

LATE



Testimony in support of **SB1332, SD2** Relating to Healthcare  
House Committee on Health  
Hearing scheduled for Tuesday, March 17, 2009 @ 0830, in Room 329

March 16, 2009

To: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Valerie Chang, JD, Executive Director  
Hawaii COPD Coalition, <http://hawaiiicopd.org>  
733 Bishop Street, Suite 1550, Honolulu, HI 96813  
(808)699-9839

Re: SB 1332, SD2 Relating to Healthcare

Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

My name is Valerie Chang. I am Executive Director of the Hawaii COPD Coalition. Our organization provides services and support to Hawaii's people affected by Chronic Obstructive Pulmonary Disease, more commonly known as emphysema, chronic bronchitis and similar conditions. COPD is the fourth leading cause of death in the US and expected to be the third leading cause of death in the US and world by 2020. The American Lung Association has estimated that over 50,000 people in Hawaii have COPD. Many, many more people in Hawaii suffer from asthma, tuberculosis, pneumonia and other respiratory conditions.

I strongly SUPPORT the prompt passage of legislation to establish licensing and regulatory requirements for practice of respiratory care and to create a board for respiratory care, as written in **SB 1632, SD2**. Respiratory Therapists are a very important of the healthcare team for COPD patients and their loved ones. They help the patients get their medication, keep their lungs clear, and learn to manage their breathing conditions. As has been noted, only Hawaii and Alaska lack certification for respiratory therapists. Hawaii needs a certification process in place and certifying the respiratory therapists will help to insure that all of therapists meet appropriate standards and are providing quality care to our many people in Hawaii who need respiratory care, including having a place and process for reporting and investigating incompetence and/or professional misconduct.

My husband, children, and I have asthma and additionally, I have severe emphysema. We have all used the services of respiratory therapists to test how well our lungs are working. I have also been fortunate enough to have a respiratory therapist in Colorado help me develop a personalized exercise program which is safe and appropriate for my lung condition. Respiratory nurses and respiratory therapists have also provided me with education on how to live actively with asthma and emphysema.

I have also enjoyed working with many respiratory therapists with our Hawaii COPD Coalition where we have:

- (1) Free breathing testing at Longs Drugs;
- (2) Free support group (run by two respiratory therapists); and
- (3) Free annual COPD education day.

Thanks for the opportunity to testify about this issue that is so vital to the health of Hawaii's people. Please support in favor of SB 1332, SD2. We need this protection NOW!

LATE

March 16, 2009

Testimony to: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Abegail Kopf, RRT, CPFT  
Educator, Respiratory Care Program

Re: SB 1332, SD2 RELATING TO HEALTHCARE

Chairs and Committee Members:

I support SB 1332, SD2 which would seek to provide licensing of respiratory care practitioners. This is necessary to assure public safety.

- **Currently, there is nothing to prevent respiratory care practitioners who lose their license to practice in other states from securing employment in Hawaii.** We remain one of two states vulnerable to this possibility. All other states, except Alaska currently have licensure in place. This is a concern since it is sometimes impossible to find out the reason why someone lost his or her license in another state. It is risky to say the least to permit an RCP to take care of our loved-ones here because they are not allowed to do it elsewhere.
- **Licensure ensures that a patient has a caregiver with adequate training in the respiratory field.** Advances in technology have made life-support machines and monitoring devices quite sophisticated compared to those utilized 10 to 15 years ago. Special training in these devices is necessary to ensure appropriate care for the patients. By defining a standard level of optimal care in cardiopulmonary health, accountability and patient safety is improved. Students enrolled in the Respiratory Care program at KCC go through seven intense semesters of didactics and clinical rotations. Before they can become part of the workforce, the graduates of the program need to pass examinations administered by the National Board for Respiratory Care. As an educator, it is my responsibility to ensure that graduates are trained properly to be able to pass the boards and to meet the health demands of the public. Anyone can push buttons on a machine but only those who have learned the theories and passed the competencies know what the implications of a push of a button are to a patient.
- **Immediate oversight for respiratory care practitioners is the objective and not the establishment of an independent board.** As such, being under the DCCA with an advisory committee to support the process is the more practical and economical approach to achieve the ultimate goal of protecting our patients.

Thank you for this opportunity to testify.

LATE

nishimoto2-Bryce

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**From:** steve camara [stevecamara@hotmail.com]  
**Sent:** Monday, March 16, 2009 12:41 PM  
**To:** HLTtestimony  
**Cc:** stevecamara@hotmail.com  
**Subject:** Testimony in support of SB 1332, SD2 for MAR 17 2009 @ 0830 in Room 329

I support SB 1332, SD2. My name is Steve Camara and I have been a Respiratory Care Practitioner for over a decade at many hospitals in Honolulu. I know first hand the need for action on this Bill. I befriended a Respiratory Practitioner from the Mainland that shared with me some disturbing news. He told me that his California license was pulled after a Domestic Violence Complaint had been lodged against him by his live in girlfriend. He told me that he had two options for work; Alaska and Hawaii, the only two states that do not have Licensure. He said the choice to freeze or work in Paradise was a no brainer. A few months later, his temper issues flared in the workplace at co-workers. Maybe he is working in Alaska now. I can't help but wonder how scary it was that this guy was running life support equipment. In Hawaii, you need a license to cut hair, but not run life support. Please give us the tools to protect our Aina from bottom tier Respiratory Practitioners running from their past mistakes in the Mainland ; as those tools currently screen other important bedside healthcare professions. Thank you for listening.

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March 16, 2009

House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: JUDY TRUBIANA

Re: SB 1332, SD2 RELATING TO HEALTHCARE

Chairs &amp; Committee Members:

We support SB 1332, SD2 as being a necessary tool for both government and healthcare professionals to assure that respiratory practitioners are in fact trained to do what they claim they are trained to do.

Hawaii is only one of two states that do not have oversight over this profession, allowing respiratory practitioners from other states to practice here without a license. In fact, each of you could make the claim that you are qualified.

We do have concerns with establishing a Board in these tough economic times, and suggest that licensing at this time would be more appropriate, and in time, if the need exists, a board can be established. Other state is split on this issue. For Hawaii, immediate oversight is the goal, while avoiding increased costs to both the healthcare professionals and the state.

We are willing to work with the DCCA to come up with something that will meet the goals of everyone, with the ultimate goal of providing consumers with the protection they deserve.

Thank you for your kind attention.



Respiratory Care Practitioner

LATE

March 16, 2009

House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Danny KHA LE, RRT

Re: SB 1332, SD2 RELATING TO HEALTHCARE

Chairs & Committee Members:

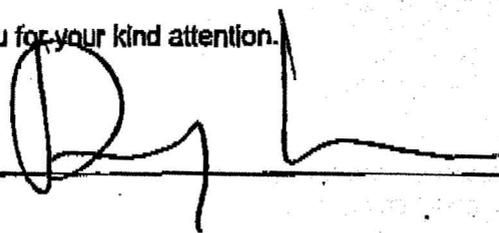
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Respiratory Care Practitioner

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March 16, 2009

House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By: Stephen Kaya, RRT

Re: SB 1332, SD2 RELATING TO HEALTHCARE

Chairs & Committee Members:

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Thank you for your kind attention.

Stephen Kaya Respiratory Care Practitioner



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March 16, 2009

**Testimony in support of SB 1332 SD2 for  
March 17, 2009 Hearing @ 8:30 in room 329**

Testimony to: House Committee on Health  
Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair

By:

DR. REID IKEDA**Re: SB 1332 SD2 RELATING TO HEALTH CARE – Establish  
licensing requirements for Respiratory Care Practitioners****Chairs and Committee Members:**

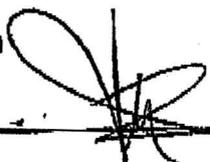
I support the intent of bill SB 1332 SD2, which would license respiratory care practitioners in Hawaii.

Because Hawaii is only one of two States that does not have oversight over the profession, we are in a situation that unlicensed practitioners from other states can come to Hawaii and practice here, without a license. Worse yet, if they lose their license elsewhere, they can still practice here.

We realize that the last Auditors Report opposed licensing with a major part of the opposition based on cost. Because of this, we suggest that licensing be done with DCCA rather than a board, which would eliminate the need for state funding, with the costs of licensing included in license fees.

What licensing will do is to assure that all respiratory care therapy is done by practitioners that are qualified with minimum qualifications, which does not now exist, since it is entirely left up to those that purchase the services.

Thank you



MD

Respiratory Care Practitioner