

# SB 38, SD 1

**Measure Title:** RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

**Report Title:** Advanced Practice Registered Nurse; Hospitals

**Description:** Requires each hospital within the State to allow advanced practice registered nurses to practice within the full scope of the practice. Effective 7/1/2050. (SD1)

**Companion:** HB484

**Package:** None

**Current Referral:** HTH, CPN

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**PRESENTATION OF THE  
BOARD OF NURSING**

**TO THE SENATE COMMITTEE ON COMMERCE  
AND CONSUMER PROTECTION**

**TWENTY-SIXTH LEGISLATURE  
Regular Session of 2011**

**Tuesday, March 1, 2011  
9:30 a.m.**

**WRITTEN COMMENTS**

**TESTIMONY ON SENATE BILL NO. 38, S.D. 1, RELATING TO ADVANCED  
PRACTICE REGISTERED NURSES.**

**TO THE HONORABLE ROSALYN H. BAKER, 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. 38, S.D. 1, Relating to Advanced Practice Registered Nurses. This bill proposes to allow an advanced practice registered nurse ("APRN") who meets the qualifications established by the Board to function as a primary care provider. The Board supports this bill as it would require hospitals licensed in this State to recognize the APRN as a primary care provider, so that they can receive the same benefits as other primary care providers.

Thank you for the opportunity to provide written comments on Senate Bill No. 38, S.D. 1.

# HMSA



Blue Cross  
Blue Shield  
of Hawaii

An Independent Licensee of the Blue Cross and Blue Shield Association

March 1, 2011

The Honorable Rosalyn H. Baker, Chair  
The Honorable Brian T. Taniguchi, Vice Chair

Senate Committee on Commerce and Consumer Protection

**Re: SB 38 SD1 – Relating to Advanced Practice Registered Nurses**

Dear Chair Baker, Vice Chair Taniguchi and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 38 SD1 which would require hospitals to allow Advanced Practice Registered Nurses (APRNs) to practice within the full scope of their licensure.

Hawaii as well as the rest of the nation, continues to face a shortage of qualified health professionals, especially in rural areas. While stakeholders across the health care community are working together to determine how to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One of those resources are the APRNs already practicing in our local health care community.

SB 38 SD1 would clarify that hospitals recognize an APRN's statutorily granted prescriptive authority and allow them to practice to the fullest extent of their licensure, including being recognized as primary care providers. We believe that ensuring providers already practicing within our community are being permitted to utilize the fullest scope of their statutorily granted authority will only serve to increase access to medical services throughout the state.

We respectfully urge the Committee see fit to pass SB 38 SD1. Thank you for the opportunity to testify today.

Sincerely,

Jennifer Diesman  
Vice President  
Government Relations

Written testimony of Phyllis Dendle, Director of Government Relations

To the Senate Committee on Commerce and Consumer Protection  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Brian T. Taniguchi, Vice Chair

For decision making on March 1, 2011 at 9:30 AM in Conference Room 229

**Re: SB 38 SD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

Chair Baker and committee members, thank you for this opportunity to provide written testimony on SB 38 SD1 which would require hospitals to allow advanced practice registered nurses to practice within the full scope of their practice.

**Kaiser Permanente Hawaii supports the intent of this bill but offers an amendment.**

At Kaiser Permanente we recognize the importance of advanced practice registered nurses to the community and within our integrated healthcare delivery system. This bill seeks to improve the ability of APRNs, particularly in a rural area, to provide health care to the fullest of their abilities. We see the value of this to our members. For example this bill will allow midwives employed by Kaiser to provide care to our members in neighbor island hospitals where currently they may not.

We suggest an amendment to this bill that would better address the circumstances APRNs may be in other areas. At Kaiser we sometimes hire APRNs to work in positions that do not, by design, utilize their full scope but fill specific needs. Some of these positions may be in administration or may be nursing care at the level of a registered nurse rather than an APRN. An APRN who accepts such a position would do so with the knowledge of the requirements and limitations of this job.

It is important for all who provide care to patients and services to members to understand and fulfill the role they have in the organization to the best of their ability. It is also important for there to be no confusion among providers about what those roles are. To address the situation where an APRN may be an employee rather than an independent practitioner we suggest the following amendment:

On page 1, line 11, add to the last sentence the phrase “**unless limited by the terms of their employment.**”

Thank you for your consideration.



SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION  
Senator Rosalyn H. Baker, Chair

Conference Room 229  
March 1, 2011 at 9:30 a.m.

**Commenting on SB 38 SD 1.**

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. Our members employ more than 40,000 people, delivering quality health care to the people of Hawaii. Thank you for this opportunity to comment on SB 38 SD 1, which requires hospitals to use advance practice registered nurses (APRNs) to the full scope allowed by their licensure.

Health care consumes about 17% of the gross domestic product, and the health care inflation rate is much greater than the overall inflation rate. Health care providers have been searching for alternatives that can hold down costs while maintaining the quality of care, and the increased use of APRNs is one way to do that. APRNs can provide certain kinds of care that were previously limited only to physicians. APRNs can also provide primary care in areas that are underserved by physicians.

APRNs are now responsible in many settings for direct patient care, including performing routine examination and review of medical histories, and they will also be increasingly involved in telephone triage, patient education, counseling and health awareness. In addition, APRNs may be utilized for pre-operative and post-operative care, assisting at surgery, hospital rounds, in-office procedures, as well as patient education and awareness.

Hospitals and other health care provider organizations are managing APRNs so that they are being used to a much greater degree than before. However, we feel that it is a management responsibility to determine how an APRN or any other employee is used. The Healthcare Association is willing to work with those who support SB 38 SD 1 to develop a compromise that is acceptable to all.

Thank you for the opportunity to comment on SB 38 SD 1.

Testimony for CPN 3/1/2011 9:30:00 AM SB38

Conference room: 229  
Testifier position: support  
Testifier will be present: No  
Submitted by: Wailua Brandman APRN-Rx BC  
Organization: Individual  
Address:  
Phone:  
E-mail: [wailua@aya.yale.edu](mailto:wailua@aya.yale.edu)  
Submitted on: 2/18/2011

Comments:

Senators Baker and Taniguchi and members of the Consumer Protection Committee, thank you for this opportunity to testify in STRONG SUPPORT of SB 38, relating to Advance Practice Registered Nurses (APRNs). In the wisdom of the Legislature of the 2009 session, Act 169 removed many of the barriers to APRNs practicing within the full scope of their professional practice, including the role of Primary Care Provider (PCP). After it was evident that some hospitals still prevented APRNs from being recognized by third party payers, even when they had been hired to provide primary care, we found it necessary to introduce this bill to further elucidate the intent of the Legislature in passing Act 169. We found instances where patients with serious, life threatening medical illnesses were forced to wait 6 months to a year for a primary care appointment with a physician when an appointment with a primary care APRN could have been made within one to two weeks; this was because an agreement had been made between a hospital and a third party payer to not recognize APRNs as PCPs at that hospital. This threat to patient safety is inexcusable and is the reason for the existence of SB 38.

APRNs are Licensed Independent Practitioners (LIPs) in Hawaii, and no employer, hospital or otherwise, should be allowed to restrict the practice of an LIP without due cause, just as physicians are not restricted in their practice without due cause. In the Institute of Medicine's recent Report on the Future of Nursing, it is stated that APRNs should be allowed to practice to the full extent of their scope of practice. Hawaii is already many steps ahead of lots of states, being the first state in the nation to adopt the National Council of State Boards of Nursing's Model Nurse Practice Act and Administrative Rules in preparation for a multi-state APRN compact which would standardize practice acts across the nation and improve the delivery of health care to the citizens of the United States. Allowing corporations to restrict our practice and jeopardize the health of our citizens is a blemish we must ameliorate immediately.

For these reasons, I am in STRONG SUPPORT of SB38. Thank you for hearing my testimony.

Wailua Brandman APRN-Rx BC, Immediate Past President Hawaii Association of Professional Nurses; APRN Advisory Committee to the Hawaii Board of Nursing; O'ahu Director at Large American Psychiatric Nurses Association Hawaii Chapter