



Hawai'i State Center for Nursing

HSCFN APRN Subcommittee

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THE HAWAI'I STATE CENTER FOR NURSING ADVANCED PRACTICE REGISTERED NURSES SUBCOMMITTEE

2011 Report

The Hawai'i State Center for Nursing's APRN Subcommittee
(Subcommittee) was convened to:

- identify barriers which preclude APRNs from practicing to the full extent of their education and training (scope of practice) in Hawai'i
- to improve understanding and communication among health care providers, regulatory agencies and legislators to eliminate barriers.

Legal Barriers Identified

Despite the passing of barrier-breaking Hawaii legislation¹ in recent years, many provisions of these Acts are not implemented. Decades old, obsolete and restrictive state and federal statutes, rules and regulations impede the progressive intent of legislation. The repeal or amendment of the rules, will provide access to care as well as improvement in the quality of health care for Hawai'i consumers. The continued existence of these rules, regulations and the failure to timely implement new laws may be due to the failure of the regulating agencies to make access to APRN care a high priority combined with lack of manpower and expertise among existing personnel.

To identify the barriers to APRN practice in Hawai'i, the Subcommittee obtained information from different sources including, but not limited to, discussion groups,

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

surveys², health journals, research of federal, state and county laws; and concerns expressed by individual Hawaii APRNs and consumers in various settings.

The Subcommittee intends to continue its effort to solicit input from various sources to identify any additional state barriers to APRN practice through surveys³ and other means.

The Subcommittee's grid (attached) lists all of the barriers identified to date. Areas in which APRN practice barriers exist include, but are not limited to:

- Health Care settings such as: Broad Service Hospitals; Nursing Facilities (Skilled Nursing/Intermediate Care Facilities); Home Care or Private Duty services; Freestanding Adult Day Health Centers; Home Health Agencies; Adult Day Health Centers
- Community based Foster Homes for children, adults and the developmentally disabled/mentally retarded
- Therapeutic services: Physical Therapy-Medicare Part A; Medicaid/Quest Physical and Occupational Therapy
- Mental Health (MH4) designation for admission to hospitals;
- Incapacity Determination for designation of surrogate;
- Pharmacist Orders;
- Physician Orders for Life Sustaining Treatment; Compassionate Care Only Bracelet application
- Medicare Nutrition Therapy
- Exemption from Childhood Immunizations
- Death Certificates
- Life Jackets for the blind, partially blind, physically handicapped;
- Handicap Parking Passes (certificate of disability); Motor Vehicle Insurance
- Worker's Compensation
- Juror Exclusion

Communication among parties

In 2011, the Subcommittee:

- Drafted (6/2011) a point paper for the Hawai'i Congressional Delegation regarding parts of the Code of Federal Regulations which greatly restrict patient

² Dianne Okumura, with the assistance of Sister Alicia Lau, surveyed the health care facilities in Hawai'i to ask how the use of APRNs has benefitted their residents. The results indicated that APRNs provided greater access to effective health care.

³ Yvonne Geesey, with the assistance of Lenora Lorenzo, will survey nursing organizations in Hawai'i for additional barriers to APRN practice.

access to Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs) care in Medicare participating Skilled Nursing Facilities (SNFs). Specifically, these parts are in the U.S. Code Title 42: Public Health Part 424, Subpart B, Section 424.20 and Part 483, Subpart B., Section 483.40.

- Apprised the National Council of State Boards of Nursing and the Hawaii Workforce Development Council of its work to identify APRN barriers to practice
- Drafted a point paper on Action 110, Session Laws of Hawaii 2011 and worked with the Hawaii State Board of Nursing in a collaborative effort to apprise APRNs in Hawaii of the legislative changes
- Developed a grid of federal and state statutory and regulatory barriers to APRN practice in Hawaii

Breaking Down Barriers

The Subcommittee:

- will continue to work with the regulatory agencies that are responsible for developing or updating the rules which impede or restrict APRNs from practicing to the full extent of their education and training
- wishes to encourage a collaborative/synergistic relationship among the Center for Nursing, the regulatory agencies, insurers, consumers, and other stakeholders so new laws can be properly and timely implemented; and obsolete or restrictive laws can be repealed
- remains open and receptive to all who can help to remove these barriers to APRN practice
- continues to seek venues through which information relating to APRN practice can be timely and cost effectively shared with APRNs and stakeholders