



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

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by

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SCR 66/SR 34 – REQUESTING COLLABORATION AMONG VARIOUS STATE AGENCIES TO IDENTIFY BARRIERS RELATING TO THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING TO THE FULL EXTENT OF THE NURSES' EDUCATION AND TRAINING IN THE STATE.

Chair Baker, Vice Chair Galuteria, and members of the Senate Committee on Commerce and Consumer Protection, thank you for this opportunity to provide testimony in very strong support of SCR 66/SR 34.

As noted in this resolution, the Legislature in its wisdom aligned Hawai'i laws with national goals¹ which require the utilization of primary care providers, particularly Advanced Practice Registered Nurses (APRNs), to the full extent of their education and training. APRNs provide cost-effective, accessible, patient-centered care including care coordination, chronic care management, and wellness and preventive care which is at the heart of the health reform movement.

In 2011, the Hawai'i State Center for Nursing (Center for Nursing) identified 33+ barriers in State Statutes and Administrative Rules which contain obsolete language which are silent, preclude or impede APRNs from practicing to the full extent of their education and training. These include limitation of prescriptive authority, require supervision by or collaboration² with another health care provider, lacks provider neutral language

¹ ACA, IOM recommendation and the National Council of State Boards of Nursing APRN Consensus Model

² The term collaboration has been misused and interpreted to mean supervision despite the legislative changes of Act 169, SLH 2009 and Act 110, SLH 2011, thus the need to modernize such language.

Act 169, SLH 2009 required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms of the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

(recognizes physician as the only provider), and prohibits or limits institutional privileges.

However, many laws are rooted in federal laws³ and require Congressional action. The Center for Nursing believes that the solution to the complete removal of APRN practice barriers must be addressed at both the federal and state levels as well as throughout health care systems, including federal systems, private insurers, fee-for-service structures, and managed care. SCR 66/SR 34 begins the process of removing the APRN barriers in Hawai'i statutes and administrative rules which are not rooted in federal law. In the future, it would act as a catalyst for the State to continue this effort as federal laws are amended to transform healthcare across all sectors.

The reason provided by the state agencies for the existence of these obsolete laws has been that access to APRN care is not a high priority combined with lack of manpower and expertise among existing personnel. SCR 66/SR 34 underscores the fact that APRNs have a central role to play in health reform. It clarifies the national goal for a transformed health system that provides wide access to essential health services, while improving quality and controlling costs, cannot be achieved without maximizing the contributions of APRNs.

Further, UH Mānoa Nursing feels that the Attorney General's draft report of the agencies' findings and recommendations, including any proposed legislation should also be transmitted to the Governor as the Governor's initiatives include the ACA and Healthcare Transformation; is the chief executive of the State of Hawai'i who ensures that all laws of the State are executed; and is responsible for state agencies.

Therefore, UH Mānoa Nursing respectfully recommends that SCR 66/SR34 be amended in part to read as follows:

“BE IT FURTHER RESOLVED that the Department of the Attorney General is requested to transmit a draft report of the agencies' findings and

Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 to allow APRNs and qualified APRNs granted prescriptive authority to practice within the full scope of practice including practicing as primary care providers.

APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the individual APRN's specialty. Able to prescribe drugs without supervision or a working relationship agreement with a licensed physician.

³ Federal regulations that directly impact APRN practice locally/ nationally are those that regulate nursing facilities, home health agencies, ambulatory surgical centers, hospitals, intermediate care facilities for the mentally retarded, and hospice settings

Some facilities are required to meet both state and federal requirements. For example, nursing facilities which are State-licensed and federally-certified face the dilemma of complying with two sets of regulations which contain conflicting provisions. Where federal law preempts state laws, APRNs are not able to practice or are limited in their practice. This results in consumers having no or limited access to quality health care, especially in rural areas of the State.

recommendations, including any proposed legislation, to the Legislative Reference Bureau and the Governor no later than November 1, 2013; and

BE IT FURTHER RESOLVED that the Legislative Reference Bureau is requested to submit a final report of the agencies' findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2014; and

BE IT FURTHER RESOLVED that certified copies of this Concurrent Resolution be transmitted to the Governor, Attorney General, Director of the Legislative Reference Bureau, the Directors of the Departments of Health, [Director of] Human Services, [Director of] Public Safety, [Division Administrator of the Professional and Vocational Licensing Division of the Department of]Commerce and Consumer Affairs, and Labor, as well as, the Executive Director of the Disability and Communication Access Board, Executive Director of the Hawaii State Center for Nursing, and the State Board of Nursing.”

UH Mānoa Nursing appreciates your continuing support of nursing and health in Hawai'i. Thank you for the opportunity to testify on SCR 66/SR34.