of other licensed or credentialed healthcare practitioners.
- 5) Relieves Hawaii of being an obstacle to the changes being proposed for Medicare which are intended to increase access of persons with pulmonary diseases to programs and healthcare professionals with the expertise to best assist them. And
- 6) As proposed in lieu of a board, there be the establishment of a respiratory therapist program within the Department of Commerce and Consumer Affairs (DCCA), which will seek to make this a budget neutral program. There already exists continuing education credit offerings and tracking through the national professional organization for respiratory therapists, the American Association for Respiratory Care (AARC). Additionally, the National Board for Respiratory Care (NBRC) has for years offered validated exams for credentialing respiratory therapists. The DCCA could adopt these programs as other states have done in enacting their laws.

Mahalo for the opportunity to comment.

Jackie Scotka, RRT
Kaunua, Hawaii
Respiratory Care Manager, Kapiolani Medical Center at Pali
Mos

Testimony on SB2600, SD1
Senate Committee on Ways and Means
Tuesday, February 23, 2010 at 10:05 AM in Conference Rm 211

Date: February 21, 2010
To: Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

RE: SB2600, SD1 Relating to Healthcare

Honorable Chair, Vice Chair and Committee Members:

I strongly support the intent and purpose of SB2600, SD1 with the amendments proposed in SSCR2254. Enacting this legislation to regulate the practice of respiratory care in Hawaii will:

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

Testimony on SB2600,SD1
Senate Committee on Ways and Means
Tuesday, February 23, 2010 at 10:05 AM in Conference Rm 211

Date: February 21, 2010
To: Committee on Ways and Means
Senator Donna Mercado Kim, Chair
Senator Shan S. Tsutsui, Vice Chair

RE: SB2600,SD1 Relating to Healthcare

Honorable Chair, Vice Chair and Committee Members:

I strongly support the intent and purpose of SB2600,SD1 with the amendments proposed in SSCR2254. Enacting this legislation to regulate the practice of respiratory care in Hawaii will:

- 1) Protect the health and safety of persons in need of respiratory care services by requiring that respiratory therapists meet specified criteria in order to practice in the State of Hawaii.
- 2) Provide a mechanism to identify incompetent, untrained or unscrupulous respiratory therapists and prevent them from jeopardizing the health and welfare of patients, co-workers and others around them.
- 3) Require that respiratory therapists keep up with developments in their field and obtain continuing education credits annually in order to renew a license.
- 4) Not infringe upon nor prevent the practice of other licensed or credentialed healthcare practitioners.
- 5) Relieves Hawaii of being an obstacle to the changes being proposed for Medicare which are intended to increase access of persons with pulmonary diseases to programs and healthcare professionals with the expertise to best assist them. And
- 6) As proposed in lieu of a board, there be the establishment of a respiratory therapist program within the Department of Commerce and Consumer Affairs (DCCA), which will seek to make this a budget neutral program. There already exists continuing education credit offerings and tracking through the national professional organization for respiratory therapists, the American Association for Respiratory Care (AARC). Additionally, the National Board for Respiratory Care (NBRC) has for years offered validated exams for credentialing respiratory therapists. The DCCA could adopt these programs as other states have done in enacting their laws.

Mahalo for the opportunity to comment.

Jo Ann Ikehara, BS, RRT, CPFT
Kalihi, Honolulu, Hawaii

From: [Joan Loke](#)
To: [WAM Testimony](#)
Subject: Testimony in support of SB2600 Licensure for respiratory therapist
Date: Monday, February 22, 2010 3:01:51 PM
Importance: High

Date: February 21, 2010

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

RE: SB2600,SD1 Relating to Healthcare

Honorable Chair, Vice Chair and Committee Members:

I strongly support the intent and purpose of SB2600,SD1 with the amendments proposed in SSCR2254. Enacting this legislation to regulate the practice of respiratory care in Hawaii will:

- 1) Protect the health and safety of persons in need of respiratory care services by requiring that respiratory therapists meet specified criteria in order to practice in the State of Hawaii.
- 2) Provide a mechanism to identify incompetent, untrained or unscrupulous respiratory therapists and prevent them from jeopardizing the health and welfare of patients, co-workers and others around them.
- 3) Require that respiratory therapists keep up with developments in their field and obtain continuing education credits annually in order to renew a license.
- 4) Not infringe upon nor prevent the practice of other licensed or credentialed healthcare practitioners.
- 5) Relieves Hawaii of being an obstacle to the changes being proposed for Medicare which are intended to increase access of persons with pulmonary diseases to programs and healthcare professionals with the expertise to best assist them. And
- 6) As proposed in lieu of a board, there be the establishment of a respiratory therapist program within the Department of Commerce and Consumer Affairs (DCCA), which will seek to make this a budget neutral program. There already exists continuing education credit offerings and tracking through the national professional organization for respiratory therapists, the American Association for Respiratory Care (AARC). Additionally, the National Board for Respiratory Care (NBRC) has for years offered validated exams for credentialing respiratory therapists. The DCCA could adopt these programs as other states have done in enacting their laws.

Sincerely yours,
Joan Loke RRT

February 22, 2010

Memorandum of Testimony

To: Senator Donna Mercado Kim, Chairperson, Senate Ways and Means Committee
Senator Shan S. Tsutsui, Vice Chairperson
From: Steve Wehrman, RRT RPFT AE-C, Respiratory Care Program Director
Re: SB 2600SD1, Licensure of Respiratory Therapists

I am writing you to testify in favor of Senate Bill 2600SD1, a bill to license respiratory therapists in the State of Hawaii. Hawaii and Alaska are the only two states that do not have licensure for this profession.

Testimony for this bill has primarily focused on the need to protect the people of Hawaii and to ensure that they receive vital health care services. My testimony to you will focus on the costs of the bill, since it is not enough to consider health and safety; we also need to consider cost whenever we discuss health care related legislation.

The initial cost of licensure lies in the necessity to have a state agency to oversee the license and a board to deal with violations. The cost of every respiratory care license in the United States is paid by the respiratory therapists. In California this costs nearly \$500. In Washington it is about \$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 in Hawaii would cost the therapist less than 1\$ per day and is less than most of us make in a day.

Licensure also has ongoing costs of renewal and the issue of continuing education. Our profession requires every therapist to receive six hours of approved education each year in order to maintain credentials. Most states require 15 hours per year of continuing education. In Hawaii, each therapist is offered the opportunity to receive 12 credits per year from the Hawaii Society for Respiratory Care. The average price of continuing education credits is only \$10.00 per credit, and you can receive hours for free from the American Association for Respiratory Care and other sources like Kapi'olani Community College. So the cost of maintaining the license is relatively insignificant.

Licensure does not increase the cost of health care to anyone but the respiratory therapist. We are more than willing to make this small sacrifice to ensure that the people of Hawaii receive the care they deserve from practitioners they can trust.

February 22, 2010

Memorandum of Testimony

To: Senator Donna Mercado Kim, Chairperson, Senate Ways and Means Committee
Senator Shan S. Tsutsui, Vice Chairperson
From: Steve Wehrman, RRT RPFT AE-C, Respiratory Care Program Director
Re: SB 2600SD1, Licensure of Respiratory Therapists

I am writing you to testify in favor of Senate Bill 2600SD1, a bill to license respiratory therapists in the State of Hawaii. Hawaii and Alaska are the only two states that do not have licensure for this profession.

Testimony for this bill has primarily focused on the need to protect the people of Hawaii and to ensure that they receive vital health care services. My testimony to you will focus on the costs of the bill, since it is not enough to consider health and safety; we also need to consider cost whenever we discuss health care related legislation.

The initial cost of licensure lies in the necessity to have a state agency to oversee the license and a board to deal with violations. The cost of every respiratory care license in the United States is paid by the respiratory therapists. In California this costs nearly \$500. In Washington it is about \$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 in Hawaii would cost the therapist less than 1\$ per day and is less than most of us make in a day.

Licensure also has ongoing costs of renewal and the issue of continuing education. Our profession requires every therapist to receive six hours of approved education each year in order to maintain credentials. Most states require 15 hours per year of continuing education. In Hawaii, each therapist is offered the opportunity to receive 12 credits per year from the Hawaii Society for Respiratory Care. The average price of continuing education credits is only \$10.00 per credit, and you can receive hours for free from the American Association for Respiratory Care and other sources like Kapi'olani Community College. So the cost of maintaining the license is relatively insignificant.

Licensure does not increase the cost of health care to anyone but the respiratory therapist. We are more than willing to make this small sacrifice to ensure that the people of Hawaii receive the care they deserve from practitioners they can trust.