



**HAWAII GOVERNMENT EMPLOYEES ASSOCIATION**  
AFSCME Local 152, AFL-CIO

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LATE

The Twenty-Fifth Legislature, State of Hawaii  
House of Representatives  
Committee on Health

Testimony by  
Hawaii Government Employees Association  
February 6, 2009

H.B. 1378 – RELATING TO  
ADVANCED PRACTICE  
REGISTERED NURSES

The Hawaii Government Employees Association supports the purpose and intent of H.B. 1378. The bill establishes a requirement for insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize advanced practice registered nurses as primary care providers. This bill also grants global signature authority and prescriptive rights and amends the definition of advanced practice registered nurses.

The proposed legislation will benefit the insured by expediting the care and services usually provided by other health care providers.

Thank you for the opportunity to testify in support of H.B. 1378.

Respectfully submitted,

Nora A. Nomura  
Deputy Executive Director



# HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

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February 6, 2009

The Honorable Ryan Yamane, Chair  
The Honorable Scott Nishimoto, Vice Chair  
House Committee on Health

## Re: HB 1378 – Relating to Advanced Practice Registered Nurses

Dear Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1378 which would require health plans recognize Advanced Practice Registered Nurses (APRNs) as participating providers as well as afford them other rights. HMSA has concerns with the language included in Sections 1-4 but takes no position on the remainder of the bill.

Sections 1-4 in the measure include a statement that health plans “shall recognize advanced practice registered nurses as defined under section 457-8.5 as participating providers”. It would seem that this wording would require health plans to recognize any APRN as a participating provider in our network without having to have gone through any type of certification or contracting process. We have concerns with this language.

When new providers wish to become HMSA participating providers, HMSA engages in a credentialing process to verify that the provider has the proper training to provide medical services. This includes having to obtain medical malpractice coverage, verifying state licensure, a criminal record check, disciplinary actions taken against the individual, and member complaints. With the language of this measure any APRN would have to be recognized as a participating provider by a health plan without undergoing this vigorous application process. We believe that this could potentially put consumers and HMSA at risk if an APRN who is not properly trained causes harm to a member.

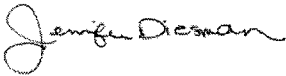
Additionally, participating providers agree to comply with all of HMSA’s contracting requirements. This includes accepting HMSA’s eligible charge as payment in full. Under this measure, uncontracted “participating” APRNs would enjoy all of the benefits of contracted participating providers without agreeing to HMSA contract terms. This means that HMSA members who see a “participating” non-contracted APRN could be balance billed amounts above the eligible charge. Once again we believe the potential harm to consumers under this measure is great.

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Due to the concerns we have with this measure, we would respectfully request the removal of Sections 1-4 in its entirety.

Thank you for the opportunity to testify on HB 1378.

Sincerely,



Jennifer Diesman  
Assistant Vice President  
Government Relations

nishimoto2-Bryce

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**From:** Bush, Elizabeth [Elizabeth.Bush2@va.gov]  
**Sent:** Thursday, February 05, 2009 3:45 PM  
**To:** HLTtestimony  
**Cc:** Lorenzo, Lenora L.; alnnovak@msn.com  
**Subject:** Bill 1378  
**Attachments:** image001.jpg

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Aloha Representatives,

I strongly support House Bill 1378.

I serve over 400 psychiatrically disabled veterans, as well as 100s of other seriously mentally ill residents on the Big Island of Hawaii.

In my private practice, I could serve about 100-200 more seriously mentally patients with monthly visits.

This is critical, since the state has cut the AMHD budget by about 75%, displacing about 700 Seriously Persistently Mentally Ill residents from accessible services on the Big Island.

This entire island is a federally designated mental health provider shortage (HPSA) and medically underserved area (MUA).

For decades, Hawaii was dead ranked last among US states and territories in mental health care delivery by National Alliance for the Mentally Ill Z(NAMI) report card.

I profess that APRNs are the only game in town for these vulnerable and deserving Hawaii residents.

APRN practice in Hawaii is seriously hampered by outdated legislation with regard to insurance payments and prescriptive authority.

Please remove unnecessary barriers to practice so that dedicated providers (like me) are not induced to leave for less restrictive states, as many of our physicians have already done.

Thanking you in advance.

O au me ka ha`a ha`a (I am humbly yours),

Elizabeth Bush, MSN, APRN, CARN-AP, CSAC  
Board Certified Psychiatric Advanced Practice Nurse (NP and CNS)  
Certified Addiction Registered Nurse, Advanced Practice  
Certified Substance Abuse Counselor

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HOUSE OF REPRESENTATIVES  
THE TWENTY-FIFTH LEGISLATURE  
REGULAR SESSION OF 2009  
COMMITTEE ON HEALTH

Rep. Ryan I. Yamane, Chair  
Rep. Scott Y. Nishimoto, Vice Chair  
and Members of the Committee

DATE: February 6, 2009  
TIME: 8:30 AM  
PLACE: Conference Room 329

Good Morning, Representatives Yamane, Nishimoto and Members of the Committee.

My name is Jamie Kamilani Boyd. I live in Kahalu'u. Thank you for this opportunity to present my individual testimony in support of HB 1378 relating to Advance Practice Registered Nurses (APRNs).

I am an APRN-Rx now doing health care research and volunteering at the Aloha Medical Mission. Often, on the evenings when I am there, there are no physicians volunteering. The reality is that Nurse Practitioners (NPs) are needed in addition to the available pool of physicians to meet the health care needs of the community, especially for the increasing numbers of people who have recently found themselves unemployed and without health care insurance.

Until recently, I worked in semi-private practice in the Leeward O'ahu Coast area with collaboration agreements with two physicians, as presently required by law. Both were also in practice in the Leeward O'ahu Coast area. I labored to develop those collaborations when, in 2000, an agency dedicated to serving the needs of the medically underserved hired me to go into a rural area to provide services. To meet the collaboration requirements of the law I drafted a letter seeking collaboration, introducing myself and my family practice training with ANCC board credentials, the needs of the population, along with a summary of the legal implications of collaboration. I mailed the letter to 100 physicians on O'ahu. Only one physician responded. Eventually, after months of reaching-out, I was able to meet with and persuade two physicians to help me - help the population. Over the seven years that I worked at the clinic with physician collaboration both physicians grew increasingly pleased with our relationship and continually expressed confidence in my skills and in knowing that I would refer out any case that required specialized medical services (e.g. oncological, obstetrical, etc.). This is the same approach to treatment that a physician would take.

Billing, however, was wrought with barriers to acquiring providership from health insurance companies. Many clients in the rural area where I worked were tasked to fit in health care visits between work and family schedules and long hours spent commuting. The rural clinic seemed to be an ideal access point, except for the fact that they would have to pay cash for the services as I was unable to bill insurance. To meet the needs of the population (and the clinic's Mission), I modified the billing formula and charged only \$10.00 per visit, a fee equal to the usual co-pay. To be ethical in billing practices, I charged that

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same fee to all clients. At an average of 15 patients a day – I'll let you do the math! When I left, the clinic was closed.

This year alone I have already been asked to work as an NP by two different Native Hawaiian serving agencies who are desperately seeking health care providers that are competent in the needs and preferences of their rural Native Hawaiian clientele. In both cases the transition would require me to seek new collaboration agreements; posing more barriers. The physicians that I currently collaborate with don't know the population in the area that I'd be transferring to, and the physicians in the area I'd be transferring to don't know me. The thought of sending out another 100 letters seeking collaboration is depressing. What I've seen happen in other cases is that NPs find the task of securing collaboration and stop practicing. I know of excellent NPs with years of experience, who stopped practicing because of the barriers imposed by current laws, when they had to move their families to a new area. Thankfully there is a shortage of qualified nursing instructors to provide employment opportunities. I'm not familiar with the data, but I believe it safe to say that NPs who transition to academia will likely not return to full-time practice.

This is an excellent bill which would acknowledge APRNs for their Scopes of Practice. APRNs are educated to provide primary care, which includes: assessment of urgent and acute illness, treatment planning and treatment interventions, preventative health education, and referrals to other trained providers when needed medical intervention lay outside the APRNs scope of practice.

Planned changes in this Bill could reduce redundancies in the process of health care and improve access to care for consumers. It may also reduce the cost of health care in Hawai'i as APRNs are generally reimbursed at 85% of the Physician's Medicare Fee Schedule.

This Bill would also allow APRNs authority to sign documents substantiating the care they render. Current barriers requiring clients to seek additional signatures from physicians to validate the care they received are time consuming and redundant for clients and APRNs. But most importantly, I don't believe that the intended safeguards are actually providing clients any protection. The reality is that, in most cases, the MD co-signing has no part in the exam, treatment plan, and has experience or relationship with the client. Co-signature requirements actually only hold physicians accountable for services they did not provide.

I ask that you approve HB 1378.

O wau no me ke aloha, Yours, with aloha,



Jamie Boyd, PhD, APRN-Rx

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RE: H.B. #1378  
Report Title: Health Care; Advanced Practice Registered Nurses; Primary Care Provider; Prescriptive Authority

February 5, 2009

Dear Mr. Yamane,

It is with great respect that I write to you in regards to house bill #1378. As an Advanced Practice Registered Nurse (APRN), and fellow health care colleague (I have been told you have a background in social work), I encourage you to please support this bill. It is of utmost importance and magnitude to the hard working APRNs this state as well as the thousands of patients that we serve.

I am the only APRN working amongst all physicians in a clinic in Wahiawa and feel I can personally attest to the type of care we provide. I provide family practice he care to an underserved community. I have been an APRN in Hawaii for ten years, practice within my scope, keep current on my licenses and continuing education and keep pace with my physician colleagues, yet am frustrated daily by the barriers to give the best care that I am able.

Supporting this bill and thereby decreasing barriers for APRNs to give health care would increase my volume by approximately 8-10 patients a day. That is about 50 patients a week that could be treated were this bill to go into effect. This number represents the type of patients I currently have to refuse due to legal barriers, inability to sign off certain forms and lack of prescriptive authority to prescribe certain medications. Not only that but my clinic is less likely to schedule patients with versus a physician colleague, for the same type of diagnosis and treatment, based on the current insurance reimbursement rates.

I strongly ask that you please support this bill to its fruition. It will make an enormous difference in health care to the people of the islands of Hawaii. It has a prove track record in many other states such as California and Maine. It simply makes sound and rational sense.

Thank you for your consideration,  
Christian A. Collins, RN, MAN, APRN-RX