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GOVERNOR

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**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Consumer Protection and Commerce
Wednesday, February 13, 2019
2:00 p.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 1363, H.D. 1, RELATING TO NURSES**

Chair Takumi and Members of the Committee:

My name is Esther L. Brown, and I am the Acting Complaints and Enforcement Officer of the Department of Commerce and Consumer Affairs' (Department) Regulated Industries Complaints Office (RICO). RICO offers comments on this bill.

This measure establishes a task force to investigate the feasibility of adopting the multistate Nurse Licensure Compact (NLC). The task force includes a representative from RICO, a representative from the Hawaii Board of Nursing, a representative from the Hawaii Center for Nursing, the Chair of the House Committee on Consumer Protection and Commerce or designee, and the Chair of the Senate Committee on Commerce, Consumer Protection, and Health or designee. This task force will allow for a full analysis of all relevant issues relating to the implementation and enforcement of the NLC. RICO appreciates the opportunity to participate in this task force.

Thank you for the opportunity to testify on this bill.

Charlotte A. Carter-Yamauchi
Director

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LEGISLATIVE REFERENCE BUREAU
State of Hawaii
State Capitol, Room 446
415 S. Beretania Street
Honolulu, Hawaii 96813

Written Testimony

HB1363, HD1 RELATING TO NURSES

Testimony by the Legislative Reference Bureau
Charlotte A. Carter-Yamauchi, Director

Presented to the House Committee on Consumer Protection and Commerce

Wednesday, February 13, 2019, 2:00 p.m.
Conference Room 329

Chair Takumi and Members of the Committee:

Good afternoon Chair Takumi and members of the Committee, my name is Charlotte Carter-Yamauchi and I am the Director of the Legislative Reference Bureau. Thank you for providing the opportunity to submit written comments on H.B. No. 1363, H.D. 1, Relating to Nurses.

The purpose of this measure is to establish a Multi-State Nurse Licensure Compact Task Force to investigate the feasibility of adopting the Multi-State Nurse Licensure Compact. The measure also requires the Task Force to submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the 2020 Regular Session.

The measure also establishes that the task force be administratively supported by the Legislative Reference Bureau.

While the Legislative Reference Bureau takes no position on the measure, we submit the following comments for your consideration.

With regard to the requirement that the Bureau is to "administratively support" the Task Force, the Bureau is not equipped or staffed to provide for the ministerial operations of a task force or other like entity. We note that Bureau staff has little to no experience in such activities. In addition, the Bureau does not possess any priority in securing meeting rooms or equipment for the activities of a task force, nor does it have any excess administrative staff to assign to a task force.

Thank you again for your consideration.

Testimony of the Board of Nursing
Before the
House Committee on Consumer Protection and Commerce

Wednesday, February 13, 2019
2:00 p.m.
State Capitol, Conference Room 329

On the following measure:
H.B. 1363, H.D. 1, RELATING TO NURSES

Chair Takumi and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board offers comments on this bill.

The purpose of this bill is to establish a study to identify issues that may arise if the State joins the Nurse Licensure Compact (NLC).

The Board remains concerned that the NLC language cannot be amended to address Hawaii's specific requirements to ensure consumer protection and patient safety. Some of the Board's concerns include:

1. Inconsistent renewal requirements. For example, the Board requires mandatory continued competency to renew a license. Many NLC participating states do not have this same requirement.
2. It is unclear whether the Board may take disciplinary action against a multistate licensed nurse, as that nurse would not hold a license issued by the Board.
3. A multistate licensed nurse does not have to apply for or notify the Board that the nurse is practicing in this State. Thus, the Board is unclear how this will impact Hawaii's nursing workforce needs. The Board and the Hawaii State Center for Nursing work collaboratively to address the nursing workforce to meet the needs of Hawaii residents.
4. It is unclear what the fiscal impact will be on the Board and the Department of Commerce and Consumer Affairs. Some states that have enacted the NLC have had to increase their license fees to compensate for their loss of revenue. The Board would like to ensure that its current

licensees are not negatively impacted by a possible increase in fees to join the NLC.

Currently, 31 states have enacted the NLC legislation. Eight states, including Hawaii, have pending legislation to join the NLC (Washington, Illinois, Michigan, Indiana, New Jersey, Massachusetts, and Michigan).

The Board will gladly participate in this working group and will continue monitoring possible changes to the NLC.

Thank you for the opportunity to testify on this bill.



Written Testimony Presented Before the
Senate Committee on Consumer Protection & Commerce
February 13, 2019 2:00 p.m.

by
Laura Reichhardt, MS, AGNP-C, APRN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa

HB 1363, HD1 RELATING TO NURSES

Chair Takumi, Vice Chair Ichiyama, and members of the Consumer Protection and Commerce Committee:

Thank you for this opportunity to provide comments related to HB 1363, HD 1 that aims to establish a study to identify issues that may arise if the State joins the Nurse Licensure Compact.

The Center for Nursing wishes to provide comments that it prefers the HD 1 draft of this measure. The HD 1 establishes a multi-state nurse licensure compact task force which includes department of commerce and consumer affairs' regulated industries complaints office, a representative from the state board of nursing; a representative from the Hawai'i state center for nursing; the chair of the house committee on consumer protection & commerce or the chair's designee; and the chair of the senate committee on commerce, consumer protection, and health, or the chair's designee.

The Center was established by the legislature, in its great wisdom, in 2003, with HB 422 HD 2, SD 2, CD 1 which was passed into law with Act 198, SLH 2003. The mission of the Center is through collaborative partnerships, to provide accurate nursing workforce data for planning, disseminate nursing knowledge to support excellence in practice and leadership development; promote a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

The Center is a member of the National Forum of State Nursing Workforce Centers, which produced the policy brief, titled "the Fundamental Role of Nursing Workforce Centers in State Workforce Policy Development". This brief notes:

"Collecting, analyzing, and reporting of state level data by Workforce Centers helps to drive policy at the state level... Examples include: "providing expertise on quality data collection and analysis based on the different methods and resources available, providing information on the unique

demographics of the state such as trends in age and ethnicity and reporting on trends in the nursing workforce that result from state policy”.

The Center currently offers the most comprehensive analysis related to the nursing workforce in this state, by county and by license group, specialty and setting. When states adopt the Nursing License Compact, the method and mechanism for workforce research is limited. In particular the ability to fully assess the nurses working in Hawai'i under another's Compact state's license is inhibited. Further, there is no nationally identified approach to addressing state nursing workforce supply and demand in a state with the Nurse License Compact. The impacts on assessing educational capacity and needs to ensure a robust future nursing workforce is also unknown.

In addition, the Center wishes to offer the attachment which follows as a response to the question posed during House Committees on Health and Intrastate Commerce hearing relating to the statement that Eighty-seven percent (87%) of states that require continuing competency report holding lesser thresholds to meet their requirements than that of the Hawai'i Board of Nursing.

Thank you for the opportunity to provide comments.

Attachment:

Prepared by Hawai'i State Center for Nursing. January 11, 2019.

The Continuing Education Joint Advisory Committee (CEJAC) was established by the Hawai'i State Legislature (SCR 167) in 2010 and charged to examine whether continuing education should be a requirement for continued licensure. The CEJAC committee was comprised of 27 members representing all stakeholders of the nursing profession and completed a study which included a comprehensive review of reports/studies on CE for health professionals, cost and other resource impact to the state, employers, nurses and educational institutions providing continuing education. Findings include:

- The 2010 Institute of Medicine (IOM) Future of Nursing Report recommendation #6 is to “ensure that nurses engage in lifelong learning”. The recommendation further suggests that, “accrediting bodies, schools of nursing, health care organizations and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain competencies needed to provide care for diverse populations across lifespan.” Learning takes place in many forms.
- Recognition that the individual nurse, like all health professionals, must embrace lifelong learning as key to delivering safe high-quality patient care. Continuing education must be reframed to focus on the desired outcome – a nurse competent to deliver quality health care.
- The Committee agreed the regulatory effort must focus on “Continuing Nursing Competency” rather than the traditional model of continuing education.
- Continuing competency requirements may be implemented in the state without fiscal burden to nurses, their employers, or academic institutions
- The plan model promotes personal responsibility and accountability for continuing competency.
- A number of options are available as a learning activity.

The full reports to the Legislature from CEJAC are available at <http://www.hawaiicenterfornursing.org/programs/continuing-competency/>

In 2015, the Governor Ige signed Act 127 into Hawai'i Session Laws, establishing H.R.S. §457-9.2 and §457-9.3 requiring continuing competency activities for nurses starting with the license period that begins in July 2017. These learning activity options include traditional continuing education (CE) as well as activities that contribute to professional development and advancement, including going back to school, becoming nationally certified and conducting research or publishing articles. Additionally, through this list of activities, the BON may recognize and accept the

exceptional contributions of Hawai'i's nurses to the nursing profession as qualifiers towards the continuing competency requirements. The full list of activities, as established in H.R.S. §457-9.3, is detailed below.

- (1) National certification or recertification related to the nurse's practice role;
- (2) Thirty contact hours of continuing education activities;
- (3) Completion of a board approved refresher course;
- (4) Completion of a minimum of two semester credits of post-licensure academic education related to nursing practice from an accredited nursing program;
- (5) Participation as a preceptor, for at least one nursing student or employee transitioning into new clinical practice areas for at least one hundred twenty hours, in a one-to-one relationship as part of an organized preceptorship program; provided that the licensee may precept more than one student or employee during the one hundred twenty hours and shall be evidenced by documentation of hours completed and objectives of the preceptorship by the institution supervising the student;
- (6) Completion as principal or co-principal investigator of a nursing research project that is an institution review board project or evidence-based practice project that has been preapproved by the board;
- (7) Authoring or coauthoring a peer reviewed published nursing or health-related article, book, or book chapter;
- (8) Developing and conducting a nursing education presentation or presentations totaling a minimum of five contact hours of actual organized instruction that qualifies as continuing education;
- (9) Completion of a board-recognized nurse residency program; or
- (10) A similar type of learning activity option; provided that the type of activity shall be recognized by the board."

Upon review of the National Council of State Board of Nursing Member Board Profile report related to Licensure, and review of the Board of Nursing webpages, nationally, the following information has been identified:

- 40 Boards of Nursing (BON) require some form of continuing education (CE) or continuing competency (CC) activity.
 - 14 BONs (35%) require at least 30 hours over 2 years of continuing education or its equivalent and may require additional activities or other activities to meet requirements.
 - 10 BONs (25%) require at least 24 hours over 2 years of continuing education to meet requirements
 - The remaining states require fewer continuing education hours.
- Of the remaining BONs that do not require CEs or CCs, six require minimum practice hours or refresher courses in order to renew.
- When these 46 Boards of Nursing are combined, the below figure illustrates the prevalence of the recognized learning activity options:

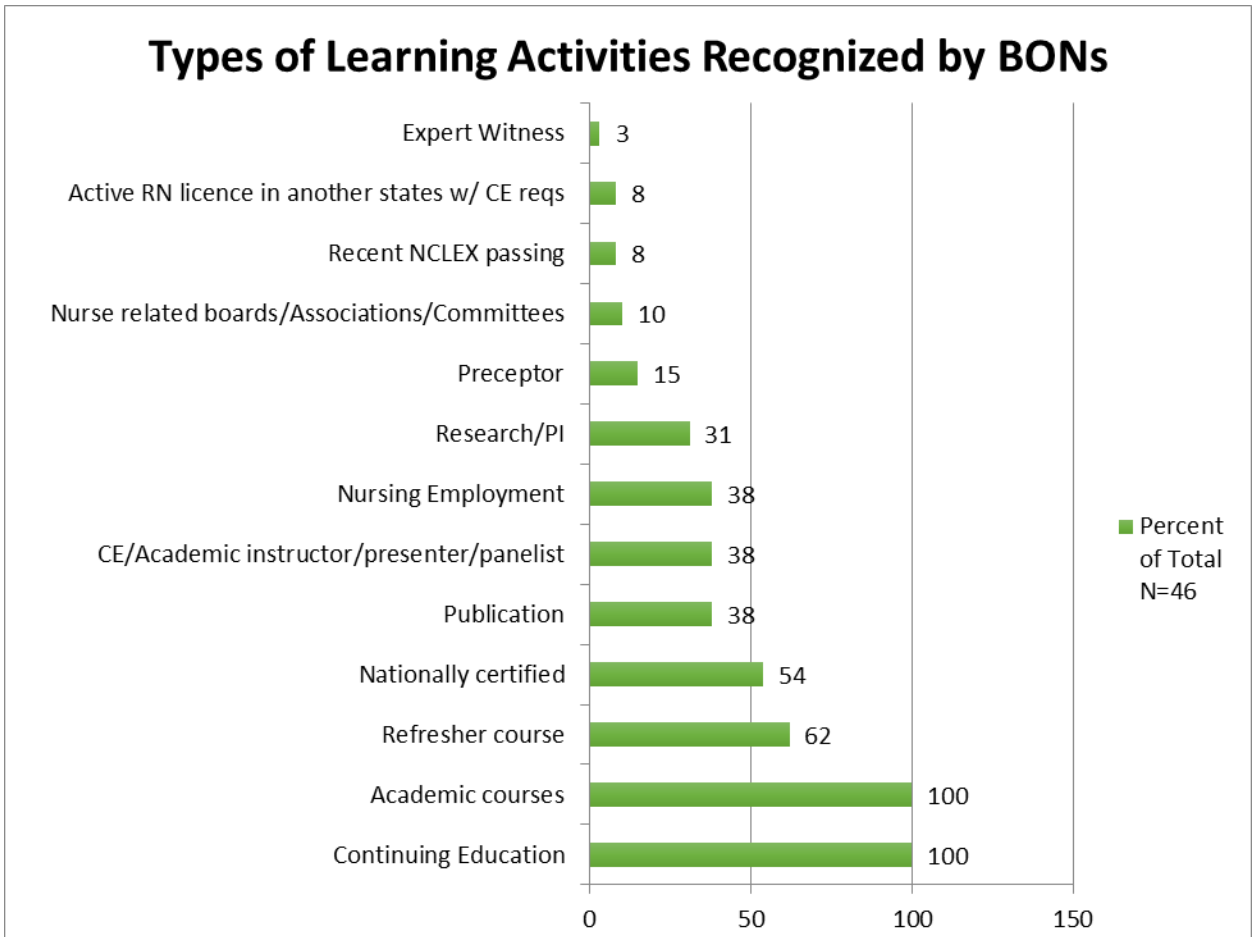


Figure 1 Prevalence of learning activity option approved by BONs, nationwide

In addition to this summary, the NCSBN Member Board Profile report excerpt on continuing education requirements is added to this document.

MEMBER BOARD PROFILES



Licensure MBP 2017

56 Jurisdictions Included in the report:

Alabama (AL)	Alaska (AK)	Arizona (AZ)	Arkansas (AR)	California-RN (CA-RN)
California-VN (CA-VN)	Colorado (CO)	Connecticut (CT)	Delaware (DE)	District of Columbia (DC)
Florida (FL)	Georgia (GA)	Guam (GU)	Hawaii (HI)	Idaho (ID)
Illinois (IL)	Indiana (IN)	Iowa (IA)	Kansas (KS)	Kentucky (KY)
Louisiana-RN (LA-RN)	Maine (ME)	Maryland (MD)	Massachusetts (MA)	Michigan (MI)
Minnesota (MN)	Mississippi (MS)	Missouri (MO)	Montana (MT)	Nebraska (NE)
Nevada (NV)	New Hampshire (NH)	New Jersey (NJ)	New Mexico (NM)	New York (NY)
North Carolina (NC)	North Dakota (ND)	Northern Mariana Islands (CNMI)	Ohio (OH)	Oklahoma (OK)
Oregon (OR)	Pennsylvania (PA)	Rhode Island (RI)	South Carolina (SC)	South Dakota (SD)
Tennessee (TN)	Texas (TX)	Utah (UT)	Vermont (VT)	Virgin Islands (VI)
Virginia (VA)	Washington (WA)	West Virginia-PN (WV-PN)	West Virginia-RN (WV-RN)	Wisconsin (WI)
Wyoming (WY)				

3 Jurisdictions not included in the report due to non-response:

American Samoa (AS)	Louisiana-PN (LA-PN)	Nebraska-AP (NE-APRN)
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8 . Eligibility for Licensure
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10 . Military Nursing Programs - Permission to take the NCLEX-PN
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12 . License with Limitations
13 . Temporary Practice Permits
14 . Exemptions to Licensure Requirements - Special Circumstances
15 . License: Format, Time Valid, Renewal, Fees, Reinstatement
16 . Continued Competency

Member Board Profile Terminology

The following terms are used throughout all profiles:

Board of Nursing: Jurisdiction's governmental agency responsible for the regulation of nursing practice. Includes any other terminology to refer to the regulatory authority (i.e. commission, examiners, registration, jurisdiction). When referring to board of nursing, the reference collectively includes Board Members, Executive Officer and Staff.

Jurisdiction: Refers to state, territory or district where a board of nursing is located. May also be used to refer generally to the board of nursing in a particular jurisdiction.

Board Staff: Staff of the Board of Nursing

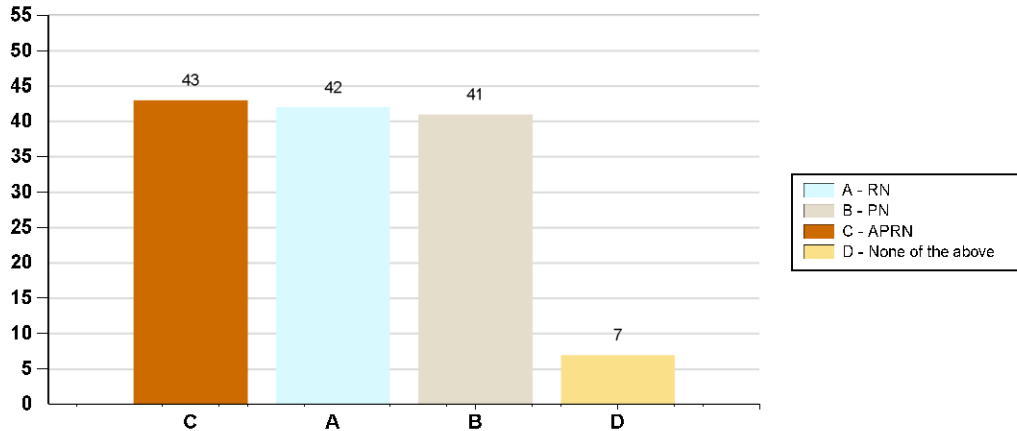
Executive Officer: Person responsible for running the board of nursing. Includes any other terminology to refer to that authorized person (i.e. Executive Director)

Board Member: Member of the governing body of the board of nursing as outlined by statute

Practical nurse or PN: licensed practical or vocational nurse (LPN/LVN)

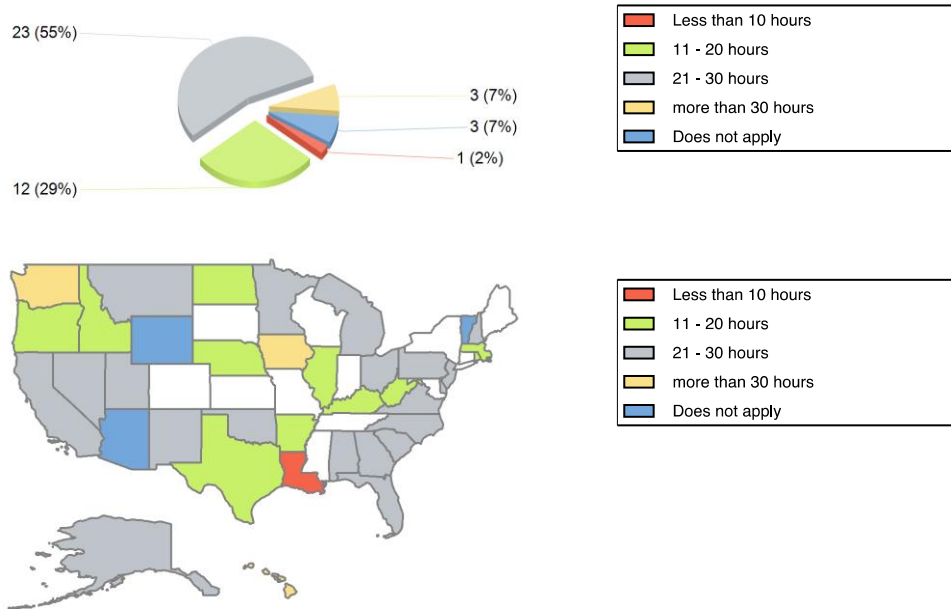
Temporary Practice Permit: a time limited permit that allows an applicant, who meets all qualifications for licensure, to practice while waiting for specific information regarding their application

Substance Use Disorder: encompasses a pattern of behaviors that range from misuse to dependency or addiction, whether the substance is alcohol, legal drugs or illegal drugs

Q76. Which professions require continued competency? (Check all that apply)


Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
RN	AK, AL, AR, AZ, CA-RN, CNMI, DC, DE, FL, GA, GU, HI, IA, ID, IL, KY, LA-RN, MA, MI, MN, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TX, UT, VA, VI, VT, WA, WV-RN, WY	42	75%
PN	AK, AL, AR, AZ, CA-VN, CNMI, DC, DE, FL, GA, GU, HI, IA, ID, IL, KY, MA, MI, MN, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TX, UT, VA, VI, VT, WA, WV-PN, WY	41	73%
APRN	AK, AL, AR, AZ, CNMI, DC, DE, FL, GU, IA, ID, IL, IN, KY, LA-RN, MA, MD, ME, MI, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VI, VT, WA, WV-RN, WY	43	77%
None of the above	CO, CT, KS, MO, NY, SD, WI	7	12%

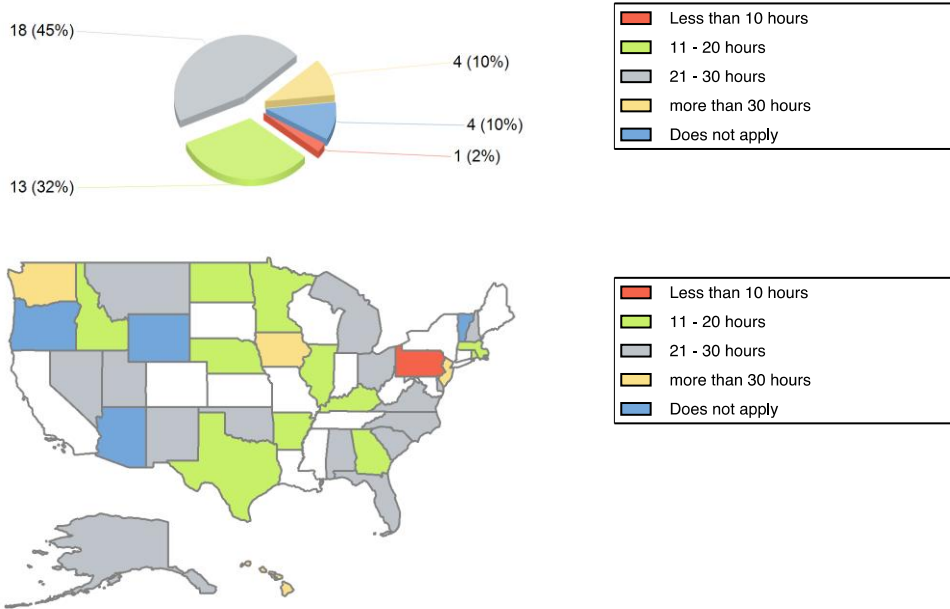
Q78. How many continuing education hours are required for RNs?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Less than 10 hours	LA-RN	1	2%
11 - 20 hours	AR, ID, IL, KY, MA, ND, NE, OR, RI, TX, VI, WV-RN	12	29%
21 - 30 hours	AK, AL, CA-RN, CNMI, DC, DE, FL, GA, GU, MI, MN, MT, NC, NH, NJ, NM, NV, OH, OK, PA, SC, UT, VA	23	55%
more than 30 hours	HI, IA, WA	3	7%
Does not apply	AZ, VT, WY	3	7%

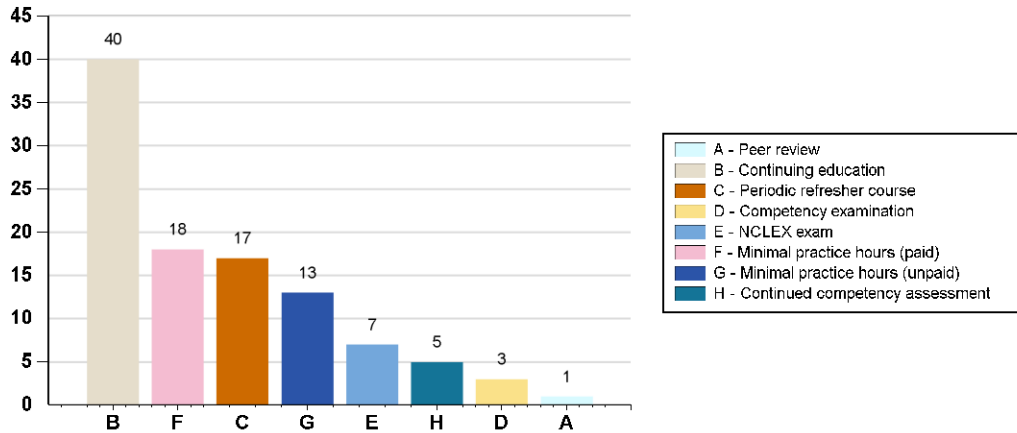
Q79. How many continuing education hours are required for PNs?



*PN BONs and US Territories are not displayed on the map. For detailed information, please see the text responses below.

Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Less than 10 hours	PA	1	2%
11 - 20 hours	AR, DC, GA, ID, IL, KY, MA, MN, ND, NE, RI, TX, VI	13	32%
21 - 30 hours	AK, AL, CNMI, DE, FL, GU, MI, MT, NC, NH, NM, NV, OH, OK, SC, UT, VA, WV-PN	18	45%
more than 30 hours	HI, IA, NJ, WA	4	10%
Does not apply	AZ, OR, VT, WY	4	10%

Q80. Which of the following methods can be used to meet continued competency requirements for RNs and/or PNs? (Check all that apply)



Responses	Jurisdictions	Number of Boards	Percentage of Boards Responding
Peer review	ID	1	2%
Continuing education	AK, AL, AR, CA-RN, CNMI, DC, DE, FL, GA, GU, HI, IA, ID, IL, KY, LA-RN, MA, MI, MN, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, PA, RI, SC, TX, UT, VA, VI, WA, WV-PN, WV-RN, WY	40	93%
Periodic refresher course	AK, AZ, CNMI, DE, GA, HI, ID, MI, NC, ND, NE, NH, NV, OK, VA, WA, WY	17	40%
Competency examination	CNMI, ID, NV	3	7%
NCLEX exam	AK, CNMI, DE, ND, OK, PA, WY	7	16%
Minimal practice hours (paid)	AZ, DE, GA, ID, LA-RN, NC, ND, NE, NH, OK, OR, PA, SC, VA, VI, VT, WA, WY	18	42%
Minimal practice hours (unpaid)	AZ, DE, ID, NC, ND, NH, OR, PA, VA, VI, VT, WA, WY	13	30%
Continued competency assessment	CNMI, ID, KY, NV, VA	5	12%

A BILL FOR AN ACT

RELATING TO NURSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. (a) There is established a multi-state nurse
2 licensure compact task force to consist of the following
3 members:

4 (1) A representative from the department of commerce and
5 consumer affairs' regulated industries complaints
6 office;

7 (2) A representative from the state board of nursing;

8 (3) A representative from the Hawaii state center for
9 nursing;

10 (4) The chair of the house committee on consumer
11 protection & commerce or the chair's designee; and

12 (5) The chair of the senate committee on commerce,
13 consumer protection, and health, or the chair's
14 designee.

15 (b) The task force shall investigate the feasibility of
16 adopting the multistate nurse licensure compact. The
17 investigation shall include, but is not limited to:



- 1 (1) Identification of any issues regarding the regulation
- 2 of out-of-state nurses, including issues related to
- 3 recouping costs arising from investigations of
- 4 consumer complaints or other disciplinary actions;
- 5 (2) Identification of issues regarding disciplinary
- 6 actions taken against a multistate licensed nurse;
- 7 (3) Identification of issues regarding healthcare
- 8 workforce planning efforts;
- 9 (4) Identification of issues regarding disparity in
- 10 licensure renewal and competency requirements between
- 11 states;
- 12 (5) Identification of any fiscal impact to the State and
- 13 the State's current nursing workforce, including
- 14 proposals to increase licensure fees; and
- 15 (6) Addressing concerns regarding the proposed interstate
- 16 commission's authority to promulgate binding laws.
- 17 (c) The task force shall submit a report of its findings
- 18 and recommendations, including any proposed legislation, to the
- 19 legislature no later than twenty days prior to the convening of
- 20 the regular session of 2020.



1 (d) The task force shall serve until it has accomplished
2 the purpose of this Act or twenty days prior to the convening of
3 the regular session of 2020, whichever occurs first.

4 (e) The members of the task force shall serve without
5 compensation, but shall be reimbursed by the department of
6 health for necessary expenses, including travel expenses,
7 incurred for service on the task force. No member of the task
8 force shall be made subject to section 84-17, Hawaii Revised
9 Statutes, solely because of that member's participation on the
10 task force. The task force shall be exempt from chapter 92,
11 Hawaii Revised Statutes.

12 (f) The chair of the house committee on consumer
13 protection & commerce, or the chair's designee, and the chair of
14 the senate committee on commerce, consumer protection, and
15 health, or the chair's designee, shall convene the task force.
16 The task force shall be administratively supported by the
17 legislative reference bureau.

18 SECTION 2. This Act shall take effect on July 1, 2050.



Report Title:

Nursing; Compact; Task Force

Description:

Establishes a study to identify issues that may arise if the State joins the Nurse Licensure Compact. (HB1363 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.





UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection and Commerce
February 13, 2019 at 2:00 p.m.

by

Mary G. Boland, DrPH, RN, FAAN
Dean and Professor
School of Nursing and Dental Hygiene
and

Michael Bruno, PhD
Interim Vice Chancellor for Academic Affairs and Vice Chancellor for Research
University of Hawai'i at Mānoa

HB 1363 HD1 – RELATING TO NURSES

Chair Takumi, Vice Chair Ichiyama, and members of the House Committee on Consumer Protection and Commerce:

Thank you for this opportunity to provide comments related to HB 1363 HD1 that establishes a study to identify issues that may arise if the State joins the Nurse Licensure Compact.

The UH Mānoa School of Nursing and Dental Hygiene (UHM SONDH) prefers the HD1 draft of this measure, with new language establishing a multi-state nurse licensure compact task force. The task force members consist of the Department of Commerce and Consumer Affairs' Regulated Industries Complaints Office, a representative from the State Board of Nursing; a representative from the Hawai'i State Center for Nursing; the Chair of the House Committee on Consumer Protection and Commerce or the Chair's designee; and the Chair of the Senate Committee on Commerce, Consumer Protection, and Health, or the Chair's designee.

UHM SONDH agrees with the comments provided by the Department of Commerce and Consumer Affairs' Regulated Industries Complaints Office and the Hawai'i Board of Nursing in its testimony related to HB 1363 to the House Committees on Health and Intrastate Commerce and wishes to provide additional comments:

- The Hawai'i State Center for Nursing's 2017 Nursing Workforce Supply Report, documents that our state nursing workforce is one of the most highly educated in the nation with 72% of nurses holding a bachelor's degree or higher whereas the national average is 54%. This high rate of baccalaureate nursing degree academic preparation is in response to the Institute of Medicine's call for at least 80% of all RNs to hold a bachelor's degree in nursing or higher as a benchmark to achieve a nursing workforce that is highly educated, embraces a culture of

professional development and lifelong learning, and is well equipped to take care of the increasingly challenging healthcare needs of patients, and deliver care in an highly complex health care system.

- In 2003, the Legislature passed HB 422 HD2 SD2 CD1 which was passed into law with Act 198, SLH 2003 and established the Hawai'i State Center for Nursing. The Center is mandated to proactively address nursing workforce planning including assessments of the current nursing workforce supply (practicing nurses in Hawai'i) that is critical for healthcare planning and policy.
- Recent Center findings indicate that the number of active and employed nurses across our island state is representative of each county's overall population. From this, we gather that nurses are well distributed and contributing to the care needs of the communities where they live and serve. Should the Nurse License Compact be enacted, the ability to assess and analyze the presence of the current, available nursing workforce, including demographics, location of care, or setting, specialty and role of the nurse, will be diminished. This will compromise critical state healthcare workforce planning efforts.
- There is no nationally identified approach to addressing state nursing workforce supply and demand in a state with the Nurse License Compact.

Thank you for the opportunity to provide comments.

HB-1363-HD-1

Submitted on: 2/12/2019 2:41:26 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Scharnhorst	Individual	Support	No

Comments:

Written Testimony Presented Before the

Senate Committee on Consumer Protection & Commerce

February 13, 2019 2:00 p.m.

by Anne Scharnhorst, MN, RN

HB 1363, HD1 RELATING TO NURSES

Chair Takumi, Vice Chair Ichiyama, and members of the Consumer Protection and Commerce Committee:

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Anne Scharnhorst wishes to provide comments that it prefers the HD 1 draft of this measure. The HD 1 establishes a multi-state nurse licensure compact task force which includes department of commerce and consumer affairs' regulated industries complaints office, a representative from the state board of nursing; a representative from the Hawai'i state center for nursing; the chair of the house committee on consumer protection & commerce or the chair's designee; and the chair of the senate committee on commerce, consumer protection, and health, or the chair's designee.

The Center for Nursing was established by the legislature, in its great wisdom, in 2003, with HB 422 HD 2, SD 2, CD 1 which was passed into law with Act 198, SLH 2003. The mission of the Center is through collaborative partnerships, to provide accurate nursing workforce data for planning, disseminate nursing knowledge to support excellence in practice and leadership development; promote a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.

The Center is a member of the National Forum of State Nursing Workforce Centers, which produced the policy brief, titled "the Fundamental Role of Nursing Workforce Centers in State Workforce Policy Development". This brief notes:

“Collecting, analyzing, and reporting of state level data by Workforce Centers helps to drive policy at the state level... Examples include: “providing expertise on quality data collection and analysis based on the different methods and resources available, providing information on the unique demographics of the state such as trends in age and ethnicity and reporting on trends in the nursing workforce that result from state policy”.

The Center currently offers the most comprehensive analysis related to the nursing workforce in this state, by county and by license group, specialty and setting. When states adopt the Nursing License Compact, the method and mechanism for workforce research is limited. In particular the ability to fully assess the nurses working in Hawai'i under another's Compact state's license is inhibited. Further, there is no nationally identified approach to addressing state nursing workforce supply and demand in a state with the Nurse License Compact. The impacts on assessing educational capacity and needs to ensure a robust future nursing workforce is also unknown.

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Thank you for the opportunity to provide comments.

Attachment:

Prepared by Hawai'i State Center for Nursing. January 11, 2019.

The Continuing Education Joint Advisory Committee (CEJAC) was established by the Hawai'i State Legislature (SCR 167) in 2010 and charged to examine whether continuing education should be a requirement for continued licensure. The CEJAC committee was comprised of 27 members representing all stakeholders of the nursing profession and completed a study which included a comprehensive review of reports/studies on CE for health professionals, cost and other resource impact to the state, employers, nurses and educational institutions providing continuing education. Findings include:

- The 2010 Institute of Medicine (IOM) Future of Nursing Report recommendation #6 is to “ensure that nurses engage in lifelong learning”. The recommendation further suggests that, “accrediting bodies, schools of nursing, health care

organizations and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain competencies needed to provide care for diverse populations across lifespan.” Learning takes place in many forms.

- Recognition that the individual nurse, like all health professionals, must embrace lifelong learning as key to delivering safe high-quality patient care. Continuing education must be reframed to focus on the desired outcome – a nurse competent to deliver quality health care.
- The Committee agreed the regulatory effort must focus on “Continuing Nursing Competency” rather than the traditional model of continuing education.
- Continuing competency requirements may be implemented in the state without fiscal burden to nurses, their employers, or academic institutions
- The plan model promotes personal responsibility and accountability for continuing competency.
- A number of options are available as a learning activity.

The full reports to the Legislature from CEJAC are available at

<http://www.hawaii-center-for-nursing.org/programs/continuing-competency/>

In 2015, the Governor Ige signed Act 127 into Hawai'i Session Laws, establishing H.R.S. §457-9.2 and §457-9.3 requiring continuing competency activities for nurses starting with the license period that begins in July 2017. These learning activity options include traditional continuing education (CE) as well as activities that contribute to professional development and advancement, including going back to school, becoming nationally certified and conducting research or publishing articles. Additionally, through this list of activities, the BON may recognize and accept the exceptional contributions of Hawai'i's nurses to the nursing profession as qualifiers towards the continuing competency requirements. The full list of activities, as established in H.R.S. §457-9.3, is detailed below.

- (1) National certification or recertification related to the nurse's practice role;
- (2) Thirty contact hours of continuing education activities;
- (3) Completion of a board approved refresher course;
- (4) Completion of a minimum of two semester credits of post-licensure academic education related to nursing practice from an accredited nursing program;

- (5) Participation as a preceptor, for at least one nursing student or employee transitioning into new clinical practice areas for at least one hundred twenty hours, in a one-to-one relationship as part of an organized preceptorship program; provided that the licensee may precept more than one student or employee during the one hundred twenty hours and shall be evidenced by documentation of hours completed and objectives of the preceptorship by the institution supervising the student;
- (6) Completion as principal or co-principal investigator of a nursing research project that is an institution review board project or evidence-based practice project that has been preapproved by the board;
- (7) Authoring or coauthoring a peer reviewed published nursing or health-related article, book, or book chapter;
- (8) Developing and conducting a nursing education presentation or presentations totaling a minimum of five contact hours of actual organized instruction that qualifies as continuing education;
- (9) Completion of a board-recognized nurse residency program; or
- (10) A similar type of learning activity option; provided that the type of activity shall be recognized by the board."

Upon review of the National Council of State Board of Nursing Member Board Profile report related to Licensure, and review of the Board of Nursing webpages, nationally, the following information has been identified:

- 40 Boards of Nursing (BON) require some form of continuing education (CE) or continuing competency (CC) activity.
 - 14 BONs (35%) require at least 30 hours over 2 years of continuing education or its equivalent and may require additional activities or other activities to meet requirements.
 - 10 BONs (25%) require at least 24 hours over 2 years of continuing education to meet requirements
 - The remaining states require fewer continuing education hours.
- Of the remaining BONs that do not require CEs or CCs, six require minimum practice hours or refresher courses in order to renew.
- When these 46 Boards of Nursing are combined, the below figure illustrates the prevalence of the recognized learning activity options:



Figure 1 Prevalence of learning activity option approved by BONS, nationwide

In addition to this summary, the NCSBN Member Board Profile report excerpt on continuing education requirements is added to this document.



HB-1363-HD-1

Submitted on: 2/12/2019 6:41:12 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Yokouchi	Individual	Comments	No

Comments:

The NNational Council of State Boards of Nursing (NCSBN)nurse compact was intended to function much like the drivers' license program does in the U.S. This would allow nurses to practice in all compact-participating states without having to register in each state. From a cursory view it seems wonderful especially for nurses who practice in multiple states and previously had to qualify for licensure in each state and continue to pay relicensure fees for as long as they practice in each state which allowed for continued regulatory oversight, but was costly for the nursesl.

However, the compact nurses are not required to register with each compact-participating state they work in. The onus is placed on the employer to verify the nurses' standing, check for any criminal background and disciplinary action taken or pending against each nurse. The NCSBN Nursys is the data system with information on all nurses licensed in the US which all state boards of nursing have access to, but the system is only as good as the accuracy of the data inputted into the computer. Should employers decide not to report substandard practice or unfitness to practice because reporting to the state board in their own or the originating state may be too complex and instead find it easier to simply release the nurse, the nurse will be able to go to another compact state without registering and continue to practice.

The DCCA RICO and State Board of Nursing have similar concerns relating to loss of fees and jurisdictional problems in handling malpractice complaints. Some Nursys-participating states which lose fees because out of state nurses are not required to register have upped the licensure and relicensure fees of nurses who do not have compact licenses. Not certain if this policy is still enforced.

Request that this measure be held until the NCSBN can address the questions relating to patient safety, regulatory oversight, and loss of fees.



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

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The Thirtieth Legislature, State of Hawaii
House of Representatives
Committee on Consumer Protection & Commerce

Testimony by
Hawaii Government Employees Association

February 13, 2019

H.B. 1363, H.D. 1 – RELATING TO NURSES

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO submits comments on the purpose and intent of H.B. 1363, H.D. 1.

As drafted, H.B. 1363, H.D. 1 establishes a study to identify issues that may arise should the State join the Nurse Licensure Compact. The task force to be established includes representatives from the Department of Commerce and Consumer Affairs' Regulated Industries Complaints Office, the State Board of Nursing, the Hawaii State Center for Nursing, the Chair of the House Committee on Consumer Protection & Commerce (or designee), and the Chair of the Senate Committee on Commerce, Consumer Protection and Health (or designee). It is suggested that the task force allow an avenue for nurses that perform hands-on nursing services to provide input during this study for the task force to gain a broader perspective on the potential issues of joining the Nurse Licensure Compact. We request that the task force consult with nurses represented by HGEA in conducting their study as it would be beneficial to receive feedback from local working nurses on the concerns and challenges that arise with the use of travel nurses from out of state, and the impact it has on providing quality care to the people of Hawaii.

Thank you for the opportunity to provide comments on the intent of H.B. 1363, H.D. 1.

Respectfully submitted,

Randy Perreira
Executive Director

HB-1363-HD-1

Submitted on: 2/13/2019 1:45:20 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Katherine Finn Davis	Individual	Support	No

Comments:

Written Testimony Presented Before the
House Committee on Consumer Protection and Commerce
Hearing: February 13, 2019, 2:00 PM

By Hawaii Members of the American Nurses Association

HB 1363, HD1 RELATING TO NURSE COMPACT

Chair Roy Takumi, Vice Chair Linda Ichiyama, and members of the House Committee on Consumer Protection and Commerce, thank you for this opportunity to provide testimony in strong support for HB 1363, HD1, Relating to Compact Nursing Licensure.

We are members of the American Nurses Association (ANA) in Hawaii, who are registered professional nurses practicing in this state. ANA is the national professional organization of registered nurses that sets the professional standards of nursing practice in this nation and represents nursing interests on a national basis. There are 48 state nurses' associations in ANA including those who are participating in the current Nurse Licensure Compact within the National Council of State Boards of Nursing, and those who are not.

This bill endeavors to establish a multi-state nurse licensure compact task force to examine the implications of joining such a Compact if Hawaii were to consider doing so. Including a Hawaii member of ANA in the task force would bring that individual nurse perspective. We believe our inclusion would benefit the process significantly by bringing the experience of actually practicing with a multi-state license to the table, through our national association with these states.

We respectfully request that HB1363, HD1, pass out of this committee. Thank you for your continued support for and careful consideration of nursing practice issues as they impact our community