

Testimony of the Board of Nursing

**Before the
House Committee on Consumer Protection & Commerce
Friday, March 19, 2021
2:00 p.m.
Via Videoconference**

**On the following measure:
H.R. 99, REQUESTING THE CONVENING OF A WORKING GROUP
TO DETERMINE THE GAPS IN ACCESS TO HEALTH CARE
AND THE SCOPE OF CARE OF ADVANCED PRACTICE REGISTERED NURSES**

Chair Johanson and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board appreciates the intent of this resolution and offers comments.

The purposes of this resolution are to request that the Board and the Hawaii Medical Board convene a working group to: (1) identify the gaps and limitations that exist in providing access to health care, especially on the neighbor islands and in rural communities; (2) determine the scope of procedures and care that advanced practice registered nurses (APRNs) should be allowed to provide; (3) perform a comparative study of the scope of practice of APRNs in other states and Hawaii; and (4) conduct an evaluation of how APRNs would increase equitable access to health care on the neighbor islands and in rural areas in the State.

The Board understands the intent and the purpose of the working group to identify gaps and limitations to the provision of health care due to the physician shortfall, especially for neighbor island residents. However, the working group is also tasked with determining the scope of procedures and care that APRNs may provide.

For the Committee's information, the APRNs scope of practice is established pursuant to Hawaii Revised Statutes chapter 457 and Hawaii Administrative Rules chapter 16-89. Although input from other health care professionals is vital in determining what area of health care services are lacking, the members of the working group may inadvertently create a "turf" battle among their health care professional colleagues in determining the APRN's scope of practice.

Consequently, the Board prefers H.C.R. 124, which requests that the Legislative Reference Bureau (LRB), a neutral third party, conduct an analysis of: (1) the full scope of practice for APRNs and physician assistants based on national professional guidelines; (2) the distinctions between the educational training and scope of practice between physicians, APRNs, and physician assistants; and (3) how Hawaii differs from other states regarding the scope of practice for APRNs and physician assistants.

The Board also believes it would be more appropriate for the LRB to perform an analysis of state and local laws and regulations identifying “gaps and limitations” that exist in providing access to health care, especially on the neighbor islands and in rural communities.

Thank you for the opportunity to testify on this resolution.

Testimony of the Hawaii Medical Board

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**On the following measure:
H.R. 99, REQUESTING THE CONVENING OF A WORKING GROUP
TO DETERMINE THE GAPS IN ACCESS TO HEALTH CARE
AND THE SCOPE OF CARE OF ADVANCED PRACTICE REGISTERED NURSES**

Chair Johanson and Members of the Committee:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board appreciates the intent of and offers comments on this resolution.

The purposes of this resolution are to request that the Board and the Board of Nursing convene a working group to: (1) identify the gaps and limitations that exist in providing access to health care, especially on the neighbor islands and in rural communities; (2) determine the scope of procedures and care that advanced practice registered nurses (APRNs) should be allowed to provide; (3) perform a comparative study of the scope of practice of APRNs in other states and Hawaii; and (4) conduct an evaluation of how APRNs would increase equitable access to health care on the neighbor islands and in rural areas in the State.

The Board appreciates the intent of this measure and commends the Legislature for its inclusivity in allowing various professions to work together to address very important issues. However, this resolution also requires the working group to determine the scope of care that APRNs may be allowed to perform or provide. The Board is concerned that this may lead to conflict among the professions without achieving the desired outcome of the working group.

The Board prefers H.C.R. 124, which requests that the Legislative Reference Bureau (LRB), a neutral third party, conduct an analysis of: (1) the full scope of practice for APRNs and physician assistants based on national professional guidelines; (2) the distinctions between the educational training and scope of practice between physicians,

Testimony of the Hawaii Medical Board

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APRNs, and physician assistants; and (3) how Hawaii differs from other states regarding the scope of practice for APRNs and physician assistants. The result of this study may assist the Board in updating its statutes and administrative rules regarding the practice of physician assistants.

Thank you for the opportunity to testify on this resolution.



**Written Testimony Presented Before the
COMMITTEE ON CONSUMER PROTECTION & COMMERCE**

DATE: Friday March 19, 2021

TIME: 2:00 PM

PLACE: VIA VIDEOCONFERENCE

By

**Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

Comments on HR99 and HCR123

Chair Johanson, Vice Chair Kitagawa, and members of the House Committee on Consumer Protection & Commerce, thank you for the opportunity to provide written comments on HR99 and HCR 123 with a preference for HR100 and HCR124. This resolution requests the Hawai'i Board of Nursing and the Hawai'i Medical Board convene a working group to determine the gaps in access to healthcare and the scope of care that advanced practice registered nurses may provide. APRNs include certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners.

The Hawai'i State Center for Nursing (HSCN) prefers HR100/HCR124 that provides for an independent third-party review of the state laws and rules, as well as engages with state departments to determine the feasibility and legislative approach for resolution of barriers to full implementation of Act 46 (2014). HSCN notes that regulatory authority for APRN practice resides with the Hawai'i Board of Nursing. Interprofessional education and practice with physicians, pharmacists, psychologists, and other healthcare professionals is common with each profession regulated by their own Board. **Additionally, should this working group move forward, HSCN recommends a change to only focus on interprofessional opportunities to address gaps in access to care and remove the APRN scope of care as this issue is addressed by HR100/HCR124.**

APRN scope and standards of practice fall under the purview of the Hawai'i Board of Nursing, a standard endorsed by the National Council of State Boards of Nursing (NCSBN), the national regulatory agency for nursing licensure.

In 2008, the *APRN Consensus Model* was released by the NCSBN and endorsed by 48 national nursing organizations to provide guidance for states to adopt uniformity in the regulation of APRN roles, licensure, accreditation, certification, and education. This report includes: a

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definition of the APRN Regulatory Model, including a definition of the Advanced Practice Registered Nurse; a definition of broad-based APRN education; a model for regulation that ensures APRN education and certification as a valid and reliable process that is based on nationally recognized and accepted standards; uniform recommendations for licensing bodies across states; a process and characteristics for recognizing a new APRN role; and a definition of an APRN specialty that allows for the profession to meet future patient and nursing needs.ⁱ

The 2009 Legislature, with great wisdom, enacted Act 126, SLH 2009, which enabled APRNs to work to the full extent of their education and established that authority “to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients...” Soon after, APRNs and their employers learned that where provider-specific language is in place in Hawai‘i Revised Statutes (HRS) and Hawai‘i Administrative Rules (HAR) but APRNs are not named specifically, the signature authority is unrecognized. As such, the 2013 Legislature, through HCR53 HD1, created a working group to identify barriers relating to the practice of APRNs. There has been a decade’s long effort led by HSCN and its APRN Practice and Policy Taskforce which includes APRNs of every specialty and across the Hawaiian islands. This Taskforce has worked to identify and address statutes that limit APRNs’ ability to practice to the full extent of their education and training only as it truly impedes delivery of care to people. These efforts have greatly improved access to care, including enabling APRNs to complete POLST, enabling APRNs to engage in temporary disability, workers compensation, and assisted community treatment programs, admit and treat patients with people needing involuntary or emergency hospitalization, among others. As a result, state departments have a better understanding of the APRN role, many championing initiatives to improve their own HRS sections as issues are identified.

With Act 46, SLH, the 2014 Legislature enabled Hawai‘i to become the 8th state to adopt the national best practices for APRN regulation. This resulted in Hawai‘i formally requiring the LACE standards (licensure, accreditation, education, and certification) to be recognized as an APRN by the board of nursing.

In 2011, the National Academy of Medicine (formerly Institute of Medicine, IOM) called for states “with unduly restrictive regulations [to] be urged to amend them to allow advanced practice registered nurses to provide care to patients in all circumstances in which they are qualified to do so” and lists common regulatory variance across states that prohibits clarity in the APRN role across jurisdictions (Chapter 3).ⁱⁱⁱ As a result of the IOM report, the Federal Trade Commission issued Policy Perspectives (2014) which recognized that physician and APRN scope may have overlaps which benefits patients by increasing their access to services.ⁱⁱ

National research continues to monitor APRN outcomes as it relates to access to care deliveryⁱⁱⁱ in rural areas,^{iv} quality of care,^v and cost of care.^{vi} Research indicates APRNs are more likely to provide care to underserved people and communities including rural areas, urban areas, to

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women, and to Medicaid recipients or uninsured people.^{vii} The Hawai'i State Center for Nursing is legislatively mandated to collect nursing workforce data and report by county to increase the understanding of workforce supply across all islands.^{viii} The number of APRNs more than doubled in Hawai'i between 2005 and 2017 with continued growth since that period and nearly 1,300 licensed APRNs reside in Hawai'i. Of these, 80% provide direct patient care, 79% are NPs, followed by 8% CNS, 7% CRNAs, 4% CNMs, and 2% holding multiple APRN certification types.^x Currently, more than 25% of Hawai'i's APRNs are working in rural areas.^{ix} Further, the majority of APRNs working in the Counties of Hawai'i, Maui, and Kaua'i work in federally designated medically underserved areas.

The HSCN asks for your consideration to move laws and rules review and recommendations for proposed legislation to HR100/HCR124 to ensure the intent of this resolution is achieved through the independent, third party review by the LRB. HSCN also asks for the topic of the working group, should it move forward, to specifically focus on interprofessional opportunities to close gaps in care. Thank you for the dedication and care for healthcare workers and the people in Hawai'i.

ⁱ National Council of State Boards of Nursing. (2008).

https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf. Accessed March 17, 2021

ⁱⁱ Federal Trade Commission. (2014). *Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses* (p. 53). <https://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolycypaper.pdf>

ⁱⁱⁱ Xue, Y., Ye, Z., Brewer, C., & Spetz, J. (2016). Impact of state nurse practitioner scope-of-practice regulation on health care delivery: Systematic review. *Nursing Outlook*, 64(1), 71–85. <https://doi.org/10.1016/j.outlook.2015.08.005>

^{iv} Buerhaus, P. I. (2018). *Nurse practitioners: A solution to America's primary care crisis*.

<https://www.aei.org/research-products/report/nurse-practitioners-a-solution-to-americas-primary-care-crisis/>

^v Bosse, J., Simmonds, K., Hanson, C., Pulcini, J., Dunphy, L., Vanhook, P., & Poghosyan, L. (2017). Position statement: Full practice authority for advanced practice registered nurses is necessary to transform primary care. *Nursing Outlook*, 65(6), 761–765. <https://doi.org/10.1016/j.outlook.2017.10.002>

^{vi} Perloff, J., DesRoches, C. M., & Buerhaus, P. (2015). Comparing the Cost of Care Provided to Medicare Beneficiaries Assigned to Primary Care Nurse Practitioners and Physicians. *Health Services Research*. <https://doi.org/10.1111/1475-6773.12425>

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- vii Buerhaus, P. I., DesRoches, C. M., Dittus, R., & Donelan, K. (2014). Practice characteristics of primary care nurse practitioners and physicians. *Nursing Outlook*. <https://doi.org/10.1016/j.outlook.2014.08.008>
- viii Hawai'i State Center for Nursing (2021). Nursing Workforce Supply. <https://www.hawaiicenterfornursing.org/supply/> Accessed March 17, 2021
- ix Hawaii State Center for Nursing. (2017). *2017 Nursing Workforce Supply Survey Special Report: Location of APRN Employment*.

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