

Written Testimony Presented To the
House Committee on Health
by
Deborah B. Gardner, PhD, RN, FNAP, FAAN
Executive Director
Hawai'i State Center for Nursing

SCR 66, SD2 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 SCR 66, SD2.

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 collaboration ² with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

Hawai`i State Center for Nursing – Biomedical Sciences Building C105, Honolulu, HI 96822 Phone: (808) 956-5211 Fax: (808) 956-0547 E-mail: hscfn@hawaii.edu Website: www.hawaiicenterfornursing.org

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 laws ³ and require Congressional action. The Center for Nursing believes that the solution to the <u>complete</u> 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, SD2 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, SD2 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, SD2 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, SD2 be amended by adding "including, but not limited to" in reference to the state agencies from which representatives of the working group will be selected. This would allow any agencies not listed to be included if necessary as the working group proceeds to identify state agency statutes and administrative rule which form barriers that prevent APRNs from practicing to the full extent of their education and training.

Therefore, the Center for Nursing respectfully recommends that SCR 66, SD2 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] various state agencies, including but not limited to:

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

_

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.

- (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 Hawai'i State Center for Nursing, State Board of Nursing, and Hawai'i 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, SD2.

Written Testimony Presented Before the House Committee on Health April18, 2013, by

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

SCR 66, SD2 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 SCR 66, SD2.

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 collaboration ² with another health care provider, lacks provider neutral language (recognizes physician as the only provider), and prohibits or limits institutional privileges.

Hawai`i State Center for Nursing – Biomedical Sciences Building C105, Honolulu, HI 96822 Phone: (808) 956-5211 Fax: (808) 956-0547 E-mail: hscfn@hawaii.edu Website: www.hawaiicenterfornursing.org

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 laws ³ and require Congressional action. The Center for Nursing believes that the solution to the <u>complete</u> 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, SD2 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, SD2 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, SD2 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, SD2 be amended by adding "including, but not limited to" in reference to the state agencies from which representatives of the working group will be selected. This would allow any agencies not listed to be included if necessary as the working group proceeds to identify state agency statutes and administrative rule which form barriers that prevent APRNs from practicing to the full extent of their education and training.

Therefore, the Center for Nursing respectfully recommends that SCR 66, SD2 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 various state agencies, including but not limited to:

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

_

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.

- (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 Hawai'i State Center for Nursing, State Board of Nursing, and Hawai'i Association of Professional Nurses."

The Center for Nursing appreciates your continuing support of nursing and the health of the people of Hawai`i. Thank you for the opportunity to testify on SCR 66, SD2.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, April 18, 2013 3:55 PM

To: HLTtestimony

Cc: wailua@aya.yale.edu

Subject: Submitted testimony for SCR66 on Apr 19, 2013 08:30AM

SCR66

Submitted on: 4/18/2013

Testimony for HLT on Apr 19, 2013 08:30AM in Conference Room 229

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

Comments: 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

morikawa2 - Shaun

From: Laura Reichhardt [Irnr@hawaii.edu]
Sent: Thursday, April 18, 2013 1:20 PM

To: HLTtestimony Subject: Fwd: SCR 66

Dear Chair Belatti, Representative Morikawa and the House Health And Finance Committee,

I am in strong support of SCR 66.

Aloha,

--

Laura Reichhardt lrnr@hawaii.edu

Adult/Gerontology Nurse Practitioner Student University of Hawaii Manoa Department of Nursing and Dental Hygiene

"Life is a gift, and it offers us the privilege, opportunity, and responsibility to give something back by becoming more." - Anthony Robbins

SCR 66, SD2 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 SCR 66, SD2.

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 collaboration ² 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 ³ and require Congressional action. The Center for Nursing believes that the solution to the <u>complete</u> removal of APRN practice barriers must be addressed at both the federal and state levels as well as

Hawai`i State Center for Nursing – Biomedical Sciences Building C105, Honolulu, HI 96822

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.

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.

throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. SCR 66, SD2 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, SD2 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, SD2 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.

As VP of Patient Care and Chief Nursing Officer at Castle medical Center I respectfully requests that SCR 66, SD2 be amended by adding "including, but not limited to" in reference to the state agencies from which representatives of the working group will be selected. This would allow any agencies not listed to be included if necessary as the working group proceeds to identify state agency statutes and administrative rule which form barriers that prevent APRNs from practicing to the full extent of their education and training.

Therefore, I respectfully recommend that SCR 66, SD2 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 various state agencies, including but not limited to:

- (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 Hawai'i State Center for Nursing, State Board of Nursing, and Hawai'i Association of Professional Nurses."

Thank you for the opportunity to testify on SCR 66, SD2.

morikawa2 - Shaun

Geesey, Yvonne L [Yvonne.Geesey@va.gov] Thursday, April 18, 2013 12:05 PM HLTtestimony From:

Sent:

To:

in strong support of SCR 66, SD2 Subject:

Senate Concurrent Resolution 66, SD2 is important to improve the care we provide our patient. Please consider it. Aloha, Yvonne Geesey