



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
House Committee on Consumer Protection & Commerce  
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by

Virginia S. Hinshaw, Chancellor

and

Mary G. Boland, DrPH, RN, FAAN

Dean and Professor

School of Nursing and Dental Hygiene

University of Hawai'i at Mānoa

### HB 1378 HD1 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Herkes, Vice Chair Wakai, and members of the House Committee on Consumer Protection & Commerce, thank you for this opportunity to provide testimony in support of HB 1378 HD1 to recognize advance practice registered nurses as primary care providers, granting of global signature authority and prescriptive rights, and amending the definition of advanced practice registered nurses (APRN). We support the intent of this measure, but wish to convey concerns with the recent amendments proposed in HD1, specifically regarding Sections 6 and 7.

We all agree that providing access while assuring quality health care is a national and state priority. Historically, physicians have served as the access point for primary care. Thus, the physician provider shortage and maldistribution throughout the islands is a subject of great concern. The 2008 Association of American Medical Colleges' *Principles for Health Care Reform* notes the geographic disparity of providers of care and recommends "the nation create appropriate incentives for health providers – whether nurses, generalists, or specialist physicians – to locate in communities of need" (AAMC, p. 9). The movement of the health care system is away from institutional based to primary and preventive care throughout the community and delivery by a wider choice of providers, including APRNs. While we work together to address state health workforce need, we hear increasingly from consumers and employers that they are unable to deliver services to their populations due to physician shortages. Thirty years of evaluation of APRN performance has demonstrated quality outcomes related to care delivery. As far back as 1986, the Congressional Office of Technology Assessment concluded that quality of care by APRNs and physicians was equivalent for comparable services, based on the "weight of the evidence" for both process measures and actual outcomes. Public systems, including the Department of Defense and Veteran's Affairs, effectively use a variety of providers to deliver care.

Designating advanced practice registered nurses as primary care providers in Hawai'i will increase access to healthcare by Hawai'i citizens, particularly in high need and rural communities. Likewise, the statute updates to support the processes of such care delivery including global signature authority and prescriptive rights. Because the bill uses nationally accepted definitions for APRNs education and certification, you can be confident that we will be assuring quality care delivery. This collaborative approach to addressing the demand for primary healthcare is a direction that 24 states have taken to address access issues.

The University of Hawai'i graduate programs preparing APRNs, using a hybrid model of distance and face to face strategies, are in high demand with local residents. We have numbers of students living on Big Island, Maui and Kaua'i who are excited about the potential to serve their home communities after graduation. Because we have competed successfully for federal funds to help underwrite the programs, we minimize cost to the state budget. Accepting a standard definition for "primary care provider" that includes APRNs as proposed in the bill will allow these well educated and nationally certified nurses to expand access in our communities.

As described in the reasons above, we are in full support of sections 1 through 5 which will allow the approximately 892 APRNs in the State of Hawai'i to practice to the full extent of their education while creating the structure to assure quality care delivery to consumers.

Section 6 amends the definition of APRN in Chapter 457 specifying educational and other qualifications for advanced practice registered nurses. We are in support of updating the current definition of APRNs to reflect the National Council on State Boards of Nursing (NCSBN) *2008 APRN Model Act/Rules and Regulations* which recommends that APRNs complete both a graduate-level education program **and** have passed a national certification exam, among other requirements. *Therefore, we respectfully suggest that future APRNs meet the requirement for both the appropriate graduate-level education (Section 6, item 1) and certification (Section 6, item 2) rather than meeting just one of these requirements as currently drafted in HB 1378 HD1.* The section includes a "grandfather" clause that enables currently recognized APRNs who may not have both credentials to continue their recognition and practice within their appropriate scope.

This model is also supported by the American Association of Colleges of Nursing, the national voice for America's baccalaureate- and higher-degree nursing education programs, of which SONDH is a member. In the long term, a uniform model of regulation will also remove barriers from APRNs who relocate from other states. The proposed changes will ensure consumer safety and access by removing statutory barriers to the full scope of national practice for APRNs and by setting education and quality requirements.

Section 7 amends section 457-8.6, relating to prescriptive authority which include adopting the APRN qualification requirements, and prescribing and ordering authority language from the *NCSBN APRN Model Act/Rules and Regulations*, thus nullifying the verification of 1,000 clinical hours experience and the collegial working relationship

agreement which has been a significant barrier to the practice of nursing in Hawai'i. We support those aspects of the amendment.

Optimally, the language in this section should work hand in hand with the new APRN definition proposed in section 6 that requires both education and certification requirements. An alternative as suggested by the Board of Nursing is to amend the requirements for future APRNs in section 7 of this bill (HRS 457-8.5) rather than in the definition. We support this alternative if it will facilitate the Board's transition of the NCSBN requirements while working with current APRNs that are recognized in the system. For example, grandfathered APRNs who do not meet both requirements would be able to practice as APRNs, but would be ineligible for prescriptive authority to ensure patient safety, consumer protection and consistency. Future APRNs would be required to meet both requirements to align Hawai'i with the national model for only one designation of APRNs while at the same time streamline the process. Additionally, we support that the Hawai'i State Board of Nursing is the authorized entity to ensure the statutes and rules for nurse licensure/recognition are enacted in accordance with this bill.

Finally, we disagree with the recent amendments in HB 1378 HD 1 to section 7 that reinstates the role of the Hawai'i Medical Board and the use of a formulary. The national trend is moving away from the use of the formularies because it is ineffective and creates process barriers to the full utilization of APRNs. Additionally, individual insurance plans have a formulary that guides their providers.

Thank you for allowing me to provide the education perspective on this important issue. Our shared goal is to promote patient safety and consumer protection while increasing access to health care. By applying the NCBSN model for APRNs in Hawai'i, we will be aligned with the nation's direction in nursing and healthcare. Furthermore, by revising the definition of primary care providers to APRNs, increased access to primary care services will be available to the citizens of Hawai'i.

The University of Hawai'i Mānoa and the School of Nursing and Dental Hygiene supports a collaborative approach to addressing the healthcare provider needs of Hawai'i and looks forward to our continued partnership with the legislature and community.

Thank you for the opportunity to testify.