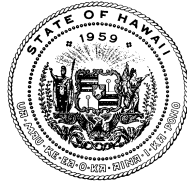


DAVID Y. IGE
GOVERNOR



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

State of Hawaii
DEPARTMENT OF HEALTH
1250 Punchbowl Street
Honolulu, HI 96813-2416
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of SB2672 SD1
RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

REPRESENTATIVE DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 14, 2016

Room Number: 329

1 **Fiscal Implications:** None.

2

3 **Department Testimony:** The Department of Health (DOH) supports this proposal to assure that
4 Advanced Practice Registered Nurses (APRN) have all the environmental and policy supports to practice
5 at the top of their license. APRNs are a critical source of primary care for Hawaii's residents.

6

7 **Offered Amendments:** N/A

**Written Testimony Presented Before the
House Committee on Health
March 14, 2016 2:15 PM.
by
Laura Reichhardt, NP-C, APRN, Director
Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

SB2672 SD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Belatti, Vice Chair Creagan and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support for SB2672 SD1 Relating to Advanced Practice Registered Nurses.

In 2009, the Legislature in its great wisdom, introduced Act 169, which clarified the Advanced Practice Registered Nurses (APRN) by requiring insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize APRNs as primary care providers and granting global signature authority and prescriptive rights. By passing Act 169, SLH 2009, Hawai'i became one of the leading states in the nation to recognize the impact APRNs with full scope of practice authority may have on improving access to safe, quality health care for its people.

In 2014, the Legislature introduced Act 45, which recognized that there existed some outdated or obsolete statutes. It was found that these statutes needed to be amended to enable improved access to health care services, expedite the processing of paperwork, and provide optimal care at the initial point of access for Hawai'i patients, especially in rural and underserved areas.

Research indicates that that improved laws relating to APRN practice result in lower health care costs, fewer hospital readmissions, and higher satisfaction among family members and may offset the projected physician shortages and provide economic benefits to the state. With the Hawai'i Revised Statutes changes proposed in SB2672 SD1, APRNs in Hawai'i will be better able to provide quality health care and meet the needs of their patients to the full extent of their education and training¹.

The HSCN respectfully requests that SB2672 SD1 pass unamended. Thank you for your continued support of nursing in Hawai'i and for the time and consideration of this bill.

¹ The 2010 report proposed that Advanced Practice Registered Nurses (APRNs), if permitted to practice to the full extent of their education and training, could help build the workforce necessary to satisfy the health care needs of an increasing number of people with access to health insurance and contribute their unique skills to the delivery of patient-centered health care. (Institute of Medicine Five-Year Assessment of Progress on the of the Future of Nursing Report)

**PRESENTATION OF THE
BOARD OF NURSING**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Monday, March 14, 2016
2:15 p.m.

**TESTIMONY ON SENATE BILL NO. 2672, S.D. 1, RELATING TO ADVANCED
PRACTICE REGISTERED NURSES.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Nursing ("Board"). I appreciate the opportunity to testify on Senate Bill No. 2672, S.D. 1, Relating to Advanced Practice Registered Nurses, that amends various statutes to clarify the role of advanced practice registered nurses ("APRNs") with regards to their authority and participation in the health care system. The measure also amends definitions in the statutes to conform with the duties and responsibilities of APRNs.

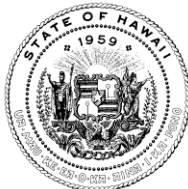
The Board strongly supports this bill. In the past, the Legislature has recognized the importance of the APRN's practice and the vital role they play in the increased access to primary care for residents of this State. Since legislation in 1994 that established the requirements for APRN licensure in Hawaii, their scope of practice has evolved and advanced faster than we can keep up with the changes in the statutes and

administrative rules. That could explain why there are still some state laws and/or administrative rules that fail to recognize the APRN as a primary care provider.

It is imperative that we remove barriers to the APRN's practice. APRNs are able to provide safe and effective care within the scope of their training and education. It has also been suggested by the Federal Trade Commission that APRNs may help to alleviate shortages in health care access if undue regulatory burdens are reduced.

APRNs should be allowed to practice to their fullest capabilities without any restrictions making health care more accessible for the residents of this State.

Thank you for the opportunity to testify on Senate Bill No. 2672, S.D. 1.



**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**

830 PUNCHBOWL STREET, ROOM 321

HONOLULU, HAWAII 96813

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Phone: (808) 586-8844 / Fax: (808) 586-9099

Email: dlir.director@hawaii.gov

March 14, 2016

To: The Honorable Della Au Belatti, Chair,
The Honorable Richard P. Creagan, Vice Chair, and
Members of the House Committee on Health

Date: Monday, March 14, 2016
Time: 2:15 p.m.
Place: Conference Room 329, State Capitol

From: Linda Chu Takayama, Director
Department of Labor and Industrial Relations (DLIR)

Re: S.B. 2672 S.D. 1 Relating to Advanced Practice Registered Nurses

I. OVERVIEW OF PROPOSED LEGISLATION

SB2672 SD1 proposes to amend various statutes including sections 386-1 and 386-27, Hawaii Revised Statutes ("HRS"), of the Workers' Compensation Law to include Advanced Practice Registered Nurses ("APRN") in the definition of health care provider.

The department supports this measure.

II. CURRENT LAW

Section 386-1, HRS, defines "health care provider" as a person qualified by the director to render health care and service and has a license for the practice of Medicine, Dentistry, Chiropractic, Naturopathic, Optometry, Podiatry, and Psychology. Section 386-27, HRS, establishes the qualifications and duties of those health care providers.

III. COMMENTS ON THE SENATE BILL

The department supports this proposal. The intent of the Workers' Compensation law is to provide adequate and proper medical care to the injured worker to insure maximum medical improvement of conditions resulting from industrial injuries and to return the injured worker to the work force as quickly as the process allows. APRNs are important contributors to those objectives.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 12, 2016 7:55 PM
To: HLTtestimony
Cc: wailua@aya.yale.edu
Subject: Submitted testimony for SB2672 on Mar 14, 2016 14:15PM

SB2672

Submitted on: 3/12/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Wailua Brandman	Hawaii Assoc. of Professional Nurses	Support	No

Comments: Aloha Representative Della Au Belatti, Chair, Representative Richard P. Creagan, Vice Chair, and members of the House Committee on Health, mahalo for the opportunity to testify in STRONG SUPPORT of SB2672, SD1, on behalf of the Hawaii Association of Professional Nurses (HAPN). We request, however, one amendment to Section 8, (d) (1), adding "controlled drugs" to this sentence: . . .dispense manufacturers' prepackaged samples of over the counter drugs, and non-controlled legend drugs to patients under their care. . . The language in this section was written prior to APRNs being given the authorization by Hawaii's Legislature to prescribe controlled drugs II-V, over five years ago. While we are updating the statutes to remove the barriers to full practice for APRNs, this section remains as a barrier, and in some instances, APRNs are required by ethical and safe practice patterns to be able to provide their patients with appropriate, efficacious medication in the treatment of the patient's medical condition, which happen to be controlled by the Hawaii Narcotics Enforcement Division and the Federal DEA. This is not equal access for patients in rural areas where a pharmacy is not within their reach. We need to remedy this. We strongly encourage you to make this amendment to improve the healthcare of the people of Hawaii, and we thank you for all you do in this effort. Again, HAPN stands in STRONG SUPPORT of SB2672, SD1. Wailua Brandman APRN FAANP, Chair, HAPN Legislative Committee

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**March 14, 2016 at 2:15 PM
Conference Room 329**

House Committee on Health

To: Representative Della Au Belatti, Chair
Representative Richard Creagan, Vice Chair

From: Art Gladstone
Chief Nurse Executive, Hawaii Pacific Health
Chief Executive Officer, Pali Momi Medical Center and Straub Clinic & Hospital

Re: Testimony in Support – SB 2672, SD1

My name is Art Gladstone and I am the Chief Nurse Executive at Hawai'i Pacific Health (HPH), and the Chief Executive Officer of Pali Momi Medical Center and Straub Clinic and Hospital. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

HPH is writing in **support** of SB 2672, SD1 which amends various statutes to clarify the role of advanced practice registered nurses with regards to their authority and participation in the health care system. Prior legislation has recognized appropriately trained advanced practice registered nurses as primary care providers to provide improved access to health care services, expedite processing of paperwork, and provide optimal care at the initial point of access for patients, especially in rural and underserved areas. SB 2672 would enable advanced practice registered nurses to provide quality health care and meet the needs of patients to the full extent of their education and training.

Thank you for the opportunity to testify.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 12, 2016 4:36 PM
To: HLTtestimony
Cc: lenora@hawaii.edu
Subject: Submitted testimony for SB2672 on Mar 14, 2016 14:15PM

SB2672

Submitted on: 3/12/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Lenora Lorenzo	Individual	Support	No

Comments: Senators Belatti & Creagan and the Senate Committee on Health. Mahalo for this opportunity to testify in Strong Support of SB2672 (APRN Barriers) - Our of the Nursing community have come together to craft and support the issues in this bill necessary to remove the barriers to practice still in place in our statutes despite the wisdom of the Legislature granting APRNs Full Practice Authority in 2011. As APRN's our primary concern is assuring our patients receive the safest high quality care they deserve. As a practicing primary care provider I voice concern that section 8 Part 1 was not amended to include inserting "Controlled" after over the counter drugs, and striking, "provided that an advanced practice registered nurse shall not request, receive, or sign for professional controlled substance samples." This language was written prior to APRNs being granted practice authority to prescribe controlled substances II-IV and, as such is now obsolete. The statute should accurately reflect the current authority of the APRN. In our work as APRN's serving Lanai, Haleiwa and even Ocean View, Hawaii Island, this omission to dispense appropriate medication for severe pain can be considered bad practice and not following evidence based national guidelines for acute pain control. Imagine your child or mother with severe pain from a dental abscess or bone fracture not being given the medication to control the pain and promote rest and healing! In our rural areas and neighbor islands, remote communities, do not have access to pharmacists or other facilities to manage their acute pain conditions. Therefore your thoughtful inclusion of this amendment means an APRN's patients can receive the same level of quality care as when they are treated by a physician or PA's in the same circumstance. Fortunately, APRN's are eager to serve the rural areas and remote populations, thus increasing access to care Please give this careful consideration as this is an important issue that will impact access to safe quality health care in our communities and for our ohana! Respectfully, Lenora Lorenzo DNP, APRN, FAANP, American Association of Nurse Practitioners Hawaii State Representative and HAPN Treasurer

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 14, 2016 4:58 AM
To: HLTtestimony
Cc: geesey@hawaii.edu
Subject: Submitted testimony for SB2672 on Mar 14, 2016 14:15PM

SB2672

Submitted on: 3/14/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: Aloha Legislators; Please approve this bill to modernize our statutes and allow APRNs to take care of our community. Mahalo!

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**Written Testimony Presented Before the
House Committee on Health
March 14, 2016 2:15 PM.
by
Susan Lee BSN, RN, WCC**

SB2672 SD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Belatti, Vice Chair Creagan and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support for SB2672 SD1 Relating to Advanced Practice Registered Nurses.

In 2009, the Legislature in its great wisdom, introduced Act 169, which clarified the Advanced Practice Registered Nurses (APRN) by requiring insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize APRNs as primary care providers and granting global signature authority and prescriptive rights. By passing Act 169, SLH 2009, Hawai'i became one of the leading states in the nation to recognize the impact APRNs with full scope of practice authority may have on improving access to safe, quality health care for its people.

In 2014, the Legislature introduced Act 45, which recognized that there existed some outdated or obsolete statutes. It was found that these statutes needed to be amended to enable improved access to health care services, expedite the processing of paperwork, and provide optimal care at the initial point of access for Hawai'i patients, especially in rural and underserved areas.

Research indicates that that improved laws relating to APRN practice result in lower health care costs, fewer hospital readmissions, and higher satisfaction among family members and may offset the projected physician shortages and provide economic benefits to the state. With the Hawai'i Revised Statutes changes proposed in SB2672 SD1, APRNs in Hawai'i will be better able to provide quality health care and meet the needs of their patients to the full extent of their education and training¹.

I respectfully requests that SB2672 SD1 pass unamended. Thank you for your continued support of nursing in Hawai'i and for the time and consideration of this bill.

¹ The 2010 report proposed that Advanced Practice Registered Nurses (APRNs), if permitted to practice to the full extent of their education and training, could help build the workforce necessary to satisfy the health care needs of an increasing number of people with access to health insurance and contribute their unique skills to the delivery of patient-centered health care. (Institute of Medicine Five-Year Assessment of Progress on the of the Future of Nursing Report)

In strong support of SB 2672, SD1

“The Institute of Medicine (IOM) is a division of the [National Academies of Sciences, Engineering, and Medicine](http://iom.nationalacademies.org/). The Academies are private, nonprofit institutions that provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions related to science, technology, and medicine. The Academies operate under an 1863 congressional charter to the National Academy of Sciences, signed by President Lincoln.”(<http://iom.nationalacademies.org/>)

In *Future of Nursing* report¹, the IOM sets forth four key messages to move the profession of nursing forward. While the report looks at nursing as a whole, Advanced Practice Registered Nurses (APRNs) have a huge responsibility in advancing the vision of the IOM. The key messages and how it relates directly to the APRN are as follows:

Key Message #1-Nurses Should Be Able to Practice to the Full Extent of Their Education

Key Message #2-Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. (*Today, APRN education ranges from Masters in Nursing to Doctorate in Nursing Practice.*)

Key Message #3 -- Nurses should be full partners with physicians and others in redesigning U.S. health care.

In order for nurses to become full partners with physicians and other health care associates, we must again work tirelessly to remove scope of practice barriers in the state of Hawaii.

Key Message #4 -- Effective workforce planning and policy-making require better data collection and an information infrastructure.

Nationally, Advanced Practice Registered Nurses have been providing personalized, high-quality, affordable care to patients for years. Health care reforms, an aging population, numerous chronic illnesses, and a great shortage of PCPs create a "perfect storm" of opportunity for APRN quality care; provided obsolete barriers on the state and federal levels are removed. SB 2672, SD1, is in keeping with the recommendations of the IOM.

Thank you, Kathy Yokouchi

¹ In 2008, The Robert Wood Johnson Foundation and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession. The result was the first Future of Nursing report.

HLTtestimony

From: Mary Kawasaki <kawasakimb@aol.com>
Sent: Sunday, March 13, 2016 2:41 PM
To: HLTtestimony
Subject: SB 2672 SD 1 APRN barriers

SB2672 SD1 (APRN Barriers) - Hearing scheduled before the House Committee on Health on [Monday, March 14, 2016 at 2:15 p.m. in Conference Room 329](#)

Dear Committee Members:

As and APRN I support this bill in entirety. There are many times when a school, organization or government entity as not recognized my signature as a health care provider because it was not defined so by the state.

It should also be recognized that as independent practitioners we should not be subject to mandatory union representation. This has also been a barrier to practice.

Mary Kawasaki APRN CPNP
1224 Luna Place
Honolulu, HI 96822

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 13, 2016 7:36 AM
To: HLTtestimony
Cc: holly.bent@gmail.com
Subject: Submitted testimony for SB2672 on Mar 14, 2016 14:15PM

SB2672

Submitted on: 3/13/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Holly Bent	Individual	Comments Only	No

Comments: Please Support SB 2672. As a practicing Nurse Practitioner in Hawaii, the barriers to practice we face, are not in the best interest of the patients we serve. Tell me why I can not pronounce a patient who has died, yet I can create a POLST. Twenty years ago as a paramedic, the state granted me authority to pronounce a patient at the scene after consulting with an appropriate health care provider, yet as an APRN I am not qualified even to make this judgment. Please take a hard look at what is preventing the outdated laws from changing. As an APRN, I am doing this work to help the patient, not as a financial gain. Way too many patients are lacking in the healthcare they desperately need. Please be proactive and make the necessary changes to Hawaii's Health Care system. Holly Bent, APRN

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 To: HLTtestimony
 Cc: ter@hawaii.rr.com
 Subject: Submitted testimony for SB2672 on Mar 14, 2016 14:15PM

SB2672

Submitted on: 3/14/2016

Testimony for HLT on Mar 14, 2016 14:15PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Terri Pacheco APRN	Individual	Comments Only	No

Comments: TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE HOUSE COMMITTEE ON HEALTH: My name is Terri Pacheco and I am an APRN, registered and certified to practice in the State of Hawaii. Mahalo for the opportunity to provide testimony on SB 2762, SD1, Relating to Advanced Practice Registered Nurses (APRNs), and the clarification of their authority and allowed participation in Hawaii's health care system. HRS Chapter 457 designates APRN global signature authority. However, the State of Hawaii Dept. of Labor and Industrial Relations (DLIR) denies this authority by continuing to follow its antiquated fee schedule and has made no move to amend the situation after nearly five years, despite my request for a hearing to adopt an Administrative Rule to that effect. Specifically, regarding signature authority, in §12-15- 31 of the State of Hawaii DLIR's Workers' Compensation Medical Fee Schedule, the DLIR chooses to overlook section (a), which would allow APRNs to provide services that fall within their scope of practice (under HRS 457), and chooses, instead, to apply section (c) which requires the signature of an "attending physician". Further exacerbating this issue, No-Fault Insurance carriers have taken to adopting this fee schedule and have been issuing denials for APRN ordered treatments. This technicality, based on outdated rules, has continued to stymie APRN involvement and participation in Hawaii's health care system for the years since HRS 457 was signed into Law. Personally, as an "end-user", I can testify HRS 457 has never been allowed to function as intended. I continue to have treatment plans submitted to the DLIR and No-Fault carriers, denied, though submitted with the authority granted by HRS 457 and without technical deficit. The "attending physician" issue is cited in these denials. The health care providers who will accept Workers Compensation Insurance in Hawaii are relatively few and far between and this is a large part of the reason why. Getting denials for treatment plans, prescriptions, refills, etc., submitted to the DLIR based on this technicality, prevents APRNs from working within their license. Not only does it restrict APRN access to patients on a provider level, costing time (vs. finding a provider that will actually accept Workers Comp Insurance) and money (vs. paying an "attending physician"), it restricts access to an obvious, intended source of health care for all patients in this State. This runs counter to efforts addressing the State's health care provider needs, especially in a time of declining numbers of available physicians (shortage is at 20% from last year and 43% from 2012) (1), projected to increase from 890 physicians in 2015, to near 1500 by 2020 (2). Unless APRNs are unfettered and allowed to operate within their legally-allowed scope, they cannot help to address this crisis and make the difference to improve access, as envisioned by the Affordable Care Act (Obamacare). While I am in support of the intent of this Bill, I am concerned it does not go far enough to define APRN authority to include §12-15- 31 and Chapter 386's definition of

“attending physician”. The DLIR Director, historically, has chosen not to exercise their authority, via §12-15-31(a), to interpret the law (HRS 457) correctly. I’m concerned that the DLIR will continue to use their archaic rules to interpret APRNs authority, rather than follow State Law. I request language be added to this Bill reconciling APRN authority and “attending physician” authority, for the purposes of accepting APRN global signature authority in requests to the DLIR. While this does not address the underlying problem of the DLIR following its archaic rules, it does provide, what I believe, is a workable solution to remedy this continued injustice. I am hopeful your efforts will bring this issue to a successful conclusion, as intended by HRS 457, and hope you will consider the foregoing as you proceed. Correcting this deficiency will increase patient access to health care by increasing "eligible" providers, reducing medical costs in both time and money for the State of Hawaii, and is a Win for all involved. Mahalo for your time and effort on behalf of all APRNs and Hawaii's patients.

(1)<http://www.foxbusiness.com/markets/2015/01/20/hawaii-doctor-shortage-grew-20-percent-tougher-to-find-physicians-on.html>

(2)http://www.staradvertiser.com/newspremium/20150120__HAWAII_health_care_DOCTOR_SHORTAGE_GROWS.html?id=289125151

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