



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
House Committee on Health
March 12, 2014 at 8:30 a.m.

by
Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing & Dental Hygiene
University of Hawai'i at Mānoa

SB 2227 – RELATING TO PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT

Chair Belatti, Vice Chair Morikawa, and members of the House Committee on Health, thank you for this opportunity to provide testimony in strong support of this bill, SB 2227.

UH Mānoa Nursing supports increasing access to the Hawai'i physician orders for life-sustaining treatment (POLST) law by updating references from "physician orders for life-sustaining treatment" to "provider orders for life-sustaining treatment" throughout chapter 327K, HRS; particularly, expanding health care provider signatory authority to include advanced practice registered nurses (APRNs); and correcting inconsistencies over terms used to describe who may sign a POLST form on behalf of a patient.

POLST is a tool to help ensure that patients make informed decisions and that their wishes are honored across health care settings. POLST requires a meaningful dialog between patients and their physicians or APRNs (especially in rural, medically underserved areas of Hawai'i. SB 2227 is consistent with barrier-breaking legislation made between 2009-2011, when the Legislature authorized¹ APRNs to function

¹ **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 the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 57, SLH 2010 the adoption of the National Council of State Boards of Nursing's Model Nurse Practice Act and Model Nursing Administrative Rules.

Act 110, SLH 2011 required each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 is required to allow¹ APRNs¹ and qualified APRNs granted prescriptive authority to practice within the full scope of practice including as a primary care provider. APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the APRN's specialty. Able to prescribe drugs without working relationship agreement with a licensed physician.

independently as primary care providers to help relieve the oncoming shortage of primary care physicians².

Therefore, UH Mānoa Nursing respectfully requests passage of this measure. We appreciate your continuing support of nursing and education in Hawai'i. Thank you for the opportunity to testify.

² A 2010 study by the John A. Burns School of Medicine reported a current shortage of 600 physicians (more than 20% of the current supply) and an impending shortage of 1,600 by 2020. "Because physician shortages of the magnitude described will directly impact the health and well-being of virtually all residents of Hawai'i, something must be done. Unfortunately, there is no easy fix to the problem. The problem is most acute on the island of Hawai'i, but people everywhere, including urban O'ahu are also starting to feel the effects in a variety of specialties... If Hawai'i's utilization of physician services were to match the average mainland usage, our current demand for physicians would be about 3,500. If Hawai'i's population grows as anticipated without change being made in the system of care or current utilization patterns, our state will need over 4,000 doctors by the year 2020. It is expected that even with active recruitment Hawai'i will probably suffer a net loss of approximately 50 physicians every year in the face of dramatically rising demand. If the delivery system remains the same as today, many Hawai'i residents will not have timely access to care. The indigent and elderly will feel it first. As the shortage deepens, we'll all experience the effects". The ten top solutions identified by the working groups to be addressed most urgently include the use of non-physician clinicians (*Report to the 2011 Hawaii State Legislature: Report on Findings from the Hawaii Physician Workforce Assessment Project*. Withy, K. and Sakamoto, D.T. John A. Burns School of Medicine, December, 2010).