

**SB 26**



NEIL ABERCROMBIE  
GOVERNOR

BRIAN SCHATZ  
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](http://www.hawaii.gov/dcca)

KEALI'I S. LOPEZ  
DIRECTOR

EVERETT KANESHIGE  
DEPUTY DIRECTOR

PRESENTATION OF  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
REGULATED INDUSTRIES COMPLAINTS OFFICE

TO THE SENATE COMMITTEE ON  
WAYS AND MEANS

TWENTY-SIXTH STATE LEGISLATURE  
REGULAR SESSION, 2011

THURSDAY, FEBRUARY 24, 2011  
9:00 A.M.

WRITTEN TESTIMONY ONLY  
ON SENATE BILL NO. 26 S.D.1  
RELATING TO ADVANCED PRACTICE REGISTERED NURSE FEES

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

The Department of Commerce and Consumer Affairs ("Department") appreciates the opportunity to testify on Senate Bill No. 26 S.D.1, Relating to Advanced Practice Registered Nurse Fees. My name is Jo Ann Uchida of the Department's Regulated Industries Complaints Office ("RICO"). RICO offers the following comments on the bill.

All licensees whose licenses are administered by the Department's Professional and Vocational Licensing Division ("PVL") pay fees associated with

that license. The fees consist generally of two components – licensing fees and compliance fees. RICO's comments as to this bill relate only to compliance fees. Compliance fees are used by RICO to receive, investigate, and, where appropriate, prosecute professional licensing violations.

According to PVL's November 1, 2010, list of current licenses, approximately 4.8% of active Registered Nurse licensees are APRNs and 1.2% of active Registered Nurse licensees are APRN-Rx licensees. In fiscal year 2010, RICO received 35 nursing complaints, 27 of which related to registered nurses, 5 involving APRN licensees and 1 involving APRN-RX. This means that although APRNs comprise 4.8% of RN licensees, they generate 18.5% of the complaints. By the same token, APRN-RX licensees comprise 1.2% of RN licensees while generating 3.7% of the complaints.

Most people would assume that the number of complaints involving APRNs and APRN-RX licensees would actually be lower, given the additional training and education associated with those licenses. However, because APRNs and APRN-RX licensees are charged with primary care and make treatment decisions, it is inevitable that they receive more complaints than registered nurses who usually act at the direction of other primary care providers.

APRNs and APRN-RX licensees do pay additional compliance fees related to their separate licenses, but these license types generate more complaints than the general Registered Nurse licensee population. These complaints do not necessarily

result in more disciplinary actions, but they do require additional time on the part of RICO staff.

Moreover, because APRN licensees hold two licenses and APRN-RX licensees hold three licenses, RICO investigations and disciplinary actions are invariably more complex. For example, if an APRN-RX commits a licensing violation solely related to the portion of the rule relating to APRN-RX, should disciplinary action be taken only against the APRN-RX license, or against one or more of the other licenses? If a licensee is not equipped to act as a primary care provider under an APRN license, should the individual's RN license be affected, and if so, in what way?

RICO understands that the Nursing Board is contemplating the extent to which the existing licensing scheme can be simplified. Simplification or consolidation of licenses will reduce the complexity and cost of an enforcement action.

Thank you for this opportunity to testify on Senate Bill No. 26 S.D.1. I will be happy to answer any questions that the members of the Committee may have.

**PRESENTATION OF THE  
BOARD OF NURSING**

TO THE SENATE COMMITTEE ON WAYS AND MEANS

TWENTY-SIXTH LEGISLATURE  
Regular Session of 2011

Thursday, February 24, 2011  
9:00 a.m.

**WRITTEN COMMENTS**

**TESTIMONY ON SENATE BILL NO. 26, S.D. 1, RELATING TO ADVANCED  
PRACTICE REGISTERED NURSE FEES.**

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

My name is Lee Ann Teshima, Executive Officer for the Board of Nursing ("Board") and I appreciate the opportunity to submit written comments on Senate Bill No. 26, S.D. 1, Relating to Advanced Practice Registered Nurse Fees. This bill proposes to eliminate the compliance resolution fund fees ("CRF fees") for the licensure and certification of prescriptive authority of advanced practice registered nurses, and require all nurses who are licensed, recognized or granted prescriptive authority to complete a survey developed by the Hawaii State Center for Nursing ("Center") upon renewal.

The Board discussed this bill at its February 3, 2011 meeting and is in support of eliminating the multiple fees for licensure. However, while the Board is in support of the Hawaii State Center for Nursing, it cannot support the completion of its survey as a requirement for licensure renewal. There are approximately 25,000 licensed nurses and to enforce this as a license renewal requirement will significantly tax our limited

Testimony on Senate Bill No. 26, S.D. 1  
Thursday, February 24, 2011  
Page 2

resources and adversely affect our ability to efficiently process the license renewal applications.

Thank you for the opportunity to provide written comments on this bill.