

HAWAII ADMINISTRATIVE RULES

TITLE 16

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

CHAPTER 89

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SUBCHAPTER 1

GENERAL PROVISIONS

§16-89-1 Objective. This chapter is intended to clarify and implement chapter 457, Hawaii Revised Statutes, to the end that the provisions thereunder may be best effectuated and the public interest most effectively served. The scopes of nursing practice established in chapter 457, Hawaii Revised Statutes and this chapter are to serve as general guidelines and not intended to address the appropriateness of or to grant permission to implement specific procedures in

particular work settings. [Eff 6/18/79; am and ren §16-89-1, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-1)

§16-89-2 Definitions. As used in this chapter:

"Accredited" means certification by the appropriate board of nursing that the nursing program meets established nursing education standards;

"Advanced practice registered nurse (APRN)" means a registered nurse licensed to practice in this State who has met the qualifications set forth in chapter 457, HRS, and this subchapter, and who because of advanced education and specialized clinical training, is authorized to assess, screen, diagnose, order, utilize, or perform medical, therapeutic, preventive, or corrective measures;

"Approved provider" means a local, state or national agency, institution, organization, or agency responsible for the development, implementation, evaluation, financing, record-keeping, and maintenance of a continuing education offering program or a total continuing education curriculum which may be delivered in a variety of formats, including electronic, journal, and lecture/seminar, as recognized by the board.

"Board" means the board of nursing;

"Certification" means a form of specialized credentialing, under sponsorship of a recognized national certifying body that has verified an applicant's advanced knowledge, skills, and abilities in defined areas of nurse practice specialties as listed in section 16-89-85.

"Collaborate" means a process in which an APRN works with other members of the health care team to deliver health care services.

"Contact hour" means a minimum of sixty minutes of actual organized instruction. Academic credit will be converted to contact hours as follows:

- (1) One quarter academic credit equals 12.5 contact hours; and
- (2) One semester academic credit equals 15 contact hours.

Contact hour equivalencies shall be as follows: 1 continuing education unit = 10 contact hours; 1 continuing medical education credit = 60 minutes; 1 American Medical Association credit = 60 minutes.

"Continuing education" means a refresher course in subchapter 18 only.

"Delegation" means the act of authorizing one to act for another.

"Direct supervision" means that the registered nurse assesses the condition to be treated, authorizes each special task to be performed, remains on the

premises, and personally evaluates the performance of the unlicensed assistive personnel.

"Drug" means a device, appliance, medicine, or preparation for internal or external use by a human being and shall not include any substance included in the exclusionary formulary.

"Exclusionary formulary" means the listing of drugs or categories of drugs designated and published by the board of nursing, based on the recommendations of the joint formulary advisory committee, that shall not be prescribed by an APRN granted prescriptive authority.

"External degree or certification by examination" means a degree or certificate approved by the appropriate state board of nursing conferred upon the completion of a series of standardized examinations which are used to document the theory and practice equivalent to the minimum curriculum required of nursing programs in this State;

"Independent study" means a program of learning designed by an approved provider for the registered nurse or practical nurse who completes the program at the individual's pace, e.g., home study, programmed instruction.

"Indirect supervision" means that the registered nurse assesses the condition to be treated, is familiar with the client's medical history, and personally authorizes each task to be performed by other personnel. The presence of the registered nurse is not required; provided that the registered nurse shall be available for consultation.

"Informal offering" means a workshop, seminar, institute, conference, lecture, short term course, or organized independent study which is offered for credit in contact hours or continuing education units.

"Joint formulary advisory committee" means (in accordance with Act 169, 2009 Session Laws of Hawaii) the committee established by the department of commerce and consumer affairs to recommend the applicable formulary for persons recognized under this chapter to the board of nursing. The committee shall be composed of two persons recognized as APRN and appointed by the board; two persons licensed in medicine and appointed by the Hawaii medical board; three persons licensed in pharmacy and appointed by the board of pharmacy; one representative from the University of Hawaii John A. Burns school of medicine appointed by the dean of the University of Hawaii John A. Burns school of medicine; and one representative from a school of nursing with an APRN program.

"Major program revision" means a nursing program in which significant changes occur in the philosophy, objectives, conceptual framework, professional conduct of graduates, curriculum, admission requirements, and methods of implementation;

"National Council" means the National Council of State Boards of Nursing, Inc. or NCSBN;

"Nursing program" means a course of study in nursing which includes philosophy, objectives, conceptual framework, professional conduct of graduates, curriculum, admission requirements, and methods of implementation; and

"Permit" means a temporary license to legally practice nursing as a registered nurse (RN) or licensed practical nurse (LPN) during the period specified on the permit, pending receipt of a permanent license or until notified of cancellation.

"Physician" means a person licensed to practice medicine or surgery under chapter 453, HRS.

"Prescribed medical orders" means requisitions for resources to be allocated in particular ways for patients, which includes prescription drug orders, signed by the delegating physician, standing medical orders, standing delegation orders, or other orders or protocols.

"Prescription" means an order for medication, which is dispensed to or for an ultimate user. "Prescription" shall not include an order for medication that is dispensed for immediate administration to the ultimate user, including but not limited to, a chart order to dispense a drug to a bed patient for immediate administration in a hospital.

"Prescriptive authority" means the authority granted by the board to a recognized APRN, who is in an appropriate working relationship with a physician as defined in this chapter, to verbally, or in writing, direct, order, or designate the preparation of, use of, or manner of using, a drug within the recognized APRN's scope of practice.

"Recognized national certifying body" means nurse credentialing agencies accredited by the National Commission for Certifying Agencies (NCCA) or the American Board of Nursing Specialties (ABNS) and recognized by the board which include, but is not limited to, the American Nurses Credentialing Center; the Pediatric Nursing Certification Board; National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties; the American College of Nurse Midwives Certification Council; the American Academy of Nurse Practitioners; and the Council on Certification of the American Association of Nurse Anesthetists, or any new national certifying body or a national certifying body which is a successor to any body accredited by the NCCA or ABNS and recognized by the board. Any modifications by the national certifying bodies, the NCCA, or ABNS shall apply unless otherwise provided in the board's policy and board's rules;

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"Semester credit" means a minimum of fifteen hours of classroom instruction or a minimum of thirty hours of laboratory or clinical instruction, or equivalent quarter hours which means a minimum of ten hours of classroom instruction or a minimum of twenty hours of laboratory or clinical instruction.

"Supervision" means the process of critical watching, directing, and evaluating another's performance.

"Unlicensed assistive person" means an individual who is not licensed to practice nursing, but who provides tasks of nursing care delegated by a registered nurse. [Eff 6/18/79; am and ren §16-89-2, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-2)

§16-89-3 Licensure requirement. (a) A nurse engaged in practice as a registered nurse or licensed practical nurse shall possess a current Hawaii license. Until such time as a license is issued, the nurse may not be employed as either an RN or LPN.

(b) Nurses not licensed in Hawaii, whether United States citizens or aliens, who are enrolled in accredited nursing education programs for practical nurse ("PN"), associate degree ("AD"), bachelor of science ("BS"), or master's entry program in nursing, shall not be in violation of the law, provided the practice of nursing is incidental to the program of study as stated in section 457-13, HRS.

(c) Nurses not licensed in Hawaii, whether United States citizens or aliens, who are enrolled in ancillary health training programs that are not regulated by the board, shall not be in violation of the law provided the practice of nursing is incidental to the ancillary health training programs.

(d) Faculty members whose Hawaii licenses are pending shall provide instruction in theory only. Instruction in the clinical area shall not be provided until the Hawaii license is issued. [Eff 6/18/79; am and ren §16-89-3, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-7, 457-8, 457-13)

SUBCHAPTER 2

LICENSE BY EXAMINATION

§16-89-7 Registration, time, and place. Registration for and the time and place for the National Council Licensure Examination (NCLEX) shall be designated by the National Council unless otherwise determined by the board. [Eff 6/18/79; am and ren §16-89-7, 6/22/81; comp 3/20/82; am and comp 9/18/82; comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-8 License requirements. (a) Persons applying for a license by examination shall submit to the board:

- (1) An application prescribed by the board accompanied by the required fee;
- (2) A student final record or official transcript sent directly from the applicant's school to the board to establish compliance with sections 16-89-10, 16-89-11, or 16-89-12; and
- (3) Applicants whose school of nursing records are unobtainable because of events beyond the control of the applicant shall be considered on an individual basis when the following is found to be satisfactory to the board:
 - (A) Evidence of graduation from a school of nursing that is recognized by the board; or
 - (B) Evidence of previous licensure as a nurse in another state or a United States jurisdiction; and
 - (C) Two notarized letters from official agencies or previous colleagues.

(b) A letter of completion received by the board directly from the appropriate college authority which states that the student shall have completed the nursing program by the examination date shall be accepted to qualify for the appropriate examination. However, the license shall not be issued until the final transcript [is filed] showing graduation from the nursing program or successful completion of the pre-licensure coursework for the master's entry program in nursing is filed with the board.

(c) Foreign school graduates applying for a license by examination shall submit an application prescribed by the board and accompanied by the required fee. Applicants shall have their transcripts evaluated by a professional educational credential evaluator recognized by the board. Applicants shall work

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with the evaluator and their schools of nursing. Applicants shall comply with procedures and requirements prescribed on the application form and instruction sheet of the board. Applicants shall arrange to have the evaluator send a report directly to the board.

(d) A candidate for license by examination shall not be granted a license until all applicable requirements of chapter 457, HRS, and this chapter have been met, including passing a nurse licensing examination recognized by the board. [Eff 6/18/79; am and ren §16-89-8, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-7, 457-8)

§16-89-9 Examination policies. (a) Standard scores of one thousand six hundred or above on the NCLEX-RN, three hundred fifty or above on the NCLEX-PN, or a result of "pass" shall be considered passing. All passing scores, for the NCLEX-RN and the NCLEX-PN shall be established by the National Council unless otherwise determined by the board. A minimum score of three hundred fifty in each part of the five part exam shall be considered passing for the State Board Test Pool Exam (SBTPE).

(b) Candidates may take the examination an unlimited number of times, provided candidates register for each examination.

(c) Applicants for licensure by endorsement, who do not meet the minimum passing score required by the board for the NCLEX-RN, NCLEX-PN, or the SBTPE shall not be licensed until they pass the NCLEX-RN or NCLEX-PN in accordance with subsections (a) and (b) above.

(d) Graduates from programs which are outside the United States who have been granted licensure in another state or a United States jurisdiction shall be required to pass the NCLEX-RN or NCLEX-PN or the SBTPE (Canadian provinces only) before a license is granted.

(e) The board determination regarding candidate eligibility for examination shall be made after receipt of complete application as described in section 16-89-8(a), (b) or (c).

(1) The board shall notify the testing service of eligibility status of the candidate.

(2) The frequency of retests by unsuccessful candidates shall be as established by the National Council unless otherwise determined by the board.

(f) Confidentiality of NCLEX-RN, NCLEX-PN, and SBTPE scores shall be maintained as follows:

- (1) Scores on licensing examinations shall be released only to:
 - (A) The candidate;
 - (B) The school of nursing from which the candidate graduated;
 - (C) Board members; and
 - (D) Other state boards of nursing when requested for endorsement;
- (2) Request for scores for research purposes shall be referred for board action. Scores, when released, shall not include names;
- (3) Test scores received from other state boards of nursing for nurses who applied for licensure in Hawaii by endorsement shall not be released; and
- (4) The board shall advise candidates, at the time of initial release of their scores to them, that the use of scores for any purpose other than licensure is not appropriate and, therefore, the board shall not provide a copy of licensee's examination scores to a prospective employer or to a graduate nursing program. [Eff 6/18/79; am and ren §16-89-9, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-7, 457-8)

§16-89-10 Eligibility for registered nurse examination. Graduates of the following nursing programs shall be eligible to take the NCLEX-RN provided the requirements of section 16-89-47 have been met:

- (1) A state-approved or nationally accredited baccalaureate, the pre-licensure portion of a master's entry program in nursing, an associate degree or diploma nursing program in the United States or a United States jurisdiction;
- (2) A foreign nursing school.
 - (A) Applicants shall have their transcripts evaluated by a professional education credentials evaluator recognized by the board and shall have a report sent directly to the board by the evaluator; and
 - (B) Applicants whose reports from a board-recognized education credentials evaluator indicate that they have successfully completed a nursing program which is comparable to an accredited nursing program in the United States shall be deemed qualified as having met the

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educational requirements set forth in chapter 457, HRS, and this chapter;

- (3) A state-approved external degree nursing program recognized by the board. [Eff 6/18/79; am and ren §16-89-10, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-7)

§16-89-11 Eligibility for licensed practical nurse examination. Graduates of the following programs shall be eligible to take the NCLEX-PN provided the requirements of section 16-89-48 have been met:

- (1) Any state-approved or National League of Nursing accredited practical nursing program in the United States or a United States jurisdiction;
- (2) Armed forces programs which have been approved by the board in the state where the program is located and provided the program meets or surpasses the educational standards of this board in accordance with this chapter;
- (3) Foreign nursing schools. Applicants shall have their transcripts evaluated by professional education credentials evaluators designated by the board and shall have a report sent directly to the board by the evaluator; and
- (4) A state-approved certificate by examination program recognized by the board. [Eff 6/18/79; am and ren §16-89-11, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-8)

§16-89-12 Other eligible candidates. The following shall be eligible to take the NCLEX-PN provided the requirements of section 16-89-48 have been met:

- (1) Nursing students who withdrew in good standing from state-approved programs which prepare graduates for practice as registered nurses, who have successfully completed the current minimum curriculum requirements for LPN licensure at the time of

application and have submitted acceptable evidence to the board;
and

- (2) Nursing students presently enrolled in state-approved programs which prepare graduates for practice as registered nurses who have successfully completed the minimum curriculum requirements for LPN licensure and have submitted acceptable evidence to the board. [Eff 6/18/79; am and ren §16-89-12, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-7, 457-8)

SUBCHAPTER 3

LICENSE WITHOUT EXAMINATION

§16-89-16 License requirements. An applicant for license without examination shall submit to the board:

- (1) An application prescribed by the board accompanied by the required fee;
- (2) A verification of license completed by the originating state board verifying licensure; completion of U.S. accredited nursing program or nursing program approved by state board as being equivalent to a U.S. accredited nursing education program; licensing exam score(s) and exam series; number of times applicant wrote exam; and whether or not there are any encumbrances on the license.
- (3) The verification of license form shall be signed and sealed by the originating state board showing that the eligibility requirements of this chapter, including the requirements of sections 16-89-17 or 16-89-18 have been met. Verification obtained directly from Nursys shall not require a signature or seal. However, all other eligibility requirements of this chapter shall be met. [Eff 6/18/79; am and ren §16-89-16, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-7, 457-8)

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§16-89-17 Eligibility for registered nurse license without examination (endorsement). The following shall be eligible; provided all applicable requirements of this chapter and chapter 457, HRS, have been met:

- (1) Applicants who are graduates of accredited United States schools of nursing including graduates of external degree programs recognized by the board who meet the requirements of section 16-89-9;
- (2) Applicants who are graduates of nursing schools located outside the United States who have met the requirements of section 16-89-9; or
- (3) Applicants who passed a registered nurse state board constructed licensing examination in another jurisdiction of the United States prior to the inception of the SBTPE in that jurisdiction. [Eff 6/18/79; am and ren §16-89-17, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-7)

§16-89-18 Eligibility for practical nurse license without examination (endorsement). The following shall be eligible; provided all applicable requirements of this chapter and chapter 457, HRS, have been met:

- (1) Applicants who are graduates of accredited United States schools of practical nursing, and who meet the requirements of section 16-89-9;
- (2) Applicants who are graduates of schools of practical nursing located outside the United States who have met the requirements of section 16-89-9; or
- (3) Applicants who have passed a practical nurse state board constructed licensing examination in another jurisdiction of the United States prior to the inception of the SBTPE in that jurisdiction. [Eff 6/18/79; am and ren §16-89-18, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-8)

SUBCHAPTER 4

TEMPORARY PERMITS

§16-89-22 Eligibility. Temporary permits shall be granted to nurses who have been licensed by another state board of nursing, have passed a professional licensing examination recognized by the board, and have filed:

- (1) An application prescribed by the board and accompanied by the required fee;
- (2) Satisfactory evidence of a current license in another state, provided that the applicant submits proof that the applicant has requested from the originating state board a verification of licensure; and
- (3) Verification of employment by a Hawaii employer when the temporary permit is granted.

The temporary permit shall be valid for only that employer and shall be in effect until the verification of licensure is received from the originating state board, provided it is received within three months. The board may grant an extension if verification receipt is delayed for good reasons beyond applicant's control. [Eff 6/18/79; am and ren §16-89-22, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-13(3))

§16-89-23 Conditions. (a) A second temporary permit shall not be granted.

(b) Temporary permits may be invalidated in accordance with section 457-15, HRS. [Eff 6/18/79; am and ren §16-89-23, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp] (Auth: HRS §457-5) (Imp: HRS §457-13(3))

SUBCHAPTER 5

LICENSE RENEWAL

§16-89-27 Notice. Notices to renew licenses shall be made available biennially to holders of active licenses to the address of record. Failure to receive the notice shall not be a valid reason for non-renewal. Each licensee shall be responsible for ensuring timely renewal of his or her own nursing

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license. [Eff 6/18/79; am and ren §16-89-27, 6/22/81; am and comp 3/20/82; comp 9/18/82; comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-9)

§16-89-28 Dishonored checks. Licensees who submit checks which are not honored by the bank and who do not make their checks good on or before June 30 of the year of renewal shall be subject to the penalty for late renewal in addition to the renewal fee. [Eff 6/18/79; am and ren §16-89-28, 6/22/81; am and comp 3/20/82; comp 9/18/82; comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-9)

§16-89-29 Inactive status. Licensees who do not intend to practice nursing in Hawaii may request inactive status by writing to the board or by indicating so on the license renewal form. It shall be the responsibility of each licensee on inactive status to keep abreast with current licensing and renewal requirements. [Eff 6/18/79; am and ren §16-89-29, 6/22/81; comp 3/20/82; comp 9/18/82; comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-9)

§16-89-30 Return to active status. Return to active status shall require written notice to the board, payment of the current renewal fee and the compliance resolution fund fee, provided under section 16-53-27 and fulfillment of the current licensing and license renewal requirements. [Eff 6/18/79; am and ren §16-89-30, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-9, 26-9)

§16-89-31 Right to proceed. Placing a nursing license in inactive status shall not deprive the board of jurisdiction to proceed with disciplinary proceedings pursuant to chapter 91, HRS, and chapter 16-201, Administrative Practice and Procedures. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/31/10] (Auth: HRS §457-5) (Imp: HRS §457-5, chapter 91)

SUBCHAPTER 6

APPROVAL OF NURSING EDUCATION

§16-89-33 Repealed. [R 12/27/10]

§16-89-34 Types of approval. (a) Approval is a process established to insure that educational programs meet minimum standards in preparing safe practitioners as set forth in chapter 457, HRS, and this chapter.

(b) Approval shall be granted when all requirements of chapter 457, HRS, and this chapter and an accrediting body recognized by the board have been met.

(c) Probationary approval shall be granted if the board determines that any approved nursing education program is not maintaining the standards required by law and by the board, notice thereof in writing specifying the discrepancies shall be immediately given to the institution conducting the program. A program which fails to correct these conditions to the satisfaction of the board within a reasonable time may be subject to losing board approval after a hearing held in conformance with chapter 91. [Eff 6/18/79; am and ren §16-89-34, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-35 Denial of approval. Prior to denial of approval or change of approval status, a hearing shall be held pursuant to chapter 91, HRS, and chapter 16-201, administrative practice and procedure. A hearing may be petitioned by the board after a program has been given two consecutive warnings and has not presented sufficient evidence of meeting prescribed rules. [Eff 6/18/79; am and ren §16-89-35, 6/22/81; comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-36 Survey of approved programs. Hawaii nursing education programs which are approved shall be surveyed on a four-year cycle beginning 1976 unless budgetary or other constraints beyond the control of the board renders surveyance impractical or impossible. Programs granted probationary approval may be surveyed at a time interval of less than four years at the board's discretion.

§16-89-36

[Eff 6/18/79; am and ren §16-89-36, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-37 Accreditation. (a) Any Hawaii nursing education program awarded a certificate of accreditation by an accrediting body recognized by the board may apply to the board for approval provided the applicant:

- (1) Holds a certificate with a designation of full accreditation; and
- (2) Submits a copy of the certificate and the accrediting body's accreditation evaluation report.

(b) The board may renew the approval following recertification by the accrediting body recognized by the board if the nursing education program:

- (1) Completes and submits a self-study report;
- (2) Submits a copy of the reevaluation report and certificate of accreditation after each survey performed by the accrediting body;
- (3) Submits a copy of responses to any recommendation made by the accrediting body and subsequent action of the accrediting body;
- (4) Immediately reports any change or loss of full accreditation including the reasons for the action, and the plans made by the program for reinstatement; and
- (5) Maintains compliance with the board's standards for nursing programs as set forth in subchapter 8. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

SUBCHAPTER 7

DEVELOPMENT OF A NEW NURSING PROGRAM

§16-89-40 Requirements. (a) Control of the new nursing program shall be vested in the governing body of a university or community college. A new program in nursing may be given initial approval after completion of the requirements of this section.

- (b) Phase I - twelve months prior to intended opening of school.
 - (1) Any agency or institution considering the establishment of a school shall advise the board of its intent in writing;
 - (2) The following information shall be submitted in writing:
 - (A) Purpose of establishing the school;

- (B) Philosophy, objectives, and accreditation status of the controlling agency or institution;
 - (C) Type of educational program to be established;
 - (D) Relationship to the controlling agency or institution;
 - (E) Financial resources of the program;
 - (F) Need and readiness of the community to support the program;
 - (G) Source of potential students;
 - (H) Clinical and physical facilities for program;
 - (I) Recruitment activities relative to securing a director of the program; and
 - (J) Tentative timetable for initiating the program.
- (c) Phase II - six months prior to the intended opening of the school.
- (1) The agency or institution shall submit a progress report, which shall include the following information:
- (A) Statements of philosophy and purposes;
 - (B) Curriculum and its objectives;
 - (C) Admission policies and plans for student welfare;
 - (D) Statements of policy necessary for operation of the program;
 - (E) Plans for resources and facilities, including clinical facilities and services;
 - (F) Tentative program calendar;
 - (G) Budget plan;
 - (H) Qualifications and curriculum vitae of the director shall be submitted to the board; the date employment will begin shall be specified;
 - (I) Timetable for employment of faculty and documentation of availability of qualified instructors; and
 - (J) Organizational chart showing agency control, relationships, and lines of authority;
- (2) Continuing approval may be granted by the board at this time, if all the conditions of the law and the rules have been fulfilled. Approval shall be effective until the time of the report of the first accreditation survey; and
- (3) Provisions shall be made for accepting students. Students shall not be accepted until continuing approval has been granted by the board.
- (d) Phase III - three months prior to the opening of the school. Progress reports on the development of the program shall be made by the director

to the board. Qualified faculty members sufficient to initiate the program shall be employed.

(e) Phase IV - after opening of the school. An interim report on the form provided by the board shall be submitted six months after the commencement of the school year. [Eff 6/18/79; am and ren §16-89-40, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

SUBCHAPTER 8

STANDARDS FOR NURSING PROGRAMS

§16-89-44 Philosophy or mission. The philosophy or mission of all nursing programs approved in this State shall be as follows:

- (1) The formulation of statements of philosophy or mission is the responsibility of the faculty;
- (2) The philosophy as stated shall be in agreement with the philosophy of the controlling institution;
- (3) The needs of the consumer of nursing services and the needs of the student in nursing shall be included in the statements of philosophy or mission;
- (4) The statement of philosophy or mission shall be used by the faculty in planning the total educational program;
- (5) The philosophy shall reflect the beliefs of the faculty in relation to education, nursing, learning, and faculty responsibility for direction and guidance of learning experiences;
- (6) The mission shall be comprehensive in scope, consistent with the stated philosophy and with the resources available; and
- (7) The program objectives or outcomes shall specifically identify the competencies in nursing for which the graduate is prepared. [Eff 6/18/79; am and ren §16-89-44, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-45 Organization and administration. (a) The control of the school shall be vested in the controlling institution. The function of the controlling institution shall be to insure that the facilities and leadership will provide the best possible services to students and faculty and provide for a sound educational program. Each institution shall have an organizational chart showing agency control, relationships, and lines of authority.

(b) Sufficient funds shall be available for carrying out objectives of the program. A budget shall be prepared in accordance with sound educational and financial practices.

(c) Organization of the faculty shall enable it to carry fully its responsibility for planning, implementing, and evaluating the philosophy, mission, objectives, and curriculum of the educational program. The following shall be available for review:

- (1) Chart showing faculty organization;
- (2) Minutes of faculty meetings;
- (3) Faculty handbook; and
- (4) Curriculum vita of each faculty member.

(d) In addition to a current Hawaii RN license, minimum faculty and administrator qualifications and preparation to be completed by the date of application shall include the following:

- (1) The administrator (person directly responsible) for the master's degree in the nursing program shall hold a minimum of:
 - (A) A master's degree in nursing;
 - (B) An earned doctorate from an accredited institution; provided the education shall include academic credit in curriculum development, evaluation, or teaching methods; and
 - (C) Academic preparation for administration or administrative experience or both;
- (2) The administrator (person directly responsible) for the baccalaureate nursing program shall hold a minimum of:
 - (A) A master's degree in nursing;
 - (B) Preferably, an earned doctorate from an accredited institution; provided the education shall include academic credit in curriculum development, evaluation, or teaching methods; and
 - (C) Academic preparation for administration or administrative experience or both;
- (3) The administrator (person directly responsible) for the associate degree nursing program shall hold a minimum of:

- (A) A master's degree in nursing which shall include academic credit in curriculum development, evaluation, or teaching methods; and
 - (B) Academic preparation for administration or administrative experience or both;
- (4) The administrator (person directly responsible) for the practical nursing program shall hold a minimum of:
- (A) A master's degree in nursing which shall include academic credit in curriculum development, evaluation, or teaching methods; and
 - (B) Academic preparation for administration or administrative experience or both;
- (5) Faculty members in a program which prepares advanced practice registered nurses shall be recognized as an advanced practice registered nurse by the board and hold a minimum of:
- (A) A master's degree in nursing;
 - (B) Preferably, an earned doctorate from an accredited institution;
 - (C) Clinical nursing experience, of which at least one year shall be in their area(s) of teaching responsibility; and
 - (D) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above.
- (6) Faculty members in a program which prepares registered nurses shall hold a minimum of:
- (A) A master's degree in nursing with one year of nursing experience in their area(s) of teaching responsibility; or
 - (B) If a bachelor's degree in nursing is the highest degree obtained, at least three years of nursing experience in their area(s) of teaching responsibility; and
 - (C) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above;
- (7) Faculty members in a program which prepares practical nurses shall hold a minimum of:
- (A) Preferably, a master's degree in nursing with one year of nursing experience in their area(s) of teaching responsibility; or

- (B) If a bachelor's degree is the highest degree obtained, at least three years of nursing experience shall be in their area(s) of teaching responsibility; and
- (C) Preferably education in curriculum development, evaluation, or teaching methods; or related experience in the above.
- (e) The maximum instructional load shall permit the faculty member opportunities for professional development, curriculum development, student guidance, scholarship, research, and service as appropriate to the nursing program.
- (f) In the clinical area, the faculty shall be adequately prepared in education and experience to develop and implement the program approved by the board to meet the requirements of sections 16-89-47 and 16-89-48.
- (g) Faculty shall determine policies in the following areas in regard to students:
 - (1) Admission;
 - (2) Progression; and
 - (3) Graduation.
- (h) Physical facilities shall include:
 - (1) Educational facilities, which shall include:
 - (A) Offices for administrative and instructional personnel; and
 - (B) Adequate classrooms, library, laboratories, and conference rooms to accommodate the program; and
 - (2) Clinical facilities, which shall be subject to the following conditions:
 - (A) All agencies and institutions shall maintain a memorandum of agreement used for the educational experiences which shall be available to the board;
 - (B) The selection of clinical facilities shall consider: the number of clients; variety of health conditions; adequate and appropriately qualified nursing staff and other members of the health care team; and accreditation by appropriate associations.
- (i) The student-teacher ratio shall be:
 - (1) In accordance with national education standards for advanced practice registered nurse programs; and
 - (2) Preferably eight to one for registered nurse and practical nurse programs, but at no time more than ten to one for direct supervision. The ratio shall be established in accordance with acuity of client needs, objective of learning experiences, level of

students, geographic placement of students, environment, other requirements as established by the clinical agency, and teaching methods. Any deviation from the ratio shall first be approved by the board and justified to the satisfaction of the board.

(j) The institution conducting the educational program of nursing shall publish and make available an accurate description of the program in effect.

(k) An institution may request suspension of a program for not more than one year. After one year of inactivity, the institution must reapply as stated in subchapter 7.

(l) The board shall be notified one year before the proposed closing date. Appropriate arrangements shall be made by the program for the enrolled students.

(m) The institution shall maintain an adequate records system. Student records shall include data which are pertinent to educational performance. Before a program is discontinued, a written statement shall be submitted by the governing body at least one year prior to the proposed closing date of the program indicating where student records or copies thereof shall be kept.

(n) Exceptions to this section may be granted on an individual basis for a limited period of time depending on the needs of the individual nursing program.

(o) Any program which fails to meet the requirements of this subchapter in a timely manner shall be so notified by the board in writing. The program shall have sixty days from the day of receipt of notice to request a hearing in accordance with chapter 91, HRS. [Eff 6/18/79; am and ren §16-89-45, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-5)

§16-89-46 Curriculum. Curriculum shall be subject to the following requirements. The curriculum shall be:

- (1) Planned, implemented, and evaluated by faculty;
- (2) Based on the philosophy or mission and program objectives of outcomes of the nursing education program;
- (3) Consistent with the policies of the controlling institution, current standards and competencies of nursing practice, and laws governing the practice of nursing;
- (4) Logically organized and sequenced appropriately; and
- (5) For a period of time that shall ensure sufficient preparation for the safe and effective practice of nursing. [Eff 6/18/79; am and ren §16-89-46, 6/22/81; am and comp 3/20/82; am and comp

9/18/82; comp 6/22/90; comp 9/5/97; comp 8/9/01; am and comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-47 The minimum curriculum for programs preparing registered nurses. (a) The curriculum shall be approved by a national accrediting nursing organization recognized by the board. A new nursing program shall apply for national accreditation at the earliest possible date as defined by the accrediting agency.

(b) The curriculum shall include courses in the biological and physical sciences, social and behavioral sciences, and the arts or humanities.

(c) The curriculum shall include courses in nursing that include, but are not limited to:

- (1) Theory and clinical experiences based on the nursing process;
- (2) Nursing care of clients, as individuals and groups, through the lifespan in a variety of settings for the promotion, maintenance, and restoration of health; and
- (3) Legal and ethical issues, history and trends in nursing, and professional responsibility.

(d) The curriculum shall be comprised of a minimum of:

- (1) One hundred twenty semester credits for a bachelor's degree in nursing of which at least forty per cent of the credits shall be laboratory or clinical instruction; and
- (2) Sixty four semester credits for an associate degree in nursing of which at least forty per cent of the nursing credits shall be laboratory or clinical instruction. Fifty-six semester credits or the number of semester credits recognized by the board for the pre-licensure portion of a master's entry in nursing program of which at least forty per cent of the credits shall be in laboratory or clinical instruction. [Eff 6/18/79; am and ren §16-89-47; 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; am and comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

§16-89-48

§16-89-48 The minimum curriculum for programs preparing practical nurses. (a) The curriculum shall include a minimum of thirty semester credits of which at least forty per cent of the nursing credits are laboratory or clinical instruction.

- (b) The curriculum shall have courses in:
 - (1) Biological sciences and social or behavioral sciences; and
 - (2) Nursing:
 - (A) Nursing care of clients, as individuals and families based in nursing process throughout the lifespan;
 - (B) Assisting clients in all age groups to meet relatively stable, predictable nursing requirements;
 - (C) Assisting the registered nurse in complex nursing situations; and
 - (D) Ethical and legal aspects of nursing relevant to the practical nurse. [Eff 6/18/79; am and ren §16-89-48, 6/22/81; am and comp 3/20/82; am and comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

§16-89-49 The minimum curriculum for programs preparing advanced practice registered nurses. The minimum curriculum for nursing programs preparing advanced practice registered nurses shall meet national accreditation standards. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; am and comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-50 Annual report required. (a) The institution conducting the educational program of nursing shall submit an annual report of statistical data and qualitative program information to the board by September 1 of each year. The board may extend the deadline if the institution is unable to timely submit the report for reasons satisfactory to the board.

- (b) The report shall include, but not be limited to, the following information:
 - (1) Pass rates of NCLEX-RN and NCLEX-PN candidates of the school in the last twelve months;

- (2) Number of full-time and part-time faculty, rationale for non-nurse faculty or faculty who do not meet the requirements of section 16-89-45, and curriculum vita of new faculty;
- (3) Data regarding student applications, enrollment, graduation rates, and anticipated number of graduates for each academic year;
- (4) Any changes or anticipated changes to the curriculum;
- (5) Changes in fiscal resources or administrators; and
- (6) Other substantive information as deemed necessary by the board.
- (c) General guidelines for reports:
 - (1) The board shall review reports for approval or continued approval of nursing education programs only when the board is in a formal meeting in accordance with chapter 92, HRS;
 - (2) Reports shall be submitted to the board no less than two weeks prior to the meeting at which the report will be reviewed;
 - (3) The school shall be informed in writing of deficiencies in the report or items required in subchapter 7, corrective measures which are needed, and the time frame in which the corrective measures shall be completed; and
 - (4) Failure to timely correct deficiencies to the satisfaction of the board may result in the withdrawal or suspension of approval after a hearing in accordance with chapter 91, HRS. [Eff and comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

§16-89-51 Closing of an approved nursing education program. (a) Voluntary closing. When the governing institution anticipates the closing of a nursing education program, it shall notify the board in writing, stating the reason, plan and date of the intended closing. Notice of intent to discontinue a nursing program shall be transmitted to the board at least thirty days prior to public announcement. The governing institution shall choose one of the following closing procedures:

- (1) The program shall continue until the last class enrolled graduates:
 - (A) The program shall continue to meet the standards for approval until all of the enrolled students graduate;
 - (B) The date of closure is the date on the degree, diploma, or certificate of the last graduate;
 - (C) The governing institution shall notify the board of the actual closing date.

- (2) The program shall close after the governing institution has made reasonable effort to transfer its students to other approved programs:
 - (A) The program shall make reasonable effort to continue to maintain the standards until date of closing; and
 - (B) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.
- (b) Closing as a result of denial or withdrawal of approval. When the board denies or withdraws approval of a program, the governing institution shall:
 - (1) Close the program after the governing institution has made what the board considers a reasonable effort to assist in the transfer of students to other approved programs. A time frame for the transfer process shall be established by the board;
 - (2) Submit to the board a list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution;
 - (3) Submit in writing to the board thirty days prior to public announcement the expected date of closing, and submit in writing to the board thirty days prior to the actual closing the actual date of closing of the program.
- (c) Custody of record. Provision shall be made for custody of records as follows:
 - (1) Safe storage of vital records, including permanent records of all graduates of the program; and
 - (2) Notification to the board as to where the records will be stored and how they may be accessed by appropriate request. [Eff and comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-11)

SUBCHAPTER 9

MAJOR REVISION OF NURSING PROGRAM

§16-89-52 Phase I - twelve months prior to initiating revised program. Any agency or institution considering major revision of the nursing program shall

advise the board of its intent in writing. The following information shall be submitted in writing:

- (1) Justification for revision;
- (2) Need and readiness of community to support the program; and
- (3) Tentative timetable for planning, organizing, and initiating the new curriculum. [Eff 6/18/79; am and ren §16-89-52, 6/22/81; am and comp 3/20/82; comp 9/18/82; comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

§16-89-53 Phase II - six months prior to initiating revised program. The following documented evidence of readiness to implement the new program which shall be submitted to the board in writing:

- (1) Statements of philosophy and purpose;
- (2) Curriculum framework;
- (3) Curriculum and its objectives including terminal behaviors of the graduates;
- (4) Admission policies and plans for student welfare;
- (5) Statements of policy necessary for operation of the program;
- (6) Plans for resources and facilities including clinical facilities and services; and
- (7) Tentative program calendar. [Eff 6/18/79; am and ren §16-89-53, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-5, 457-11)

SUBCHAPTER 10

SEAL OF THE BOARD

§16-89-57 Description. The official seal of the state with the inscription of the name of the board shall be and is the adopted seal of this board. [Eff 6/18/79; am and ren §16-89-57, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-5)

SUBCHAPTER 11

UNPROFESSIONAL CONDUCT

§16-89-59 Unprofessional conduct. Nursing behavior which fails to conform to legal standards and accepted standards of the nursing profession and which reflect adversely on the health and welfare of the public shall constitute unprofessional conduct. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-60 Types of unprofessional conduct. The types of unprofessional conduct covered in this provision shall include, but are not limited to, the following:

- (1) Submitting information to the board pursuant to an application for licensure, renewal of licensure, or reinstatement of licensure which is fraudulent, deceitful, or contains misrepresentations regarding the applicant's or licensee's educational background, passing of a licensure examination, pending disciplinary actions, or licensure status;
- (2) Impersonating any applicant, or acting as proxy for the applicant in any nurse licensure examination, allowing any person to use one's nursing license, or the aiding, abetting, or assisting an individual to violate or circumvent chapter 457, HRS, or this chapter;
- (3) Practicing nursing within this State without a valid current license, or after the temporary license has expired;
- (4) Misrepresenting that the person is a licensed practical nurse or licensed registered nurse, verbally or in writing, when the person does not possess the appropriate license;
- (5) Failing to report to the board any revocation, suspension, or other disciplinary actions against the applicant or licensee by another state or jurisdiction of the United States for any act or omission which would constitute unprofessional conduct;
- (6) Performing unsafe or unacceptable patient care or failing to conform to professional standards required of a nurse which poses a danger to the welfare of a patient which shall include:
 - (A) Intentionally or negligently causing physical or emotional injury to a patient;
 - (B) Administering medication and treatment in a careless or negligent manner;

- (C) Failing to take appropriate action or to follow policies and procedures in the practice setting designed to safeguard the patient;
 - (D) Failing to take appropriate action in safeguarding a patient from incompetent health care practices;
 - (E) Performing nursing techniques or procedures without proper education and training;
 - (F) Violating the confidentiality of information or knowledge concerning the patient or failing to safeguard the patient's dignity and right to privacy; and
 - (G) Leaving a nursing assignment or abandoning a patient without properly notifying appropriate personnel; and
- (7) Engaging in any act inconsistent with the practice of nursing as defined in section 457-2, HRS, for that of a licensed practical nurse or a registered nurse including:
- (A) Engaging in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a patient;
 - (B) Practicing nursing when physical or mental ability to practice is impaired by alcohol or drugs, or because of other physical, psychological, or mental impediment;
 - (C) Willfully, or deliberately, falsifying or altering a patient's, health care facility's, or employee's record;
 - (D) Unauthorized use or removal of drugs, supplies, or property from a patient or health care facility, institution or other work place location, or diverting or attempting to divert drugs or controlled substances for unauthorized use or appropriating money, supplies, or equipment;
 - (E) Possessing, obtaining, furnishing, or administering prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs; and
 - (F) Failing to supervise persons to whom nursing functions have been delegated under one's supervision. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-61 Repealed. [R 6/22/90]

§16-89-62 Voluntary surrender of license. Voluntary surrender of license to practice nursing or placing the nursing license on inactive status shall not deprive the board of jurisdiction to proceed with disciplinary proceedings pursuant to chapter 91, HRS, and chapter 16-201. [Eff 6/18/79; am and ren §16-89-62, 6/22/81; am and comp 3/20/82; comp 9/18/82; am and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-63 Disciplinary action. (a) In disciplining a licensee pursuant to a proceeding held in accordance with chapter 91, HRS, and chapter 16-201, administrative practice and procedures, the board, in addition to having the power to deny, revoke, or suspend any license to practice nursing may limit the license by restricting the field of practice in which the licensee may engage in, place the licensee on probation, or both.

(b) The board may impose conditions and shall determine whether and when limitations or conditions shall be removed with respect to a registered nurse or a licensed practical nurse who has been placed on probation, or whose license has been suspended or limited in any way. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-64 Examination not required. An examination may not be required for an applicant whose license has been revoked by the board, provided that the applicant applies for licensure within three years after the date of revocation. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-12)

SUBCHAPTER 12

PRACTICE AND PROCEDURE

§16-89-66 Administrative practice and procedure. The rules of practice and procedure for nurses shall be as provided in chapter 16-201, the rules of practice and procedure of the department of commerce and consumer affairs, which are incorporated by reference and made a part of this chapter. [Eff and comp 6/22/90; comp 9/5/97; comp 8/9/01; comp 5/5/05;

comp 12/27/10] (Auth: HRS §§91-2, 457-5) (Imp: HRS §§91-2, 457-5)

SUBCHAPTER 13

ORAL TESTIMONY

§16-89-70 Oral testimony. (a) The board shall accept oral testimony on any item which is on the board's agenda, provided that the testimony shall be subject to the following conditions:

- (1) Each person seeking to present oral testimony is requested to so notify the board not later than forty-eight hours prior to the meeting, and at that time shall state the item on which testimony is to be presented;
- (2) The board may request that any person providing oral testimony submit the remarks, or a summary of the remarks, in writing to the board;
- (3) The board may rearrange the items on the agenda for the purpose of providing for the most efficient and convenient presentation of oral testimony;
- (4) Persons presenting oral testimony shall, at the beginning of the testimony, identify themselves and the organization, if any, that they represent;
- (5) The board may limit oral testimony to a specified time period but in no case shall the period be less than five minutes, and the person testifying shall be informed prior to the commencement of the testimony of the time constraints to be imposed; and
- (6) The board may refuse to hear any testimony which is irrelevant, immaterial, or unduly repetitious to the agenda item on which it is presented.

(b) Nothing in this section shall require the board to hear or receive any oral or documentary evidence from a person on any matter which is the subject of another proceeding pending subject to the hearings relief, declaratory relief, or rule relief of chapter 16-201.

(c) Nothing in this section shall prevent the board from soliciting oral remarks from persons present at the meeting or from inviting persons to make presentations to the board on any particular matter on the board's agenda. [Eff and comp 6/22/90; am and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §92-3)

SUBCHAPTER 14

ADVANCED PRACTICE REGISTERED NURSE

§16-89-75 Objective. This subchapter is intended to recognize the performance of additional acts performed by registered nurses practicing in expanded specialized roles, and to set standards for nurses practicing as advanced practice registered nurses in order to protect and safeguard the welfare of the public. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

[§16-89-77 Repealed. [R 12/27/10]

§16-89-79 Title. (a) A registered nurse who has been recognized by the board to have satisfactorily met the requirements of chapter 457, HRS, and this subchapter shall be called an advanced practice registered nurse and authorized to use the abbreviation A.P.R.N.

(b) No person shall practice or offer to practice as an advanced practice registered nurse, or use the A.P.R.N. abbreviation, or any other title, words, letters, signs or figures to indicate that the person is an advanced practice registered nurse unless the person has met all appropriate requirements of this subchapter. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-81 Practice specialties. (a) The four areas of advanced practice registered nurses recognized by the board from which the practice specialties are derived are:

- (1) Nurse practitioner ("NP");
- (2) Certified registered nurse anesthetist ("CRNA");
- (3) Certified nurse-midwife ("CNM"); and
- (4) Clinical nurse specialist ("CNS").

(b) In addition to those functions specified for the registered nurse, and in accordance with appropriate nationally recognized standards of practice, the advanced practice registered nurse may perform the following generic acts which include, but are not limited to:

- (1) Provide direct care by utilizing advanced scientific knowledge, skills, nursing and related theories to assess, plan, and implement appropriate health and nursing care to patients;
 - (2) Provide indirect care. Plan, guide, evaluate and direct the nursing care given by other personnel associated with the health care team;
 - (3) Teach, counsel, or plan care for individuals or group, utilizing a synthesis of advanced skills, theories, and knowledge of biologic, pharmacologic, physical, sociocultural and psychological aspects of care to accomplish desired objectives;
 - (4) Serve as a consultant and resource of advanced clinical knowledge and skills to those involved directly or indirectly in patient care;
 - (5) Participate in joint and periodic evaluation of services rendered including, but not limited to, chart reviews, case reviews, patient evaluations, and outcome of case statistics;
 - (6) Establish collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of an APRN shall be referred to an appropriate health care provider;
 - (7) Manage the plan of care prescribed for the patient;
 - (8) Initiate and maintain accurate records and authorize appropriate regulatory and other legal documents;
 - (9) Recognize, develop, and implement professional and community educational programs related to health care;
 - (10) Conduct research and analyze the health needs of individuals and populations and design programs which target at-risk groups and cultural and environmental factors which foster health and prevent illness;
 - (11) Participate in policy analysis and development of new policy initiative in the area of practice specialty; and
 - (12) Contribute to the development, maintenance, and change of health care delivery systems to improve quality of health care services and consumer access to services.
- (c) The scope of practice for each of the four areas of clinical practice specialties shall be in accordance with nationally recognized standards of practice which are consistent with the following:
- (1) Nurse practitioner scope of practice, depending on area of specialty, may include, but is not limited to:
 - (A) Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination, using

- skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments or procedures that are basic to the clinical evaluation of physical, developmental, and psychological signs and symptoms;
- (B) Order, interpret, or perform diagnostic, screening, and therapeutic examinations, tests and procedures.
 - (C) Formulate a diagnosis;
 - (D) Plan, implement, and evaluate care;
 - (E) Order or utilize medical, therapeutic, or corrective measures including, but not limited to, rehabilitation therapies, medical nutritional therapy, social services and psychological and other medical services;
 - (F) Monitor the effectiveness of therapeutic interventions;
 - (G) Assist in surgery; and
 - (H) Admit and discharge clients for inpatient care at facilities licensed as hospitals, long term care facilities or hospice.
- (2) Certified registered nurse anesthetist scope of practice:
- (A) Be responsible for performing and documenting total anesthesia care of patient including, but not limited to, pre-anesthetic preparation and evaluation, requesting consultations and diagnostic studies, obtaining informed consent for anesthesia, and selection and administration of anesthetic agents or other agents administered in the management of anesthetic care, anesthesia induction, maintenance, emergence, and post anesthesia care;
 - (B) Develop and implement an anesthetic care plan;
 - (C) Select and initiate the planned anesthesia technique which may include: general, regional, and local anesthesia and sedation;
 - (D) Select, apply, or insert appropriate non-invasive and invasive monitoring modalities for collecting and interpreting patient physiological data;
 - (E) Support life functions during the peri-operative period;
 - (F) Select, obtain, and administer the anesthetics, adjuvant drugs, accessory drugs, and fluids, necessary to manage the anesthetic to maintain the patient's physiologic homeostasis, and to correct abnormal responses to the anesthesia or surgery;

- (G) Recognize and be able to take appropriate action for untoward patient responses during anesthesia;
 - (H) Observe and manage the patient's emergence from anesthesia by selecting, obtaining, ordering, or administering medications, fluids, or ventilatory support in order to maintain homeostasis;
 - (I) Discharge patients from a post-anesthesia care area;
 - (J) Participate in the life support of the patient including, but not limited to, peri-anesthetic and clinical support functions;
 - (K) Implement acute and chronic pain management modalities; and
 - (L) Respond to emergency situations by providing airway management, administration of emergency fluids or drugs, or using basic or advanced cardiac life support techniques.
- (3) Certified nurse-midwife scope of practice:
- (A) Provide independent management of women's health care, focusing particularly on pregnancy, childbirth, the postpartum period, care of the newborn, and the family planning and gynecological needs of women; and
 - (B) Practice in accordance with the standards for the practice of nurse-midwifery of the American College of Nurse-Midwives, unless otherwise indicated by the board. The standards include but do not limit the nurse midwife to:
 - (i) Provide primary care services for women and newborns;
 - (ii) Take histories and perform physical exams;
 - (iii) Order and interpret diagnostic tests;
 - (iv) Operate within a health care system that provides for consultation, collaborative management, or referral as indicated by the status of the client; and
 - (v) Admit clients for inpatient care at facilities licensed as hospitals or birth centers in the State.
 - (C) Includes all of the functions listed in subsection (c)(1) relating to nurse practitioner scope of practice.
- (4) Clinical nurse specialist scope of practice, depending on area of specialty, may include, but is not limited to:
- (A) Evaluate the physical, developmental, and psychosocial health status of patients through a comprehensive health history, physical examination, or mental status examination, using skills of observation, inspection, palpation,

percussion, and auscultation, and using diagnostic instruments or procedures that are basic to clinical evaluation of physical, developmental, and psychological signs and symptoms;

- (B) Order, interpret, or perform diagnostic and therapeutic examinations, tests and procedures, if CNS educational preparation included pathophysiology, pharmacology, advanced health promotion and disease prevention, differential diagnosis, and disease management; formulate a diagnosis;
- (C) Assess the normal and abnormal findings from the history, physical, and mental status examinations, and diagnostic reports;
- (D) Plan, implement, and evaluate the care of patients and groups of patients (including individuals, couples, groups, families, and communities) with complex needs in the area of practice specialty;
- (E) Provide advanced management of health care for selected client populations;
- (F) Consult, as needed, with members of health care teams concerning physiological, psychological, social, educational, and ethical issues in area of expertise; and
- (G) Initiate and maintain accurate records, appropriate legal documents, and other health and nursing care reports.

(d) Nothing in this section shall allow an APRN to prescribe any substance included in [schedules I, II, III, IV, or V of chapter 329, HRS.] the current Exclusionary Formulary. It shall be unlawful for any nurse not granted prescriptive authority under this chapter to prescribe, offer to prescribe, or to use any sign, card, or device to indicate that the nurse is so authorized.

(e) Nothing in this section shall preclude a licensed nurse from carrying out prescribed medical orders of a licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapters 448, 453, 460, or 463E, HRS, or the orders of a recognized advanced practice registered nurse.

(f) Nothing in this section shall limit a certified registered nurse anesthetist from providing total anesthesia care as designated in subsection (c)(2). [Eff and comp 9/5/97; am and comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-83 Requirements for recognition as an advanced practice registered nurse. In addition to submitting an application prescribed by the board and having a current, unencumbered license as a registered nurse in this State the applicant for recognition as an advanced practice registered nurse shall provide proof of:

- (1) Documentation relating to any disciplinary action ordered by or pending before any board of nursing in any state or jurisdiction of the United States; and
- (2) Documentation from the appropriate agencies or parties regarding any criminal conviction, which the applicant has been the subject of, within the past twenty years, in which the conviction was not annulled or expunged. This includes, but is not limited to, certified copies of any court records, orders, or other documents that state the facts and statutes upon which the applicant was convicted, the judgment of the court with regard to the conviction, the sentence imposed, the actual terms of the sentence, and whether sentence was completed. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-85 Recognized national certifying body; certification. (a) National certifying bodies recognized by the board to certify the advanced practice registered nurse specialty include:

- (1) The American Nurses Credentialing Center;
 - (2) The National Certification Board of Pediatric Nurse Practitioners/Nurses;
 - (3) The National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
 - (4) The Council on Certification of the American College of Nurse-Midwives;
 - (5) The Council on Certification of the American Association of Nurse Anesthetists; and
 - (6) The American Academy of Nurse Practitioners.
- (b) The board may recognize other national certifying bodies accredited by the ABNS or the NCCA, which provide competency-based certification examinations reflective of APRN knowledge of and expertise in their nursing specialties.
- (c) A national certifying body which is a successor to any body listed in this section may also be recognized by the board, provided the body maintains

or exceeds the standards of its predecessor. Any modifications to the standards shall be recognized unless otherwise provided in the board's policy until such time as the board can amend its rules.

(d) A board-recognized advanced practice registered nurse shall have the right to use the title(s) designated by the certifying bodies.

(e) No other person shall assume any of the titles designated by the certifying bodies in subsection (a), or any other words, letters, signs, or devices to indicate that the person using the title is so qualified. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-8.5)

§16-89-87 Renewal of recognition. (a) All recognition for advanced practice registered nurses shall expire on June 30 of every odd-numbered year and shall be renewed biennially. In each odd-numbered year, the board shall make available to all licensees an application for renewal of recognition to be submitted to the board by the deadline set forth by the board. Applicants shall be currently licensed as registered nurses in this State and shall submit:

- (1) Evidence of current national certification if the advanced practice registered nurse does not hold a master's degree in clinical nursing or nursing science in a board recognized practice specialty;
- (2) Documentation from agencies or parties relating to any disciplinary action ordered by or pending before any board of nursing in any state or jurisdiction of the United States within the two years prior to application for renewal of recognition;
- (3) Information, including but not limited to, certified documents from appropriate agencies and persons regarding any criminal conviction within the past two years which has not been annulled or expunged; and
- (4) The required renewal non-refundable fee.

(b) When renewing an APRN recognition, the applicant may elect to be placed on inactive status by indicating so on the renewal form provided by the board and paying all appropriate fees. Advanced practice registered nurses wishing to reactivate their recognition at any time during the biennial period shall comply with the requirements of subsection (a).

(c) Advanced practice registered nurses who fail, neglect, or refuse to renew their recognition on or before June 30 of each odd-numbered year shall have their recognition forfeited. Recognition may be restored within six months of renewal date, in compliance with subsection (a), and payment of renewal and penalty fees. Failure to restore within the time period provided, except as

otherwise provided by law, shall constitute a termination of the recognition and the applicant shall file for recognition pursuant to section 16-89-83.

(d) Licensees who fail to renew their recognition as advanced practice registered nurses as provided in subsection (a), or who have placed their APRN recognition on inactive status as provided in subsection (b) and continue to practice as advanced practice registered nurses shall be subject to penalties provided for violations of chapter 457, HRS, and this chapter. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-9, 457-8.5)

§16-89-89 Discipline. The board shall have the same power to deny, revoke, limit, or suspend any recognition of an advanced practice registered nurse for any of the actions subject to disciplinary action as prescribed in chapter 457, HRS, and this chapter. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-91 Encumbered recognition. Encumbrances based on disciplinary action ordered by the board to be imposed on the recognition of an advanced practice registered nurse shall also be placed on all nurse licenses and prescriptive authority held. Any encumbrance on one license, recognition, or prescriptive authority shall automatically and similarly affect the other. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §457-12)

§16-89-93 Reinstatement following completion of a board ordered suspension. An advanced practice registered nurse seeking reinstatement of APRN recognition following a board ordered suspension or limitation shall comply with all conditions of the order of suspension or limitation which may include applying as a new applicant meeting the requirements of section 16-89-83. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §436B-20)

§16-89-95 Fees. (a) Every application for a license, recognition, or prescriptive authority shall be accompanied by the appropriate fees provided in chapter 16-53 and any other fee required by law.

§16-89-95

(b) All fees are non-refundable. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §26-9) (Imp: HRS §§26-9, 457-8.5, 457-9)

§16-89-97 Advanced practice registered nurse requesting prescriptive authority. An advanced practice registered nurse who applies for prescriptive authority also shall comply with the eligibility requirements as set forth by the board in this chapter. [Eff and comp 9/5/97; comp 8/9/01; comp 5/5/05; am and comp 12/24/10] (Auth: HRS §457-8.6) (Imp: HRS §457-8.6)

SUBCHAPTER 15

DELEGATION OF [SPECIAL] TASKS OF NURSING CARE TO
UNLICENSED ASSISTIVE PERSONNEL

§16-89-100 Purpose. (a) Only a registered nurse has authority to practice professional nursing; therefore, only the registered nurse has authority to delegate nursing.

It is the intent of the board that the delegation of tasks of nursing care to unlicensed assistive personnel be the exception rather than the rule unless the registered nurse can justify the need for delegation.

The board believes that unlicensed assistive personnel can be utilized to provide tasks of nursing care under the specific delegation and supervision of a registered nurse and not under any licensed practical nurse. Nothing in this subchapter shall limit a licensed practical nurse from providing care within the scope of their practice.

A registered nurse may delegate in any setting at any time; provided that when the registered nurse is not regularly scheduled and not available to provide direct supervision, the registered nurse shall provide indirect supervision.

(b) When delegating a task, function, or activity, the nurse shall use the NCSBN delegation decision-making process and the protocols contained in the NCSBN documents recognized by the Board as a model.

(c) In public school settings, medication shall be administered by school aides in accordance with the regulations and local policies of the Department of Health and the Department of Education. Those regulations and policies shall comply and coordinate with applicable federal and state laws, including but not limited to, Hawaii Revised Statute, Section 321-242 (relating to the statewide school health services program, including statewide requirements for

medication administration) and Hawaii Administrative Code 11-146-4. [Eff 7/16/98; comp 8/9/01; comp 5/5/05; am and comp 12/27/10] (Auth: HRS §457-5) (Imp: HRS §§457-2, 457-5)

§16-89-101 Repealed. [R 12/27/10]

§16-89-102 Repealed. [R 12/27/10]

§16-89-105 Repealed. [R 12/27/10]

§16-89-106 Repealed. [R 12/27/10]

§16-89-108 Repealed. [R 12/27/10]

§16-89-110 Repealed. [R 12/27/10]

§16-89-112 Repealed. [R 12/27/10]

§16-89-114 Repealed. [R 12/27/10]

SUBCHAPTER 16

ADVANCED PRACTICE REGISTERED NURSE PRESCRIPTIVE AUTHORITY

§16-89-116 Purpose. The purpose of this subchapter is to establish the requirements of the board for APRN prescriptive authority. APRNs who are granted prescriptive authority shall only prescribe drugs appropriate to their practice specialties as recognized by the board and in accordance with the exclusionary formulary. [Eff 12/27/10] (Auth: HRS §§26-9 (k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-117 Prescriptive authority. Only an APRN granted prescriptive authority by the board shall be able to practice as an APRN with prescriptive authority or use any sign, card, or device to indicate or in any way imply, that the person is an APRN who is authorized to prescribe. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-119 Prescriptive authority eligibility requirements. (a) The requirements for prescriptive authority are as follows:

- (1) A completed application for prescriptive authority for controlled or non-controlled substances provided by the board and submitted with all appropriate documents (unless currently filed with the board) and required fees;
- (2) Proof of a current, unencumbered license as a registered nurse in this State and in all other states in which the nurse has a current and active license;
- (3) Proof of a current, unencumbered recognition or license as an advanced practice registered nurse in this State and in all other states in which the nurse has a current and active recognition or license as an advanced practice registered nurse or similar designation;
- (4) Proof of a current, unencumbered certification for specialized and advanced nursing practice from a national certifying body recognized by the board;
- (5) Proof of successful completion of an accredited graduate-level nursing program with a significant educational and practical concentration on the direct care of patients, recognized by the board, leading to a master's degree as a certified registered nurse anesthetist, a nurse midwife, a clinical nurse specialist, or a nurse practitioner (nursing education and administration do not qualify);
- (6) Proof of successful completion of at least thirty contact hours, as part of a master's degree program from an accredited, board-recognized college or university, of advanced pharmacology education, including advanced pharmacotherapeutics that is integrated into the curriculum, within the three-year time period immediately preceding the date of application. If completed more than the three-year time period, then one of the following shall be completed within the three-year time period immediately preceding the date of application for initial prescriptive authority:

- (A) At least thirty contact hours of advanced pharmacology, including advanced pharmacotherapeutics, from an accredited, board-recognized college or university; or
 - (B) At least thirty contact hours of continuing education ("CE") approved by board-recognized national certifying bodies in advanced pharmacology, including advanced pharmacotherapeutics related to the applicant's scope of nursing practice specialty;
- (7) Proof of successful completion of the appropriate number of CE related to controlled substances as delineated by the board if applying to prescribe controlled substances, schedules II-V.
 - (8) Proof of a current, unencumbered state oral code number;
 - (9) Proof of a current, unencumbered U.S. Drug Enforcement Agency number to prescribe controlled substances;
 - (10) Proof of a current Hawaii State Narcotics Enforcement Division registration number if applying to prescribe controlled substances;
 - (11) Proof of a collaborative agreement with a physician who has an active, unencumbered license to practice medicine or surgery in Hawaii in the same or related specialty area, if applying to prescribe controlled substances (if the APRN is applying to prescribed non-controlled substances only, there is no requirement for an agreement between a physician and the APRN; provided that an agreement may be required by the board as part of a disciplinary action taken or as a condition of prescriptive authority which the board deems necessary to ensure client safety.); and
 - (12) Payment of non-refundable application and other applicable fees.
- (b) APRN authorized to prescribe non-controlled substances and who subsequently wish to prescribe controlled substances shall submit the appropriate application for prescriptive authority for controlled substance and meet the requirements of this chapter. Similarly, APRN authorized to prescribe controlled substances and who subsequently wish to prescribe non-controlled substances shall submit the appropriate application for prescriptive authority of non-controlled substances and meet the requirements of this chapter.
 - (c) Upon satisfying all requirements in Chapter 457, Hawaii Revised Statutes, and this chapter; and payment of required fees, the board shall grant prescriptive authority to the APRN. A pocket identification card with the designation "APRN-Rx" and a number as assigned by the board shall be issued to the recognized APRN granted authority to prescribe.
 - (d) Nothing in this section shall preclude a registered nurse, a licensed practical nurse, or an APRN from carrying out the prescribed medical orders of a

licensed dentist, physician, osteopath, or podiatrist licensed in accordance with chapters 448, 453, or 463E, HRS, or the orders of a recognized APRN granted prescriptive authority in accordance with this chapter.

(e) Nothing in this chapter shall require a certified registered nurse anesthetist to have prescriptive authority under this chapter in order to provide anesthesia care. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-121 Collaborative agreement. (a) An APRN who intends to prescribe controlled substances shall have a collaborative agreement with at least one licensed physician that shall be filed with and approved by the board which attests to the fact that:

- (1) The physician shall reside in this State and have an unencumbered license to practice in Hawaii where such license excludes a limited or temporary license and be actively engaged in the same or related specialty area in which the APRN is to practice;
- (2) Details of the collaborative agreement between the APRN and the physician shall, at minimum, include:
 - (A) Name and area of practice specialty of the APRN;
 - (B) Name and area of practice specialty of the physician or physicians; the licensed physician in a collaborative working relationship with the APRN shall also have a current federal Drug Enforcement Agency number and a current Hawaii State Narcotics Enforcement Division number; and
 - (C) Any limitation, agreed to by the parties, such as drugs not to be prescribed (although permitted by the exclusionary formulary);

(b) The collaborative agreement shall be signed by the collaborating APRN and the physician, dated, and filed with the board for approval no less than five weeks prior to the intended implementation of the relationship. Approval must be obtained from the board. The APRN shall be provided the reason for disapproval and the right to a hearing pursuant to chapter 91, HRS.

(c) Approval of all substantive modifications must be obtained from the board or the board's designee before any modifications can be implemented. A list of substantive modifications that an APRN must submit for approval will be included in the Exclusionary Formulary.

(d) Either the APRN or the physician may unilaterally terminate the collaborative working relationship at any time by notifying the other party. Either

the APRN or the physician shall notify the board or the board's designee of the termination in writing within three calendar days of the termination. At the time the collaborative agreement ceases, the APRN shall not have prescriptive authority for controlled substances until such time as another collaborative agreement has been established and approved by the board.

(e) The board may assess a processing fee for the approval of, modifications to, termination, or reestablishment of, a collaborative agreement.

(f) The board shall have the authority to summarily suspend a collaborative agreement and the prescriptive authority of the APRN in accordance with the section 436B-23, HRS.

(g) The collaborative agreement shall be made available to licensed pharmacies.

(h) The APRN shall follow generally accepted standards of practice in the prescribing of controlled substances, Schedules II-IV. The signatures of the APRN and the collaborating physician(s) will be evidence of this agreement. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-122 Exclusionary formulary for prescriptive authority. (a) The board of nursing shall consider the recommendations of the joint formulary advisory committee to determine the drugs or categories of drugs listed in the exclusionary formulary for APRN granted prescriptive authority. The current formulary, to be published and entitled "Exclusionary Formulary", lists the drugs or categories of drugs that shall not be prescribed by the APRN.

(b) The Exclusionary Formulary, and any revised formularies, shall be made available to licensed pharmacies at the request of the pharmacy at no cost.

(c) The APRN with prescriptive authority shall only prescribe from the formulary which is appropriate to the APRN's specialty. The APRN shall comply with all applicable state and federal laws and rules relating to prescribing and administering of drugs. The APRN with prescriptive authority shall only prescribe, order, and dispense medical devices and equipment appropriate to the APRN specialty.

(d) Prescriptions ordered by an APRN with prescriptive authority shall be filed according to the terms of the prescription. Required APRN information on the prescription pad will be listed on the Exclusionary Formulary.

(e) General guidelines relating to the collaborative agreement shall be included in the exclusionary formulary, including but not limited to, the degree of collaboration and communication between the APRN and the collaborating

physician(s). [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-123 Prescriptive authority renewal for APRN. (a) Prescriptive authority for each APRN shall expire on December 31 of every odd-numbered year and shall be renewed biennially. APRN seeking renewal of a prescriptive authority shall submit the appropriate application, fees, and documents on or before the application deadline determined by the board. In each odd-numbered year, the board shall make available an application for renewal of prescriptive authority before the deadline set forth by the board to every person to whom prescriptive authority was issued or renewed during the biennium. Failure to receive a notice of renewal shall not be a valid reason for APRN non-renewal. Each APRN with prescriptive authority shall be responsible for ensuring timely renewal of his or her own nursing license, APRN recognition, and APRN prescriptive authority. In addition to satisfying the renewal requirements of an APRN in section 16-89-87, the APRN seeking renewal of prescriptive authority shall also submit or complete the following:

- (1) Evidence of current certification in the nursing practice specialty by a board-recognized national certifying body;
- (2) Statement on the application shall be signed by the renewing APRN with prescriptive authority for controlled substances, affirming that the collaborative agreement on file with the board remains in effect and that the parties are in compliance with this chapter. In the event that the relationship(s) has changed, modifications including, but not limited to, a change in the physician(s) or in the specific conditions set forth in the collaborative agreement previously filed, shall be submitted to the board at least ten working days prior to the intended implementation of the change. The modified relationship shall at minimum meet the requirements of this chapter. Until the board has approved the modified relationship, the modifications shall not be implemented;
- (3) Documentation of successful completion, during the prior biennium, of thirty contact hours of appropriate continuing education as determined by the board in the practice specialty area, eight contact hours of which shall be in pharmacology, including pharmacotherapeutics, related to the APRN's clinical practice specialty area, approved by board-recognized national certifying bodies, the American Nurses Association, the American Medical Association, or accredited colleges or universities. Documentation

of successful completion of continuing education required for recertification by a recognized national certifying body, earned within the current renewal biennium, may be accepted in lieu of the thirty hours of continuing education required for renewal; and

(4) The renewal fee established for prescriptive authority renewal.

(b) Failure, neglect, or refusal to renew the prescriptive authority by a recognized APRN on or before December 31, of each odd-numbered year shall result in automatic forfeiture of prescriptive authority. Failure of the APRN to renew prescriptive authority shall cause the APRN prescriptive authority to forfeit on the day after the expiration date. The APRN shall not prescribe until prescriptive authority has been restored. Renewal application deadlines shall be as established by the board. Prescriptive authority may be restored within six months from the date of forfeiture, provided the restoration application is in compliance with subsection (a), and is submitted with an additional payment of a restoration fee. Failure to restore within the time frame provided shall constitute an automatic termination of the prescriptive authority. Thereafter, to be eligible for prescriptive authority, the applicant shall meet the requirements of section 16-89-119.

(c) Any APRN subject to this chapter who fails to renew his or her prescriptive authority and continues to practice as an APRN with prescriptive authority shall be considered an illegal practitioner and shall be subject to penalties provided for by law. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-124 Encumbered license. Encumbrances based on disciplinary action ordered by the board to be imposed on an APRN with prescriptive authority shall also be placed on the APRN recognition, RN license, and practical nurse license held by that nurse in this State. Any encumbrance on a RN license shall automatically and similarly affect any other nursing license, recognition as an APRN, or prescriptive authority held by that RN. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-125 Discipline; grounds; proceedings. (a) In addition to any other actions authorized by law, the board shall have the power to deny, revoke, limit, condition, or suspend prescriptive authority granted, in accordance with this chapter, and to fine or to otherwise discipline an APRN with prescriptive authority for any cause authorized by law, including but not limited to the following:

- (1) Violation of this chapter;
 - (2) Violation of chapter 457, HRS, or chapter 16-89;
 - (3) Violation of any applicable state statutes and rules or federal laws or regulations;
 - (4) Fraud, deceit, misrepresentation in procuring or attempting to procure recognition to practice nursing as an APRN with prescriptive authority;
 - (5) Unprofessional conduct, including but not limited to:
 - (A) Prescribing, administering, dispensing, or distributing drugs listed in the exclusionary formulary, or not in accordance with state and federal laws and rules;
 - (B) Prescribing or administering drugs in an unsafe manner or not in accordance with acceptable and prevailing standards of practice;
 - (C) Prescribing drugs without a board-approved appropriate collaborative agreement with a physician, or contrary to any limitation imposed pursuant to the board;
 - (D) Selling, purchasing, trading, or offering to sell, purchase, or trade any drug sample; or
 - (E) Misuse of the authority to prescribe drugs for other than therapeutic purposes; and
 - (F) Failing to maintain current certification by a board-recognized national certifying body in the nursing practice specialty.
- (b) In addition to subsection (a), the board may impose one or more of the following requirements as a condition for an APRN prescriptive authority:
- (1) Physical and mental evaluation of the APRN by a physician currently licensed under chapter 453, HRS;
 - (2) Probation, including such conditions as successful completion of the board of nursing diversion program which may include a rehabilitation program for alcohol or substance abuse as prescribed in chapter 16-89; and
 - (3) Limitation of the practice in any reasonable manner to assure the safety and welfare of the consuming public. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

SUBCHAPTER 17

SCOPE OF NURSING PRACTICE AND STANDARDS OF CARE

§16-89-126 Scope of nursing practice. The board adopted the National Council (NCSBN) scope of registered and practical nursing practice provided in Article II, Sections 1 through 3, of the NCSBN 2006 Model Nurse Practice Act. Any modifications by the NCSBN to the scope of practice shall apply. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-128 Standards of care. The board adopted NCSBN standards of registered and practical nursing practice as provided in Chapter 2, of the NCSBN 2006 Model Nursing Administrative Rules. Any modifications by the NCSBN to the standards of care shall apply. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

SUBCHAPTER 18

LICENSE ACTIVATION

§16-89-131 Purpose. The purpose of this subsection is to increase consumer safety by establishing activation requirements for registered and practical nurses who wish to activate their inactive licenses, but who have not practiced nursing more than five years in the U.S or its territories. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

§16-89-132 Prerequisite for activation of inactive licenses. (a) The following shall apply to a registered or practical nurse applying to activate the nurse's license which has been inactive for more than five years, and who has not practiced in the U.S. or a U.S. territory during that period, and is ordered by the board to verify continuing competency.

- (b) The nurse shall be required to:
 - (1) Submit an application prescribed by the board with the required fee(s); and

- (2) Retake and pass the NCLEX-RN or NCLEX-PN, whichever is applicable; or
 - (3) Successfully complete a refresher course which must first be approved by the board. The course shall consist of at least eighty (80) clock hours of didactic and eighty (80) clock hours of clinical practice recognized by an approved provider and designed for the practical nurse or registered nurse who is returning to practice after more than five years absence from nursing practice. The nurse shall submit appropriate documentation to verify successful completion of the refresher course.
- (c) The nurse shall not practice nursing, represent the nurse to be a registered nurse or practical nurse currently licensed to actively practice nursing, verbally or in writing, or in any way imply that the nurse holds a current active license, until the nurse's license is activated by the board.
- (d) The following units of measurement shall be used in calculating continuing education hours. Should the units of measurement change, the board shall note the change in its minutes until such time that its rules can be amended:
- (1) 1 contact hour = 60 minutes of instruction
 - (2) 1 contact hour = 60 minutes of clinical or laboratory practice in an informal offering or a minimum of fifty minutes of actual organized instruction
 - (3) 1 continuing education unit (CEU) = 10 contact hours of instruction
 - (4) 1 continuing medical education unit (CME) = 1 contact hour of instruction
 - (5) Academic credit will be converted to contact hours as follows:
 - (A) One quarter academic credit equals 12.5 contact hours
 - (B) One semester academic credit equals 15 contact hours
 - (6) Contact hour equivalencies shall be as follows:
 - (A) 1 continuing education unit = 10 contact hours
 - (B) 1 continuing medical education credit = 60 minutes
 - (C) 1 American Medical Association credit = 60 minutes
- (e) The board may grant a waiver from activation requirements as provided in (b) to a registered nurse or practical nurse if the nurse qualifies under one of the following and provide documents verifying that the nurse:
- (1) Was enrolled full time in the past two or more years in a nursing program recognized by the board leading to an associate degree, diploma, baccalaureate, or masters degree in nursing science;
 - (2) Was or is a U.S. government employee who worked or is working outside the U.S. as a practical nurse or registered nurse or is

assigned to active military duty outside the United States as a nurse during the entire reporting period. The nurse shall submit evidence satisfactory to the board of nursing practice while in government service or active duty with the military.

(f) A waiver provides for an extension of time or exemption from some or all of the activation requirements. Any nurse who wishes to activate his or her inactive license may request an application for a waiver from the board. The board shall approve or deny an application for waiver after its review of a completed application and supporting documents as requested by the board. The board shall not grant a waiver from activation requirements for more than one biennium, unless there are unusual circumstances including, but not limited to, a national emergency.

(g) The board shall activate the inactive license to active status when the nurse has completed all requirements to the satisfaction of the board.

(h) If requested by the board, the nurse shall submit legible copies of documents which may include, but are not be limited to, certificates of completion of continuing education offerings, transcripts of courses taken, course descriptions, and the name, telephone number and mailing address of the nurse's employer to verify registered or practical nursing practice. The board may require the nurse to submit a job description to verify the nurse's employment in a nursing position which meets the board's requirements.

(i) If the nurse is required by the board to submit the required documents within a specific timeframe, the board may grant an extension of time on a case-by-case basis in cases of hardship beyond the nurse's control. The nurse shall submit a written request for an extension of time and provides justification for the request. [Eff 12/27/10] (Auth: HRS §§26-9(k), 436B-4, 436B-7) (Imp: HRS §457-8.6)

Amendments to and compilation of chapter 16-89, Hawaii Administrative Rules, on the Summary page dated December 2, 2010, were adopted on December 2, 2010 following a public hearing held on December 2, 2010, after public notice was given in the Honolulu Star-Advertiser, The Garden Island, Hawaii Tribune-Herald, West Hawaii Today, and The Maui News on October 31, 2010.

They shall take effect ten days after filing with the Office of the Lieutenant Governor.

/s/Stephen A. Kula
Stephen A. Kula, Chairperson
Board of Nursing

APPROVED AS TO FROM: Date 12/2/10

/s/ Shari Wong
Deputy Attorney General

APPROVED: Date 12/9/10

/s/ Meoh-Leng Silliman
MEOH-LENG SILLIAM, Acting Director
Commerce and Consumer Affairs

APPROVED: Date 12/14/10

/s/ Neil Abercrombie
NEIL ABERCROMBIE
Governor
State of Hawaii

December 16, 2010
FILED

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

Amendments and Compliation of Chapter 16-89
Hawaii Administrative Rules

December 2, 2010

SUMMARY

1. §16-89-1 through 16-89-3 are amended.
2. §16-89-8 is amended.
3. §§16-89-10 through 16-89-12 are amended.
4. §16-89-16 is amended.
5. §16-89-33 is repealed.
6. §16-89-47 is amended.
7. §16-89-77 is repealed.
8. §16-89-79 is amended.
9. §16-89-81 is amended.
10. §16-89-83 is amended.
11. §16-89-85 is amended.
12. §16-89-87 is amended.
13. §16-89-95 is amended.
14. §16-89-97 is amended.
15. §16-89-100 is amended.
16. §§16-89-101 and 16-89-102 are repealed.

This material can be made available for individuals with special needs. Please call the Program Specialist, Professional and Vocational Licensing Division, DCCA, 586-2692, to submit your request

Effective 12/27/10

17. §§16-89-105 and 16-89-106 are repealed.
18. §16-89-108 is repealed.
19. §16-89-110 is repealed.
20. §16-89-112 is repealed.
21. §16-89-114 is repealed.
22. §16-89-116 and 16-89-117 are added.
23. §16-89-119 is added.
24. §16-89-121 through 16-89-125 are added.
25. §16-89-126 is added.
26. §16-89-128 is added.
27. §§16-89-131 and 16-89-132 are added.
28. Chapter 89 compiled.