



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 10, 2019

TO: The Honorable Representative John M. Mizuno, Chair  
House Committee on Health

The Honorable Representative Takashi Ohno, Chair  
House Committee on Intrastate Commerce

FROM: Pankaj Bhanot, Director

SUBJECT: **HB 222 – RELATING TO NURSE AIDES**

Hearing: February 12, 2019, 8:30 a.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the intent of this bill, requests clarification, and offers comments.

**PURPOSE:** The purpose of the bill is to establish a task force to study and develop solutions for the issue of nurse aide recertification inequity. DHS requests clarification as DHS does not agree with the finding that a nurse aide recertification inequity exists.

The process for nurse aide recertification is a combination of requirements specified by the Department of Commerce and Consumer Affairs (DCCA) and DHS to support certified nurse aides employed in state-licensed or state-certified health care settings. To maintain the competency of certified nurse aides in state-licensed or state-certified health care settings, DHS has two training options for recertification. One consists of a twenty-four hour course offered by state-certified nurse aide training and competency evaluation programs. The other is the completion of twenty-four hours of continuing education classes offered by community providers. Twenty-four hours of educational training is equivalent to the required training in Medicare and Medicaid certified facilities.

This equivalency of hours of training maintains the competency of certified nurse aides employed in the community with certified nurse aides employed in Medicare and Medicaid facilities and protects the safety of the community.

DHS does not oppose a task force to study and develop solutions. However, we do not recommend any compromises be made to requirements that ensure all certified nurse aides maintain the knowledge to care for vulnerable and elderly individuals in the community.

The federal Omnibus Budget Reconciliation Act of 1987 established training standards for nurse aides employed in Medicare and Medicaid-certified nursing facilities to improve the quality of care in these facilities. Medicare and Medicaid-certified nursing facilities provide medical or skilled nursing care and health-related care to residents with mental or physical conditions. Nursing facilities provide direct, "hands-on" care and assistance to residents in bathing, toileting, and eating. Title 42, United States Code (USC), Sections 1395i-3 and 1396r, establish training and re-training requirements for nurse aides in Medicare and Medicaid-certified facilities. Title 42, Code of Federal Regulations (CFR), Part 483, Requirements for States and Long-Term Care Facilities, further defines the training, the approved trainers, the competency evaluation process, and requirements for a nurse aide registry.

Act 226, Session Laws of Hawaii (SLH) 2007, established the certification and recertification requirements for nurse aides employed in Medicare or Medicaid-certified facilities and state-licensed or state-certified health care settings in Hawaii. The certification requirements allow DCCA, DHS, and the Department of Health (DOH) to monitor and evaluate the quality and competency of certified nurse aides employed in Hawaii's health care facilities, including the residential care settings in the community. Act 108, SLH 2009, specified the recertification period to be not less than every two years, and the number of continuing education hours for recertification to not exceed twenty-four hours. These statutes require certified nurse aides in facilities and in the community to have equivalent competencies and proficiency in the care of individuals who require facility level assistance and care. The ongoing recertification requirements every two years

maintain the skill level of certified nurse aides and differentiates certified nurse aides from nurse aides who are not certified.

Section 457A-8 (1), HRS, authorizes DHS to include training in a training program for recertification. Chapter 17-1445, Hawaii Administrative Rules, describes the standards for nurse aide recertification and continuing education subject areas to include topics relevant to the employment of certified nurse aides in the state-licensed or state-certified health care settings. Topics are to include understanding and promoting client independence, personal care skills to maintain the elderly, disabled, and cognitively impaired in home-like settings, Hawaii's health care delivery systems, and best practices in the care of clients with diabetes, end-stage renal disease, cancer, and clients who are terminally ill. These topics are essential to maintain the knowledge and understanding for certified nurse aides employed in the community, caring for clients in the client's own home or in the certified nurse aide's residential home. This ongoing education and training provides the certified nurse aide with correct health and nursing care concepts essential to ensure that the certified nurse aide is able to provide proper care to vulnerable individuals requiring care.

Thank you for the opportunity to provide testimony of this bill.

**HB-222**

Submitted on: 2/9/2019 9:31:55 AM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Larry Quiabang	CCFFH	Oppose	No

Comments:

**HB-222**

Submitted on: 2/11/2019 1:51:14 PM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Amy Gangloff	Hale Nohea	Oppose	No

Comments:

Dear Chair Rep. Mizuno and Vice Chair Rep. Kobayashi,

This letter is in regards to House Bill 222 on nurse aide (NA) recertification. It is my understanding that this bill moves to eliminate RN Evaluators for community certified nurse aides (CNA) as an option for recertification. This would be disastrous to aides outside of the hospital setting because it does not consider the financial situation of missing work, blatantly ignores continuous competency training by RN Evaluators, and would lead to an increased amount of uncertified, uneducated community NAs. Also, community institutions will be strained by short staffing and increased need to hire part-time help.

Initial certification for the CNA license could take anywhere from two and half weeks to a month of training. This costs at least one thousand dollars. The exam and licensing process would amount to around two hundred and thirty dollars. Recertification for community CNAs requires them to miss at least two to three days of work with no pay as well as submit another two hundred and thirty dollars. This could easily amount to another thousand dollars per renewal and it is not uncommon to allow their license to expire due to inability to pay. Jobs are lost, careers in the healthcare field are diverted away from where they are needed most, and welfare costs increase to support those unable to find employment outside of their niche.

With RN Evaluators, we require fifteen continuing education hours as well as additional skills training that must be done yearly. Each RN Evaluator is required to submit thorough documentation of each CNA proving they have completed continuing education and training for their renewal. This is not the case for Medicaid/Medicare institutions as their recertification process does not show any documentation of continuing competency for their CNAs. Community CNAs are forced to miss work, pay for their training, and supply free labor to these institutions. This is an inaccurate and unfair policy to require of the men and women that are working full-time in the community. It also does not guarantee that they will be working on keeping their license current with the most up to date information.

Taking away RN Evaluators for the community CNAs will ultimately lead to current aides allowing their license to expire thus contributing to short staffing of CNAs and a decrease in employment rates. Institutions with uncertified NAs cannot offer their

previous CNA salary, which cascades into multiple issues. Community NAs must work multiple jobs to make a living and will not have the time to renew their license at any time. More often than not, they are barely making ends meet and may end up abandoning the career path all together. This leads to a severe staffing shortage for the community institutions such as our care home that caters to the needs of Dementia and Alzheimer's clients that cannot thrive elsewhere in larger institutions.

I hope the State Government will take the time to consider the impact this bill could have on community institutions, the population they serve, and those CNAs working so hard to ensure quality care. If there are any questions or concerns regarding this major issue, please feel free to give me a call.

Sincerely,

Hale Nohea, LLC

Patricia Mosher, RN, CRNA, CHRN

Group 2 Community RN Evaluator

5071 Maunalani Circle,

Honolulu, HI 96816

808.225.621

**HB-222**

Submitted on: 2/11/2019 12:47:15 PM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kathleen Wyatt	Hale Hau`oli Hawai`i, Hoaloha Nurse Aide Training Program	Support	Yes

Comments:

Due to an extreme shortage in the workforce for professional caregivers, I applied for and received a grant to start a nurse aide training program to try to help my colleagues find workers needed in adult day care, home care, home health aides, and many other arenas. I offered this training at a very low cost so that more students would be able to afford the training and get out into the workforce. Most of the nurse aides went on to get their certification. The problem is, the nurse aides that work for home health agencies do not have access to the recertification requirements, like working in Medicare/Medicaid facility or access to the 24 hour competency class. Taking these hard workers into account, it is imperative that you find an alternative for those people. I am continuing offering this State-approved training program at a very low cost, again to get nurse aides into the workforce as quickly as possible, according to the guidelines. Now the students need help in being able to keep their certification, but shouldn't be penalized because they don't work in Medicare/Medicaid facilities nor can they afford the 24 hour competency classes. I would be happy to be on the task force to make the positive changes that are needed for recertification.

**LATE**

**HB-222**

Submitted on: 2/11/2019 1:45:03 PM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Pat Mosher	Hale Nohea	Oppose	No

Comments:



**Testimony NOT in support of HB 222**

**LATE**

TO:  
HOUSE OF REPRESENTATIVES  
THE Thirtieth LEGISLATURE  
REGULAR SESSION OF 2019

**Committee on Health**

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Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti	Rep. Calvin K. Y. Say
Rep. Nadine K. Nakamura	Rep. Kunane Tokioka
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Rep. Rep. Cedric Asuega Gates	Rep. Gregg Takyama
Rep. Sam Saturo Kong	Rep. Bob McDermott
Rep. Scott Y. Nishimoto	

**From:** Dr. Nancy Atmospera-Walch, DNP, MPH, MCHES, LNHA, CCHN, CMC, BSN, RN  
President, AIM Healthcare Institute  
President, ADVANTAGE Health Care Provider, Inc.  
*DHS-Approved RN Evaluator - CNA Option B*  
*AHRQ TeamSTEPS Master Trainer*

**Report Title:** RELATING TO HEALTH

**Description:** RELATING TO NURSE AIDES

**Description:** Establishes a task force within the Department of Human Services to study and develop solutions for the issue of nurse aide recertification inequity.

Good Morning Chair Mizuno and Chair Ohno and to All of You, Honorable Representatives!

I am Dr. Nancy Atmospera-Walch, President, and the Chief Nursing Officer of Advantage Health Care Provider, a private company that is providing services to one of our most vulnerable population, the Intellectually and Developmentally Disabled (I/DD) in the islands of Oahu, Maui, and Kauai. I am also an Approved DHS RN Evaluator for Group 2 CNAs, the very population why this Bill was written.

**Providing the Very Best Quality Care to the "Special Population, the Intellectually and Developmentally Disabled (I/DD)" is Our Business!**

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walchgerhart@post.harvard.edu ♥ [www.advantagehealth.care](http://www.advantagehealth.care)

I am in opposed because the problem stated in HB 222 is not true. Currently, there are two groups of CNAs:

1. **Group 1** are the CNAs working in a Medicare/Medicaid Long Term Care Facility like Nursing Homes, in which these facilities are responsible for the recertification of their CNAs as required by CMS.
2. **Group 2** are CNAs who are working in Licensed/Certified Health Care Setting like the ARCH, E-ARCH, Adult Fosters, and Domiciliary Homes. These CNAs can renew their CNA certifications in two ways:
  - a. CNA has successfully completed and passed a 24-hour competency evaluation course. This is done through the State Certified Nurse's Aide School.
  - b. CNA has successfully completed 24 hours of Continuing Education and a skills competency review. This is what we do as Approved DHS RN Evaluator by checking their Continuing Education Certificates to ensure that they have 24 credits. We then validate their Nursing Skills COMPETENCY AND PROFICIENCY by using the DHS Form 1646, which are the skills that CMS requires that a CNA must be competent on.

Health care skills and procedures are changing almost daily. Therefore, Continuing Education and Continuing Competency is a requirement for every member of the Health Care Team. Caring for the sick is delivered by a team of health care and allied professionals. A Certified Nurse Aide (CNA) is a very important member of the Healthcare Team in both the Acute and Long-Term Care setting; thus, it is also imperative that they comply in doing their Continuing Education, as the key to delivering continuous quality and safe health care is continuing education. This should not be undue hardship and instead, it should be looked at as keeping themselves current with their knowledge and skills in the job that they do.

Certified Nurse Aides must have the mastery of a set of basic skills like the Activities of Daily Living or what is usually called ADLs. However, when Certified Nurse's Aides work in the Home and Community Based Long Term Care setting, they need to intensify their basic and observation skills because they are working with no direct supervision caring for the elderly who requires nursing care from custodial level to nursing facility level of care on a 24/7 timeline. CNAs received minimal training and education on patient care; therefore, continuing education is a very important requirement for the recertification of the certified nurse aide for the continuing safety of the population they serve.

Continuing Education is important because health care is changing continuously, and Nurse Aides need to update their knowledge and skills in order to be an effective member of the health care team in delivering a safe and a quality health care. Furthermore, it is even more important that the required continuing education consists of educational programs and conferences that truly update the current skills and knowledge of Nurse Aides and it is not just a review of existing skills and knowledge that they already possess like CPR, Blood Borne Pathogens, and Infection Control, because these skills and knowledge are already a requirement for their certification as a Community Care Foster Family Home (CCFFH) caregivers, which means that whether there is Continuing Education requirement or not, these Nurse Aides must have CPR, Bloodborne Pathogen, and Infection Control training in order to be certified as HCBS caregivers.

Therefore, a nurse's aide re-certification with the proper continuing education is truly a public safety benefit. Personally, and as a Nurse, Educator and a Case Manager, this process gives me comfort for I know that CNAs as members of the health care team are continuously seeking to improve their skills and knowledge on the most current changes in health care.

Re-certification and Continuing Education are not isolated to the Nurse's Aide. It is required in almost every healthcare certification. For example, as a Certified Case Manager (CMC), on an annual basis, I must have 24 Continuing Education Credits on subjects that pertain to Case Management to maintain my certification and 75 Continuing Education Credits every 5 years to maintain my Certification as a Master Certified Health Education Specialist (CHES). And now when I renew my RN license in July 2019, I must have 30 ANA approved CEUs. Other Professions also require continuing education like real estate agents, financial planner, etc.

Most importantly, if these CNAs are working in Licensed/Certified Health Care Setting like the ARCH, E-ARCH, Adult Foster Homes, and Domiciliary Homes, they are already required to have 12 CEUs annually in order to have their care home license or certificate be renewed. The 12 CEUs that they do annually can then be used to renew their CNA recertification which they have to do bi-annually. This means that they are killing two birds with one bullet. As for the expense, the CNAs should check with their accountant to evaluate it, if the educational expenses can be used as a tax deduction.

However, I have recommendations and my first recommendation is - to improve the current process of CNA Renewal:

1. I feel very strongly that it is not legal to have someone obtain their original certification by class and by examination and then require them to re-certify by employment. There is NOT a single Certification where the original certification was obtained by class and examination and then recertification is by employment.
2. This is truly blatant discrimination to Certified Nurse Aides who do not work in a Care Home, Adult Foster Home or the Nursing Home. I am just imagining myself who is a nurse and the State would be requiring me to renew my RN License by employment in acute care. It is also discrimination since the money being used to maintain the certification of CNAs are public tax dollars and why is the service only being offered to selective few CNAs and not to ALL CNAs who are qualified to re-certify by Continuing Education and Competency Validation?
3. The work performance of any CNA employee should be the responsibility of the employer and not the State. The person who hired the CNA should be responsible for ensuring that the CNA is competent and if not, she/he can then fire that person. Having the Care Home Operators or the Adult Foster Home Caregiver sign a paper to validate that the CNAs work with them do not ADD Quality to their performance. Therefore, I ask the question, what is the purpose of DHS/the State in requiring CNAs that they can only continue being a CNA if they work in these three settings?
4. Having only the Care Home Operators or the Adult Foster Home Caregivers as the authorized signer or approver of CNA recertification DOES NOT MAKE SENSE AT ALL. For example, I employ CNAs and they perform the same jobs as the CNAs working in the Care Home or Adult Foster Home, but I am not allowed to sign off and validate that they are working as CNAs. I definitely evaluate their performance at a minimum, annually, I offer continuing education and training and yet my CNA employees are not allowed to re-certify because I cannot sign for them and because they are not working in a Care or Foster Homes. In addition, they were never told when they went to obtain their original CNA certification that in order for them to re-certify, they must work in a Care Home or a Foster home.

Therefore, I am respectfully recommending that the recertification of CNAs is offered to every CNA who wants to maintain their certification and the REQUIREMENT SHOULD ONLY BE THE 24 HOURS CONTINUING EDUCATION AND COMPETENCY VALIDATION if they prefer to renew their certification with Option B.

My second recommendation is to have an approval and review process of the CEU programs offered by educators for the following reasons:

1. As a DHS RN Approved Evaluator, I came across with fraudulent actions from CNAs as well as the CEU providers. For example, CNAs submitting a copy of their supposedly original certificate, but it is very obvious that they do not have the original because the original name was erased, and their name was freshly written with a felt pen. When I required seeing the original, the CNA could not produce it.
2. In the past, I have been asked multiple times, if I could just give them a certificate and they would just pay me the money. The worst thing is they tried to make me feel guilty by saying, "why can't you help us when others can?"
3. I have reviewed submitted certificates with the same topics but different dates in a matter of two to three months interval.
4. I have also been approached by CNAs who obtained their re-certification via Option B, but they were not quite sure if their certificate was valid or not, since they were given the 24-hour certificate, a CPR and BBP, but they were only with the DHS RN Evaluator for 3-4 hours. They were not required to submit copies of their CEU certificates. Of course, I refused to do their request for that is not my job to audit DHS RN Evaluators.
5. I have seen Certificates with the wrong Spelling of very common healthcare topics, and these are supposed to be the instructors educating the CNAs.

Continuing Education should be taken to improve the knowledge or skills of the person, but with the above-mentioned practices, the intent of requiring the CNAs to have CEUs is useless, a joke, a waste of money and time.

Therefore, having a CEU approval process like every profession or career that require CEUs is imperative to have if we truly want to have CNAs gain knowledge or improve their skills; otherwise, we should not require them, until we have a legitimate process to review and validate CEU programs and qualifications of Education providers. **If CNAs are required to have CEUs, then we must offer them quality programs and qualified educators.**

My last recommendation is to continue to offer Option B as a choice for CNAs to do their re-certification process. Some DHS RN Evaluators are recommending to just doing Competency Evaluation in a Lab setting, but it does not have to be, for the CNAs being evaluated are working in their homes. Therefore, where is a better setting to evaluate their skills, if not in the settings where they are working? As to the concerns of not having the equipment like Hoyer lift or tube feeding to evaluate their competency skills on how

**Testimony NOT in support of HB 222**

Tuesday, February 12, 2019, 8:30 am, State Capitol Conference Room 329



to use this equipment is unwarranted for this equipment need Nursing Delegation. What does this mean? When a client has a Tube Feeding, the RN Case Manager must delegate that skills and truly evaluate the caregiver's performance skills. Therefore, such concerns have no validity.

Thank you for this opportunity to provide my testimony, and for hearing HB 222.

Respectfully submitted,

(electronically signed /Dr. Nancy Atmospera-Walch)  
Dr. Nancy Atmospera-Walch  
DNP, MPH, MCHES, LNHA, CCHN, CMC, BSN, RN  
President, AIM Healthcare Institute  
President, ADVANTAGE Health Care Provider  
*DHS-Approved RN Evaluator - CNA Option B*  
*AHRQ TeamSTEPPS Master Trainer*

**HB-222**

Submitted on: 2/11/2019 9:20:28 AM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cindy Evans	Individual	Support	No

Comments:

Section 1 of HB222 best describes the situation. Please support this measure.

## **kobayashi1 - Melvia**

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**From:** Taum-Deenik, Malia <MTaum-Deenik@dhs.hawaii.gov>  
**Sent:** Sunday, February 10, 2019 9:01 AM  
**To:** Gov.Testimony; HLTtestimony; IACtestimony  
**Cc:** Bhanot, Pankaj; Betts, Catherine A; Perez, Kayle; Seto, Scott; Tsuruda, Lori  
**Subject:** HMS HB222  
**Attachments:** HB0222\_HMS\_02-12-19\_HLT-IAC\_Comments.pdf

**Categories:** Yellow Category

Hi,

Sorry it's late; really stormy out west.

M

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**LATE**

**HB-222**

Submitted on: 2/11/2019 5:19:08 PM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Maria Corazon E. Cariaga	Individual	Comments	No

Comments:

Good morning, I just want to share what I know and what is going on with the nurse aide recertification for us who are not working in a facility. As of the current recertification program we, the nurses aides are very contended for what our certified instructor are teaching us and is and very affordable and they accommodate us in their time of schedules for our classes. We never had any problems in dealing with them since the program was implemented. Would you please leave this program as it is to keep CNA's working also.

Thank you for allowing me to share my thoughts.

**LATE**

**HB-222**

Submitted on: 2/11/2019 6:07:57 PM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Marina gamatero	Individual	Support	No

Comments:

My name is Marina Gamatero and I am strongly  
support HB222

Sincerely,

Marina Gamatero.



**LATE**

**HB-222**

Submitted on: 2/11/2019 4:53:50 PM

Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
evelyn isabelo	Individual	Oppose	No

Comments:

**LATE**

**HB-222**

Submitted on: 2/12/2019 8:07:27 AM  
Testimony for HLT on 2/12/2019 8:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Leonard Greene	Individual	Oppose	No

Comments:

RN Evaluators certified by the Hawaii Department of Human Services are the alternative to allow community CNAs to keep their certification as competent CNAs. These RN evaluators may recertify CNA in lieu of them returning to their nurse aide programs for a 24-hour review or Option A. RN evaluators are from a variety of employment and professional associations, and may re-certify CNAs in rural areas, their own staff, or CNAs employed in your community.