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2 **HAWAI'I STATE CENTER FOR NURSING ("HSCFN")**

3 **APRN SUBCOMMITTEE SEMI-ANNUAL REPORT**

4 **1/1/2012-6/31/2012**

5 **REMOVAL OF BARRIERS TO THE PRACTICE OF HAWAI'I APRNs**

6
7 **BACKGROUND**

8 "Consumers need greater access to high quality primary health care, especially in
9 underserved settings in both urban and rural communities. Our nation is facing a severe
10 shortage of primary care providers who can serve people of all ages and particularly
11 those with multiple chronic conditions."¹ Ensuring that all the people of Hawai'i have
12 access to high quality patient-centered care, nurses are essential partners to achieving
13 that goal.

14 Like most states, Hawai'i has experienced budget shortfalls, astronomical increases in
15 the cost of health care, and a primary healthcare provider shortage. Consumer access
16 to health care is limited, despite changes in federal reimbursement laws and barrier-
17 breaking Hawai'i legislation.

18 APRNs play a major role in ensuring consumers' access to affordable, high quality
19 health care, but they continue to face significant barriers presented in the health care
20 delivery system. These barriers include obsolete state statutes and administrative rules
21 as well as restrictive reimbursement policies of both the Medicaid program and private
22 insurers.

23 National data supports the fact that APRNs can immediately increase access to quality²,
24 cost effective³ care, if restrictions to their ability³ to practice are removed.

25 In 2011, the HSCFN APRN Subcommittee ("Subcommittee") identified 33 legal barriers⁴
26 that keep Hawai'i APRNs from fully participating in the health care delivery system.

¹ Cronenwett Linda and Victor Dzau. "Chairman's Summary of the Conference." In *Who Will Provide Primary Care and How Will They Be Trained?*, edited by B. Culliton. Durham, NC: Josiah Macy, Jr. Foundation, 2010. http://www.josiahmacyfoundation.org/documents/jmf_ChairSumConf_Jan2010.pdf (accessed April 9, 2012).

² American Academy of Nurse Practitioners, *Quality of Nursing Practice*, revised, 2007

³ American Academy of Nurse Practitioners, *Nurse Practitioner Cost Effectiveness, 2010*

⁴ The Subcommittee continues to list additional barriers as they are identified

1 **PURPOSE**

2 This report focuses on Hawai'i Revised Statutes and Administrative Rules that need to
 3 be amended to reflect recent changes in Hawai'i legislation⁵. Examples are provided to
 4 illustrate how Hawai'i consumers are negatively impacted in their daily lives as long as
 5 these obsolete laws and rules exist. The road blocks that need to be overcome are
 6 discussed. This report includes strategies to update and modernize existing state
 7 statutes and administrative rules to reflect current practice and recent legislative
 8 changes in APRN laws. These include, but are not limited to, laws require supervision
 9 by or collaboration with another health care provider, lacks provider neutral language
 10 (recognizes physician as the only provider), and prohibit or limit institutional privileges.

11

12 **LIMITATIONS OF THIS STUDY**

13 **Outdated Federal Laws and State Laws Rooted in Federal Laws**

14 The Subcommittee believes that the solution to the complete removal of APRN practice
 15 barriers must be addressed at both the federal and state levels as well as throughout
 16 health care systems, including federal systems, private insurers, fee-for-service
 17 structures, and managed care. These include the issues regarding reimbursement for
 18 APRN services.

19 This report refers to these challenges. However, it does not propose strategies to
 20 counteract outdated federal laws or state laws which are rooted in these federal
 21 statutes.

22 Of the 33 barriers identified, several chapters of state statutes and administrative rules,
 23 are silent, preclude or impede APRNs from practicing to the full extent of their education
 24 and training because they are rooted in obsolete federal laws.

⁵ **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 allow⁵ APRNs⁵ 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

1 Federal regulations that directly impact APRN practice locally/ nationally are those that
2 regulate nursing facilities, home health agencies, ambulatory surgical centers, hospitals,
3 intermediate care facilities for the mentally retarded, and hospice settings

4 Some facilities are required to meet both state and federal requirements. For example,
5 nursing facilities which are State-licensed and federally-certified face the dilemma of
6 complying with two sets of regulations which contain conflicting provisions. Where
7 federal law preempts state laws, APRNs are not be able to practice or are limited in
8 their practice. This results in consumers having no or limited access to quality health
9 care, especially in rural areas of the State.

10 The Subcommittee has reached out to the Hawai'i Congressional delegation; just as
11 national nursing/APRN organizations have reached out to Congress. Various
12 measures⁶ have been introduced. However, the current partisan political atmosphere in
13 Congress keep bills relating to health care reform from moving forward.

14

15 **METHOD**

16 In January, 2012, the Subcommittee selected ten of the most restrictive of the 33
17 barriers which impede or preclude APRN practice and keep consumers from
18 appropriate health care. The purpose is to bring to light how these barriers impact
19 Hawaii consumers.

20 For consistency, the Subcommittee used the following format to gather data and
21 develop a strategy to breakdown each barrier.

22

23 **APRN BARRIER BREAKDOWN FORMAT**

24 *PROBLEM/ /BARRIER TITLE (HOW BARRIER IMPEDES APRN PRACTICE*
25 *AND IMPACTS CONSUMERS):*

26 *FEDERAL LAW(S) IMPEDING APRN PRACTICE(CITE CODE/REGULATION):*

27 *STATE STATUTE(S) IMPEDING APRN PRACTICE (CITE STATUTE(S)):*

28 *STATE RULES IMPEDING APRN PRACTICE (CITE ADMINISTRATIVE*
29 *RULE/POLICY):*

⁶ Such as Senator Daniel K. Inouye's S-56 Medicaid Advanced Practice Nurses and Physician Assistants Access Act of 2011.

1 *SPECIFIC SOLUTION REQUIRED (INCLUDE OTHER STATES' SOLUTIONS*
 2 *TO PROBLEM IF AVAILABLE):*

3 *WHAT DEPARTMENT(S), ORGANIZATION(S), ENTITY(IES), INDIVIDUAL(S)*
 4 *NEED TO BE CONTACTED TO DISCUSS PROBLEM:*

5 *STRATEGY/PLAN TO BRING ABOUT CHANGE IN LAW (LEGISLATORS &*
 6 *INDIVIDUAL OR OMNIBUS BILL):*

7 *RESULTS/CONCLUSION (WHAT ACTION TAKEN/POSITIVE OR NEGATIVE*
 8 *RESULTS):*

9 *LIMITATIONS (WHAT INFORMATION OR CONTACT WAS MISSING AND*
 10 *HOW NOT HAVING IT IMPACTED THE OVERALL STUDY)*

11
 12 *IMPLICATIONS FOR FURTHER RESEARCH (MORE RESEARCH NEEDED/IF*
 13 *SO, SPECIFICALLY WHAT NEEDS FURTHER STUDY?)*
 14

15
 16 **PLAN OF ACTION**

17
 18 The State Executive Departments (Departments of Commerce and Consumer Affairs,
 19 Health, Human Services and the Attorney General) which are charged with the
 20 responsibility of implementing these laws are unable to dedicate the resources needed
 21 to amend their laws in a timely manner.

22
 23 The Subcommittee felt compelled to assist the departments and begin the process of
 24 amending these laws. It has proposed language to harmonize the provisions of 25
 25 chapters of the Hawai'i Revised Statutes with Act 169, SLH 2009; Act 57, SLH 2010;
 26 and Act 110, SLH 2011. This will require close collaboration with the aforementioned
 27 Hawai'i State Executive Departments. To date, the Departments of Health and Human
 28 Services have responded positively to having a measure to harmonize the obsolete
 29 statutes. The Subcommittee will seek approval of the bill draft from the Hawai'i State
 30 Center for Nursing Advisory Committee. Then, the health community support will be
 31 solicited .This will be followed with a request for legislative sponsorship to introduce a
 32 bill in the 2013 Legislative Session.

33
 34 Subsequently, if the bill is adopted into law, the Subcommittee plans to begin the
 35 process of amending the chapters of state administrative rules in 2014.