



HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS
The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair

**H.C.R. NO. 139 REQUESTING THE AUDITOR TO CONDUCT AN ANALYSIS
REGARDING THE SCOPES OF PRACTICE FOR ADVANCED PRACTICE
REGISTERED NURSES AND PHYSICIAN ASSISTANTS**

**H.R. NO. 139 REQUESTING THE AUDITOR TO CONDUCT AN ANALYSIS
REGARDING THE SCOPES OF PRACTICE FOR ADVANCED PRACTICE
REGISTERED NURSES AND PHYSICIAN ASSISTANTS**

Hearing: Tuesday, March 29, 2022, 10:00 a.m.

The Office of the Auditor appreciates the opportunity to testify on H.C.R. No. 139 and H.R. No. 139, requesting the Office of the Auditor to conduct an analysis regarding the scopes of practice for advanced practice registered nurses and physician assistants, and offers the following comments.

We believe some of the work called for by the resolutions – specifically, analyzing whether the scopes of practice for advanced practice registered nurses and physician assistants should be expanded in certain areas of medical care and services – is beyond our expertise. Other agencies, such as the Professional and Vocational Licensing Division of the Department of Commerce and Consumer Affairs, the boards that regulate physicians and nurses, and the Legislative Reference Bureau may be better equipped to do the study.

We are additionally concerned about our capacity to perform, internally, the audits and other types of assessments that we currently are statutorily mandated to do, the audits and other studies that the Legislature requests each legislative session, and the analysis required by the resolutions.

Thank you for considering our testimony related to H.C.R. No. 139 and H.R. No. 139.

Testimony of the Hawaii Medical Board

**Before the
House Committee on Health, Human Services, & Homelessness
Tuesday, March 29, 2022
10:00 a.m.
Via Videoconference**

H.C.R. 139, REQUESTING THE AUDITOR TO CONDUCT AN ANALYSIS REGARDING THE SCOPES OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS

Chair Yamane 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 as it pertains to physician assistants only.

The purposes of this resolution are to request that the Office of the Auditor (Auditor) conduct an analysis of: (1) the scopes of practice for advanced practice registered nurses and physician assistants; (2) whether the scopes of practice for advanced practice registered nurses and physician assistants should be expanded in certain areas of medical care and services, including: school-based health services, medical care for minors related to human immunodeficiency virus, abortion care, the records review process for prescriptions of controlled substances, Clinical Laboratory Improvement Amendments waived tests, medical aid in dying, and other medical care and services; and (3) a comparison to other jurisdictions and whether those jurisdictions allow for similar expanded scopes of practice.

The Board appreciates the intent of this measure because it proposes to have the Auditor analyze very important matters that could ultimately result in the Board updating its statutes, rules, and policies to bring it to parity with the current practice of physician assistants based on their education and training.

Thank you for the opportunity to testify on this resolution.

Testimony of the Board of Nursing

**Before the
House Committee on Health, Human Services, & Homelessness
Tuesday, March 29, 2022
10:00 a.m.
Via Videoconference**

H.C.R. 139, REQUESTING THE AUDITOR TO CONDUCT AN ANALYSIS REGARDING THE SCOPES OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS

Chair Yamane and Members of the Committee:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board appreciates the intent of and offers comments on this resolution only as it pertains to advanced practice registered nurses (APRNs).

The purposes of this resolution are to request that the Office of the Auditor (Auditor) conduct an analysis of: (1) the scopes of practice for advanced practice registered nurses and physician assistants; (2) whether the scopes of practice for APRNs and physician assistants should be expanded in certain areas of medical care and services, including: school-based health services, medical care for minors related to human immunodeficiency virus, abortion care, the records review process for prescriptions of controlled substances, Clinical Laboratory Improvement Amendments waived tests, medical aid in dying, and other medical care and services; and (3) a comparison to other jurisdictions and whether those jurisdictions allow for similar expanded scopes of practice.

The Board requests amending this resolution to include that the Auditor also perform an analysis of state and local laws and regulations to identify “gaps and limitations” that exist in providing access to health care by APRNs due to the physician shortfall, especially on the neighbor islands and in rural communities.

Thank you for the opportunity to testify on this resolution.



Hawai`i Academy of PAs
PO Box 30355
Honolulu, HI 96820
contacthapa@gmail.com

TO: Rep. Ryan Yamane, Chair
Rep. Adrian Tam, Vice Chair
Members of the House Committee Health, Human Services, & Homelessness

FROM: **Hawai`i Academy of Physician Assistants (HAPA)**

DATE/TIME: March 29, 2022, 10:00 a.m.

PLACE: Via videoconference

RE: **Support for HCR 139**

Dear Chair Yamane, Vice Chair Tam and Committee Members,

The Hawai`i Academy of Physician Assistants (HAPA) writes in support of HCR 139, which requests the auditor to conduct an analysis of the scopes of practice for Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs). HAPA represents the 450 PAs currently licensed to practice in Hawai`i. PAs in Hawai`i practice in nearly all medical and surgical specialties in all practice settings, including rural and underserved areas. As the scope of practice for PAs is defined at the state level, PA practice varies widely across jurisdictions. The audit proposed by HCR 139 represents an opportunity to understand and approach modernizing PA practice in Hawai`i in a more comprehensive manner to best serve the people of Hawai`i.

The current estimated physician workforce shortage of 732 full-time physicians in Hawai`iⁱⁱ represents the same need the PA profession was founded to help address over 50 years ago. COVID-19 has only magnified the dangers of inadequate access to healthcare. PAs across the nation and in Hawai`i have served and continue to serve – many on the frontlines – during this unprecedented demand on our healthcare system. Updating PA practice laws and removing burdens to allow PAs to practice at the top of their training and skillset, are a step toward addressing the need for greater access to healthcare in Hawai`i during this pandemic and beyond.

There are a few important bills being considered during this legislative session, which represent specific and reasonable expansion of PA practice, including changes to overly burdensome medical records review requirements for prescriptions of controlled substances. In 2019, Act 181 similarly amended medical records review and re-licensure requirements. Besides the addition of osteopathic physicians to supervise PAs in 2008, **PA practice in Hawai`i has not been substantively addressed or modernized since 1999**. HAPA recognizes and appreciates the Chair's approach to understand PA scope of practice in Hawai`i and consider appropriate expansions. Just as PAs are committed to providing collaborative healthcare delivery, HAPA remains committed to working closely with all stakeholders to ensure access to safe, timely, high-quality medical care for our Hawai`i communities.

As the inaugural class of Hawai`i's first PA training program prepares to graduate in a few short months, HAPA appreciates the opportunity to comprehensively understand and modernize practice for our state's first locally trained PAs and veteran PAs alike. Thank you for the opportunity to provide comment in support of this resolution.

Sincerely,
Hawai`i Academy of Physician Assistants



Hawai'i Academy of PAs
PO Box 30355
Honolulu, HI 96820
contacthapa@gmail.com

ⁱ State of Hawai'i. Department of Commerce and Consumer Affairs. (2021). *Geographic Report (Current Licenses) As of September 24, 2021*. State of Hawai'i.

ⁱⁱ University of Hawai'i System. Area Healthcare Education Center. (2021). *Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project*. University of Hawai'i.



**Written Testimony Presented Before the
House Committee on Health, Human Services, & Homelessness
Tuesday, March 29, 2022 at 10:00 am
by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

**COMMENTS ON HCR139/HR139 REQUESTING THE AUDITOR TO CONDUCT
AN ANALYSIS REGARDING THE SCOPES OF PRACTICE FOR ADVANCED
PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS.**

Chair Yamane, Vice Chair Tam, and members of the House Committee on Health, Human Services, & Homelessness; thank you for the opportunity to provide comments on this resolution, HCR 139/HR139 which requests the auditor to conduct an analysis regarding the scopes of practice for advanced practice registered nurses and physician assistants. The Hawai'i State Center for Nursing is commenting relating to nursing only, and defers to other professions as it relates to their education, training, accreditation, scope of practice, and barriers to providing patient care.

This resolution recognizes there is a physician shortage and that advanced practice registered nurses are vital health care professionals who are capable in helping fill unmet healthcare needs in Hawai'i. The work of the Hawai'i/Pacific Basin Area Health Education Center (AHEC), in collaboration with Hawai'i State Center for Nursing and I Ola Lāhui, found in 2019 that there were considerable workforce shortages for other professions. At that time, in addition to needing over 500 physicians, the state needed nearly 400 Advanced Practice Registered Nurses, over 200 Physician Assistants, over 250 Psychologists, and over 770 Social Workers. COVID effects on the workforce, coupled with expected and early retirements and departures has diminished the available workforce even further, as well as increased the demand for healthcare professionals.¹

Two economists who conducted national research while in Hawai'i found that full practice authority for APRNs results in increased access to and frequency of routine checkups, improves quality of care, and decreases emergency room visits for non-urgent care needs; this happens because physicians and APRNs spend more time providing direct patient care when these barriers are removed.² A recent retrospective cohort study using Veteran Administration (VA) health records that compared primary care outcomes for medical doctors and nurse

¹ Hawaii Pacific Basin Area Health Education Center, Hawaii State Center for Nursing, & I Ola Lahui. (2019). *The Shortage of Providers in Hawaii*. <https://oitwp02.iabsom.hawaii.edu/ahec02/wp-content/uploads/sites/16/2019/01/additional-statistics.png>

² Traczynski, J., & Udalova, V. (2018). Nurse practitioner independence, health care utilization, and health outcomes. *Journal of Health Economics*, 58, 90–109. <https://doi.org/10.1016/j.jhealeco.2018.01.001>

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce; and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

practitioners (NPs) found that patients assigned to NPs experienced similar outcomes and incurred less utilization in primary care, specialty care, and inpatient series, and NP patients had comparable cost relative to MD patients. The authors concluded that “NPs may offer cost-effective approach to addressing anticipated shortages of primary care physicians” and that “NP and MD patients achieved similar quality of care in chronic disease management”.³ While these are just two studies, they reflect the growing body of evidence that note that full practice authority decreases administrative burden for healthcare providers, thus enabling the interprofessional healthcare team to provide more direct patient care, and that APRNs provide safe, quality care that does not compromise the integrity of healthcare, the work of other healthcare professionals, nor the wellbeing of the patient.

Hawai‘i aligned to the national standard for APRN scope of practice with legislation enacted in 2009 through 2014. These acts established the APRN scope of practice that APRNs abide by and practice within today. Nationally, establishing full scope of practice authority leads to the fastest growth in nurse practitioners in a state⁴; in Hawai‘i, we saw a 75% growth between 2011 and 2021⁵. Today, we have far more APRNs, including Nurse Practitioners, because of the legislative changes to the Hawai‘i Revised Statutes just over a decade ago.

Since 2014, APRNs have practiced within their scope, as it relates to HRS Chapter 457, the Nurse Practice Act, and HAR Chapter 89, the Nurse Practice Rules. These laws and rules provide clear guidance and structure that enable a nurse to provide patient care pursuant to one’s education, national certification, and additional training that the nurse completes to ensure continued competency and lifelong learning. In particular, Act 169, SLH 2009, established “global signature authority” to “permit advanced practice registered nurses to sign documents relating to health care for their patients”. This act established the law **\$457-**

8.8 Advanced practice registered nurses; global signature authority.

The legislative efforts since then have been to address statutes outside of Chapter 457 that relate to patient care but limit the APRNs’ scope as compared to Chapter 457. When the other laws, which are often older than the laws updated in 2009-2014 and are obsolete in that they do not recognize the established scope of APRNs, APRNs assess their practice act and rules and other state’s practice to determine their appropriateness to engage in such activities.

A challenge is that these types of laws or rules differ from state to state and often are a challenge to compare because of the differences in how they are established. To best understand practice characteristics across the nation, the Hawai‘i State Center for Nursing considers whether other states similarly have adopted full practice authority. Currently, 48%

³ Liu, Chuan-Fen, Paul L. Hebert, Jamie H. Douglas, Emily L. Neely, Christine A. Sulc, Ashok Reddy, Anne E. Sales, and Edwin S. Wong. “Outcomes of Primary Care Delivery by Nurse Practitioners: Utilization, Cost, and Quality of Care.” *Health Services Research* 55, no. 2 (April 2020): 178–89. <https://doi.org/10.1111/1475-6773.13246>.

⁴ Barnes, Hilary, Michael R. Richards, Matthew D. McHugh, and Grant Martsof. “Rural And Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners.” *Health Affairs (Project Hope)* 37, no. 6 (June 2018): 908–14. <https://doi.org/10.1377/hlthaff.2017.1158>.

⁵ Hawai‘i State Center for Nursing. “2021 Hawai‘i Nursing Workforce Supply Report,” December 2021. http://www.hawaiicenterfornursing.org/wp-content/uploads/2021/12/Statewide-Report-v.Final_.pdf.

The mission of the Hawai‘i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce; and advocates for sound health policy to serve the changing health care needs of the people of Hawai‘i.

of states authorize full practice authority for APRNs; ⁶ Hawai‘i was one of the first in the nation to do so.⁷ The National Council of State Legislators has a validated comparison across the nation, and across professions, which is often referred to. This resource is located at ScopeofPracticePolicy.org and “provides policymakers with information on laws that govern the scope of practice for nurse practitioners, physician assistants, dental hygienists and dental therapists across the country.” This website also tracks scope of practice bills in all 50 states.

Because individual statutes outside of the Nurse Practice Act are difficult to compare state-to-state, the most effective strategy the Hawai‘i State Center for Nursing has identified is to use the established APRN scope of practice in Hawai‘i to compare with the services requested by patients, colleagues, employers, but are not allowable as currently enacted. First, it determined if the function is within the scope of APRN practice, and that the state laws or rules specifically omit APRNs by name and therefore the “global signature authority” law does not apply. Then, APRNs have worked with their employers, the appropriate state departments, and the legislature to address these barriers that are within the scope of practice of APRNs, but prohibit APRNs from engaging due to the terminology used in that statute. In other instances, state departments have sought to include APRNs due to the severe shortage of available health care professionals authorized by law to engage, and in our state in general, so that the people needing the services can have improved access to care. In these instances, the review of the nurse practice act and rules are similarly reviewed to ensure proposed actions remain within the nurses’ scope of practice.

Examples include:

Bill	HRS in question	Comparison to Nurse Practice Act, Ch 457	Background
HB302, SD2, SLH 2021 Advanced Practice Registered Nurses	§327G-7 Physicians, and psychologists are authorized to determine capacity.	APRNs may assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and non-pharmacologic interventions.	Patients admitted in inpatient behavioral health settings requested their providers to note recovery of mental health capacity. APRNs serving as providers were unable to provide this service. Employer site supported bill.

⁶ American Association of Nurse Practitioners. “State Practice Environment.” American Association of Nurse Practitioners. Accessed March 22, 2022. <https://www.aanp.org/advocacy/state/state-practice-environment>.

⁷ Center to Champion Nursing in America. “State Practice Environment.” Campaign for Action, March 9, 2022. https://campaignforaction.org/wp-content/uploads/2016/02/CCNA-Dash_3-HR-1-scaled.jpg.

The mission of the Hawai‘i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce; and advocates for sound health policy to serve the changing health care needs of the people of Hawai‘i.

HB912, HD2, SD1, SLH 2017 Nursing (Included Assisted Community Treatment)	§334-121 Assisted Community Treatment program was limited to receiving professional opinions of psychiatrists only.	APRNs may assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and non- pharmacologic interventions.	ACT program requested support in increasing professionals capable of providing opinions relating to this program. Act 88, SLH 2017
HB912, HD2, SD1, SLH 2017 Nursing (Legal Capacity of Minors Relating to Medical Care)	§334-121 Consent for medical care and services was limited to those provided by physicians only.	APRNs may assess, diagnose, and manage patient problems through the use and prescription of pharmacologic and non- pharmacologic interventions. Medical care and services and family planning are within the APRN scope.	APRNs providing care to minors identified that this law excluded them from provided care to certain patients. Act 88, SLH 2017

Over the last decade, many statutes have been identified by this process; however, additional statutes still refer to “physician specific” language that predates when full practice authority was granted to APRNs and may no longer accurately represent the current practice environment that recognizes the state nurse practice act. In instances where “provider neutral” language is appropriate, it enables healthcare professionals to refer to their own practice act and regulatory body instead of having to cross-check which instances enable the provider to work to the top of their license, and when they have to abide by other standards or rules.

An example of this is HB1675, HD1, in which the definition of “licensed healthcare provider” is established in definitions, and the term “licensed healthcare provider” is then referred to throughout the section in reference. Act 116, HB2729, HD2, SD2, CD1, SHL 2018 took a similar approach by clearly defining “prescriber”. When appropriate, this maneuver enables the providers, within their regulated scope of practice, to engage as soon as these laws are enacted and without the requiring time and resources of our legislature to include in the statute, item by item, each profession type.

The mission of the Hawai‘i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce; and advocates for sound health policy to serve the changing health care needs of the people of Hawai‘i.

The Hawai'i State Center for Nursing applauds the House in its interest in identifying a clear path forward. When the state identifies all obsolete laws, in comparison to the current scope of practice laws for APRNs and other professions, it will enable the state to ensure healthcare providers are able to provide the care established within their official scope of practice and overseen by their regulatory bodies. While this resolution acknowledges the complexity and sensitivity of updating laws that no longer reflect healthcare professionals' scope of practice laws, and the interest in efficiently resolving these barriers to practice, the Center also urges the committee to consider the need of each profession type assessing laws as compared to their own education, training, and regulated scope of practice, as well as working with the respective state departments charged with implementing or overseeing these laws to ensure safety, access to care, quality.

The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce; and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.



March 29, 2022 at 10:00 am
Via Videoconference

House Committee on Health, Human Services, and Homelessness

To: Chair Ryan I. Yamane
Vice Chair Adrian K. Tam

From: Paige Heckathorn Choy
Associate Vice President, Government Affairs
Healthcare Association of Hawaii

Re: **Submitting Comments**
HCR 139 and HR 139, Requesting the auditor to conduct an analysis regarding the scopes of practice for Advance Practice Registered Nurses and Physician Assistants

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide **comments** on this resolution. Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) play a critical role in our healthcare system in expanding access to primary care and, sometimes, specialty services. Nationally, there is a growing movement to allow qualified APRNs and PAs who meet certain educational, training, and experiential standards to expand their scope of practice to meet patient and employer demands. There are many studies that have shown the effectiveness of using APRNs and PAs as primary care providers (and, in some cases, as more specialized providers) and these clinicians have become integral parts of a medical teams at various hospital facilities in the state.

The Association, has taken on workforce development as a major priority. We are actively working on programs with education and other community partners in the state to strengthen the healthcare workforce pipeline. We have focused our efforts on encouraging high school and community college students to enter into educational programs, apprenticeships, and jobs in the sector to encourage interest in and knowledge of the opportunities that healthcare allows. Once in, we want to make sure that there is a simple glidepath to help these individuals gain more experience and education and work their way into positions that provide a solid career and a living wage. We also hope to provide more wrap-around financial supports and scholarships to help disadvantaged students enter the healthcare workforce, and to address issues of equity in access and care.

As an Association, we have not engaged directly with member organizations—which includes hospitals, nursing homes, home health agencies, and hospice agencies—on questions related to scope of practice and whether the scope of certain clinicians should be expanded or changed. With the particularly acute need for entry-level workers, we have not delved into that particular topic at length. This has clearly become a topic of greater interest as policies are being considered to increase access to care, and it is one that we are starting to grapple with within our own organization.

It is important to note that changes to the scope of practice for APRNs and PAs have generally fallen into three major categories. In the first category, there have been updates to the licensure chapters in Hawaii Revised Statutes (HRS) to align with widely accepted national standards for scope of practice—an example of this can be found in HB 1575, which modifies review of PA records to better align with national practice.

In the second category are groups and advocates who would like to expand the practitioners available for very specific services or procedures—this could include changes to services such as abortion of medical aid in dying. On those measures, clinicians may comment on whether the service or procedure is within the national standards but often these are not changes being recommended by clinicians themselves.

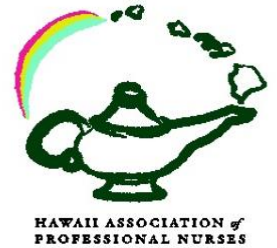
Third, and lastly, there are cases where clinicians or others may be asking to update existing HRS to create provider neutral language. This has been a more common occurrence over the past decade or so since the Hawaii State Legislature expanded the scope of practice for APRNs to act as independent providers, including prescribing drugs. These measures often change language in HRS that was passed prior to the expansion of a nurse's scope of practice that plainly states that only a physician can carry out some action. One example of a change that was made recently was to allow qualified APRNs to be engaged in assisted community treatment determinations so that the program was not limited to only relying on psychiatrists.

Healthcare workforce shortages have always been an issue in Hawaii, and the pandemic only worsened the situation. Over the years, policies to expand access for patients in the state have allowed APRNs, PAs, and other clinicians to provide quality, appropriate care to many patients who might otherwise not have had access. Further, we believe that APRNs, PAs, and other clinicians have a role on medical teams within facilities such as hospitals.

We have started conversations amongst our membership to discuss scope of practice issues and how to resolve any questions or issues that may come up regarding various provider types. Ultimately, for employers, they will choose how to best use and integrate various types of clinicians into their own practice workflow. We believe that continuing to allow national standards to guide scope of practice decisions in the state is a reasonable step forward, and would suggest that a review and analysis of other states' scope of practice might not provide the best picture of what's best for our state since so many communities limit access in a way that is not always beneficial for residents. A working group that is designed to discuss what is best for the state moving forward may be helpful in reaching a greater understanding on this matter.

Thank you for your consideration of this important issue.

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Ryan Yamane, Chair of the House Committee on Health, Human Services, & Homelessness

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HCR139 - REQUESTING THE AUDITOR TO CONDUCT AN ANALYSIS REGARDING THE SCOPES OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS.

Hearing: March 29th, 2022 at 10am

Aloha Representative Yamane, Chair; Representative Tam, Vice Chair; and Committee Members,

Thank you for the opportunity to submit testimony regarding HCR139, which requests the auditor to conduct an analysis for the scope of practice of advanced practice registered nurses and physician assistants. HAPN is in **STRONG OPPOSITION** of this resolution. HAPN has always been an advocate of improved access to care, and this resolution has the potential to cut vital access to care for many residents in Hawaii.

Hawaii's APRNs do not compliment the work of physicians. Physicians are leaving their practices in Hawaii. A number of reasons include retirement and Hawaii's inability to retain or recruit replacement physicians. Hawaii's APRNs have been, and are still meeting this significant healthcare need. We have become innovative in finding ways to assess our communities and meet this need head on while continuing to provide excellent care for our patients. At a time when the Covid pandemic has made healthcare needs greater than ever, it was APRNs who stepped up and stepped in. APRNs took care of those who lost their private health insurance because of the pandemic, and had to use Quest. Many of their physicians did not accept Quest plans, and left many patients scrambling to find care – they found an APRN in their community to help them. Hawaii has improved access to care in many circumstances; however, work still needs to be done to improve access further and ensure continued access to patient care, especially in rural areas¹.

Hawaii's APRNs continue to align with the national standard of APRN scope of practice with legislation enacted in 2009. We continue to abide by these national standards today. These laws and rules provide clear guidance and structure that enables APRNs to provide patient care pursuant to education, national certification, and additional training that the APRN completes to ensure continued competency and lifelong learning.

HAPN recognized the House's desire to create an omnibus legislative effort to complete this review last year. With the previous year's resolution effort, there were appropriate stakeholders named in the resolution to review these issues. HAPN has held talks with the Hawaii State

1. Schorn MN, Myers C, Barroso J, et al. Results of a National Survey: Ongoing Barriers to APRN Practice in the United States. Policy, Politics, & Nursing Practice. February 2022. doi:10.1177/15271544221076524

Center for Nursing and the Hawaii Board of Nursing to review these issues, and develop a working group to review the HRS.

It is difficult to compare the practices of APRNs throughout our country as there are many differences in APRN scope throughout. All states in comparison would need to have an established full practice authority and, even then, these laws or rules may differ. Currently, 48% of states authorize full practice authority for APRNs². The National Council of State Legislators has a validated comparison across the nation, and across professions, which is often referred to. This resource is located at [ScopeofPracticePolicy.org](https://www.scopeofpracticepolicy.org) and “. . .provides policymakers with information on laws that govern the scope of practice for nurse practitioners, physician assistants, dental hygienists and dental therapists across the country.” This website also tracks scope of practice bills in all 50 states.

Community organizations and those who can identify a healthcare need have asked the State Legislature to step in to review these barriers to examine the possibility of APRNs to fill these needs. Statutes continue to remain that refer to “physician specific” language that may have been in place before APRNs were granted full practice authority.

HAPN’s mission, to be the voice of Advanced Practice Registered Nurses in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients’ access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii which led us to full practice authority. We have played an important role to improve the physical and mental health of our communities.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,

Dr. Jeremy Creekmore, APRN
HAPN President

Dr. Bradley Kuo, APRN
HAPN Legislative Committee, Chair
HAPN Past President

2. American Association of Nurse Practitioners. “State Practice Environment.” American Association of Nurse Practitioners. Accessed March 22, 2022.
<https://www.aanp.org/advocacy/state/state-practice-environment>.

HCR-139

Submitted on: 3/27/2022 11:23:28 AM

Testimony for HHH on 3/29/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Wendy Gibson-Viviani	Individual	Oppose	Written Testimony Only

Comments:

TO: House Committee on Health, Human Services, & Homelessness

FROM: Wendy Gibson-Viviani RN/BSN

RE: HCR139 (in OPPOSITION)

Hearing: Tuesday, 03-29-22 at 10:00AM

Dear Chair Representative Ryan Yamane, Vice Chair Representative Adrian Tam,

I am Wendy Gibson-Viviani, a healthcare professional (RN) who has lived and worked in Hawaii for 29 years and am writing in strong OPPOSITION to HCR139.

Allowing a non-medical person such as the State Auditor to conduct an audit to assess the scope of practice for APRNS and PAs is not appropriate. That's why we have State Boards of Nursing and Hawaii's Medical Board. Passage of this measure could set dangerous precedence of allowing other bodies to decide what is appropriate to include or exclude from the scope of practice.

As you know, Hawaii has been experiencing a shortage of physicians and COVID-19 has made this worse. Physician extenders such as APRNS and PA's scope of practice should be expanded, not contracted. Please oppose HCR139.

Wendy Gibson-Viviani RN/BSN

Kailua Resident

Wailua Brandman APRN PMHCNS/NP-BC FAANP
Psychiatric Mental Health Nurse Practitioner
Ke`ena Mauliola Nele Paia LLC
615 Piikoi, Suite 1406
Honolulu, HI 96814

March 27, 2022

Dear Representative Yamane, Chair, Representative Tam, Vice Chair, and members of the House Committee on Health, Human Services and Homelessness, Aloha. I am grateful for the opportunity to testify in strong opposition to HCR 139. I implore you to take a stand against this Resolution. First of all, the intent of this resolution to have the state auditor handle the review of the content stated in the reso is inappropriate. It is the purview of the Board of Nursing to review the regulation of APRNs, not the state auditor, who is not a healthcare professional and thus does not have a comprehensive understanding of the spectrum of education and skills of healthcare professionals. Health care professions each regulate their own profession.

The 2022 legislative agenda of the Hawaii Medical Association, like that of the American Medical Association, is quite clear that they see APRNs as a threat to their perceived superiority over all other health care providers. This reso smacks of their fingerprints. The introduction cites a physician shortage in our state, thus impaired access to care. APRNs have proven to be a remedy for that. I and others have diligently worked to make this so. Hawai`I became a Full Practice Authority state for APRNs by statute in 2011 due to the hard work we did to make it so. If passed, this reso threatens to create limits on our authority to provide primary and specialty care to the people of Hawaii, thus further restricting the access to healthcare to our citizens that we have worked so hard to expand, and would do nothing to effect the shortage of physicians.

This section, in particular is quite concerning to me:

WHEREAS, there is a need to clearly distinguish the scopes of practice of advanced practice registered nurses and physician assistants and determine the appropriate scope of practice for each of these professions in Hawaii to better complement the work of physicians;

Our scope IS distinguished already, by statute. As for prior bills that sought to make care for APRN's patients more complete, those bills only sought to codify skills that we already possess, not to expand our scope of practice. APRNs no longer exist to "complement" physicians. We are an autonomous profession in which some of our skills overlap with the skills of physicians and other health care professions. Even so, we are still an autonomous profession. We are Nurses, regulated and supervised by Nurses.

Another section states:

BE IT FURTHER RESOLVED that the Auditor may include in its analysis a comparison to other jurisdictions and whether those jurisdictions allow for similar expanded scopes of practice;

Approximately half of the states now have Full Practice Authority, so comparison to supervised

and collaborative states is not helpful and should be discouraged, as they are not relevant to Hawaii. Hawaii has always been a model for other states, not a follower or copier of other states. Other states have looked to our state for guidance and direction. Please remember that our goal is not engaging in a turf war, it is protecting our citizens' access to quality care.

As an active advocate for access to care and the codification of the practice of APRNs for the past 25 years, I know that you respect my opinions and I hope you will heed my alarm and caution in advocating for this resolution. Please hold it in committee. Mahalo for all you do for the health of our state.

Warmest Aloha,

A handwritten signature in cursive script that reads "W. Brandman APRN".

Wailua Brandman APRN FAANP

HCR-139

Submitted on: 3/27/2022 9:00:49 PM

Testimony for HHH on 3/29/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Allen Novak	Individual	Oppose	Written Testimony Only

Comments:

I wish to testify in OPPOSITION to HCR 139. As a resident of Hawaii Island, access to healthcare is frighteningly difficult. I have received healthcare from both physicians and APRNs and have not experienced a difference in quality of care from either discipline. APRNs can offer services which help to relieve the shortage of healthcare providers on Hawaii Island which is far more severe than on Oahu.

The Auditor is not the individual who should be evaluating the scope of APRN practice. The Board of Nursing is tasked with that duty and has established procedures to do so over the years. The practice of APRNs in Hawaii under the regulation of the Board of Nursing has been safe with no greater rate of incident than that of physicians.

It would be unwise to mess up a system that is working well. Please oppose HCR 139.

HCR-139

Submitted on: 3/27/2022 9:23:10 PM

Testimony for HHH on 3/29/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Pamela G. Almeida	Individual	Comments	Written Testimony Only

Comments:

As a dual certified advanced practice nurse I strongly urge you to consider expanding the autonomy of nurse practitioners in Hawai'i in order that those needing care where there are limited providers may be cared for by a nurse practitioner practicing at the fullest ability. I currently work in 3 different hospitals due to the shortage of providers in our state and any restrictions to the advanced practice nurse will only intensify the shortage of providers. I urge that the auditor meet with advanced practice nurses in different roles to better understand all that we provide. I would love to meet.

Sincerely,

Dr. Pamela G. Almeida PhD, APRN, NNP-BC, CPNP-PC

HCR-139

Submitted on: 3/28/2022 10:04:26 AM

Testimony for HHH on 3/29/2022 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jamie Boling	Individual	Oppose	Written Testimony Only

Comments:

To: The Honorable Representative Ryan Yamane, Chair of the House Committee on Health, Human Services, & Homelessness

From: Jamie Boling, MPH, MSN, APRN, FNP-BC

Subject: HCR139 - REQUESTING THE AUDITOR TO CONDUCT AN ANALYSIS REGARDING THE SCOPES OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSES AND PHYSICIAN ASSISTANTS.

Hearing: March 29th, 2022 at 10am

Aloha Representative Yamane, Chair; Representative Tam, Vice Chair; and Committee Members,

Thank you for the opportunity to submit testimony regarding HCR139, which requests the auditor to conduct an analysis for the scope of practice of advanced practice registered nurses and physician assistants. I am in **STRONG OPPOSITION** of this resolution. This resolution would negatively impact patient care.

Here in Hawaii, we have a physician shortage and APRNs have worked hard to take care of the people in our community. We are trained and work within our Scope of Practice and our profession should be governed by nurses, not an auditor who would potentially be not in our field of work.

Thank you for allowing me to submit testimony.

Sincerely,

Jamie Boling, MPH, MSN, APRN, FNP-BC



DISABILITY AND COMMUNICATION ACCESS BOARD

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Ph. (808) 586-8121 (V) • Fax (808) 586-8129

March 29, 2022

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

**House Concurrent Resolution 139 / House Resolution 139 –
Requesting the Auditor to Conduct an Analysis Regarding the Scopes of Practice
for Advanced Practice Registered Nurses and Physician Assistants.**

The Disability and Communication Access Board (DCAB) supports House Concurrent Resolution 139 and House Resolution 139.

Physician Assistants are already authorized to perform many physician functions and considering the physician shortage in Hawaii it is advisable to analyze what additional functions they might take on. Hawaii Revised Statutes §291-51 currently authorizes Advanced Practice Registered Nurses to sign the certificate of disability for a parking permit. A physician assistant should be authorized to certify an applicant's disability for a disability parking permit as well.

Thank you for the opportunity to provide testimony.

Respectfully submitted,

KIRBY L. SHAW
Executive Director