



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

MANPOWER AND
RESERVE AFFAIRS

March 13, 2024

The Honorable Senator Joy A. San Buenaventura
Chair, Committee on Health and Human Services
Hawaii State Senate
415 S Beretania Street
Honolulu, HI 96813

SUBJ: DoD Support for HB 2415 – Relating to the Nurse Licensure Compact

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

On behalf of the Department of Defense (DoD) and military families stationed in the Aloha State, I am writing to express strong support for the policy addressed in House Bill (HB) 2415, which would allow the Governor to enter the State into the multistate Nurse Licensure Compact (NLC).

Professional licensure has been an enduring problem for military spouses. Military spouses are a cross-section of the American population, although a greater percentage of them are in licensed occupations than their civilian counterparts, and they are significantly more mobile.¹ The short duration of military assignments, coupled with lengthy relicensing processes, can discourage military spouses from seeking relicensure, causing them to quit an occupation or pause their career, or the Service member to leave the military.

States have committed to using interstate compacts, which establish common understanding of competency and its measurement within the occupation, to resolve the interstate issue of license portability. 41 states have enacted the NLC thus far. Compacts can provide seamless reciprocity for military spouses in an occupation. Other benefits of the NLC include:

- Enabling nurses to practice in person or provide telenursing services to patients located across the country without having to obtain additional licenses.
- Allowing nurses to quickly cross state borders and provide vital services in the event of a disaster.
- Facilitating telenursing and online nursing education.
- Making practicing across state borders affordable and convenient.
- Removing a burdensome expense for organizations that employ nurses and may share the cost of multiple licenses.

On Jan. 5, 2023, the Veterans Auto and Education Improvement Act of 2022 (H.R. 7939) was signed into law.² Section 19 of this legislation, containing the Military Spouse Licensing Relief Act, provides for

¹ "Supporting Our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines", U.S. Department of Treasury and U.S. Department of Defense, Feb 2012, page 7.

² United States Department of Justice, "Justice Department Reinforces Federal Protections for Service members and their spouses in Letter to State Officials." July 13, 2023, <https://www.justice.gov/opa/pr/justice-department-reinforces-federal-protections-servicemembers-and-their-spouses-letter>

licensure portability among all 50 states for all service members and military spouse licensed professionals, except for the practice of law. Interstate occupational licensure compacts, such as the Nurse Licensure Compact, are prioritized within this federal provision.

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 your consideration of this important policy reflected within HB 2415.

Sincerely,

A handwritten signature in black ink that reads "Kelli May Douglas". The signature is written in a cursive, flowing style.

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



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA
SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

KA 'OIHANA PILI KĀLEPA
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: (808) 586-2850
Fax Number: (808) 586-2856
cca.hawaii.gov

Testimony of the Department of Commerce and Consumer Affairs

**Before the
Senate Committee on Health and Human Services
Friday, March 15, 2024**

1:00 p.m.

State Capitol, Conference Room 225 and via Video Conferencing

On the following measure:

H.B. 2415, H.D. 2, RELATING TO THE NURSE LICENSURE COMPACT

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

My name is Nadine Ando, and I am the Director for the Department of Commerce and Consumer Affairs (Department). The Department supports the intent of this measure and offers comments.

The purposes of this bill are to: (1) authorize the Governor to enter the State into the multistate Nurse Licensure Compact (NLC) to allow registered and licensed practical/vocational nurses (hereafter "nurses") who are licensed by a home state to practice under a multistate licensure privilege in each party state; and (2) authorize the State Board of Nursing to charge different fees customarily and historically charged for registered nurses and licensed practical nurses who hold a multistate license issued by State.

The Department acknowledges that having a steady source of reliable nurses, within and outside of the State, is vital to meeting the high and sometimes unmet

healthcare needs. The Department acknowledges that the NLC will be an important tool to meeting our State's healthcare needs and for this reason alone it supports the measure.

In addition, the Department has been working with the Departments of Labor and Industrial Relations, the Attorney General and Defense and has implemented processes and provisions under the Service Members Civil Relief Act (SCRA), 50 USC, section 4025 (a) which allows recognition of nursing licenses for military members and their dependents stationed in Hawaii.

Nevertheless, the Department wishes to highlight for the Committee that two of its key agencies – the Professional and Vocational Licensing Division (PVL, and the Regulated Industries Complaints Office (RICO)) - will be most impacted by enactment of the NLC. The Board of Nursing, which is administratively attached to the Department, will be impacted, as well.

The regulation of nurses in the State involves a partnership between the PVL, BON and RICO. They screen, vet, register, renew, and if necessary, investigate, prosecute, and impose disciplinary action on nurses, which is only one (1) of the fifty-one (51) different industries regulated by the PVL, licensing boards, and RICO. In the nursing profession, the PVL, BON, and RICO have relied on the very detailed information provided and certified to by individual practitioners during the license registration and renewal process. The Department is special funded, so the PVL, BON, and RICO depend on license registration fees and renewal fees to fund their operations. The NLC, on the other hand, allow multistate licensees who enter and practice within a party state, which the State of Hawaii will become upon entering into NLC, the ability to bypass registration with the PVL and the BON, and bypass paying a licensing or renewal fee, if Hawaii is not the chosen state of principal licensure.

Potential impacts to the PVL and BON include a potential loss in annual revenue of \$251,100 at the time of licensing renewals. This amount does not include the potential loss in revenue at the time of initial licensure and/or restorations of licenses.

Potential impacts to RICO include not having, for investigative purposes, thorough data and information that has been vetted by the BON and certified to by individual nurses. Further there may be unknown costs, uncertainty, and delays in locating,

communicating with, investigating, and prosecuting bad-behaving multistate licensees who may choose to flee the State upon learning that they were reported. Financially, the potential impact on RICO is a decrease in annual revenue of \$697,500 from license renewals.

Consequently, the Department anticipates an annual loss in revenue to its divisions totaling \$948,600. The figures are based on the following information provided by the National Council of State Boards of Nursing as of January 2023:

LPNS: 158

RNs: 6,817

Total: 6,975

$6,975 \times \$36.00$ (PVL renewal fee) = \$251,100

$6,975 \times \$100$ (RICO CRF fee) = \$697,500

Total = \$948,600

Given this information, there are provisions in the bill that anticipate and are considerate of the Department's concerns. Specifically, the bill's proposed amendments to HRS 457 set forth on page 43, lines 4 to 16 of the H.D. 2, mandate certain reporting requirements for multistate licensees and health care facilities. The Department appreciates the amendments made in the H.D. 2, on page 44, lines 4 to 7 and 16 to 19, that provides flexibility to the Department and BON to vary fees to mitigate potential revenue shortfalls to the Department's regulators.

Finally, concerning investigations and prosecutions, the NLC is clear that: (1) the BON, and RICO as the investigative and prosecutorial arm, has jurisdiction over any multistate licensee entering and practicing in Hawaii under the NLC, see H.D. 2, page 7, lines 1 to 6; and page 10, lines 14 to 18; and (2) multistate licensees are bound to comply with Hawaii's practice laws, see H.D. 2, page 10, lines 9 to 11; and (3) the regulators can investigate and, in accordance with due process and cause, impose adverse action against the multistate licensee's privilege to practice in Hawaii, see H.D. 2, page 9, lines 19 to 21; and page 13, lines 14 to 17; and page 14, lines 8 to 10.

Should enactment and implementation of the NLC result in operational deficiencies to the regulators in the Department, including the aforementioned anticipated loss of

revenue, the department will likely need to increase fees. The Department is therefore hopeful that stakeholders and policymakers will work together towards future supplemental legislation and/or rules that will target and correct any fiscal or other deficiencies that may impair continuing regulation.

Thank you for the opportunity to testify on this bill.

JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR



JADE T. BUTAY
DIRECTOR

WILLIAM G. KUNSTMAN
DEPUTY DIRECTOR

STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
KA 'OIHANA PONO LIMAHANA

March 15, 2024

To: The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair and
Members of the Senate Committee on Health and Human Services

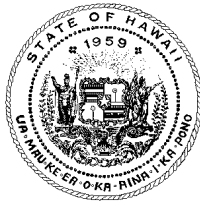
Date: Friday, March 15, 2024
Time: 1:00 p.m.
Place: Conference Room 225, State Capitol

From: Jade T. Butay, Director
Department of Labor and Industrial Relations (DLIR)

Re: H.B. 2415 HD2 RELATING TO NURSE LICENSURE COMPACT

The DLIR **supports the intent** of this bill and defers to DCCA as well as the Board of Nursing on the implementation details and impacts. HB2415 HD2 will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state. HB2415 HD2 also allows the Governor to enter into the multistate Nurse Licensure Compact. An inadequate workforce can lead to challenges and gaps in healthcare provision and ultimately a disruption in care. Recognizing the critical need for nurses, the DLIR has in the past provided funding through mini grants allocated by the Legislature to support the nursing community's management of the huge demand for nurses at all nursing levels.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII
**DEPARTMENT OF CORRECTIONS
AND REHABILITATION**
*Ka 'Oihana Ho'omalu Kalaima
a Ho'oponopono Ola*
1177 Alakea Street
Honolulu, Hawaii 96813

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Pamela J. Sturz
Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No. _____

TESTIMONY ON HOUSE BILL 2415, HOUSE DRAFT 2
RELATING TO NURSE LICENSURE COMPACT.

By
Tommy Johnson, Director
Department of Corrections and Rehabilitation

Senate Committee on Health and Human Services
Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

Friday, March 15, 2024; 1:00 p.m.
State Capitol, Conference Room 225 & via Videoconference

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

The Department of Corrections and Rehabilitation (DCR) **supports** House Bill (HB) 2415, House Draft (HD) 2, which proposes to include the State of Hawai'i in the Nurse Licensure Compact.

This Governor-supported compact has been approved in 41 states to increase the rate of licensure for nurses originally licensed outside of Hawai'i. This will assist in decreasing wait times for hiring and placing nurses as part of our critically low health care staff.

In addition to increasing available nurses, it will also increase patients' safety with shared licensure status, including any infractions to all participating states.

We defer to the DCCA Board of Nursing regarding licensure costs and supplementation necessary to ensure compliance and involvement.

Thank you for the opportunity to provide testimony in support of HB 2415, HD 2.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • TTY (808) 586-8162 • Fax (808) 586-8129

March 15, 2024

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

House Bill 2415 HD2 – Relating to the Nurse Licensure Compact

The Disability and Communication Access Board (DCAB) supports House Bill 2415 HD2 – Relating to the Nurse Licensure Compact.

This bill allows the Governor to enter the State into the multistate Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state, effective 1/1/2026. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multistate license issued by the State.

The nursing shortage is acute, and this bill represents a short term solution. DCAB encourages the Legislature to find long term solutions to increase the number of nurses who are licensed directly by the State of Hawaii.

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW
Executive Director

Testimony of the Board of Nursing

**Before the
Senate Committee on Health and Human Services
Friday, March 15, 2024
1:00 p.m.
Conference Room 225 and Videoconference**

**On the following measure:
H.B. 2415, H.D. 2, RELATING TO THE NURSE LICENSURE COMPACT**

Chair San Buenaventura and Members of the Committee:

My name is Chelsea Fukunaga, and I am the Executive Officer of the Board of Nursing (Board). The Board appreciates this bill's intent to expand access to healthcare in the State of Hawaii and offers comments on this measure.

The purposes of this bill are to: (1) allow the Governor to enter the State into the multistate Nurse Licensure Compact (NLC) which will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state; and (2) beginning January 1, 2026, allow the State Board of Nursing to charge different fees customarily and historically charged for registered nurses and licensed practical nurses who hold a multistate license issued by the State.

For the Committee's information, the Board was established in 1917, with the purpose of safeguarding life and health through standardizing and enforcing nursing requirements. More than a century later, the Board continues its mission to protect the public by ensuring that nursing requirements evolve and develop with the ever-changing health care landscape. In addition to regulating over 30,000 nurses, the Board strives to balance the needs of the community, industry stakeholders, and legislators with one goal in mind: public protection.

The Board appreciates that this bill aims to improve access to care. However, the Board is concerned that the NLC will not provide a comparable level of vetting to Hawaii's current approach to nurse licensure. Because the NLC relies on each member state consistently and correctly evaluating nurses for eligibility for multistate licensure, an oversight on the part of any member state could result in an unqualified nurse practicing in Hawaii. Further, the inconsistencies in how NLC state boards of nursing are disciplining or not disciplining nurses whose name have been flagged as part of

Operation Nightingale¹ (the Department of Justice's investigation into a fraudulent nursing transcript scheme) continues to be a source of concern for the Board.

Differences in laws between member states may allow a nurse to practice in this State, who would have been otherwise denied a license by the Board.

The Board supports the provision which requires nurses who hold a multistate license issued from a state other than Hawaii and are employed by any health care facility to complete any demographic data surveys required by the Board as a condition of employment. Additionally, the Board also supports the provision requiring all health care facilities to report to the Board all nurses holding a multistate license issued by a state other than Hawaii within thirty days of employment. The collection of this information will provide vital data for the Hawaii State Center for Nursing to carry out its mission, and information essential for the Regulated Industries Complaints Office to perform its duties.

The Board recognizes the huge undertaking of this measure and, thus, in consultation with the Professional and Vocational Licensing Division (Division), respectfully requests a delayed implementation date of at least two (2) years, (July 1, 2026) to ensure: (1) the appropriate updates are made to the Division's database; and (2) the Board's staff have time to receive the appropriate training and onboarding from the NLC.

Thank you for the opportunity to testify on this bill.

¹ Operation Nightingale: "[Fraudulent Nursing Diploma Scheme Leads to Federal Charges Against 25 Defendants.](#)"

Testimony of
Jonathan Ching
Government Relations Director

Before:
Senate Committee on Health and Human Services
The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair

March 15, 2024
1:00 p.m.
Conference Room 225 & Via Videoconference

Re: HB 2415, HD2, Relating to The Nurse Licensure Compact.

Chair San Buenaventura, Vice Chair Aquino, and committee members, thank you for this opportunity to provide testimony on HB 2415, HD2, which allows the Governor to enter the State into the multi- state Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state, effective 1/1/2026.

Kaiser Permanente Hawai'i SUPPORTS HB 2415, HD2.

Kaiser Permanente is one of the nation's largest not-for-profit health plans, serving 12.6 million members nationwide, and more than 274,000 members in Hawai'i. In Hawai'i, more than 4,200 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and advanced practice providers work in our integrated health system to provide our members with coordinated care and coverage. Kaiser Permanente Hawai'i has more than 19 medical facilities, including our award-winning Moanalua Medical Center. We continue to provide high-quality coordinated care for our members and deliver on our commitment to improve the health of our members and the 1.4 million people living in the communities we serve.

Kaiser Permanente supports the State of Hawai'i joining the 41 other states and two territories that have joined the Nurse Licensure Compact, as it will streamline the licensing process for nurses who want to practice in multiple states, while still maintaining quality and safety.

We know the legislature is aware that one of the biggest issues facing Hawaii's healthcare industry is the severe shortage of healthcare providers. The Healthcare Association of Hawaii's 2022 Healthcare Workforce Initiative (HWI) survey found that there were nearly 4,000 vacant positions for non-physician, patient-facing jobs. Of those, nearly a quarter of openings were for registered nurses in settings like hospitals, nursing homes, home health agencies, hospices, assisted living facilities, and community health centers. The need for these workers more than doubled between

2019 and 2022, driven largely by the need for more healthcare as the population ages and burnout due to the pandemic.

We know that allowing the Governor to enter the State into the multi-state Nurse Licensure Compact, via HB 2415, HD2, is not the panacea that will solve our workforce shortage; however, like the enactment of Act 112, Session Laws of Hawaii 2023, which adopts the Interstate Medical Licensure Compact, to the Nurse Licensure Compact will help alleviate the workforce shortages our state faces. As you know, this is even more acute in the neighboring islands and rural areas.

Passage of HB 2415, HD2 would allow Kaiser Permanente to extend the reach of our valuable nurses and further leverage telehealth services. Allowing nurses to hold a multi-state license provides greater flexibility to increase access to care including, through telehealth, access to care in rural and underserved areas.

Mahalo for the opportunity to testify in support of this important measure.



**Written Testimony Presented Before the
Senate Committee on Health and Human Services
Friday, March 15, 2024 at 1:00 P.M.
Conference Room 225 and via Videoconference**

**By
Laura Reichhardt, APRN, AGPCNP-BC, FAAN
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

WRITTEN TESTIMONY IN SUPPORT on H.B. 2415, H.D. 2

Chair San Buenaventura, Vice Chair Aquino, and members of the Committee, thank you for hearing this measure, which will allow the Governor to enter the State into the multi-state Nurse Licensure Compact. The Hawai'i State Center for Nursing offers testimony in support.

Purpose

This bill would enable the Governor to enter Hawai'i into the Nurse Licensure Compact (NLC), allow the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multi-state license (MSL) issued by the State, and require that all health care facilities report to the board of nursing that employees have completed any demographic data surveys required by the board of nursing within 30 days of employment. Hawai'i would also continue to be able to issue "single state licenses" (SSLs) for Licensed Practical Nurses (LPNs) and Registered Nurses (RNs), which is the process the state administers today. This bill does not address Advanced Practice Registered Nurse licensure.

Access to the National Nursing Workforce via the NLC

There are 5,584,936 LPNs and RNs¹ in the nation and there are 41 states and US territories² which have joined the NLC. Within those jurisdictions, not all nurses opt for an MSL. Across the nation, 30.3% of the total nursing workforce have opted for an MSL. Of nurses with an MSL, only 32.2% have used them – this equates to approximately 10% of the national nursing workforce.³ Within this, 9.5%⁴ use their MSL for travel nursing and 2.7%³ have used it for disaster response.

¹ NSCBN Licensure Statistics <https://www.ncsbn.org/nursing-regulation/national-nursing-database/licensure-statistics.page>

² NLC Member Map <https://www.nursecompact.com/index.page#map>

³ Smiley, R. A., Allgeyer, R. L., Shobo, Y., Lyons, K. C., Letourneau, R., Zhong, E., Kaminski-Ozturk, N., & Alexander, M. (2023). The 2022 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 14(1), S1–S90. [https://doi.org/10.1016/S2155-8256\(23\)00047-9](https://doi.org/10.1016/S2155-8256(23)00047-9)

⁴ Smiley, R.A. (2023). Presentation to the SCR112 Working Group, Slide 5. Referenced from: https://docs.google.com/presentation/d/1fDP9E0kQMpHv43CNUhtlOBw0ICz67UTC?rtfpof=true&usp=drive_fs

The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a diverse and well-prepared workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.

The NLC enables nurses to use their license across multiple jurisdictions, and it is a minority of nurses within each jurisdiction, and nationally, who have opted to get and utilize their MSL for multistate nursing practice. Therefore, it is critical that this strategy, joining the NLC, is implemented in addition to other strategies to ensure that Hawai'i has access to the nursing workforce it needs to deliver safe 24/7 nursing care and to ensure safe staffing standards.

Licensing Considerations

According to the SCR 112 working group findings⁵, on average, DCCA PVL issues over 575 nurse licenses per month. DCCA PVL processes licenses in less than 25 working days, on average.

As it relates to the licensing of nursing, it is imperative to recognize that while an MSL will enable 30% of the nation's nurses to enter the state immediately, the licensing division of DCCA must still process license applications for the nursing applicants from the remaining 70% of nurses who do not hold an MSL, as well as new graduates from Hawai'i or the nation who are applying to Hawai'i for their first nursing license. To that point, if a nurse who started working in the state using their MSL from another state becomes a state resident, the rules of the NLC require them to change their license to a Hawai'i license.

Hawai'i's Nurses and Employers Want the NLC

The NLC allows states who have joined the compact to issue MSLs; states which are not part of the NLC may only issue "single state licenses" (SSLs). Nurses who hold an MSL from their resident state are granted permission-to-practice in the other states who are members of the NLC. Hawai'i's membership in the NLC would allow Hawai'i to issue MSLs to Hawai'i residents who are nurses, as well as grant permission-to-practice to nurses from other NLC states to work immediately upon entering Hawai'i. Like nurses entering Hawai'i with an MSL, Hawai'i nurses with an MSL would gain permission to practice in all other NLC member states without the need to be licensed in every other state in which they want to practice. Part I of this bill is the model legislation for the NLC. The NLC does not require nurses to report, register, or pay license fees to any NLC member state except their home state.

In a survey conducted by the Hawai'i State Center for Nursing (HSCN) for the SCR 112 working group⁵, the majority of nurses who responded were in favor of Hawai'i's membership in the NLC. These same nurses indicated intention to apply for an MSL if Hawai'i joins the NLC. Respondents to the survey indicated an interest in travel nursing, telehealth, teaching in out-of-state nursing programs, and disaster support, as well as wanting an MSL without a specific plan for use.

Hawai'i currently underproduces nursing students needed to fill all nursing positions in this state, therefore employers must seek nurses from outside the state to meet the state's nursing needs. In SCR 112¹, nursing employers cited delayed licensure as a cause for failed recruitment efforts of nurses, both for temporary (i.e., travel or contract positions) and long-term positions. By allowing nurses who hold an MSL immediate permission to practice in Hawai'i, it relieves the delay in accessing those nurses' services. Due to the shortfall of available nurses, the roles

⁵ HSCN SCR 112 Working Group minutes and resources <https://www.hawaiiicenterfornursing.org/policy-and-legislation/nlc/>

that employers are seeking to fill from local and out-of-state talent pools include specialty nurses, nurse leaders, nurse faculty, and novice to experienced staff nurses across multiple settings. The need is for nurses across all counties.

Impact on License Revenue

NCSBN estimates that by joining the NLC, approximately 8,000 nurses currently licensed in Hawai'i will no longer need a Hawai'i license due to their ability to use their current MSL from their resident state. PVL, RICO, and HSCN's operating budgets would be impacted by the loss of license fee revenues from these 8,000 nurses. Cost remediation efforts are needed. HSCN estimates that if 30% of nurses who reside in the state apply for an MSL, a \$190 MSL fee on top of the regular \$196 license fees will result in a relatively cost-neutral outcome for these three agencies. From this projection of a \$190 MSL fee, HSCN would need to receive 31% (\$59) of the MSL license fee in order for Hawai'i's membership in the NLC to have a neutral financial impact on the organization. HSCN would be able to sustain staff, research efforts, nursing professional development, and programs that support the recruitment and retention of nurses in Hawai'i at the current level. Delayed issuing of Hawai'i MSL or no MSL fees allocated to HSCN will result in significant revenue loss, therefore the Hawai'i State Center for Nursing does not recommend a partial-implementation scenario in which Hawai'i accepts out-of-state nurses using MSLs issued by other states while delaying the issuance of Hawai'i MSLs. The implementation date as written, with the state to grant permission-to-practice for out-of-state MSL licenses as well as issue MSL licenses, is the implementation strategy preferred by HSCN.

Additional Supportive Strategies for a Robust Nursing Workforce

Recognizing that the minority of the nation's nurses utilize MSLs, the SCR 112 working group identified that additional efforts are necessary to support the stabilization of the nursing workforce and ensure access to a broader population of nurses, as needed. HSCN agrees with the findings of the SCR 112 working group and underscores that these strategies must occur concurrently with the adoption of the NLC. These strategies include:

- Ensuring timely implementation of Temporary Permits issued by the BON for non-NLC nurses applying for licensure in Hawai'i;
- Ensuring the full staffing necessary to support the functions of the DCCA licensing division, BON, and RICO;
- Standardizing Emergency Proclamation language related to nurse license waivers to ensure license reporting for all nurses employed under a waiver during emergencies;
- Ensuring nursing education capacity in Hawai'i to facilitate nursing career opportunities to local residents;
- Requiring employers to report information about MSL nurses employed in the state. Louisiana, Guam, and Washington State have working models for these reporting requirements. This measure uses Washington State's model for reporting requirements.

The HSCN Advisory Board has prioritized nurse wellbeing, nursing education capacity, and leadership development. In addition, HSCN continues to engage in nursing workforce research, provide statewide support for transition-to-practice programs, centralized clinical placement, statewide evidence-based practice education, and nursing professional development. As the seventh largest workforce statewide, and the largest licensed group within DCCA, it is important to recognize the vastness and complexity of the nursing profession. At

The mission of the Hawai'i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a diverse and well-prepared workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.

this moment in time, many strategies are needed to stabilize and reform nursing so that we both have the right number of nurses needed, but also that individual nurses experience wellbeing during their working hours.

Implementation

The SCR 112 working group identified a number of conforming and enabling amendments that are likely needed to ensure the NLC can be operational. The HSCN defers to DCCA and within it, RICO and PVL, for any needed conforming and enabling amendments.

Finally, HSCN would like to thank the Legislature for the opportunity to engage in a detailed inquiry into the feasibility of implementing the NLC through SCR 112.⁶ The working group was deeply committed to the process and delivered an in-depth study. Thank you for the opportunity to both convene the study and working group and to provide testimony in support.

⁶ Senate Concurrent Resolution 112, Session Laws of Hawai‘i 2023 Working Group Study.
https://www.hawaii.edu/govrel/docs/reports/2024/scr112-slh2023_2024_nursing-licensure-compact_report.pdf

The mission of the Hawai‘i State Center for Nursing is to engage in nursing workforce research, promote best practices and disseminate knowledge, cultivate a diverse and well-prepared workforce, support healthy work environments, champion lifelong learning, and strategically plan for sound nursing workforce policy.



Friday, March 15, 2024 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Paige Heckathorn Choy
AVP, Government Affairs
Healthcare Association of Hawaii

Re: **Testimony in Strong Support**
HB 2415 HD 2, Relating to the Nurse Licensure Compact

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing more than 30,000 people statewide.

Thank you for the opportunity to testify in **strong support** of Hawaii joining the Nurse Licensure Compact (NLC). Currently, 41 states and two territories have availed themselves of this nearly 30-year-old option to make their processes more efficient support the recruitment of nurses, all while following strict guidelines to ensure public safety and protection.

There is a serious workforce shortage in the state—our 2022 Healthcare Workforce Initiative (HWI) survey found that there were nearly 4,000 vacant positions for non-physician, patient-facing jobs. Of those, nearly a quarter of openings were for registered nurses in settings like hospitals, nursing homes, home health agencies, hospices, assisted living facilities, and community health centers. The need for these workers more than doubled between 2019 and 2022, driven largely by the need for more healthcare as the population ages and burnout due to the pandemic.

Largest Need Professions

2019 HAH Report Priority Professions	Total
RN specialty	463
Certified Nurse Aide/NA	417
Medical Assistant	106
Licensed Practical Nurse	144
Phlebotomist	124
Personal Care Assistant	35
Social Worker	60
Patient Service Representative	110
Radiological Technologist	64



2022 HAH Report Priority Professions	Total
RN specialty	999
Certified Nurse Aide/NA	744
Medical Assistant	278
Licensed Practical Nurse	211
Phlebotomist	128
Personal Care Assistant	181
Social Worker	126
Patient Service Representative	111
Radiological Technologist	85

***BOLD** entry-level can be trained at the high school level

To combat this crisis, we need to arm ourselves with as many tools as possible to ensure the expeditious and nimble hiring of nursing staff. We believe that the NLC is one of the tools that will help us to address critical areas of shortage, whether it be through the use of temporary workers or as a part of recruitment to our Hawaii healthcare facilities. We have heard time and again from our members that the delays and friction in the current licensing process have resulted in the departure or loss of potential recruits—and the NLC would be a tool we can use to help avert this.

We understand that joining the NLC is not a silver bullet to resolving the workforce issues in the state—and we are not sitting idly by in trying to resolve it. HAH and its members have invested material amounts of financial resources, time, and expertise, into cultivating our local talent. HAH itself has gone from zero full-time employees (FTEs) dedicated to workforce development to four FTEs over the past four years. The innovative programs that this team has implemented—in partnership with our members—has garnered federal support through the Good Jobs initiative to the tune of tens of millions of dollars that provide scholarships, support programmatic costs, and train our next generation of caring professionals.

HAH, local healthcare providers, public high schools, community colleges and universities have also invested heavily in developing and recruiting local students and workers for many roles, with a strong focus on nursing. Nurse residency programs are an effective tool that the major hospitals—and now, many nursing homes—in the state have established or expanded in recent years. The nurse residency program takes new nurse graduates, pays them a full salary, and then provides on-the-job training, so they become independent healthcare professionals. Other earn-and-learn development programs which provide the opportunity for healthcare workers in entry level positions to go to school for further education and training, while they still work full-time, have also been developed and heavily promoted by HAH and its members.

These are all critical programs and initiatives, but they are not sufficient on their own to resolve the workforce crisis, especially in the short-term. Hospitals across the state are treating between 300 and 400 more patients every day than they did in 2019. To take care of these

patients, and in light of the shortages of trained healthcare professionals, the reality is that providers must rely on resources from outside of the state to keep up with the demands on the system. This is not what providers prefer, because the costs of including travel nurses are much higher than local nurses—sometimes four times higher than hiring a local nurse. However, organizations must rely on these types of workers for care for patients.

We need to have an efficient, seamless way to bring on new nurses—whether they are local graduates, nurses providing short-term services in critical areas, or workers choosing to relocate to Hawaii. We believe that the NLC is a proven, safe, and effective way to address our concerns regarding licensing—a way that 80% of the country has chosen as a method of addressing any barriers to licensure. There were legitimate issues raised by opponents or skeptics of the NLC during the working group that met over the interim period—however, we believe that all of the concerns raised have been successfully solved in other states, and can be applied equally successfully here. In particular, we believe that the fiscal impacts raised can be ameliorated, and that any concerns regarding discipline, autonomy, or data were raised and resolved by other states that are now major proponents of the NLC.

The legislature and the agencies are currently considering multiple ways of resolving the barriers to licensure—we are open to all solutions, although we do believe joining the NLC will add a benefit to current Hawaii nurses who would like to apply for and receive an MSL. We believe that, while it would require some changing of processes, it would allow a systemic change to the system rather than a patchwork solution. Further, we believe that there will be no general fund impact to the state in implementing this measure.

Ultimately, we want to do what is best for patients—their care being of the utmost quality and timeliness is what is most important when we are discussing any solutions. Thank you for the opportunity to provide our support for the NLC.

February 28, 2024

To: Chair San Buenaventura, Vice Chair Aquino, and Members of the Senate Committee on Health and Human Services (HHS)

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 15, 2024; 1:00 p.m./Conference Room 225 & Videoconference

Re: Testimony in support of HB2415 HD2– Relating to the Nurse Licensure Compact

The Hawaii Association of Health Plans (HAHP) respectfully supports HB2415 HD2. HAHP is a statewide partnership that unifies Hawaii’s health plans to improve the health of Hawaii’s communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

While we appreciate the efforts of the many groups and individuals who worked together to determine the feasibility and impact of adopting the nurse licensure compact, we believe the benefits of participation in the compact outweigh the potential issues that were identified in their report.

Hawaii is facing a severe nursing shortage with a need that continues to grow with every passing day. This shortage was exacerbated by the COVID-19 pandemic and recent news reports have highlighted the effects of nurses who are dealing with burnout and stress. Patients are having to wait longer for care and some hospitals have been forced to reduce services.

The Multistate Nurse Licensure Compact (NLC) has the potential to alleviate many of these issues, leading to a better quality-of-life for our current workforce and higher quality care for patients. Since first enacted in 1997 and implemented in 2000, the NLC has a proven track record of effectiveness and viability with benefits including an accelerated licensure process and access to an expanded workforce. HAHP understands that joining the NLC will not singlehandedly solve the healthcare workforce shortage that the state is facing; however, it is one part to help address the workforce issues in the state.

Thank you for the opportunity to testify in support of HB2415 HD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Joy San Buenaventura, Chair
The Honorable Henry Aquino, Vice Chair
Members, Senate Committee on Health & Human Services

From: Darryn W. Dunbar, Senior Director, Nursing Administration and Operations, The Queen's Health System

Jacce Mikulanec, Director, Government Relations, The Queen's Health System

Date: March 15, 2024

Re: Support for HB2415 HD2 – Relating to the Nurse Licensure Compact

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in **support** of HB2415 HD2, which would allow the Governor to enter the State into the multi-state Nurse Licensure Compact and join 41 states and territories who are current Compact members. Queen's and others have, and will continue to, invest in our local nursing workforce but, the reality is that we cannot meet the demands before us without diversifying our workforce strategies; joining the NLC is one strategy that has been employed safely and effectively to allow states to be nimbler in attracting and retaining nurse professionals.

Queen's employs over 2300 registered nurses across our system – Manamana, West, Molokai, North Hawaii, and urgent care facilities face a consistent challenge of filling existing and new positions (this challenge is even more pronounced on neighbor islands). Furthermore, we expect at least a 6% growth in the nursing profession over the next decade according the Bureau of Labor Statistics. We believe joining the NLC would help us address ongoing hiring challenges and take advantage of projected growth in the nursing profession.

Safety is as important for the Compact states as it is for facilities employing nurses in Hawaii. The COVID19 pandemic provided a case in point that showed how we can manage a diverse nursing population safely and effectively. At the height of the pandemic, while under the Public Health Emergency (PHE), Queen's was utilizing over 300 out-of-state, licensed, nurses - including those with a multi-state license. We reported these employees to the state and implemented rigorous safety, security, and licensure reviews into our hiring policies and procedures; throughout the

The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.

pandemic to today, we have continued to refine those polices to ensure the best nurses are caring for our patients. We feel those experiences were successful and informative and that is why we support provisions in the current bill requiring facilities, like Queen's, to report on a regular basis those in our system practicing with a multi-state license. This has been successful in other states, including Washington state.

Equally important is the recognition that a segment of our population is, and always will be, transient (military, temporary deployments, etc.). NLC provides us another way to potentially take advantage of some portion of transient healthcare professionals while they are residing in our state. Removing barriers to safely practice nursing in our state should be the goal of the public and private sectors. It has been our experience that when recruiting new nurses (either transient and/or looking to permanently relocate) to our state, even the smallest barriers can make all the difference.

Queen's investment in our local workforce is considerable – we are investing in health academies on Oahu and the Big Island, contributing to the work that HAH is spearheading to bring healthcare intensive classrooms into our public school system, hosting public school class visits to our campuses, expanding nurse residency programs in our system, supporting teaching fellowships, and much more. We are committed to growing our local workforce – and we will continue to do so; however, it is still not enough to meet our workforce needs. Simply put, we must take advantage of the safe and reliable options available to ensure we have trained nursing professionals delivering care to our community. Entering the NLC is one proven and safe tool that can address this.

It is also worth noting that in October 2023 the Interstate Commission of Nurse Licensure Compact Administrators adopted an amended rule that changed the residency requirement for multi-state licensees. The new rule (effective January 2, 2024) reads:

402(2) A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

This amended rule should allay some concerns that our state will not have a full accounting of multi-state licensees practicing in Hawaii.

Finally, Queen's is in the process of masterplan buildouts at our Manamana (Punchbowl) and West campuses – expanding bed capacities to meet the needs of our statewide community and offering new employment opportunities; as such we must look at ways to make more efficient and safer to attract and hire qualified nurses. Entering the NLC is an immediate option before policymakers that will influence the ability of our healthcare systems to recruit and retain such nurses.

Mahalo for the opportunity to provide testimony in support of HB2415 HD2.



Written Testimony Presented Before the Committee on Health and Human Services

March 15, 2024

Conference Room 225 and via Videoconference

By Hawai'i Affiliate of the American College of Nurse-Midwives (HAA)

IN SUPPORT OF H.B. 2415 HD2

Chairperson, Senator Joy A. San Buenaventura and Vice-Chair Senator Henry J.C. Aquino, and Members of the Committee,

Thank you for your consideration of this bill to allow the Governor to enter the State of Hawai'i into the Nurse Licensure Compact (NLC). Thank you also for the work of individuals and delegates named in Senate Concurrent Resolution (SCR 112) who have provided analysis regarding the feasibility and impact of adopting the NLC. See link for your review:

https://www.hawaii.edu/govrel/docs/reports/2024/scr112-slh2023_2024_nursing-licensure-compact_report.pdf

The Hawai'i Affiliate of the American College of Nurse-Midwives (HAA) offers testimony in support of HB 2415 HD2, in hopes it is part of a broader strategy to address nurse staffing stability in Hawai'i.

This bill would enable the Governor to enter Hawai'i into the Nurse Licensure Compact (NLC), allow the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multi-state license (MSL) issued by the State, and require that all healthcare facilities report to the board of nursing that employees have completed any demographic data surveys required by the board of nursing within 30 days of employment. This bill does not address Advanced Practice Registered Nurse licensure.

In a survey conducted by Hawai'i State Center for Nursing (HSCN) the majority of nurses who responded were in favor of Hawai'i's membership in the NLC. These same nurses indicated intention to apply for an MSL if Hawai'i joins the NLC. Respondents to the survey indicated an interest in travel nursing, telehealth, teaching in out-of-state nursing programs, and disaster support, as well as wanting an MSL without a specific plan for use.

Hawai'i currently underproduces nursing students needed to fill all nursing positions in this state, therefore employers must seek nurses from outside the state to meet the state's nursing needs. By allowing nurses who hold an MSL immediate permission to practice in Hawai'i, it relieves the delay in accessing those nurses' services. Due to the shortfall of available nurses, the roles that employers are seeking to fill from local and out-of-state talent pools include specialty nurses, nurse leaders, nurse faculty, and novice to experienced staff nurses across multiple settings. The need is for nurses across all counties.

HAA is in agreement with the findings and purpose of this bill, namely that for the health and safety of the public and expanded mobility of nurses, NLC is a positive step forward. The American College of Nurse-Midwives (ACNM) and HAA acknowledge in their purpose statements the support of midwives and other women's health professionals including nurses through the development of professional policies that foster quality maternal and newborn care and improved care for women and families. By entering into this Compact, we understand Hawai'i would be participating in efforts to standardize the profession of nursing, nationally. The Compact will facilitate integration of qualified interstate nurses to the workforce, streamlining the burden to the Board of Nursing as a regulatory body. Until and unless the State of Hawai'i supports the education of nurses at the volume needed to ensure safe staffing standards for the public and the needs of local RNs' wellbeing is seen as essential to retention rates, the NLC seems essential to grant employers and the public access to the workforce it needs.

Thank you for the opportunity to provide testimony in support at this time.

Hawai'i Affiliate of ACNM Board

Annette Manant, PhD, ARPN, CNM President

Connie Conover, CNM, MSN Vice President

Margaret Ragen, CM, LM, MS Secretary

Jennifer Cook, DNP, CNM, FACNM, FNP-C, RNFA Affiliate Legislative Contact



**Testimony to the Senate Committee on Health and Human Services
Friday, March 15, 2024; 1:00 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: HOUSE BILL NO. 2415, HOUSE DRAFT 2, RELATING TO THE NURSE LICENSURE COMPACT.

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 2415, House Draft 2, RELATING TO THE NURSE LICENSURE COMPACT.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would allow the Governor to enter the State into the multi-state Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state. This bill would also allow the Board of Nursing to charge fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

This bill would take effect on July 1, 3000.

No event nor circumstance in recent memory has placed such enormous demands on Hawaii's health care infrastructure than the COVID-19 pandemic. Never before had our Nation (or the entire world for that matter) had to mobilize resources to vaccinate the entire population in such a short time while millions of our friends and family members were sick or in many cases, dying. Health workers have had to risk their personal wellbeing on a daily basis to meet the needs of the ill. Cases of infection would spike placing enormous pressure on Hawaii's limited capacity of hospital beds, emergency rooms, and primary care providers.

Testimony on House Bill No. 2415, House Draft 2
Friday, March 15, 2024; 1:00 p.m.
Page 2

Even before COVID-19 hit our islands, Hawaii experienced a severe shortage of qualified health care providers. This shortage became even more evident with COVID requiring staff to work consecutive double- and triple-shifts to meet the ever present demand. The situation became so pronounced that health care workers from other states had to be brought in to keep our health care facilities open.

To facilitate this influx of health workers, DCCA scrambled to permit these workers under Hawaii's professional licensure laws. In particular, the huge number of nurses brought in to Hawaii forced DCCA to shift employees from other Boards to assist the Board of Nursing to permit these nurses to work here. Yet despite these heroic efforts, it took much time and resources for these nurses to have their professional licenses verified through endorsement. So instead of treating patients, these nurses had to wait.

This bill would help to remedy the problem by allowing registered and licensed practical nurses from territories or foreign countries to work immediately if they have a multi-state license recognized by the State of Hawaii. That way, should the need arise again for a large number of nurses to be brought to the State, these qualified professionals could work immediately rather than have to wait for a temporary license or permit.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

Friday, March 15, 2024 at 1:00 pm
Conference Room 225 & Videoconference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Henry Aquino, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **HB 2415, HD2 – Testimony In Support
RELATING TO THE NURSE LICENSURE COMPACT.**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write in support of HB 2415, HD2 which would allow the Governor to enter the State into the multi-state Nurse Licensure Compact such that a nurse who is licensed by a home state may practice under a multi-state licensure privilege in each party state. The bill enables the Board of Nursing to assess different fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

Participating in the compact may allow nurses to more easily practice in Hawai'i, or treat patients in Hawai'i through telehealth, while still meeting nationally-established standards for education and training. The compact, which is in effect in 41 states and 2 territories, allows states to license nurses who meet eligibility criteria in a more streamlined fashion. This is especially important as we continue to see a shortage in nurses across the state, especially in rural areas and on the Neighbor Islands.

The compact alone will not solve the issues we have with our healthcare workforce. Affordability, below-cost reimbursements from Medicare and Medicaid, and the realities of retaining nurses in rural communities are still issues that must be addressed in partnership with many other stakeholders and policy-makers. However, the compact may help to address staffing shortages and ease recruitment of nurses, especially for specialty care that may be hard to access otherwise.

Thank you for the opportunity to testify.



PALOLO CHINESE HOME
Better Care. Better Lives

Friday, March 15, 2024 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Darlene H. Nakayama, RN, CEO
Palolo Chinese Home

Re: **Testimony in Strong Support**
HB 2415 HD 2, Relating to the Nurse Licensure Compact

The Palolo Chinese Home has been in business for 128 years caring for Hawaii's seniors. In 2022 PCH cared for 844 seniors through its programs and services – hospice care, skilled nursing/rehab, intermediate care, adult/expanded residential care, day care, home care and home delivered meals. We are experiencing a tremendous shortage in staff and had to close 18 nursing home beds due to the lack in mostly nurse staffing. PCH is in desperate need of kitchen and housekeeping help too.

Thank you for the opportunity to testify in **strong support** of Hawaii joining the Nurse Licensure Compact (NLC). Currently, 41 states and two territories have availed themselves of this nearly 30-year-old option to make their processes more efficient support the recruitment of nurses, all while following strict guidelines to ensure public safety and protection.

There is a serious workforce shortage in the state—our 2022 Healthcare Workforce Initiative (HWI) survey found that there were nearly 4,000 vacant positions for non-physician, patient-facing jobs. Of those, nearly a quarter of openings were for registered nurses in settings like hospitals, nursing homes, home health agencies, hospices, assisted living facilities, and community health centers. The need for these workers more than doubled between 2019 and 2022, driven largely by the need for more healthcare as the population ages and burnout due to the pandemic.

Largest Need Professions

2019 HAH Report Priority Professions	Total
RN specialty	463
Certified Nurse Aide/NA	417
Medical Assistant	106
Licensed Practical Nurse	144
Phlebotomist	124
Personal Care Assistant	35
Social Worker	60
Patient Service Representative	110
Radiological Technologist	64



2022 HAH Report Priority Professions	Total
RN specialty	999
Certified Nurse Aide/NA	744
Medical Assistant	278
Licensed Practical Nurse	211
Phlebotomist	128
Personal Care Assistant	181
Social Worker	126
Patient Service Representative	111
Radiological Technologist	85

***BOLD** entry-level can be trained at the high school level

To combat this crisis, we need to arm ourselves with as many tools as possible to ensure the expeditious and nimble hiring of nursing staff. We believe that the NLC is one of the tools that will help us to address critical areas of shortage, whether it be through the use of temporary workers or as a part of recruitment to our Hawaii healthcare facilities. We have heard time and again from our members that the delays and friction in the current licensing process have resulted in the departure or loss of potential recruits—and the NLC would be a tool we can use to help avert this.

We understand that joining the NLC is not a silver bullet to resolving the workforce issues in the state—and we are not sitting idly by in trying to resolve it. HAH and its members have invested material amounts of financial resources, time, and expertise, into cultivating our local talent. HAH itself has gone from zero full-time employees (FTEs) dedicated to workforce development to four FTEs over the past four years. The innovative programs that this team has implemented—in partnership with our members—has garnered federal support through the Good Jobs initiative to the tune of tens of millions of dollars that provide scholarships, support programmatic costs, and train our next generation of caring professionals.

PCH, HAH, local healthcare providers, public high schools, community colleges and universities have also invested heavily in developing and recruiting local students and workers for many roles, with a strong focus on nursing. Nurse residency programs are an effective tool that the major hospitals—and now, many nursing homes—in the state have established or expanded in recent years. The nurse residency program takes new nurse graduates, pays them a full salary, and then provides on-the-job training, so they become independent healthcare professionals. Other earn-and-learn development programs which provide the opportunity for healthcare workers in entry level positions to go to school for further education and training, while they still work full-time, have also been developed and heavily promoted by HAH, PCH and its members.

These are all critical programs and initiatives, but they are not sufficient on their own to resolve the workforce crisis, especially in the short-term. Hospitals across the state are treating

between 300 and 400 more patients every day than they did in 2019. To take care of these patients, and in light of the shortages of trained healthcare professionals, the reality is that providers must rely on resources from outside of the state to keep up with the demands on the system. This is not what providers prefer, because the costs of including travel nurses are much higher than local nurses—sometimes four times higher than hiring a local nurse. However, organizations must rely on these types of workers for care for patients.

We need to have an efficient, seamless way to bring on new nurses—whether they are local graduates, nurses providing short-term services in critical areas, or workers choosing to relocate to Hawaii. We believe that the NLC is a proven, safe, and effective way to address our concerns regarding licensing—a way that 80% of the country has chosen as a method of addressing any barriers to licensure. There were legitimate issues raised by opponents or skeptics of the NLC during the working group that met over the interim period—however, we believe that all of the concerns raised have been successfully solved in other states, and can be applied equally successfully here. In particular, we believe that the fiscal impacts raised can be ameliorated, and that any concerns regarding discipline, autonomy, or data were raised and resolved by other states that are now major proponents of the NLC.

The legislature and the agencies are currently considering multiple ways of resolving the barriers to licensure—we are open to all solutions, although we do believe joining the NLC will add a benefit to current Hawaii nurses who would like to apply for and receive an MSL. We believe that, while it would require some changing of processes, it would allow a systemic change to the system rather than a patchwork solution. Further, we would ask that more clarification be sought, and details provided, on the fiscal impacts of the NLC compared to other licensure options, and ways that the licensing division needs to be supported in terms of personnel and funding to ensure that all healthcare professionals are able to be efficiently and swiftly licensed.

Ultimately, we want to do what is best for patients—their care being of the utmost quality and timeliness is what is most important when we are discussing any solutions. Thank you for the opportunity to provide our support for the NLC.



Hawaii State Senate Committee on Health and Human Services

Friday, March 15, 2024

Conference Room 225 & Videoconference

Hawaii State Capitol

HB2415, HD2 RELATING TO THE NURSE LICENSURE COMPACT

Good morning, Chair San Buenaventura, Vice Chair Aquino, and Members of the Senate Committee on Health and Human Services.

My name is Maria Garcia Anguiano and I serve as the Senior Director of State Government Affairs for Fresenius Medical Care. Liberty Dialysis Hawaii is a valued Affiliate of Fresenius Kidney Care, and we are humbled to serve Hawaii's patients and their families.

Liberty Dialysis stands in **SUPPORT** of **HB2415, HD2** which authorizes the Governor to join into the Nurse Licensure Compact. Nurses are the heart of the healthcare industry, and the ongoing shortage of nursing professionals is challenging to all. During the pandemic, as everyone scrambled to help our communities that were hardest hit, it became clear that the ability of nurse professionals to mobilize immediately and deploy asap was crucial.

Entering the Nurse Licensure Compact will help alleviate Hawaii's nursing shortage challenges and assist in attracting and retaining nurses to Hawaii, as well as, bringing home to Hawaii nurses who were born and raised here who are currently living and working on the continent. There are currently 41 states and 2 U.S. territories that are in the Compact.

Thank you for your consideration of our testimony in support of this important bill.



HIPHI Board

Misty Pacheco, DrPH
Chair
University of Hawai'i at Hilo

Titiimaea Ta'ase, JD
Secretary
State of Hawai'i, Deputy Public
Defender

Carissa Holley, MEd
Treasurer
Hale Makua Health Services

Keshia Adolpho, LCSW
Na'au Healing Center

Debbie Erskine
ARCH-MEPS Consulting LLC, Owner

Camonia Graham - Tutt, PhD
University of Hawai'i - West O'ahu

Jennifer José Lo, MD
Hawai'i Health Partners

May Okihiro, MD, MS
John A. Burns School of Medicine,
Department of Pediatrics

Kathleen Roche, MS, RN, CENP
Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai
HMSA

JoAnn Tsark, MPH
John A. Burns School of Medicine,
Native Hawaiian Research Office

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community-Based Research &
Evaluation

Community Health
Worker Initiatives

COVID-19 Response

Environmental Health

Hawai'i Drug & Alcohol-Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Collective/Healthy Aging
& Community Living

Public Health Workforce
Development

Date: March 14, 2024

To: Senator Joy A. San Buenaventura, Chair
Senator Henry JC Aquino, Vice Chair
Members of the Committee on Health & Human Services

Re: Support HB 2415 HD2 Relating to the Nurse Licensure Compact

Hrg: Friday, March 15, 2024 at 1:00 PM

Hawai'i Public Health Institute (HIPHI) is offering testimony in **Support of HB2415 HD2**, which would allow the state to enter into a multistate Nurse Licensure Compact, allowing a nurse who is licensed by a home state to practice under a multistate licensure privilege in each state that is a part of the compact. The bill allows the State Board of Nursing to create an appropriate fee structure for nurses who hold a multi-state license issued by the state.

The impact of nurse shortages is apparent across the state, particularly in rural areas and neighbor islands. To increase access to care, it is vital to implement a variety of policies that can help address the issue. Allowing Hawai'i the opportunity to enter the Nurse Licensure Compact is one of the ways to do so.

Forty one states and 2 territories are participants of the compact. By allowing Hawai'i to participate, the pathway to practice may be streamlined for those who already maintain the appropriate credentials, and it could open opportunities to more easily recruit nurses for specific areas.

By taking steps to increase the opportunities to access healthcare, patients benefit. This policy is part of a larger comprehensive approach to address healthcare provider shortages. Thank you for considering our testimony in support of HB2415 HD2.

Mahalo,

A handwritten signature in black ink that reads 'Peggy Mierzwa'.

Peggy Mierzwa
Director of Policy & Advocacy
Hawai'i Public Health Institute

ⁱ Hawai'i Public Health Institute (HIPHI) is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

March 15, 2024, 1 p.m.
Hawaii State Capitol
Conference Room 225 and Videoconference

To: Senate Committee on Health and Human Services

Sen. Joy A. San Buenaventura, Chair

Sen. Henry J.C. Aquino, Vice-Chair

From: Grassroot Institute of Hawaii

Ted Kefalas, Director of Strategic Campaigns

COMMENTS IN SUPPORT OF HB2415 HD2 — RELATING TO THE NURSE LICENSURE COMPACT

Aloha Chair San Buenaventura, Vice-Chair Aquino and Committee Members,

The Grassroot Institute of Hawaii would like to offer its **support** for [HB2415 HD2](#), which would enter Hawaii into the interstate Nurse Licensure Compact.

By joining the NLC, Hawaii would allow nurses holding a multi-state license to seamlessly transition to working in Hawaii without the need to obtain an additional license. Currently, 41 states and two territories are NLC members.¹

If this bill is enacted, the Legislature will be taking an important step toward addressing Hawaii's nursing shortage — a problem that has existed for years and become an obstacle to healthcare access in our state.

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.²

¹ Tim McDonnell, "[Travel assignments in 41 states on one nursing license: 2024 nurse licensure update](#)," RN Network, Jan. 10, 2024.

² Carrie M. Oliveira, "[2021 Hawai'i Nursing Workforce Supply: Statewide Report](#)," Hawai'i State Center for Nursing, 2021.

Research since 2021 has indicated that nearly one-fourth of Hawaii’s nurses have been considering leaving the workforce, largely due to the stresses caused by the COVID-19 crisis.³

Hawaii’s nurse shortage — which existed before the COVID-19 crisis — has not eased since that emergency was lifted. Across the state, especially in rural areas, Hawaii is facing shortages of experienced health professionals, from primary care providers to nurses, specialists and staff.

Fixing the shortage in healthcare workers requires a multipronged strategy that will address everything from Hawaii’s high cost of living to the state’s regulatory scheme for healthcare facilities. Perhaps most important is the need to reform licensing regulations for healthcare professionals.

One-fourth of all licensed workers in the U.S. work in healthcare.⁴ Their licenses can be difficult to obtain, are expensive and carry geographic or “scope of practice” limitations.

In the Grassroot Institute’s policy brief “[How changing Hawaii’s licensing laws could improve healthcare access](#),” we discussed how the state’s licensing restrictions make it difficult to attract new healthcare professionals to the state.

As the Federal Trade Commission noted in a report on occupational licensing portability:

There is little justification for the burdensome, costly, and redundant licensing processes that many states impose on qualified, licensed, out-of-state applicants. Such requirements likely inhibit multistate practice and delay or even prevent licensees from working in their occupations upon relocation to a new state. Indeed, for occupations that have not implemented any form of license portability, the harm to competition from suppressed mobility may far outweigh any plausible consumer protection benefit from the failure to provide for license portability.⁵

In other words, medical licensing is intended to protect the public, but there is a point at which the level of regulation reduces the number of people in practice without an appreciable public benefit.

³ Holly B. Fontenot, Alexandra Michel, Eunjung Lim, et al., “[Impact of the COVID-19 Pandemic on the Hawai’i Nursing Workforce: A Cross-sectional Survey](#),” Hawai’i Journal of Health & Social Welfare, May 2022.

⁴ Ryann Nunn, “[Improving Health Care Through Occupational Licensing Reform](#),” RealClear Markets, Aug. 28, 2018

⁵ Karen Goldman, “[Options to Enhance Occupational License Portability](#),” U.S. Federal Trade Commission, September 2018, p. 25.

One study of licensing among medical professionals found that “licensing is associated with restricted labor supply, an increased wage of the licensed occupation, rents, increased output prices, and no measurable effect on output quality.”⁶

This is where we can benefit from the lessons learned during the coronavirus situation. The governor’s emergency modification to Hawaii’s licensing laws during that period demonstrated a need to embrace license portability, making it a simple matter for a nurse licensed in another state to practice in Hawaii.

The interstate compact approach outlined in this bill, HB2415 HD2, would streamline Hawaii’s licensing process for nurses, whereby registered nurses from participating states could practice in Hawaii without facing time-consuming, costly and redundant regulatory hurdles.

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii

⁶ Sean Nicholson and Carol Propper, [“Chapter Fourteen — Medical Workforce,”](#) in “Handbook of Health Economics, Vol. 2,” Elsevier, B.V., 2012, p. 885, cited also in the previously mentioned [FTC study](#), footnote No. 9, p. 3.

Friday, March 15, 2024, at 1:00 PM
Conference Room 225

House Committee on Health and Human Services

To: Chair Joy A. Buenaventura
Vice Chair Henry J.C. Aquino

From: Ryan Ashlock
President
Adventist Health Castle

Re: **Testimony in Strong Support**
HB 2415 HD 2, Relating to the Nurse Licensure Compact

Adventist Health Castle (“Castle”) submits this testimony in ***strong support*** for **HB 2415 HD 2** allowing Hawaii to join the multi-state Nurse Licensure Compact, (NLC) for Registered and Licensed Practical/Vocational Nurses.

Castle is a 160-bed facility located on the windward side of the island of O’ahu serving all patients both on O’ahu and other Hawaiian Islands for a full range of acute care and ambulatory services.

The NLC is an agreement that allows registered nurses (RN) and licensed practical/vocational (LPN/LVN) nurses to hold a single license to practice in multiple states, making it easier for them to work across state borders without obtaining additional licenses.

The NLC was developed by the National Council of State Boards of Nursing (NCSBN), *of which Hawaii’s Board of Nursing is a long-standing member*,¹ as an alternative to the inefficiencies of state-by-state licensure systems many years ago.

The NCSBN is a U.S. not-for-profit organization whose membership includes all 50 U.S. state nursing boards, four U.S. territories and the District of Columbia with a mission of supporting and leading nursing practice, education, and regulation. As an NCSBN member, Hawaii’s Board of Nursing has joined previous NCSBN national initiatives, including adoption of the Model Nurse Practice Act, establishing uniform nursing practice standards;² adoption of Nursys,³ a national database for verification of nurse licensure, discipline, and practice privileges; and adoption of the National Council Licensure Examination “NCLEX,” the national licensure exam for nursing professionals.

¹ [Hawaii | NCSBN](#)

² [Hawaii Revised Statutes Chapter 457-Nursing](#)

³ [Nursys®](#)

Castle strongly supports **HB 2415 HD 2** in light of Hawaii's long-standing role in nationwide implementation over the past twenty years to now include 41 states and two U.S. territories.

Such adoption is vital considering Hawaii's nursing shortage. HAH data shows a statewide need of 4,000 vacant positions for non-physician, patient-facing jobs. Of those, a quarter of openings were for registered nurses. Currently, ten percent of Castle's nursing workforce positions remain unfilled. Such shortages can strain staff resources, increase workloads leading to fatigue, burnout, and decreased morale in the Hawaii nursing community.

More importantly, workforce shortages reduce Hawaii's capacity to manage open patient beds effectively. With fewer nurses available, hospitals may be forced to limit the number of beds they can keep operational, potentially leading to increased wait times, delayed admissions, and a strain on emergency departments straining a hospital's ability to provide timely and efficient care to Hawaii's patients.

Castle notes that the NLC is administered by the Interstate Commission of Nurse Licensure Compact Administrators ("Commission"), which includes members from each NLC participating state. Upon joining the NLC, Hawaii will appoint an administrator to the Commission which oversees strict requirements for all compact states regarding nurse eligibility for multi-state licensure, strong background safeguards and robust disciplinary provisions that ensure licensure integrity to safeguard patient care. Most importantly, the NLC accepts that all compact member states retain authority to hold nurses accountable for meeting the state practice laws for all care rendered to patients in that state. This means that Hawaii's Board of Nursing retains authority to hold nurses providing care to Hawaii patients accountable under all Hawaii nursing practice laws.⁴

In closing, Castle believes that it is time for Hawaii to join the majority of the nation now participating in the NLC.⁵ Castle notes that Hawaii has initiated similar steps through 2023 legislation allowing Hawaii's Board of Medicine to join the Interstate Medical Licensure Compact, streamlining the licensure process for physicians across state borders⁶ and appreciates the opportunity to support **HB2415 HD 2**.

⁴ [NLC Key Provisions-FINAL.pdf \(nurseccompact.com\)](#)

⁵ See, National Council of State Boards of Nursing. [Home | NURSECOMPACT](#)

⁶ [Compact State Map | Interstate Medical Licensure Compact \(imlcc.org\)](#)



1011 Waiuanue Avenue
Hilo, Hawaii 96720-2019
Phone: (808) 969-1733
Fax: (808) 961-7397

care@hawaiicarechoices.org
www.hawaiicarechoices.org

BOARD OF DIRECTORS

President
Karen T. Maedo

Vice President
Christine Takahashi

Secretary
Kerri Okamura

Treasurer
David Kurohara

MEMBERS

Brenda Camacho, MD
Chuck Erskine
Dean Fuke
Edwin M. Montell, MD
Lisa Rantz
Rabbi Rachel Short
Audrey N. Takamine
Gail Uejo
Lehua M. Veincent
Thomas Yeh

Medical Director
Lynda Dolan, MD

Chief Executive Officer
Brenda S. Ho, MS, RN

Director of Human Resources & Accounting
Shirley S. Dellinger, MHRM

Director of Clinical Services
Jeanene Helene Andrew, MSN, RN

Director of Organizational Excellence & Advancement
Lori Jordan, BA, ACHE

ADVISORY COUNCIL

Haidee Abe
Sidney Fuke
David Hammes
William A. Hartman, MD
Jane Y. Iida
Robert D. Irvine, MD
Jeracah Lawless
Reverend Junshin Miyazaki
Karen A. Moriuchi
Margaret Shiba
Claire Shigeoka
Kevin Wilcox, MD

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice Chair

RE: **TESTIMONY IN SUPPORT OF HB 2415 HD2**
RELATING TO THE NURSE LICENSURE COMPACT
Hearing: Friday, March 15, 2024 at 1:00 p.m.

Dear Chair San Buenaventura, Vice Chair Aquino and Members of the Committee:

Thank you for the opportunity to provide testimony in **SUPPORT** of HB 2415 HD2 allowing the Governor to enter the State into the multi-state Nurse Licensure Compact (NLC), which will expand access to nursing care and nurse mobility across the United States. Additionally, this Bill includes demographic data survey and reporting requirements for individuals who hold multistate nurse licenses and health care facilities that employ such individuals, and allows the State Board of Nursing to charge different fees customarily and historically collected from registered nurses and licensed practical nurses who hold a multistate license issued by the State effective 1/1/2026.

An inadequate workforce can lead to challenges and gaps in healthcare provision and ultimately a disruption in care. Hawai'i Care Choices recognizes the critical need for nurses across all sectors of our health care industry, and care for the seriously ill is no exception. The NLC has enabled nurses the ability to practice in any compact state without obtaining and maintaining multiple licenses. This removes a burdensome expense for organizations that employ nurses, increases access to nursing services, and is a benefit in time of crisis. Today's healthcare requires a mobile workforce, whether responding to provider shortages or assisting during times of disaster.

Hawai'i Care Choices is a nonprofit, tax-exempt charitable organization, which exists to provide a continuum of quality and specialized care for seniors or for patients facing a serious and/or life-limiting illness, and their loved ones who care for them. In addition, our organization is committed to providing the community-at-large with bereavement support and grief counseling.

Again, we offer this testimony in **SUPPORT** of HB 2415 HD2 as we believe it will help increase access to quality health care – a critical component to the public's health and safety.

Sincerely,

Brenda S. Ho, MS, RN
Chief Executive Officer

March 15, 2024

The Honorable Joy A. San Buenaventura, Chair
The Honorable Henry J.C. Aquino, Vice Chair
Senate Committee on Health and Human Services

Re: HB 2415 HD2 – Relating to The Nurse Licensure Compact

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 2415 HD2 which will allow the Governor to enter the State into the multistate Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state and allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

HMSA appreciates the work taken on by the Hawaii State Center for Nursing and the numerous stakeholders over the course of the 2023 interim to study the impact and feasibility of Hawaii joining the Nurse Licensure Compact. While various challenges were identified in the working group's final report, we feel that this option helps to address the shortages facing our healthcare professionals and supports our nurses and health care facilities statewide.

We support the legislature's attentiveness to strengthening our healthcare workforce and we are equally committed to addressing this critical issue to increase access and care in Hawaii.

Thank you for the opportunity to testify in support of HB 2415 HD2.

Sincerely,



Dawn Kurisu
Assistant Vice President
Community and Government Relations



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Henry J.C. Aquino, Vice-Chair

March 15, 2024
1:00 pm
Hawaii State Capitol
Room 225 & Via Videoconference

HB 2415, HD2

RELATING TO THE NURSE LICENSURE COMPACT

Allows the Governor to enter the State into the multistate Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees customarily and historically charged for registered nurses and licensed practical nurses who hold a multistate license issued by the State.

Edward N. Chu
President & Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony on **HB 2415, HD2**.

HHSC's rural hospitals are well-recognized to be challenged by the trifecta of shortages in financial resources, facility bed space, and dire workforce needs. HHSC regions work diligently to try to fill our nursing vacancies. Nurses willing to travel to serve to our regions have been helpful to fill the gaps so we can continue to provide the healthcare services our community needs. Nursing Licensure Compact is recognized as a tool that our hospitals could use to help with a problem that we know has no singular solution.

Thank you for the opportunity to provide testimony on this matter.



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Health and Human Services
Friday, March 15, 2024 at 1:00 p.m.

by
Dr. Clementina Ceria-Ulep, Dean
Nancy Atmospera-Walch School of Nursing
and
Michael Bruno, Provost
University of Hawai'i at Mānoa

HB 2415 HD2 – RELATING TO THE NURSE LICENSURE COMPACT

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Thank you for hearing this measure. We support the intent of this bill and offer comments.

House Bill 2415 would enable the Governor to enter Hawai'i into the Nurse Licensure Compact (NLC). In doing so, DCCA would be granted the authority to issue multi-state licenses (MSL) for in-state resident nurses as well as the traditional single-state licenses (SSL). Hawai'i would also grant permission-to-practice for nurses who hold an MSL from other NLC member states.

This measure also proposes submission of demographic information by out-of-state employed nurses to be required as a condition of employment, and that employers must attest to the BON that this reporting by nurses is complete. The effective date proposed for this NLC is January 1, 2026.

NAWSON recognizes that the nursing profession is in high demand. The nursing admissions rate ranges between 10.5% to 12% in our undergraduate program, making nursing more competitive to get into than medicine. Over the last several years, NAWSON has engaged in a number of efforts to expand our faculty positions, including support from the Legislature in 2022 to expand clinical faculty. We also develop strong partnerships with our clinical partners, who grant our students permission to engage in hands-on clinical learning within their hospitals and facilities. Today, our program graduates 96 baccalaureate-prepared nurses annually. We also support academic advancement for many of the students graduating from the UH Community Colleges, statewide, and offer the only Graduate Entry Program in Nursing in this state, which provides baccalaureate level RN education to college graduates and immediately enrolls them into graduate nursing education. This spring, we admitted our first cohort of students who completed their nursing prerequisites at UH West O'ahu, and we will continue to provide their classroom education at that campus. Our efforts to expand the number of nurses in Hawai'i through in-person education are fervent.

Graduates of our program are highly sought over. In addition to local healthcare facilities, we are commonly fielding requests from hospitals across the nation to recruit our students. The promise of nursing salaries, coupled with low cost of living and loan repayments or signing bonuses is a draw for our students that sometimes overwhelms the local offers. The NLC will facilitate the exit of our newly trained nurses from our state.

To enhance local recruitment, we are engaging in innovative site-based learning. Our senior nurses are starting nurse residency programs in their last semester of school, frontloading their onboarding and transition-to-practice early. This is an exciting prospect for students, and we know through the Hawai'i Nurse Residency Collaborative run by the Hawai'i State Center for Nursing that 97% of new nurses stay in their jobs for 12 months, much higher than the 73% national average.

Despite these innovative recruitment and retention programs, and our efforts to expand our nursing education, we still struggle to expand at the rate the state needs, and our new graduates continue to be recruited by mainland companies. The Nurse Licensure Compact may make it easier to recruit nurses, but we will continue to need nursing education expansion, like the initiatives proposed in the state budget bill, as well as investment in and enhancement of local workforce recruitment and retention efforts like the Hawai'i Nurse Residency Program.

UH Mānoa NAWSON prides itself in being the flagship nursing program in this state, providing over 91 years in nursing education. We commit to continuing to be a driving contributor of nurses in our state. Thank you for the opportunity to provide testimony to this measure.



LATE

Terilyn Carvalho Luke
President
Alex Leung
Vice President
Wolfgang Tarnowski
Treasurer
Madeleine Patoc
Secretary

March 14, 2024

Aloha e Chair San Buenaventura and Committee Members,

I am writing on behalf of Hawai'i Nurses and Health Practitioners (HNHP), a union representing over 1,000 Kaiser nurses and health practitioners in Hawai'i. **We are expressing our opposition to the proposed Nursing Licensure Compact bill (HB2415). Additionally, all the nurses unions of Hawai'i stand in opposition to this bill - HNHP, Hawaii Nurses Association (HNA), and United Nurses Associations of California/Union of Healthcare Professionals.(UNAC/UHCP).**

Our opposition is rooted in an analysis of the 2024 Report to the Legislature titled "Feasibility and Impact of State Adoption of the Nurse Licensure Compact," as comprehensively detailed by the University of Hawai'i System. This report serves as a critical guidepost, shedding light on numerous concerns that warrant careful consideration before any decision is made regarding the implementation of such a compact in Hawai'i.

First and foremost, we must emphasize that the voices of Hawai'i's nurses should be amplified and given paramount importance in this discourse. It is they who will be most directly affected by any changes to licensure regulations, as it pertains to their work and livelihoods. Therefore, any decision made must prioritize their well-being and the integrity of their profession.

One of our primary concerns, echoed in the report, pertains to patient safety and the maintenance of high-quality care standards. While proponents of the compact argue that it would enhance access to healthcare services by facilitating interstate practice for nurses, we cannot overlook the potential risks it poses to patient safety. Hawai'i's current licensure requirements are meticulously designed to uphold the highest standards of competence and

accountability. Any compromise to these standards, whether perceived or actual, presents an unacceptable risk to the well-being of our patients.

Moreover, the report underscores valid questions regarding the potential impact of the compact on the local job market for nurses. By potentially flooding the market with out-of-state nurses who may not be subject to the same rigorous licensure requirements, the compact could exacerbate existing challenges related to workforce shortages and job competition. This, in turn, could have detrimental effects on the livelihoods of Hawai'i's nurses, many of whom have dedicated their careers to serving their communities.

Additionally, the legal and regulatory implications of entering into a multi-state compact cannot be understated. Hawai'i's unique geographical and cultural context necessitates a careful examination of how such a compact would align with our state's existing laws and regulations governing healthcare practice. Any deviation from these standards must be thoroughly vetted to ensure that they do not inadvertently undermine the rights and protections afforded to our healthcare professionals and patients.

In conclusion, we urge the Hawai'i State Senate to heed the voices of Hawai'i's nurses and prioritize their well-being and professional integrity by **rejecting** the proposed Nursing Licensure Compact bill. Instead, we implore legislators to engage in meaningful dialogue with frontline healthcare workers to explore alternative strategies for addressing workforce challenges that uphold patient safety and the sanctity of the nursing profession.

Mahalo for considering our perspective on this critical matter. We stand ready to collaborate with you to develop solutions that safeguard the interests of our healthcare professionals and the communities they serve.

Sincerely,

Terilyn Carvalho Luke
President

HB-2415-HD-2

Submitted on: 3/14/2024 9:27:47 AM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Testifying for Stonewall Caucus of the Democratic Party of Hawai'i	Oppose	Remotely Via Zoom

Comments:

Aloha Senators,

The Stonewall Caucus of the Democratic Party of Hawai'i; Hawai'i's oldest and largest policy and political LGBTQIA+ focused organization OPPOSES HB 2415 HD 2.

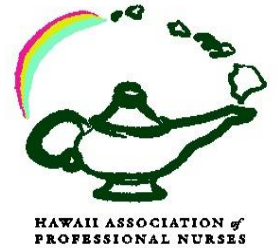
We are standing in solidarity with the local nurses that have been fighting for safer working conditions with lower patient ratios and this bill does nothing to advance that struggle.

We respectfully ask that you hold this bill in committee.

Mahalo nui loa,

Michael Golojuch, Jr. (he/him)
Chair and SCC Representative
Stonewall Caucus for the DPH

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator San Buenaventura, Chair of the
Senate Committee on Health and Human Services

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB2415 HD2 – Relating to the Nurse Licensure Compact

Hearing: March 15, 2024, 1:00p.m.

Aloha Senator San Buenaventura, Chair; Senator Aquino, Vice Chair; and Committee Members

We address you today with a deeply concerned and urgent plea to halt the progression of HB2415 HD2. This bill, which facilitates Hawaii's entry into the Nurse Licensure Compact (NLC), not only jeopardizes the exceptional standard of care we provide our patients but also represents a severe threat to the unity and strength of our nursing workforce. **It serves as a union-busting measure that disregards the critical staffing issues plaguing our hospitals, chiefly the refusal to hire more local nurses in favor of temporary, out-of-state staffing solutions.**

After meticulous review, we have identified grave concerns regarding the compatibility of the NLC with Hawaii's stringent nursing licensure standards and public safety expectations. Our concerns are compounded by the disconcerting findings of Operation Nightingale, which have shed light on the NLC's vulnerabilities and the potential for exploitation and malpractice under its current framework. <https://oig.hhs.gov/newsroom/media-materials/nightingale/>

Our paramount responsibility is to ensure the health and welfare of Hawaii's residents, a duty we share with the Senate Committee on Health and Human Services. We must critically evaluate any alterations to our licensure process that could dilute the quality of care provided in our state, as well as potentially forfeit licensure fee revenues crucial for our local healthcare infrastructure. Per the Hawaii Board of Nursing, licenses are able to be processed within 20 days for completed applications.

The passage of HB2415 HD2 threatens not just the safety of our patients but seeks to dismantle the collective bargaining power of our nurses. Our advocacy for fair working conditions is essential for maintaining high-quality patient care. This bill undermines the very fabric of our professional community, eroding the stability and unity of our nursing unions through its implicit support for hiring practices that prioritize temporary, out-of-state staff over investing in our local nursing workforce.

At the February 2024 Hawaii Board of Nursing meeting, alarming vulnerabilities within the NLC were discussed, highlighting the dangers of joining such a compact. Notably, an incident in December 2023 underscored the NLC's inadequacies when a nurse with a revoked license in a non-NLC state almost gained licensure in Hawaii, revealing a significant enforcement gap in the compact's regulations. Furthermore, the National Council of State Boards of Nursing meeting in January 2024 brought to light flaws in the NLC's disciplinary processes, as exposed by Operation Nightingale. These gaps in oversight and discipline would significantly weaken Hawaii's ability to safeguard against unqualified or unethical nurses, risking the integrity of our healthcare system.

Despite arguments in favor of the NLC's protective measures, the issues we've underscored illustrate profound and persistent shortcomings in its capacity to maintain the high standards of nursing care our state demands. Our existing licensure process far exceeds the NLC in protecting the public and ensuring competent, ethical nursing care.

With utmost respect for your committee's responsibilities, we urge you to act promptly and decisively to oppose HB2415 HD2. We implore you to safeguard the integrity of Hawaii's healthcare system, to defend the rights and welfare of our patients and nurses, and to reject this union-busting, local workforce undermining legislation. The urgency and gravity of this matter cannot be overstated, and we trust in your commitment to the health and well-being of our state.

HAPN remains dedicated to advocating for APRNs in Hawaii, advancing patients' access to healthcare, and recognizing the scope of our practice. We have tirelessly worked to enhance the physical and mental health of our communities, including opening our clinics to deliver the deserved care.

Thank you for considering our testimony and for your continued support of the nursing profession in the Aloha State.

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

HB-2415-HD-2

Submitted on: 3/14/2024 10:08:30 AM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Pride at Work - Hawaii	Testifying for ???????Pride at Work – Hawai‘i	Oppose	Written Testimony Only

Comments:

Aloha Representatives,

Pride at Work – Hawai‘i is an official chapter of Pride at Work which is a national nonprofit organization that represents LGBTQIA+ union members and their allies. P@W-HI opposes HB 2415 HD 2.

Everyone called nurses heroes during the pandemic, and rightfully so as they were heroes then and they are heroes today! WE need their employers to start treating them as such. They are the backbone of our healthcare system and we need to treat them with the respect that they deserve.

There is a false narrative that Hawai‘i has a nursing shortage – what we have are dedicated nurses that are burnt out and not willing to put themselves and their patients in harm’s way because of the unsafe working environments due to their treacherous patient to nursing ratio. This bill does nothing to address this epidemic occurring at too many of the medical facilities in the state.

We ask that you hold this piece of legislation and pass a bill that will help endeavor to ensure nurses are working in a safe environment, thereby making Hawai‘i a safer place for us all.

Mahalo,

Pride at Work – Hawai‘i



Written Testimony Presented Before the
Senate Committee on Health and Human Services

HEARING: Friday, March 15, 2024, 1pm
PLACE: Room 225, State Capital and via videoconference

**RE: HB 2415, HD2, RELATING TO THE NURSE LICENSURE
COMPACT (NLC) IN OPPOSITION**

Chair San Buenaventura, Vice Chair Aquino, and members of the Senate Committee on Health and Human Services, thank you for the opportunity to testify **in opposition** to this very important yet controversial measure.

Hawai'i-ANA is the state's premier professional nursing organization that fosters high standards of professional nursing practice, promotes safe and ethical work environments and advocates on health care issues that affect nurses and the public.

Hawai'i ANA is encouraged to see amendments in HD2 soften some of our concerns, however, we continue to grapple with the value to effort ratio in implementing the Nursing Licensure Compact for the following reasons.

1. **The potential impacts to regulatory agencies in the state**

The Department of Commerce and Consumer Affairs Department (DCCA) clearly illuminates in their 2/28/24 testimony the financial and operational impact to the affected divisions, offices, and boards, (Professional and Vocational Licensing Division (PVL), the Regulated Industries Complaints Office (RICO), the Board of Nursing (BON), and the minimum annual licensing revenue loss to these key agencies. The solution in the proposed HD2 amendment, page 44 lines 4-7 and 16-19, gives the Department and BON the ability to vary licensing fees to mitigate these losses. **This places the financial burden of operationalizing the NLC upon each Hawai'i RN licensee whether they chose to become a multistate licensee or not.** All licensing fees will rise steeply questioning the usefulness of this as a measure to recruit and retain nurses in Hawai'i. If license portability was the key to Hawai'i's nursing workforce shortage the licensing fee increases would be palatable. The evidence, well outlined in the SCR 112 Hawai'i State Center for Nursing (HSCN) Feasibility Study, describes that states have no greater access to nurses or nursing care following NLC membership. Nursing shortages continue to affect virtually every state, including the 41 NLC party states.

License portability can more cost effectively be mitigated with improvements to the state's temporary licensure process, as well as improving BON operational efficiencies with such things as streamlining an online application process.

2. Loss of nursing workforce data

Amendments in HD2 on page 43, lines 4 to 16 mandate certain reporting requirements for multistate licensees and health care facilities. This will assist in understanding multistate licensee workers in Hawai'i that would otherwise be unknowingly practicing in the state. It will also assist in obtaining essential nursing workforce data, however, the burden will now be placed on the industry, not the regulating body, to report these issues. **Will this be done in a timely manner, will it place undue burden on organizations and who will hold the reporting organizations accountable for the information? How will it be monitored and tracked?**

3. Safe practice issues

Many of the amendments help alleviate the safe practice issues. We were pleased to see HD2 amends page 7, lines 1 to 6 and page 10, lines 14 to 18 whereby the BON and RICO have jurisdiction over multistate licensees practicing in Hawai'i. We also agree with HD 2 amendments that multistate licensees are bound to comply with Hawai'i's state practice acts, see HD 2 page 10, lines 9 to 11 and that regulators can investigate and , in accordance with due process and cause, impose adverse action against the multistate licensee's privilege to practice in HD2, page 9, lines 19 to 21 and page 13, lines 14-17 and page 14, lines 8 to 10. **Unfortunately, there are numerous issues with nurses who engage in unprofessional conduct, particularly the delays in inquiry initiation and completion or reporting of investigations which may allow a nurse who has engaged in unprofessional conduct and is under investigation to leave one NLC jurisdiction to practice in another.** Nurses with disciplinary problems practicing here unknowingly puts our public at risk. In addition, some state laws prohibit certain practices, particularly around women's reproductive health and hold nurses accountable to those laws no matter which state they practice in. The lack of clarity and conformity on all these issues puts nurses and the public at risk.

4. Judicious Alternatives.

As stated in our previous testimony, Hawai'i-ANA believes there are more prudent alternatives to NLC implementation to reduce licensing barriers to hiring and many of those alternatives are underway and could be expedited. We reason that **accelerating the temporary permit regulation** will effectively mitigate licensing processing times more efficiently and effectively than joining the NLC. There is work in progress to improve **operational efficiency** such as the recently activated **online application processes**. This will greatly enhance accurate and complete submission with far less operational overhead than the

NLC process would require. We suggest these measures take legislative, regulatory, and operational precedence and be placed on high priority status to enable the Professional & Vocational Licensing Division and the Board of Nursing to accomplish immediate unencumbered temporary licensing measures.

5. Measures of Success.

There are no amendments or indications that implementing the NLC will have a rigorous review and evaluation of its effectiveness. We suggest annual reports or updates by said parties be utilized to clearly demonstrate the value of the NLC as well as measures that assure the public and practicing nurses that this measure is safe and efficacious and advantageous to our communities overall.

And finally, Hawai‘i -ANA believes that this type of policy discussion on the NLC could and should occur on the multifactorial issues that drive the nursing workforce shortage in Hawai‘i. We are unique as an island state with cost of living being one of the most challenging factors to recruiting and retaining nurses. Educational capacity, faculty shortages, career opportunities, workplace satisfaction all come to mind as workforce opportunities for improvement in our recruitment and retention measures. Much of this work has been initiated through the Hawai‘i State Center for Nursing and could be shared with legislators on how the state and employers can help support and nourish these initiatives with a detailed, transparent strategic plan.

In conclusion, there is no evidence to suggest that states have greater access to nurses or nursing care following NLC membership. Hawai‘i will do better by supporting our own in-state protections for our consumers of healthcare without the NLC and its concomitant costs, risks, and state licensing infrastructure deconstruction. It is for these reasons that Hawai‘i – American Nurses Association is in opposition to HB 2415.

Contact information for Hawai‘i – American Nurses Association:

President: Dr. Nancy Atmospera-Walch, DNP, CCHN, FAAN,
president@hawaii-ana.org **Executive Director: Dr. Linda Beechinor,**
APRN, executivedirector@hawaii-ana.org

500 Lunalilo Home Road, #27-E, Honolulu HI 96825. (808) 779-3001

LATE

Rosalee Agas Yuu, RN
President
1600 Ala Moana Blvd Suite 100
Honolulu, HI 96815
Tel: (808) 531-1628
Fax: (808) 524-2760

The Thirty-Third Legislature, State of Hawai'i
Hawai'i State Senate
Committee on Health & Human Services
Testimony by
Hawaii Nurses' Association

March 15, 2024

HB 2415 HD2 – RELATING TO THE NURSE LICENSURE COMPACT

DATE: Tuesday, March 15, 2024

TIME: 1:00 PM

PLACE: House Conference Room 225

Dear Chair San Buenaventura and Committee Members,

The Hawaii Nurses' Association - OPEIU Local 50, affiliated with the AFL-CIO founded in 1917, represents 4,000 nurses, respiratory therapists, and other healthcare workers across the State of Hawai'i.

We are grateful for this opportunity to express our **OPPOSITION of HB 2415 HD2**

While we acknowledge the positive intentions behind the proposed legislation aimed at simplifying the process for nurses from other states to work in Hawaii, **it is crucial to consider the reciprocal nature of this legislation.** Given Hawaii's status as the state with the highest cost of living in the nation, there is a significant risk that **Hawaii may lose more nurses than it gains.**

This concern is underscored by the potential implications on our healthcare system, particularly regarding nurse retention. The Hawaii State Center for Nursing (HSCN) working group, convened in response to SCR 112, SLH 2023, has presented findings that are cause for concern. **The report reveals that nurses holding a Multi-State License (MSL) and a Hawaii license are nearly twice as likely to pursue travel nursing opportunities. Furthermore, a survey conducted by the HSCN indicates that if Hawaii joined the Nurse Licensure Compact (NLC), 65% of nurses would consider obtaining an MSL, with half of these nurses open to using it for employment outside of Hawaii,** including travel nursing, telehealth, or teaching in programs based in other states. There is also no concrete evidence to suggest that the influx of new nurses through the NLC would compensate for the 30% of Hawaii's nursing workforce that may opt for opportunities on the mainland, seeking better conditions.

In our efforts to tackle the challenges of retaining a skilled nursing workforce, it is paramount that any amendments to licensure regulations are grounded in a deep understanding of their potential impact on both individual nurses and the healthcare system at large. Given these concerns and the insights provided by the HSCN report, we strongly advise against the passage of HB2415-HD2. **Additionally, all the nurses unions of Hawai'i stand in opposition to this bill – HNHP, Hawai'i Nurses' Association (HNA), and United Nurses Associations of California/Union of Healthcare Professionals (UNAC/UHCP).**

We appreciate your consideration of these points in your deliberation on this critical matter.

Respectfully,


Rosalee Agas Yuu,
President

HB-2415-HD-2

Submitted on: 3/13/2024 2:11:47 PM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Glen Kagamida	Individual	Support	Written Testimony Only

Comments:

STRONG SUPPORT!!!

MAHALO!

HB-2415-HD-2

Submitted on: 3/13/2024 7:44:57 PM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Cortney Midla	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support HB2415 relating to the nurse licensure multi-state compact to improve staffing and patient safety.

Mahalo,

Cortney Midla, RN

HB-2415-HD-2

Submitted on: 3/13/2024 9:20:17 PM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Donald Carroll	Individual	Support	Written Testimony Only

Comments:

The importance to enter our state into the Nurse Licensure Compact. This would allow nurses licenced in other states to practice in Hawaii. This participation would help address our healthcare worker shortage. Especially in times of an emergency.

Mahalo

HB-2415-HD-2

Submitted on: 3/13/2024 10:41:32 PM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Tonic Bille	Individual	Support	Written Testimony Only

Comments:

Yes, we need more nurses.

HB-2415-HD-2

Submitted on: 3/14/2024 3:59:39 AM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Alice Abellanida	Individual	Support	Written Testimony Only

Comments:

I support this bill. Vote yes.

HB-2415-HD-2

Submitted on: 3/12/2024 3:18:59 PM

Testimony for HHS on 3/15/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Marcy Healey	Individual	Oppose	Written Testimony Only

Comments:

Mahalo for the opportunity to provide testimony. Please oppose HB2415 HD2 because it disincentivizes local employers from investing in the Hawai'i resident workforce, which has rich cultural knowledge of the Hawai'i patient – this includes Hawai'i nursing school new graduates, who too often must leave their home state to gain nursing experience which, it seems, they cannot earn locally, because out-of-state travel nurses are hired instead. I am a Hawai'i resident, born and raised in Hawai'i, and a registered nurse. Mahalo for your consideration.