

SCR 66/ SR34

Measure Title: 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.

Report Title: Hawaii State Center for Nursing; Legislative Reference Bureau; Attorney General; Board of Nursing

Description:

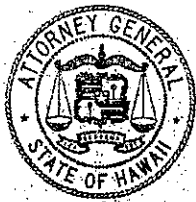
Companion:

Package: None

Current Referral: CPN, WAM

Introducer(s): BAKER, CHUN OAKLAND, KIDANI, Nishihara, Ruderman, Slom, Taniguchi, Wakai

<u>Sort by Date</u>		Status Text
3/1/2013	S	Offered.
3/12/2013	S	Referred to CPN/JDL, WAM.
3/22/2013	S	Re-Referred to CPN, WAM.
3/22/2013	S	The committee(s) on CPN added the measure to the public hearing scheduled on 03-27-13 10:00AM in conference room 229.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-SEVENTH LEGISLATURE, 2013**

ON THE FOLLOWING MEASURE:

S.C.R. NO. 66, S.R. NO. 34, 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.

BEFORE THE:

Senate Committee on Commerce and Consumer Protection

DATE: Wednesday, March 27, 2013 **TIME:** 10:00 a.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): David M. Louie, Attorney General, or
Deborah Day Emerson, Deputy Attorney General

Chair Baker and Members of the Committee:

The Department of the Attorney General opposes certain provisions of these resolutions. These resolutions provide that the "leadership and recommendations" of the Department of the Attorney General and the Legislative Reference Bureau (LRB) are needed to accomplish these resolutions' purpose and these resolutions further request the Attorney General to transmit a draft report of the various agencies findings and recommendations and proposed legislation to the LRB by November 1, 2013. We request that both of these references to the Department of the Attorney General be deleted from these resolutions.

The Department of the Attorney General lacks the resources to take on this task and would be put in a role inconsistent with the Department's duties to provide services to its client agencies. The appropriate role for the Attorney General is reflected in the provision of these resolutions that direct agencies to enlist the assistance of the Attorney General in identifying barriers and proposing amendments to address the practice of Advanced Practice Registered Nurses. This is the type of services we routinely perform for our individual client agencies. However, the different agencies may well have conflicting priorities and views; each agency would benefit from being able to consult its advising deputy attorney general and obtain frank and confidential legal advice in formulating recommendations for this report.

It does not appear that these resolutions contemplate that the Attorney General would merely compile these recommendations and forward them to LRB. Instead, these resolutions

seem to anticipate that the Attorney General will be coordinating the various agencies' positions and recommendations and preparing a draft report containing that information. If the Attorney General is expected to bring the agencies to a consensus and in essence to be arbitrating disputes or conflicts between agencies to reach such a consensus, we believe this would interfere with our role as legal advisor to the individual agencies. Instead we believe that it would be appropriate to have the LRB obtain the information and recommendations from the various state agencies and to use that information in the preparation of the final report.

Therefore we request that the reference to the Department of the Attorney General be deleted from the next to the last Whereas clause and that the third from the last Be It Further Resolved clause referring to the Department of the Attorney General be deleted in its entirety.

Thank you for the opportunity to testify on this resolution.

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 / SR34

**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 Commerce and Consumer Protection

Wednesday, March 27, 2013, 10:00 a.m.
Conference Room 229

Chair Baker and Members of the Committee:

Good afternoon Chair Baker 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.R. No. 34, 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.

**PRESENTATION OF THE
BOARD OF NURSING**

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

**TWENTY-SEVENTH LEGISLATURE
Regular Session of 2013**

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

**TESTIMONY ON SENATE CONCURRENT RESOLUTION 66/SENATE
RESOLUTION 34, 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 ROSALYN H. BAKER, 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 Senate Concurrent Resolution 66/Senate Resolution 34, 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 be recognized 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 advance 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 Senate Resolution 34 and Senate Concurrent Resolution 66.



Hawai`i State Center for Nursing

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 27, 2013, 10:00 A.M.

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

SCR 66 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 Baker, Vice Chair Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR66.

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. SCR 66 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, SCR66 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 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 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

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 SCR 66.

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 27, 2013, 10:00 A.M.

by
Dale M. Allison, PhD, APRN-Rx, FAAN
Board Chair
Hawai'i State Center for Nursing

SCR 66 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 Baker, Vice Chair Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR66.

Dr. Deborah Gardner has expressed in the below statement and as the chair of the board of the Hawai'i State Center I am in full agreement with this national and historical perspective and the necessary changes SCR 66 requests:

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 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.

(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. SCR 66 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, SCR66 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 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 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

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.

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.”

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



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
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

SCR 66/SR 34 – 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 Baker, Vice Chair Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR 66/SR 34.

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

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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. SCR 66/SR 34 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. SCR 66/SR 34 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.

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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

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UH Mānoa Nursing appreciates your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on SCR 66/SR34.



UNIVERSITY of HAWAII*
MAUI COLLEGE

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 27, 2013, 10:00 A.M.

by

Anne F. Scharnhorst, MN, RN-BC
Department Co-Chair
UHMC allied Health Department

SCR 66 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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MAUI COLLEGE

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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."

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

Wish to submit testimony regarding SCR66 meeting at

SCR 66 / SR 34

Wednesday, March 27, 2013 at 10:00 am , conference Room 229

Testimony re SCR66 : 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 Baker, Vice Chair Galuteria, and members of the Senate Committee on Commerce and Consumer Protection:

I wish to voice strong support for this bill in support of exploratory collaboration to identify and remove barriers to Advanced Practice Registered Nurses ability to practice to the full extent of their education and training.

- APRNs should be full partners in the provision of health care with physicians and other health professionals in order to provide expanded access to all levels of health care need for the people of Hawaii.
- This full scope of practice is also one of the main recommendations of the Institute of Medicine's landmark report, "The Future of Nursing: Leading Change, Advancing Health".
- CMS focus and monetary penalties for preventable readmissions to hospitals within 30 days of discharge is increasing the need for more practitioners in the community to assist chronically ill patients, and APRNs are ideal for this work. However, without full scope of care privileges, their efforts will be diluted and ineffective.

Thank you for the opportunity to testify in support of this bill.

Sally Kamai, RN

Sally Kamai, RN, MBA-HCM
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Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 27, 2013, 10:00 A.M.

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

SCR 66 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 Baker, Vice Chair Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR 66.

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. SCR 66 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. SCR 66 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. SCR 66 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, SCR 66 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.

Therefore, SCR 66 supports 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

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 Hawaii State Center for Nursing appreciates your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on SCR 66.

Hawaii Long Term Care Association

Testimony - Senate Committee on Commerce and Consumer Protection

Bob Ogawa, President

SCR 66/SR 34 – 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 Baker and members of the Senate Committee on Commerce and Consumer Protection. The Hawaii Long Term Care Association strongly supports SCR 66 and SR 34.

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 and SR 34 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.

SCR66

Submitted on: 3/22/2013

Testimony for CPN on Mar 27, 2013 10:00AM 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: Aloha Senator Baker, Chair, and Senator Galuteria, Vice Chair, and members of the Senate Committee on Consumer Protection, and Mahalo for this opportunity to testify on behalf of the Hawai'i Association of Professional Nurses (HAPN), in VERY STRONG SUPPORT of SCR66. This is a very serious issue impacting the health and access to health care of the population of our state. Advance Practice Registered Nurses are the solution to the shortage of health care providers and the increased need for them with the implementation of the Affordable Care Act. APRNs stand ready, able and willing to BE that solution albeit being hampered by the outdated remaining statutes and rules and policies. The people of Hawai'i need your affirmative action on this Resolution and HAPN STRONGLY REQUESTS your affirmative votes. In addition, we request that certified copies of this Concurrent Resolution be transmitted to HAPN as well. Mahalo for your enduring protection of and support for the health care needs of the people of this great state, and the opportunity to testify in VERY STRONG SUPPORT of this Resolution. With Warmest Aloha, Wailua Brandman APRN-Rx FAANP HAPN Founding President and Legislative Committee Chair

SCR66

Submitted on: 3/24/2013

Testimony for CPN on Mar 27, 2013 10:00AM in Conference Room 229

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!

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Affairs
March 27, 2013, 10:00 A.M.
By Allen Novak, APRN

SCR 66/SR 34 REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO
IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE
REGISTERED NURSING.

Chair Senator Rosalyn Baker, Vice Chair Senator Brickwood Galuteria and members of the Senate Committee on Commerce and Consumer Affairs.

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/SR 34.

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 Hawai'i 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 Hawai'i.

Allen Novak, APRN
122 Haili Street
Hilo, Hawaii

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 27, 2013, 10:00 A.M.
by

Brendalee M. Ana RN, BSN, CNRN

SCR 66 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 Rosalyn Baker, Vice Chair Brickwood Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR 66.

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, 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. SCR 66 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. SCR 66 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, 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.

Therefore, I, Brendalee Ana, 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

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.

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 SCR 66.

Mahalo,

Brendalee M Ana, RN, BSN, CNRN

Written Testimony Presented Before the
Senate Committee on Wednesday, March 27, 2013, 10:00 A.M.
By Rebecca Gray, Family and Acute Care Nurse Practitioner

SCR 66 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.

Senator Rosalyn H. Baker Chair, Senator Brickwood Galuteria, Vice Chair, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in strong support of SCR 66.

As a Family and Acute Care Nurse Practitioner practicing in Hawaii, I have struggled repeatedly to obtain services for my patients that have been deemed within my scope of practice. The barriers I and my colleagues face are rooted in leftover Statutes, Rules, and third party insurer policies that contain obsolete, outdated, or unclear language.

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 collaboration ²with 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 laws³ and require Congressional action.

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.

I, Rebecca Gray, APRN, 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. SCR 66 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. SCR 66 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, Rebecca Gray, APRN, 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, Rebecca Gray, APRN, 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

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.”

I, Rebecca Gray, APRN-Rx, appreciate your continuing support of nursing and health in Hawai'i.

Thank you for the opportunity to testify on SCR 66.

SCR66

Submitted on: 3/26/2013

Testimony for CPN on Mar 27, 2013 10:00AM in Conference Room 229

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

Comments: Written Testimony Presented Before the Senate Committee on SCR 66
March 27 , 2013, 10 A.M. by Karen Sheppard, PMHNP-BC, Ph.D.

SCR 66 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 Senator Rosalyn H. Baker, Vice Chair Senator Brickwood Galuteria, and members of the Senate Committee on SCR 66, thank you for this opportunity to provide testimony in very strong support of SCR 66. 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, 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 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. SCR 66 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. SCR 66 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 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 Hawai'i. Thank you for the opportunity to testify on SCR 66.

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

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 27, 2013, 10:00 A.M.
by

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

SCR 66 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 Senator Rosalyn H. Baker, Vice Chair Brickwood Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR 66.

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.

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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. SCR 66 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. SCR 66 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 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

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.”

I, Roxann Rowe, appreciate your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on SCR 66.

Written Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
March 27, 2013, 10:00 A.M.

By

Susie Lee RN, BSN

SCR 66 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 Baker, Vice Chair Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR66.

As noted in this resolution, the Legislature in its wisdom aligned Hawai'i 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, many laws are rooted in federal laws 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 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, SCR66 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 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 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.”

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

382-6609, susielee1119@gmail.com

SCR66

Submitted on: 3/25/2013

Testimony for CPN on Mar 27, 2013 10:00AM in Conference Room 229

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

Comments: I support this bill because this measure will strengthen our health care system and provide greater access to quality care

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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SCR66

Submitted on: 3/22/2013

Testimony for CPN on Mar 27, 2013 10:00AM in Conference Room 229

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