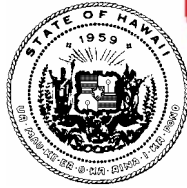


NEIL ABERCROMBIE  
GOVERNOR



**LATE**

PATRICIA MCMANAMAN  
DIRECTOR

BARBARA A. YAMASHITA  
DEPUTY DIRECTOR

**STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

April 4, 2013

TO: The Honorable David Y. Ige, Chair  
Senate Committee on Ways and Means

FROM: Patricia McManaman, Director

SUBJECT: **S.C.R. 66, S.D. 1/S.R. 34, S.D. 1 – REQUESTING THE HAWAII STATE CENTER FOR NURSING TO CONVENE A WORKING GROUP COMPOSED OF VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.**

Hearing: Thursday, April 4, 2013; 9:50 a.m.  
Conference Room 211, State Capitol

**PURPOSE:** The purpose of this resolution is to convene a working group composed of various state agencies to identify barriers relating to the practice of advanced practice registered nurses to the full extent of the nurses' education and training in the state.

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) would like to provide the following comments on S.C.R. 66, S.D. 1/S.R. 34, S.D.1. This resolution is one of 14 bills and resolutions being considered by the Legislature that requires the Med-QUEST Division (MQD) of the Department of Human Services to conduct a study or participate in a working group, task force or other groups on various subjects not only Medicaid. Participating in all of the required studies and groups will necessitate that MQD resources be redirected from implementing the new Medicaid eligibility criteria and

methodology requirements under the Affordable Care Act by January 1, 2014, from completing the section 1115 demonstration waiver renewal, from procuring QUEST Integration and its focus on improving transition of care for vulnerable individuals, from transforming behavioral health services delivery, and from the ability to support other healthcare transformation activities, including the planned activities lead by the Health Care Transformation Coordinator.

Thank you for the opportunity to testify on this measure.

Written Testimony Presented Before the  
Senate Committee on Ways and Means  
April 4, 2013, 9:50 A.M.

by  
Barbara Molina Kooker, DrPH, APRN, NEA-BC  
Vice-Chair, Hawai`i State Center for Nursing

SCR 66, SD1 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 Ige, Vice Chair Kidani, and members of the Senate Committee on Ways and Means, thank you for this opportunity to provide testimony in very strong support of SCR 66, SD1.

As noted in this resolution, the Legislature in its wisdom aligned Hawai`i laws with national goals<sup>1</sup> 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 collaboration<sup>2</sup> 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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<sup>1</sup> ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

<sup>2</sup> 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 laws<sup>3</sup> 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. SCR 66, SD1 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, SCR 66, SD1 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. SCR 66, SD1 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 respectfully requests that SCR 66, SD1 be amended by adding a copy of this measure and 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, the Center for Nursing respectfully recommends that SCR 66, SD1 be amended in part to read as follows:

“BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2013, the House of Representatives concurring, that the Hawaii State Center for Nursing is requested to convene a working group composed of various state agencies to identify barriers relating 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; and

BE IT FURTHER RESOLVED that the working group include representatives from the following state agencies:

- (1) Department of Health;
- (2) Department of Human Services;
- (3) Department of Public Safety;

---

<sup>3</sup> 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.

(4) Department of Commerce and Consumer Affairs;  
(5) State Board of Nursing; and  
(6) Disability and Communication Access Board; and  
BE IT FURTHER RESOLVED that the working group is further requested to enlist the assistance of the Department of the Attorney General in identifying barriers and proposing amendments to remove barriers in their respective statutes and administrative rules; and  
BE IT FURTHER RESOLVED that the working group may enlist the assistance of the Department of the Attorney General, other state agencies, or professional groups as needed to complete its task; and  
BE IT FURTHER RESOLVED that the working group is requested to transmit a draft report of the working group's 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, Director 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, Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, State Board of Nursing, and Hawaii Association of Professional Nurses.”

The Center for Nursing appreciates your continuing support of nursing and oversight of the overall financing policies of Hawai'i. Thank you for the opportunity to testify on SCR 66, SD1.

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [WAM Testimony](#)  
**Cc:** [nuyolks@gmail.com](mailto:nuyolks@gmail.com)  
**Subject:** Submitted testimony for SCR66 on Apr 4, 2013 09:50AM  
**Date:** Tuesday, April 02, 2013 11:51:44 AM

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SCR66

Submitted on: 4/2/2013

Testimony for WAM on Apr 4, 2013 09:50AM in Conference Room 211

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

Comments: In very strong support!!!!

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.

Do not reply to this email. This inbox is not monitored. For assistance please email [webmaster@capitol.hawaii.gov](mailto:webmaster@capitol.hawaii.gov)

Written Testimony Presented Before the  
Senate Committee on Ways and Means  
April 4, 2013, 9:50 A.M.

by  
Deborah B. Gardner, PhD, APRN-Rx, FAAN  
Chair of the Board  
Hawai`i State Center for Nursing

SCR 66, SD1 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 Ige, Vice Chair Kidani, and members of the Senate Committee on Ways and Means, thank you for this opportunity to provide testimony in very strong support of SCR 66, SD1.

As noted in this resolution, the Legislature in its wisdom aligned Hawai`i laws with national goals<sup>1</sup> 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 collaboration<sup>2</sup> 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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<sup>1</sup> ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

<sup>2</sup> 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 laws<sup>3</sup> and require Congressional action. The Board of 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. SCR 66, SD1 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, SCR 66, SD1 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. SCR 66, SD1 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 Board of the Center for Nursing respectfully requests that SCR 66, SD1 be amended by adding that a copy of this measure and 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, the Board of the Hawaii State Center for Nursing respectfully recommends that SCR 66, SD1 be amended in part to read as follows:

“BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2013, the House of Representatives concurring, that the Hawaii State Center for Nursing is requested to convene a working group composed of various state agencies to identify barriers relating 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; and

BE IT FURTHER RESOLVED that the working group include representatives from the following state agencies:

- (1) Department of Health;
- (2) Department of Human Services;
- (3) Department of Public Safety;

---

<sup>3</sup> 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.



(4) Department of Commerce and Consumer Affairs;  
(5) State Board of Nursing; and  
(6) Disability and Communication Access Board; and  
BE IT FURTHER RESOLVED that the working group is further requested to enlist the assistance of the Department of the Attorney General in identifying barriers and proposing amendments to remove barriers in their respective statutes and administrative rules; and  
BE IT FURTHER RESOLVED that the working group may enlist the assistance of the Department of the Attorney General, other state agencies, or professional groups as needed to complete its task; and  
BE IT FURTHER RESOLVED that the working group is requested to transmit a draft report of the working group's 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, Director 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, Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, State Board of Nursing, and Hawaii Association of Professional Nurses.”

The The Board of the Hawaii State Center for Nursing appreciates your continuing support of nursing and oversight of the overall financing policies of Hawai'i. Mahalo ni loa for the opportunity to testify on SCR 66, SD1.

Written Testimony Presented Before the  
Senate Committee on Ways and Means  
April 4, 2013, 9:50 A.M.

by  
Beth Hoban, President  
Prime Care Services Hawaii  
Advisory Board  
Hawai`i State Center for Nursing

SCR 66, SD1 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 Ige, Vice Chair Kidani, and members of the Senate Committee on Ways and Means, thank you for this opportunity to provide testimony in very strong support of SCR 66, SD1.

As President of Prime Care Services Hawaii and Member of the Advisory Board of the Hawaii State Center for Nursing, (Center for Nursing) I support SCR 66, SD1.

As noted in this resolution, the Legislature in its wisdom aligned Hawai`i laws with national goals<sup>1</sup> 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 collaboration<sup>2</sup> with another health care provider, lacks provider neutral language

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**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.

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

However, many laws are rooted in federal laws<sup>3</sup> 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. SCR 66, SD1 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, SCR 66, SD1 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. SCR 66, SD1 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 respectfully requests that SCR 66, SD1 be amended by adding that a copy of this measure and 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, the Center for Nursing respectfully recommends that SCR 66, SD1 be amended in part to read as follows:

“BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2013, the House of Representatives concurring, that the Hawaii State Center for Nursing is requested to convene a working group composed of various state agencies to identify barriers relating 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; and

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Able to prescribe drugs without supervision or a working relationship agreement with a licensed physician.

<sup>3</sup> 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 the working group include representatives from the following state agencies:

- (1) Department of Health;
- (2) Department of Human Services;
- (3) Department of Public Safety;
- (4) Department of Commerce and Consumer Affairs;
- (5) State Board of Nursing; and
- (6) Disability and Communication Access Board; and

BE IT FURTHER RESOLVED that the working group is further requested to enlist the assistance of the Department of the Attorney General in identifying barriers and proposing amendments to remove barriers in their respective statutes and administrative rules; and

BE IT FURTHER RESOLVED that the working group may enlist the assistance of the Department of the Attorney General, other state agencies, or professional groups as needed to complete its task; and

BE IT FURTHER RESOLVED that the working group is requested to transmit a draft report of the working group's 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, Director 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, Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, State Board of Nursing, and Hawaii Association of Professional Nurses."

I appreciate your continuing support of nursing and oversight of the overall financing policies of Hawai'i. Thank you for the opportunity to testify on SCR 66, SD1.



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**MAUI COLLEGE**

Written Testimony Presented Before the  
Senate Committee on Ways and Means  
April 4, 2013, 9:50 A.M.

by

Anne F. Scharnhorst, MN, RN-BC  
Allied Health Department Co-chair  
University of Hawai'i Maui College

SCR 66, SD1 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 Ige, Vice Chair Kidani, and members of the Senate Committee on Ways and Means, thank you for this opportunity to provide testimony in very strong support of SCR 66, SD1.

As noted in this resolution, the Legislature in its wisdom aligned Hawai'i laws with national goals<sup>1</sup> 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 collaboration<sup>2</sup> 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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**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.



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**MAUI COLLEGE**

However, many laws are rooted in federal laws<sup>3</sup> and require Congressional action. The UHMC Nursing Program 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. SCR 66, SD1 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, SCR 66, SD1 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. SCR 66, SD1 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 respectfully requests that SCR 66, SD1 be amended by adding that a copy of this measure and 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, the UHMC Allied Health Department respectfully recommends that SCR 66, SD1 be amended in part to read as follows:

“BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2013, the House of Representatives concurring, that the Hawaii State Center for Nursing is requested to convene a working group composed of various state agencies to identify barriers relating 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; and BE IT FURTHER RESOLVED that the working group includes representatives from the following state agencies:

- (1) Department of Health;
- (2) Department of Human Services;

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<sup>3</sup> 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.



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**MAUI COLLEGE**

(3) Department of Public Safety;  
(4) Department of Commerce and Consumer Affairs;  
(5) State Board of Nursing; and  
(6) Disability and Communication Access Board; and  
BE IT FURTHER RESOLVED that the working group is further requested to enlist the assistance of the Department of the Attorney General in identifying barriers and proposing amendments to remove barriers in their respective statutes and administrative rules; and  
BE IT FURTHER RESOLVED that the working group may enlist the assistance of the Department of the Attorney General, other state agencies, or professional groups as needed to complete its task; and  
BE IT FURTHER RESOLVED that the working group is requested to transmit a draft report of the working group's 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, Director 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, Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, State Board of Nursing, and Hawaii Association of Professional Nurses.”

The UHMC Allied Health Department appreciates your continuing support of nursing and oversight of the overall financing policies of Hawai'i. Thank you for the opportunity to testify on SCR 66, SD1.

Kind regards,

Anne Scharnhorst, MN, RN-BC  
Assistant Professor UHMC  
Allied Health Department Co-Chair  
808-205-6207 (cell)  
808-984-3646 (office)





Charlotte A. Carter-Yamauchi  
Acting Director

Research (808) 587-0666  
Revisor (808) 587-0670  
Fax (808) 587-0681



LEGISLATIVE REFERENCE BUREAU  
State of Hawaii  
State Capitol  
415 S. Beretania Street, Room 446  
Honolulu, Hawaii 96813

Written Comments

## **SCR66 SD1 / SR34 SD1**

### **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 Senate Committee on Ways and Means

Thursday, April 4, 2013, 9:50 a.m.  
Conference Room 211

Chair Ige and Members of the Committee:

Good morning Chair Ige 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 S.C.R. No. 66, S.D. 1 / S.R. No. 34, S.D. 1, 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) The Hawaii State Center for Nursing to convene a working group composed of 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, to 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) The working group enlists the assistance of the Department of the Attorney General in identifying barriers and proposes amendments to remove barriers in their respective statutes and administrative rules;
- (3) The working group enlists the assistance of the Department of the Attorney General, other state agencies, or other professional groups as needed to complete its task;
- (4) The working group transmit a draft report of the working group's 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 is not 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.

Written Testimony Presented Before the  
Senate Committee on Ways and Means  
April 4, 2013, 9:50 A.M.

By

Dr Lenora Lorenzo and the American Association of Nurse Practitioners (AANP)

SCR 66, SD1 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 Ige, Vice Chair Kidani, and members of the Senate Committee on Ways and Means, thank you for this opportunity to provide testimony in very strong support of SCR 66, SD1.

As noted in this resolution, the Legislature in its wisdom aligned Hawai`i laws with national goals<sup>1</sup> 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 collaboration<sup>2</sup> 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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<sup>1</sup> ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

<sup>2</sup> 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.

However, many laws are rooted in federal laws<sup>3</sup> and require Congressional action.

AANP believe 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. SCR 66, SD1 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, SCR 66, SD1 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. SCR 66, SD1 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 AANP respectfully requests that SCR 66, SD1 be amended by adding that a copy of this measure and 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, AANPI respectfully support the amendments proposed by the Center for Nursing recommends that SCR 66, SD1 be amended in part to read as follows:

“BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2013, the House of Representatives concurring, that the Hawaii State Center for Nursing is requested to convene a working group composed of various state agencies to identify barriers relating 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; and

BE IT FURTHER RESOLVED that the working group include representatives from the following state agencies:

- (1) Department of Health;
- (2) Department of Human Services;
- (3) Department of Public Safety;

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<sup>3</sup> 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.

(4) Department of Commerce and Consumer Affairs;  
(5) State Board of Nursing; and  
(6) Disability and Communication Access Board; and  
BE IT FURTHER RESOLVED that the working group is further requested to enlist the assistance of the Department of the Attorney General in identifying barriers and proposing amendments to remove barriers in their respective statutes and administrative rules; and  
BE IT FURTHER RESOLVED that the working group may enlist the assistance of the Department of the Attorney General, other state agencies, or professional groups as needed to complete its task; and  
BE IT FURTHER RESOLVED that the working group is requested to transmit a draft report of the working group's 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, Director 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, Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, State Board of Nursing, and Hawaii Association of Professional Nurses.”

We appreciate your continuing support of nursing and oversight of the overall financing policies of Hawai'i. Thank you for the opportunity to testify on SCR 66, SD1.



**HAWAII GOVERNMENT EMPLOYEES ASSOCIATION**  
AFSCME Local 152, AFL-CIO

**RANDY PERREIRA**, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Twenty-Seventh Legislature, State of Hawaii  
Hawaii State Senate  
Committee on Ways and Means

Testimony by  
Hawaii Government Employees Association  
April 4, 2013

**S.C.R. 66, S.D. 1/S.R 34, S.D. 1 – REQUESTING THE  
COLLABORATION AMONG VARIOUS STATE AGENCIES  
TO IDENTIFY BARRIERS RELATING TO THE PRACTICE  
OF ADVANCED PRACTICE REGISTERED NURSING TO  
THE FULLEST EXTENT OF THE NURSES' EDUCATION  
AND TRAINING IN THE STATE**

The Hawaii Government Employees Association supports the purpose and intent of S.C.R. 66, S.D.1 and S.R. 34, S.D. 1, which is to request collaboration among various state agencies convened by the Hawaii State Center for Nursing to identify barriers relating to the practice of advanced practice registered nursing to the full extent of their education and training in Hawaii. The Legislature has previously aligned Hawaii laws with national laws requiring the utilization of primary care providers, including Advanced Practice Registered Nurses (APRNs), to the maximum extent of their training and education.

APRNs provide cost-effective, accessible, patient-centered care, including care coordination, chronic care management, and wellness and preventive care. The Hawaii State Center for Nursing has identified barriers in state statutes and administrative rules containing 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 or collaboration with another health care provider, and prohibit or limit institutional privileges.

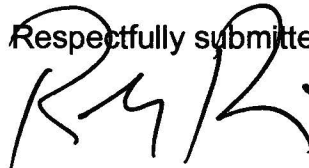
S.C.R. 66, S.D. 1 starts the process of removing these APRN barriers in Hawaii statutes and administrative rules and emphasizes the importance of APRNs in nationwide health care reform. This measure also clarifies the national goal of a transformed health care system that provides wide access to critical health care services, while improving quality and controlling costs. These goals cannot be achieved without eliminating the barriers that prevent APRNs from practicing to the fullest extent of their education and training.

S.C.R. 66, S.D. 1  
Committee on Ways and Means  
April 4, 2013  
Page 2

The working group is required by S.C.R. 66, S.D. 1 to transmit a draft report of their findings and recommendations, including any proposed legislation, to the Legislative Reference Bureau (LRB) by November 1, 2013. The LRB is requested to submit a final report, including any proposed legislation, to the Legislature twenty days prior to the convening of the 2014 Regular Session.

Thank you for the opportunity to testify in support of S.C.R. 66, S.D. 1 and S.R. 34, S.D. 1.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'RPR', written over the text 'Respectfully submitted,'.

Randy Perreira  
Executive Director

# Hawaii Long Term Care Association

Testimony - Senate Committee on Ways & Means

Bob Ogawa, President

## **SCR 66 SD1/SR 34 SD1 – 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 Ige and members of the Senate Committee on Ways & Means. The Hawaii Long Term Care Association strongly supports SCR 66 SD1 and SR 34 SD1.

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. SCR 66 SD1 and SR 34 SD1 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.



Written Testimony Presented Before the  
Senate Committee on Ways and Means  
April 4, 2013, 9:50 A.M.  
By Allen Novak, APRN

SCR 66 SD 1 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO  
IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE  
REGISTERED NURSING.

Members of the Senate Committee on Ways and Means.

I am a Psychiatric Advanced Practice Registered Nurse (APRN) with Prescriptive Authority in private practice in Hilo and ask for your support of SCR 66 SD 1.

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, 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.

SCR 66 begins the process of removing the APRN barriers in Hawaii's statutes and administrative rules which are not rooted in federal law. SCR 66 underscores the fact that APRNs have a central role to play in health reform.

Therefore, I support the Center for Nursing's recommendation that SCR 66 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 Hawaii.

Allen Novak, APRN  
122 Haili Street  
Hilo, Hawaii

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SCR66

Submitted on: 4/2/2013

Testimony for WAM on Apr 4, 2013 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Stone Murai	Individual	Support	No

Comments: Please support the creation of this important work group.

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SCR66

Submitted on: 4/3/2013

Testimony for WAM on Apr 4, 2013 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Brendalee Ana	Individual	Support	No

Comments: Strongly support! In the effort to promote healthy lifestyle for the State of Hawaii.

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SCR66

Submitted on: 4/3/2013

Testimony for WAM on Apr 4, 2013 09:50AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Samuel Ng	Individual	Comments Only	No

Comments: I support the SCR 66, SD 1. As a current student of MSN to become APRN in the future. Approval of this hearing/bill will allow my future practice as an APRN with more confident so that I can provide a better quality care to my patients.

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**Date:** Tuesday, April 02, 2013 3:43:33 PM

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SCR66

Submitted on: 4/2/2013

Testimony for WAM on Apr 4, 2013 09:50AM in Conference Room 211

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

Comments: Please support this opportunity to identify barriers to APRNs providing comprehensive health care to our community. Mahalo!

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