

Charlotte A. Carter-Yamauchi
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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol
415 S. Beretania Street, Room 446
Honolulu, Hawaii 96813

Written Comments

HCR53 / HR35

**REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO
IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED
PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES'
EDUCATION AND TRAINING IN THE STATE**

Comments by the Legislative Reference Bureau
Charlotte A. Carter-Yamauchi, Acting Director

Presented to the House Committee on Health

Wednesday, March 27, 2013, 10:00 a.m.
Conference Room 329

Chair Belatti and Members of the Committee:

Good afternoon Chair Belatti and members of the Committee, my name is Charlotte Carter-Yamauchi and I am the Acting Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written comments on H.C.R. No. 53 / H.R. No. 35, Requesting Collaboration Among Various State Agencies to Identify Barriers Relating to the Practice of Advanced Practice Registered Nursing to the Full Extent of the Nurses' Education and Training in the State.

The purpose of this measure is to request that:

- (1) State agencies, including the Department of Health, Department of Human Services, Department of Public Safety, Department of Commerce and Consumer Affairs, State Board of Nursing, and Disability and Communication Access Board, identify barriers to the practice of Advanced Practice Registered Nurses to the full extent of the nurses' education and training in the statutes and administrative rules specific to their respective departments;

- (2) State agencies enlist the assistance of the Department of the Attorney General in identifying barriers and propose amendments to remove barriers in their respective statutes and administrative rules;
- (3) State agencies and the Department of the Attorney General gather their findings and recommendations and propose legislation, by September 1, 2013;
- (4) The Department of the Attorney General transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau no later than November 1, 2013; and
- (5) The Legislative Reference Bureau submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014.

While the Legislative Reference Bureau takes no position on this measure, we submit the following comments for your consideration.

The Bureau believes that the services requested of the Bureau as contemplated under this measure are manageable and that the Bureau will be able to provide the services in the time allotted; provided that the draft work product is submitted to the Bureau by November 1, 2013, and the Bureau's interim workload isn't adversely impacted by too many other studies or additional responsibilities such as conducting, writing, or finalizing other reports, drafting legislation, or both, for other state agencies, task forces, or working groups that may be requested or required under other legislative measures.

Thank you again for this opportunity to provide written comments.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.

by

Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing & Dental Hygiene
University of Hawai'i at Mānoa

HCR 53/HR 35 – REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in very strong support of HCR 53/HR 35.

As noted in this resolution, the Legislature in its wisdom aligned Hawai'i laws with national goals¹ which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, and wellness and preventive care which is at the heart of the health reform movement.

In 2011, the Hawai'i State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration² with another health care provider, lacks provider neutral language

¹ ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

² The term collaboration has been misused and interpreted to mean supervision despite the legislative changes of Act 169, SLH 2009 and Act 110, SLH 2011, thus the need to modernize such language.

Act 169, SLH 2009 required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms of the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

(recognizes physician as the only provider), and prohibits or limits institutional privileges.

However, many laws are rooted in federal laws³ and require Congressional action. The Center for Nursing believes that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53/HR 35 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. HCR 53/HR 35 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs.

Further, UH Mānoa Nursing feels that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies.

Therefore, UH Mānoa Nursing respectfully recommends that HCR 53/HR 35 be amended in part to read as follows:

“BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and

Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 to allow APRNs and qualified APRNs granted prescriptive authority to practice within the full scope of practice including practicing as primary care providers.

APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the individual APRN's specialty. Able to prescribe drugs without supervision or a working relationship agreement with a licensed physician.

³ Federal regulations that directly impact APRN practice locally/ nationally are those that regulate nursing facilities, home health agencies, ambulatory surgical centers, hospitals, intermediate care facilities for the mentally retarded, and hospice settings

Some facilities are required to meet both state and federal requirements. For example, nursing facilities which are State-licensed and federally-certified face the dilemma of complying with two sets of regulations which contain conflicting provisions. Where federal law preempts state laws, APRNs are not able to practice or are limited in their practice. This results in consumers having no or limited access to quality health care, especially in rural areas of the State.

recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of]Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing.”

UH Mānoa Nursing appreciates your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53/HR 35.

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE HOUSE COMMITTEE ON
HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013

Wednesday, March 27, 2013
10:00 a.m.

**TESTIMONY ON HOUSE CONCURRENT RESOLUTION 53/HOUSE
RESOLUTION 35, REQUESTING COLLABORATION AMONG VARIOUS STATE
AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF
ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF
THE NURSES' EDUCATION AND TRAINING IN THE STATE.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Matthew Bishop, Chair of the Board of Nursing ("Board").

I appreciate the opportunity to provide testimony in support of House Concurrent Resolution 53/House Resolution 35, Requesting Collaboration among Various State Agencies to Identify Barriers Relating to the Practice of Advanced Practice Registered Nursing to the Full Extent of the Nurses' Education and Training in the State.

The scope of practice of the advanced practice registered nurse has evolved slowly, but steadily since 1994 when the Board was initially granted authority to recognize advanced practice registered nurses and at the same time grant qualified advanced practice registered nurses to prescribe non-controlled substances. Since then, the Legislature has recognized the advanced practice registered nurse as an independent practitioner with the passage of laws which allow the advanced practice registered nurses global signature authority, and provide them the ability to prescribe

controlled substances, to practice without a working or collaborative agreement with a licensed physician, and to recognize advanced practice registered nurses as “primary care providers”.

Unfortunately, other government agencies have been slow to recognize the advanced practice registered nurse’s scope of practice and to recognize the advanced practice registered nurse’s ability to perform as a primary care provider or independent practitioner.

This resolution will identify “barriers” in the laws of this State that prevent advanced practice registered nurses from performing to the extent for which they have been trained and educated to ensure the safe practice of nursing and promote patient safety.

Thank you for the opportunity to provide comments on House Resolution 35 and House Concurrent Resolution 53.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 22, 2013 10:13 PM
To: HLTtestimony
Cc: wailua@aya.yale.edu
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/22/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman APRN- Rx BC FAANP	Hawai`i Association of Professional Nurses (HAPN)	Support	No

Comments: Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony on behalf of the Hawai`i Association of Professional Nurses (HAPN), in VERY STRONG SUPPORT of HCR 53. As noted in this resolution, the Legislature in its wisdom aligned Hawaii laws with national goals which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, acute care and wellness and preventive care which is at the heart of the health reform movement. In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges. However, many laws are rooted in federal laws and require Congressional action. HAPN supports The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors. The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. HCR 53 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs. Further, HAPN supports the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; the Governor is the chief executive of the State of Hawai`i who ensures that all laws of the State are executed; and is responsible for state agencies. Therefore, HAPN supports the Center for Nursing's recommendation that HCR 53 be amended in part to read as follows: "BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft

report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of]Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, the State Board of Nursing, and the Hawai'i Association of Professional Nurses." HAPN appreciates and thanks you for your enduring support of nursing and health in Hawai'i. Thank you for the opportunity to testify in VERY STRONG SUPPORT of HCR 53. With Warmest Aloha, Wailua Brandman APRN-Rx FAANP HAPN Founding President and Legislative Committee Chair

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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morikawa2 - Shaun

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To: HLTtestimony
Cc: Ter@hawaii.rr.com
Subject: *Submitted testimony for HCR53 on Mar 27, 2013 10:00AM*

HCR53

Submitted on: 3/23/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Terri Pacheco APRN	HAPN	Support	No

Comments:

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Hawaii Long Term Care Association

Testimony - House Committee on Health

Bob Ogawa, President

HCR 53/HR 35 – REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health. The Hawaii Long Term Care Association strongly supports HCR 53 and HR 35.

The Legislature aligned Hawaii laws with national goals which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, and wellness and preventive care, which is at the heart of the health reform movement.

However, in 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules that contain obsolete language which is silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

The reason provided by the State agencies for the existence of these obsolete laws and rules has been that access to APRN care is not a high priority, combined with lack of manpower and expertise among existing personnel. HCR 53 and HR 35 underscore the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs.

The HLTCA concurs with the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor, as the Governor's initiatives include the ACA and Healthcare Transformation, is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed and is responsible for State agencies. Therefore, we also support the amendments they propose to further those ends.

Thank you for your commitment to nursing in Hawaii and the opportunity to provide testimony in wholehearted support of this measure.

Emails: bogawa@hltca.org ~ dokumura@hltca.org



Hawai`i State Center for Nursing

Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.

by
Deborah B. Gardner, PhD, RN, FNAP, FAAN
Executive Director
Hawai`i State Center for Nursing

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in very strong support of HCR 53.

As noted in this resolution, the Legislature in its wisdom aligned Hawai`i laws with national goals¹ which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, and wellness and preventive care which is at the heart of the health reform movement.

In 2011, the Hawai`i State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration² with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

¹ ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

² The term "collaboration" has been misused and interpreted to mean supervision despite the legislative changes of Act 169, SLH 2009 and Act 110, SLH 2011, thus the need to modernize such language.

Act 169, SLH 2009 required insurers/HMOs/benefit societies to recognize APRNs as Primary Care Providers (PCPs); authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms of the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 110, SLH 2011 required each hospital in the State licensed under Hawai`i Revised Statutes (HRS), § 321-14.5 to allow APRNs and qualified APRNs granted prescriptive authority to practice within the full scope of practice including practicing as primary care providers.

APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the individual APRN's specialty. Able to prescribe drugs without supervision or a working relationship agreement with a licensed physician.

However, many laws are rooted in federal laws³ and require Congressional action. The Center for Nursing believes that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, HCR53 would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. HCR 53 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs.

Further, the Center for Nursing feels that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the Affordable Care Act (ACA) and Healthcare Transformation; is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies.

Therefore, the Center for Nursing respectfully recommends that HCR 53 be amended in part to read as follows:

“BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and

³ Federal regulations that directly impact APRN practice locally/ nationally are those that regulate nursing facilities, home health agencies, ambulatory surgical centers, hospitals, intermediate care facilities for the mentally retarded, and hospice settings

Some facilities are required to meet both state and federal requirements. For example, nursing facilities which are State-licensed and federally-certified face the dilemma of complying with two sets of regulations which contain conflicting provisions. Where federal law preempts state laws, APRNs are not able to practice or are limited in their practice. This results in consumers having no or limited access to quality health care, especially in rural areas of the State.

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of]Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing.”

The Center for Nursing appreciates your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 22, 2013 2:24 PM
To: HLTtestimony
Cc: nuyolks@gmail.com
Subject: *Submitted testimony for HCR53 on Mar 27, 2013 10:00AM*

HCR53

Submitted on: 3/22/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Kathy Yokouchi	Hawaii State Center for Nursing	Support	Yes

Comments:

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**Written Testimony Presented before the
House Committee on Health
March 27, 2013, 10:00 A.M.**

**by
Barbara Molina Kooker, DrPH, APRN, NEA-BC
Vice Chair, Hawaii State Center for Nursing**

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in very strong support of HCR 53.

As noted in this resolution, the Legislature in its wisdom aligned Hawaii laws with national goals¹ which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, and wellness and preventive care which is at the heart of the health reform movement.

In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration² with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

¹ ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

² The term collaboration has been misused and interpreted to mean supervision despite the legislative changes of Act 169, SLH 2009 and Act 110, SLH 2011, thus the need to modernize such language.

Act 169, SLH 2009 required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms of the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

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However, many laws are rooted in federal laws³ and require Congressional action. HCR 53 supports The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

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Further, HCR 53 supports the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation.

Therefore, HCR 53 supports the Center for Nursing's recommendation that HCR 53 be amended in part to read as follows:

“BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference

³ Federal regulations that directly impact APRN practice locally/ nationally are those that regulate nursing facilities, home health agencies, ambulatory surgical centers, hospitals, intermediate care facilities for the mentally retarded, and hospice settings

Some facilities are required to meet both state and federal requirements. For example, nursing facilities which are State-licensed and federally-certified face the dilemma of complying with two sets of regulations which contain conflicting provisions. Where federal law preempts state laws, APRNs are not able to practice or are limited in their practice. This results in consumers having no or limited access to quality health care, especially in rural areas of the State.

Bureau, the Directors of the Departments of Health, Human Services, Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of]Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing.”

The Hawaii State Center for Nursing appreciates your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 25, 2013 3:42 PM
To: HLTtestimony
Cc: gcoleman@hah.org
Subject: *Submitted testimony for HCR53 on Mar 27, 2013 10:00AM*

HCR53

Submitted on: 3/25/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
George Greene	Healthcare Association of Hawaii	Support	No

Comments:

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morikawa2 - Shaun

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Sent: Sunday, March 24, 2013 4:20 PM
To: HLTtestimony
Cc: bishopmattj@gmail.com
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/24/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Bishop	Individual	Support	No

Comments: I am writing in support of HCR53. My name is Matt Bishop, I am the current President of the Hawaii State Board of Nursing, but I am submitting my own testimony. I have worked on the volunteer based Board of Nursing for the last 6 years. The members of the board, as well as many other professional nurses, and nursing groups worked so very hard together to pass many pieces of legislation that advanced the profession of nursing here in our state and continued to provide for patient safety. What has been the most frustrating facet of this process is how slow many other state departments have taken to change their rules to be aligned with nursing laws that passed. Again, the all volunteer Board of Nursing, along with other professional nurses and nursing organizations, always seemed to get their rules changed in a timely fashion to deal with changes in the law. I know for my own professional organization in the state, Hawaii Association of Nurse Anesthetists, the change has been nonexistent. The organization contacted the Hawaii State Department of Health to get some rules fixed that directly affected the practice of nurse anesthetists. We were told frankly that they just did not have the time to make the changes. To me that is unacceptable, people are employed by this state for just this purpose and it clearly comes down to this department, and many others for other nursing groups, just not making the change a priority, even after being identified and singled out. I support this measure and would like the wording to be as strong as possible to get these departments moving forward so barriers will be removed for all Advanced Practice Registered Nurses and patient care will be improved!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.
by

Madeline (Mimi) Harris, MS, RN NEA-BC

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in very strong support of HCR 53.

As noted in this resolution, the Legislature in its wisdom aligned Hawaii laws with national goals¹ which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, and wellness and preventive care which is at the heart of the health reform movement.

In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration² with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

¹ ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

² The term collaboration has been misused and interpreted to mean supervision despite the legislative changes of Act 169, SLH 2009 and Act 110, SLH 2011, thus the need to modernize such language.

Act 169, SLH 2009 required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms of the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 to allow APRNs and qualified APRNs granted prescriptive authority to practice within the full scope of practice including practicing as primary care providers.

APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the individual APRN's specialty. Able to prescribe drugs without supervision or a working relationship agreement with a licensed physician.

However, many laws are rooted in federal laws³ and require Congressional action.

I support The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. HCR 53 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs.

Further, I support the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies.

Therefore, I support the Center for Nursing's recommendation that HCR 53 be amended in part to read as follows:

"BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and

³Federal regulations that directly impact APRN practice locally/ nationally are those that regulate nursing facilities, home health agencies, ambulatory surgical centers, hospitals, intermediate care facilities for the mentally retarded, and hospice settings

Some facilities are required to meet both state and federal requirements. For example, nursing facilities which are State-licensed and federally-certified face the dilemma of complying with two sets of regulations which contain conflicting provisions. Where federal law preempts state laws, APRNs are not able to practice or are limited in their practice. This results in consumers having no or limited access to quality health care, especially in rural areas of the State.

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of]Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing.”

I appreciate your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.
by

Erin Bainbridge

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

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In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration² with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

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However, many laws are rooted in federal laws³ and require Congressional action. Erin Bainbridge supports The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. HCR 53 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs.

Further, Erin Bainbridge supports the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies.

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Erin Bainbridge appreciates your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.
by

Laura Reichhardt, BSHS, RN.
Master's Student in Nursing for Adult/Gerontology Nurse Practitioner

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

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I appreciate your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.
by

Brendalee M Ana, RN, BSN, CNRN

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

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However, many laws are rooted in federal laws³ and require Congressional action. I, Brendalee Ana support The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

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Further, I, Brendalee Ana, support the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies.

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I appreciate your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

Mahalo,

Brendalee Ana, RN, BSN, CNRN

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Friday, March 22, 2013 3:31 PM
To: HLTtestimony
Cc: sarahjm@hawaii.edu
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/22/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Murray	Individual	Support	No

Comments: I am a Clinical Nurse Specialist (ACNS- BC) who practices at Tripler Army Medical Center in Honolulu, HI. In my position as CNS, I am not fully utilized in my scope of practice due to internal and external factors. Barriers exist to full credentialed practice and recognition as a licensed independent practitioner that are directly related to how the state of Hawaii defines my practice. Eliminating barriers to APRN practice will assist local agencies (like Tripler) make decisions about scope of practice and credentialing of providers. In addition, lifting unnecessary barriers will directly impact patient care at the bedside. Not only does the IOM report on The Future of Nursing support full recognition and use of the APRN in all settings where we have been trained and educated, but also recognizes that with the rising health care costs it is imperative. The APRN does not act to extend, or replace the physician, but instead to provide nursing care at the advanced level. All current research and studies support the full use of the APRN as a means to reduce costs and improve care. Mahalo, Sarah J. Murray, MSN-RN, ACNS-BC, APRN

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 24, 2013 4:07 PM
To: HLTtestimony
Cc: geesey@hawaii.edu
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/24/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: Mahalo for this opportunity to begin to modernize our Hawai'i Revised Statutes to include Advanced Practice Registered Nurses--we weren't around when most of the Statutes were written! Updating the statutes to include us will increase our ability to comprehensively provide health care to our community. Aloha!

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morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 25, 2013 11:22 AM
To: HLTtestimony
Cc: lenora@hawaii.edu
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/25/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lenora Lorenzo, APRN	Individual	Comments Only	No

Comments: Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in STRONG SUPPORT of HCR 53. As noted in this resolution, the Legislature in its wisdom aligned Hawaii laws with national goals which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, acute care and wellness and preventive care which is at the heart of the health reform movement. In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges. However, many laws are rooted in federal laws and require Congressional action. I STRONGLY supports The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors. The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. HCR 53 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, which cannot be achieved without maximizing the contributions of APRNs. Further, I STRONGLY SUPPORTS the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; the Governor is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies. Therefore, I STRONGLY SUPPORTS the Center for Nursing's recommendation that HCR 53 be amended in part to read as follows: "BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to

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Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.
By Allen Novak, APRN

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO
IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE
REGISTERED NURSING.

I am a Psychiatric Advanced Practice Registered Nurse (APRN) with Prescriptive Authority in private practice in Hilo and ask for your support of HCR 53.

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In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration with another health care provider, lack of provider neutral language (recognizes physician as the only provider), and prohibition or limitation of institutional privileges.

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I appreciate your continuing support of nursing and health in Hawai'i.

Allen Novak, APRN
122 Haili Street
Hilo, Hawaii

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 25, 2013 11:51 AM
To: HLTtestimony
Cc: mmaupin@hoolalahui.org
Subject: *Submitted testimony for HCR53 on Mar 27, 2013 10:00AM*

HCR53

Submitted on: 3/25/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Maupin	Individual	Support	No

Comments:

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Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.
by

Roxann M S Rowe, APRN-Rx, GNP-BC

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in very strong support of HCR 53.

As noted in this resolution, the Legislature in its wisdom aligned Hawaii laws with national goals¹ which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, and wellness and preventive care which is at the heart of the health reform movement.

In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration² with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

¹ ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

² The term collaboration has been misused and interpreted to mean supervision despite the legislative changes of Act 169, SLH 2009 and Act 110, SLH 2011, thus the need to modernize such language.

Act 169, SLH 2009 required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms of the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 to allow APRNs and qualified APRNs granted prescriptive authority to practice within the full scope of practice including practicing as primary care providers.

APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the individual APRN's specialty. Able to prescribe drugs without supervision or a working relationship agreement with a licensed physician.

However, many laws are rooted in federal laws³ and require Congressional action. I support The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. HCR 53 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs.

Further, I support the Center for Nursing's request that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies.

Therefore, I support the Center for Nursing's recommendation that HCR 53 be amended in part to read as follows:

"BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governo no later than November 1, 2013; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and

³Federal regulations that directly impact APRN practice locally/ nationally are those that regulate nursing facilities, home health agencies, ambulatory surgical centers, hospitals, intermediate care facilities for the mentally retarded, and hospice settings

Some facilities are required to meet both state and federal requirements. For example, nursing facilities which are State-licensed and federally-certified face the dilemma of complying with two sets of regulations which contain conflicting provisions. Where federal law preempts state laws, APRNs are not able to practice or are limited in their practice. This results in consumers having no or limited access to quality health care, especially in rural areas of the State.

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of]Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing.”

I, Roxann Rowe, appreciate your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 26, 2013 7:43 AM
To: HLTtestimony
Cc: mdodoc@aol.com
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/26/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Sheppard, PMHNP-BC, Ph.D.	Individual	Support	No

Comments: Written Testimony Presented Before the House Committee on Health March 27, 2013, 10:00 A.M. by Karen Sheppard, PMHNP-BC, Ph.D. _____ HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE. Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in very strong support of HCR 53. As noted in this resolution, the Legislature in its wisdom aligned Hawaii laws with national goals which require the utilization of primary careproviders, particularlyAdvanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination,chronic care management, and wellness and preventive care which is at the heart of the health reform movement. In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules whichcontain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges. However, many laws are rooted in federal laws andrequire Congressional action. I support The Center for Nursing's belief that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care.HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors. The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a highpriority combined with lack of manpower and expertise among existing personnel. HCR 53underscores the fact that APRNs have a central role to play in health reform.It clarifies thenational goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs,cannot be achieved without maximizing the contributions of APRNs. Further, I support the Center for Nursing'srequest that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation;is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state

agencies. Therefore, I support the Center for Nursing's recommendation that HCR 53 be amended in part to read as follows: "BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of] Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing." I appreciate your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on HCR 53.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Cc: diabeatit@aol.com
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/25/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Lynda Hirakami	Individual	Support	No

Comments: I support this resolution because it wil strengthen our health system and is a reasonable solution to the increase in access to quality care.

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Sent: Tuesday, March 26, 2013 9:38 AM
To: HLTtestimony
Cc: kawasakimb@aol.com
Subject: Submitted testimony for HCR53 on Mar 27, 2013 10:00AM

HCR53

Submitted on: 3/26/2013

Testimony for HLT on Mar 27, 2013 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Kawasaki	Individual	Support	No

Comments: As an APRN I am in support of this bill. We have had prescriptive authority for over 10 years now and yet the legislature has failed to recognize us. Please I urge you to support this resolution.

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Written Testimony Presented Before the
House Committee on Health
March 27, 2013, 10:00 A.M.
By Mildred A. Blandamer, APRN-Rx

HCR 53 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO
IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE
REGISTERED NURSING.

I am a Psychiatric Advanced Practice Registered Nurse (APRN) with Prescriptive Authority working in Ewa Beach.

As noted in this resolution, the Legislature in its wisdom aligned Hawaii laws with national goals which require the utilization of Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training.

In 2011, the Hawaii State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude, or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, required supervision by or collaboration with another health care provider, lack of provider neutral language (recognizes physician as the only provider), and prohibition or limitation of institutional privileges.

HCR 53 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. HCR 53 underscores the fact that APRNs have a central role to play in health reform.

Therefore, I support the Center for Nursing's recommendation that HCR 53 be amended in part to read as follows:

"BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of] Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing."

I appreciate your continuing support of nursing and health in Hawai'i.

Mildred A. Blandamer, APRN-Rx
c/o Ms. Ann Doll
91-1182 Kuanoo
Ewa Beach, HI 96706
midgencns@gmail.com