



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

---

Written Testimony Presented Before the  
Senate Committee on Health  
February 11, 2009, 3:00 p.m.

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

### SB 1045 RELATING TO ADVANCED PRACTICE REGISTERED NURSES

Chair Ige, Vice Chair Green, and members of the Senate Committee on Health, thank you for this opportunity to provide testimony in support of SB 1045 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 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.

With respect to Dr. Green and my physician colleagues and friends, no one group has a monopoly on health care knowledge, nor are they the only qualified independent providers of care. Currently, our State's restrictive definitions of "primary care provider"

are a barrier to delivery of primary care services by qualified nurses. Nurses and physicians work closely every day to provide great patient care. As knowledge grows, roles expand and change. The taking of a blood pressure was once the purview of the physician only. Today, you can walk into a drug store and have the BP taken by a machine or purchase the equipment to do it yourself at home. You can diagnose your own pregnancy, take a DNA test, and order drugs through the internet. When these changes occurred, there was much gnashing of teeth but the sky did not fall in. Many would argue that an engaged consumer will have better care outcomes.

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. This bill 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.

Hawai'i Revised Statutes Section 457 was last approved in 1994. While broad in language, the corresponding administrative (Hawai'i Administrative Rules Title 16, Chapter 89C) rules have hampered implementation of the statute. For this reason, we support updating the current definition of APRNs to reflect the National Council on State Boards of Nursing (NCSBN) *2008 APRN Model Act/Rules and Regulations*. 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.

Nationally we are evolving toward an APRN model that provides for only one designation of APRN recognition with prescriptive authority. Hawai'i's current statutes and administrative rules contain unnecessary additional requirements for prescriptive authority that will now be reasonably met by the certification requirement, if the new NCSBN model is adopted. We concur with the prescribing and ordering authority language from the *NCSBN APRN Model Act/Rules and Regulations* as stated in the bill, 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 that the Hawai'i State Board of Nursing is the authorized entity to ensure the statutes and rules for nurse licensure/recognition are enacted. The proposed bill language provides for the board to grant prescriptive authority to qualified or currently recognized, or both, APRNs. We recognize that a small number will be unable to demonstrate evidence of a master's degree and national certification. It is hoped that this language will enable the Board to transition the requirements to implement the new statutes accordingly while working with current APRNs that are recognized in the system.

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.