



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE**  
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WASHINGTON, D.C. 20301-1500

MANPOWER AND  
RESERVE AFFAIRS

March 1, 2023

The Honorable Senator Jarrett Keohokalole and  
Senator Donovan M. Dela Cruz  
Chairs, Senate Committee on Commerce and Consumer Protection and  
Senate Committee on Ways and Means  
415 South Beretania St.  
Honolulu, HI 96813

**SUBJ: DoD Support – SB 321 SD1 (Relating to the Advanced Practice Registered Nurse Compact)**

Dear Chairs Keohokalole and Dela Cruz, and Members of the Committees:

On behalf of the United States Department of Defense (DoD) and military families, I am writing to express strong support for the policy addressed in Senate Bill (SB) 321 SD1.

DoD has advocated for improved licensure and career portability for military Service members and their spouses for several years. Military spouses are disproportionately affected by state-specific professional licensing requirements that can cause delays and gaps in employment, with thirty-six percent requiring a state license to practice in their professions and an annual cross-state relocation rate more than ten times higher than their civilian counterparts.

State policies enacting interstate licensure compacts, such as the Advanced Practice Registered Nursing (APRN) compact, relieve one of the many stressors of frequent military moves by enabling military spouses to transfer their licenses more quickly across state lines and obtain employment as soon as they relocate to a new state. These policies facilitate greater career sustainability for military spouses, improving their families' financial security and overall resilience.

Finally, interstate licensure compacts benefit not only military spouses, but also apply to all eligible professionals to include active-duty Service members, members of the reserve components, veterans, and civilians. By enacting the APRN compact policy, Hawaii would have the opportunity to increase its healthcare workforce while supporting military families. The Department welcomes the opportunity to provide input to a working group evaluating the feasibility of Hawaii joining the other three states who have approved this new compact.

In closing, the Department of Defense is very appreciative of Hawaii's ongoing commitment and efforts to support members of the military and their families who sacrifice much in service to our country. Thank you for providing me the opportunity to provide comments in support of this policy proposal.

Sincerely,

*Kelli May Douglas*

Kelli May Douglas  
Pacific Southwest Regional Liaison  
Defense-State Liaison Office  
DoD, Military Community & Family Policy  
571-265-0075

## **Testimony of the Board of Nursing**

**Before the  
Senate Committee on Commerce and Consumer Protection  
and  
Senate Committee on Ways and Means  
Wednesday, March 1, 2023  
9:30 a.m.  
Conference Room 211 & Videoconference**

**On the following measure:  
S.B. 321, S.D. 1, RELATING TO THE ADVANCED PRACTICE REGISTERED NURSE  
COMPACT**

### **WRITTEN TESTIMONY ONLY**

Chair Keohokalole, Chair Dela Cruz and Members of the Committees:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board opposes this bill.

The purposes of this bill are to: (1) establish a working group to study the feasibility and effects of the State adopting the Advanced Practice Registered Nurse Compact (Compact); and (2) require a report to the Legislature.

The Board opposes this measure. A working group would not be effective to address the following concerns:

**1) Loss of Autonomy to regulate advanced practice registered nurses (APRNs):**

When a state joins the Compact, the Board is bound by the Compact rules that are established and determined by the Interstate Commission of Advanced Practice Registered Nurses Compact Administrators. The Compact language cannot be amended by the State Legislature or the Board to address Hawaii's specific licensure requirements to ensure consumer protection and patient safety unless included in the Compact language. The implementation of the compact would limit the State's autonomy to establish requirements unique to Hawaii for licensure and licensure renewal. Only seven states are currently in the Compact.

**2) The Compact requires additional post-graduation practice:**

Currently, requirements for a Hawaii APRN license includes:

- A Hawaii Registered Nurse license;
- Completion of a graduate-level degree in nursing preparing the nurse for one of the four recognized APRN roles: (1) Nurse Practitioner; (2) Clinical Nurse Specialist; (3) Certified Registered Nurse Anesthetist; and (4) Certified Nurse Midwife; and
- A current national certification that includes having passed a national certification examination that measures role and population-focused competencies.

In addition to the aforementioned requirements, to qualify for a Compact license, an APRN shall be required to complete and show proof of completing an additional 2,080 practice hours.

These two standards would cause confusion for individuals applying for a Hawaii APRN license versus a Compact license.

**3) Scope of Practice Differs from State-to-State:**

Hawaii has been in the forefront regarding the APRNs scope of practice. Pursuant to Act 169, SLH 2009, the Legislature recognized APRNs as primary care providers entitled to reimbursement for the purposes of health maintenance, diagnosis, or treatment and to the extent that the policy provides benefits for identical services rendered by another health care provider. Other states still require APRNs to either work collaboratively with a licensed physician or with physician oversight. Hawaii APRNs can prescribe both non-controlled and controlled substances, whereas other states do not allow such authority to prescribe. By joining the Compact, APRNs in other states who were not afforded the same independent practice, under the Compact, would be allowed to practice in this State, including prescriptive authority without meeting any additional requirement, placing patient safety at risk.

**4) Enforcement:**

The inability to amend the Compact language may also present issues regarding the disciplining of nurse license who provide unsafe of incompetent care. Per the Compact, only the home state or the Compact jurisdiction who issued the multistate license may revoke an APRN license. Although a remote state may issue a cease-and-desist order or impose an encumbrance on the APRN's authority to practice in their state, this does not necessarily affect the APRN's ability to practice in another Compact jurisdiction. Further, the Compact does not require a multistate license holder to file an application with the Board or report their presence and practice to the Board. The absence of notification in any form to the Board is very concerning and could potentially endanger a patient's life without recourse for the Board to take action.

Thank you for the opportunity to testify on this bill.



To: Senator Jarrett Keohokalole, Chair, Committee on Commerce and Consumer Protection  
Senator Carol Fukunaga, Vice Chair, Committee on Commerce and Consumer Protection  
Senator Donovan M. Dela Cruz, Chair, Committee on Ways and Means  
Senator Gilbert S.C. Keith-Agaran, Vice Chair, Committee on Ways and Means

From: Paula Arcena, External Affairs Vice President  
Mike Nguyen, Public Policy Manager

Hearing: Wednesday, March 1, 2023, 9:30 AM, State Capitol, Conference Room 211

RE: **SB321 HD1 Relating to the Advanced Practice Registered Nurse Compact**

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AlohaCare appreciates the opportunity to provide testimony in **support of SB321 HD1**. This measure will establish a working group to study the feasibility and effects of the State adopting the Advanced Practice Registered Nurse Compact.

Founded in 1994 by Hawai`i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai`i's only health plan exclusively dedicated to serving Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person health needs.

AlohaCare is committed to improving access to care and strengthening the Medicaid program. As you know, Medicaid enrollment in our State has grown by over 40% from 330,000 enrollees in March 2020 to 460,000 in January 2023. This tremendous growth has put a further strain on our already challenged provider capacity in the State, especially in rural areas. We have learned from our colleagues in the nursing community that the prior version of the bill would likely have caused unintended consequences for the APRN profession in our state. As amended, we support this measure's approach to form a workgroup to develop thoughtful recommendations toward our shared goal of expanding provider capacity and improving access to quality care for all residents of Hawai`i.

Mahalo for this opportunity to testify in **support of SB321 HD1**.

## Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Jarrett Keohokalole, Chair of the Senate Committee on Commerce and Consumer Protection; The Honorable Senator Donovan Dela Cruz, Chair of the Senate Committee on Ways and Means

From: Hawaii Association of Professional Nurses (HAPN)  
Subject: SB321 SD1 – Relating to Health, in opposition

Hearing: March 1, 2023, 9:30a.m.

Aloha Senator Keohokalole, Chair; Senator Fukunaga, Vice Chair; Senator Dela Cruz, Chair; Senator Keith-Agaran, Vice Chair, and Committee Members,

Thank you for the opportunity to submit opposition regarding SB321 SD1. There are several parts of this bill that are incongruent with Hawaii's Nurse Practice Act and, if adopted, could have negative repercussions. **While we understand a working group is being proposed, we believe this is premature as national Advanced Practice Registered Nurse organizations need to convene to refine a workable and appropriate APRN Compact bill. Please defer this measure.**

The APRN Compact has been opposed by more than 40 states and national organizations, to include several State Boards of Nursing and the general nursing community. This compact was written before the Covid-19 pandemic and does not include "lessons learned" during that time such as the value added by APRNs and Full Practice Authority (FPA). This national compact needs to reflect the changes that have been required to respond to the pandemic, changes that many states are working to make permanent.

Making any future changes to the compact would require ALL compact states to agree to these changes, then move forward with legislation in all compact states. This would be a huge undertaking, and would have major implications should The State of Hawaii disagree with elements of the compact. Once enacted, it will be difficult to turn back time.

This can be a useful policy tool when done well; however, this creates a new license that does not conform to Hawaii's FPA environment. This compact does not confer the authority for APRNs to prescribe controlled substances in compact states. If enacted, APRNs would still need to conform to individual states' requirements for controlled substance prescribing. Due to the lack of uniformity regarding controlled substance prescriptions in all states, Hawaii APRNs who choose to practice elsewhere may be subject to disciplinary action if they do not follow a state's regulation that may be different than Hawaii.

Disciplinary action would require the Hawaii Board of Nursing to adjudicate/investigate infractions in other states. Per the compact, "the issuing licensing board shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses and/or evidence are located." This could be a great expense to the State of Hawaii. There is no guarantee that Hawaii's APRNs would receive the same high-quality Board review as in Hawaii if concerns arise. This compact places additional undue burdens and

requirements on the Hawaii State Board of Nursing, and would require additional funding to increase staffing within the operations of the board.

Hawaii does not require practice hours as a prerequisite for licensure by design. This bill currently requires 2080 practice hours, which is inconsistent with a number of FPA states, and those that have this concept on the books are working to remove this requirement. This is inconsistent with the evidenced-based gold standard for APRN regulation.

This compact does not ensure that APRNs are represented in other State Boards of Nursing. APRN advisory bodies should include APRNs to ensure appropriate APRN representation. This new multi-state license would decrease revenue for Hawaii's Board of Nursing work and increasing the potential of raising state licensing fees. This could significantly impact monitoring, reporting, and disciplinary processes.

HAPN's mission, to be the voice of APRNs in Hawaii, has been the guiding force that propelled us to spearhead the advancement of patients' access to healthcare as well as supporting the recognition of the scope of practice for APRNs in Hawaii. We have worked to improve the physical and mental health of our communities. As our ability to provide close care with our patients progressed, we also opened up our own clinics to provide the care our patients deserve.

Thank you for the opportunity to offer comments with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,  
Dr. Jeremy Creekmore, APRN  
HAPN President

Dr. Bradley Kuo, APRN  
HAPN Legislative Committee, Chair  
HAPN Past President



**Testimony of Lilian Kanai, MD and The Hawaii Society of Anesthesiologists  
regarding amended Senate Bill 321 – APRN Compact  
Hawaii, Working Group**

My name is Dr. Lilian Kanai. I am an anesthesiologist and have worked and lived in Hawaii for 30+ years. As a physician, I work full time at The Queen's Medical Center and Hawaii Pacific Health. Today, I am speaking *only* on behalf of the Hawaii Society of Anesthesiologists and myself as a concerned constituent and physician and NOT on behalf of The Queen's Medical Center or Hawaii Pacific Health.

I have concerns with some of the language of amended Senate Bill 321 and suggest a modification, as follows:

I am concerned that the working group to study the feasibility and effects of the State of Hawaii adopting the APRN Compact lacks a representative(s) from the medical field. If adopted in Hawaii, the APRN Compact would have a direct effect on the quality of care our patients receive in our state because the Compact would expand the scope of practice of advanced practice registered nurses by authorizing them to practice without any physician oversight or involvement. This would authorize non-physicians, nurses who have never attended medical school, to practice medicine with no formal medical training or background. While APRNs are valued members of care teams, their nursing education and training cannot be a substitute for the medical school, residency, and fellowship training physicians receive. Because of this, I would strongly encourage the legislature to amend the working group to include a physician – ideally a physician familiar with scope of practice and quality of care issues.

Please note, I remain opposed to the APRN Compact (original version of Senate Bill 321). If the legislature is inclined to move forward with the amended version of Senate Bill 321, I urge you to make the suggested modification above.

Thank you.

Lilian Kanai, MD, MBA, FASA, FACHE  
Director, Hawaii Society of Anesthesiologists



March 1, 2023

9:30 a.m.

Conference Room 211

VIA VIDEOCONFERENCE

**To: Senate Committee on Commerce and Consumer Protection**

**Sen. Jarrett Keohokalole, Chair**

**Sen. Carol Fukunaga, Vice Chair**

**Senate Committee on Ways and Means**

**Sen. Donovan Dela Cruz, Chair**

**Sen. Gilbert Keith-Agaran, Vice Chair**

**From: Grassroot Institute of Hawaii**

**Ted Kefalas, Director of Strategic Campaigns**

RE: SB321 SD1 — RELATING TO THE ADVANCED PRACTICE REGISTERED NURSE COMPACT

***Comments Only***

Dear Chair and Committee Members:

The Grassroot Institute of Hawaii would like to offer its comments on [SB321 SD1](#), which would create a working group to review the feasibility and possible consequences of Hawaii joining the Advanced Practice Registered Nurse Compact.

It is well established that Hawaii is suffering from a shortage of vital healthcare workers, especially nurses. A 2021 [report](#) from the Hawaii State Center for Nursing estimated that the state has 300 to 400 fewer nurses than needed to meet demand.<sup>1</sup> Since 2021, we have seen [research](#) indicating that nearly one-fourth of Hawaii's nurses have been considering leaving the workforce, largely due to the stresses caused by the pandemic.<sup>2</sup>

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<sup>1</sup> Carrie M. Oliveira, Ph.D., "[2021 Hawai'i Nursing Workforce Supply: Statewide Report](#)," Hawai'i State Center for Nursing, 2021.

<sup>2</sup> Holly B. Fontenot, Ph.D., et al., "[Impact of the COVID-19 Pandemic on the Hawai'i Nursing Workforce: A Cross-sectional Survey](#)," Hawaii Journal of Health and Social Welfare, May 2022.

As we discuss in a new policy brief [“How changing Hawaii’s licensing laws could improve healthcare access.”](#) licensing compacts are one reform that might make it easier for Hawaii to attract and retain healthcare professionals.<sup>3</sup>

“Joining multiple interstate compacts could be the simplest route to address the difficulties medical professionals face in moving to Hawaii.

“Most important, the compact approach has support from within the medical community,” the report states.

Numerous other states have adopted this compact and others, and the various compact commissions are more than happy to assist state regulators in the implementation phase.

Even though this bill does not outright adopt the APRN Compact, we hope that the working group will examine the costs and benefits of joining the compact and that the Legislature might consider it again next session.

Thank you for the opportunity to submit our comments.

Sincerely,

Ted Kefalas  
Director of Strategic Campaigns,  
Grassroot Institute of Hawaii

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<sup>3</sup> Malia Hill, [“How changing Hawaii’s licensing laws could improve healthcare access.”](#) Grassroot Institute of Hawaii, Feb. 2023.

**Written Testimony Presented Before the Senate  
Committee on Commerce and Consumer Protection  
and  
Committee on Ways and Means  
Wednesday, March 1, 2023 at 9:30 A.M.  
Conference Room 211 and via Videoconference  
by  
Laura Reichhardt, APRN, AGPCNP-BC  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**Comments on S.B. 321, S.D. 1**

Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran, and members of the Senate Committees, thank you for the opportunity to testify on S.B. 321, S.D. 1 with comments.

This measure proposes to create a working group to study the feasibility and effects of the State adopting the Advanced Practice Registered Nurse (APRN) Compact. Based on review of the model compact language as compared to the current nurse practice act, the APRN Compact would establish two licensing options for APRNs, one in-state license and one multi-state license. The multi-state license requires adoption of model regulation in all participating states, which enables portability of the license. However, the scope of practice set forth in the APRN Compact is different from that which is currently practiced in this state. Through Act 46, SLH 2014, Hawai'i became the 8th state in the nation to adopt the national best practices for APRN regulation, the APRN Consensus Model, which states that licensure, accreditation, and certification, combined, provide guidance on the APRN's scope of practice.

- Hawai'i adopted the national standard for APRN licensure and regulation, the APRN Consensus Model. The APRN Compact does not comply with APRN Consensus Model.
- The APRN Compact requires post-graduation practice hours before qualification for licensure; this is an additional requirement that does not exist in Hawai'i and is not part of the APRN Consensus Model.

The apparent benefit of this program would be to enable recruitment of APRNs into Hawai'i. However, the APRN Compact may create confusion in scope of practice, and there is currently no post-graduation practice hour requirement; therefore, there is an unclear pathway to which nurses would complete the pre-license and post-graduate practice hours requirement. The unintended consequence would be preventing a qualified nursing workforce from working in this state due to an unclear mechanism to achieve the practice hour requirement.

Noting the challenges that the APRN Compact may bring, the Hawai'i State Center for Nursing (HSCN) recognizes that the education and regulatory environment for APRNs is robust and there are current initiatives active in the Legislature that will further improve the recruitment and retention potential in this state. According to DCCA Professional and Vocational Licensing Division reports, APRNs have successfully grown in number over the last decade with 164% increase between 2005 and 2022, with continued growth since that time. Over 1,400 licensed APRNs reside in Hawai'i as of September 2022.

*The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development, promotes a diverse workforce, and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.*

In Hawai'i, there are four schools of nursing that provide APRN-level nursing education. These schools of nursing produce high quality nurse practitioners in population foci including Family Nurse Practitioners, Adult-Gerontology Primary Care Nurse Practitioner, Adult-Gerontology Acute Care Nurse Practitioner, and Psychiatric Mental Health Nurse Practitioner.

Currently, there are legislative initiatives that will further strengthen the development of APRNs, creating strong career opportunities for residents of Hawai'i:

- **Education:** UH Health Workforce Initiative in the executive budget request. This initiative includes funding to expand the APRN programs at UH Hilo and UH Mānoa, including the development of a Psychiatric Mental Health Nurse Practitioner program at UH Mānoa.
- **Recruitment:** S.B. 63 RELATING TO NURSES: This initiative creates a pathway for temporary licensure for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). APRNs seeking to become licensed in Hawai'i by endorsement could use this process to expedite a temporary permit for their RN license while they are undergoing permanent licensing for their RN and APRN licenses.
- **Recruitment and Retention:** S.B. 164/H.B. 661 RELATING TO LOAN REPAYMENT FOR HEALTH CARE PROFESSIONALS. This initiative supports retention of APRNs by providing student loan repayment for qualifying individuals who are working in underserved and rural areas in this state. This also bolsters recruitment efforts specifically in rural and underserved areas.
- **Retention:** S.B. 397 S.D. 1 / H.B. 1367 RELATING TO PROFESSIONAL MEDICAID SERVICES. This initiative will increase the reimbursements for Medicaid patients to match up to 100% of the Medicare rate. This initiative will significantly improve retention of APRNs by shoring up the reimbursements which are currently below the costs of care.

Should the working group be established, given the successful growth of APRNs in our state, the Hawai'i State Center for Nursing further recommends that the study include whether there is need for the APRN Compact and what the current barriers to APRN employment and practice may be. The Hawai'i State Center for Nursing also notes that above mentioned measures and legislative initiatives center on education, recruitment, and retention efforts for Hawai'i's residents and will have immediate and beneficial impact to the state. Therefore, the Hawai'i State Center for Nursing prefers asks for the favorable recognition of these initiatives as they relate to education, recruitment, and retention of APRNs in Hawai'i.

*The mission of the Hawai'i State Center for Nursing is that through collaborative partnerships, the Center provides accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development, promotes a diverse workforce, and advocates for sound health policy to serve the changing health care needs of the people of Hawai'i.*

**LATE**

**SB-321-SD-1**

Submitted on: 2/28/2023 8:18:47 PM  
Testimony for CPN on 3/1/2023 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Thomas H Joslyn	Testifying for APRN	Oppose	Written Testimony Only

Comments:

Dear Senators, This Bill is a bad idea and bad bill. Please do not support its passage. It is not in line with requirements from the Hawaii BON for APRN licensing. The BON is opposed to this bill and in addition is opposed to any Compact licensing for RN's. If an APRN wants to come to Hawaii, let them come and get licensed through our state process. Respectfully submitted. Thomas H Joslyn APRN CRNA.

**LATE**

**SB-321-SD-1**

Submitted on: 3/1/2023 7:43:24 AM  
Testimony for CPN on 3/1/2023 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Alison Kaneshiro	Individual	Oppose	Written Testimony Only

Comments:

My name is Alison Kaneshiro and I am a nurse practitioner at VA Pacific Islands Health Care System. I am only representing myself and do not speak for the organization. Hawaii adopted the APRN Consensus Model which allows all APRN's the ability to practice to the FULL EXTENT of their license. This allowed all Hawaii patients and facilities to fully utilize the safe, high quality care that APRN's deliver. One problem with the APRN compact is that it includes practice hours as a prerequisite for multi-state APRN practice which is inconsistent with current Hawaii state law. APRN's graduate from their respective programs ready to practice and making practice hours a requirement for a multi-state APRN license creates unnecessary and costly regulations for our state. A second problem if this legislation is adopted the result could lead to significant differences in the scope of practice for APRN's in the same state based solely on if they hold a multi-state or single state license. This will lead to confusion for facilities, employers, and patients. For these reasons, I oppose this regulation. I believe that the current Hawaii licensure requirements are improving access to care and changing to a multi-state licensure compact will impede the progress already made due to the confusion over restrictions imposed by the APRN Compact.