



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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MANPOWER AND
RESERVE AFFAIRS

March 26, 2024

The Honorable Senator Karl Rhoads
Chair, Committee on Judiciary

The Honorable Senator Jarrett Keohokalole
Chair, Committee on Commerce and Consumer Protection

Hawaii State Senate
415 S Beretania Street
Honolulu, HI 96813

SUBJ: HB 2415 HD2 SD1 – Relating to the Nurse Licensure Compact

Dear Chair Rhoads, Chair Keohokalole, Vice Chairs, and Members of the Committees,

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.

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, February 2012, page 7.

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 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.**

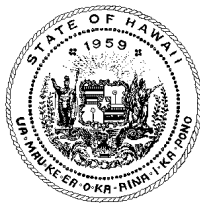
The Department of Defense is very appreciative of Hawaii's ongoing commitment and efforts to support members of the military and their families who sacrifice much in service to our country. Thank you for your consideration of this important policy reflected within HB 2415.

Sincerely,



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

² United States Department of Justice, "Justice Department Reinforces Federal Protections for Servicemembers 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>



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

No. _____

TESTIMONY ON HOUSE BILL 2415, HOUSE DRAFT 2, SENATE DRAFT 1
RELATING TO THE NURSE LICENSURE COMPACT.

By
Tommy Johnson, Director
Department of Corrections and Rehabilitation

Senate Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Senate Committee on Judiciary
Senator Kark Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Tuesday, April 2, 2024; 9:30 p.m.
State Capitol, Conference Room 016 & via Videoconference

Chairs Keohokalole, Rhoads, Vice Chairs Fukunaga, Gabbard, and Members of the Committees:

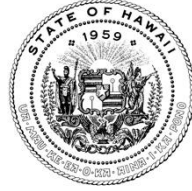
The Department of Corrections and Rehabilitation (DCR) **supports** House Bill (HB) 2415, House Draft (HD) 2, Senate Draft (SD) 1, which proposes to include the State of Hawai'i in the Nurse Licensure Compact.

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 healthcare 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, SD 1.



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII'
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
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JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

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

Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committee on Commerce and Consumer Protection
And
Senate Committee on Judiciary
Tuesday, April 2, 2024
9:30 a.m.

State Capitol, Conference Room 016 and via Video Conferencing

On the following measure:
H.B. 2415, H.D. 2, S.D.1 RELATING TO THE NURSE LICENSURE COMPACT

Chair Keohokalole, Chair Rhoads, and Members of the Committees:

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) beginning 7/1/2026, authorizes 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.

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 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 these important Department concerns. Specifically, the bill's proposed amendments to HRS 457 set forth on page 43, lines 4 to 15 of the S.D. 1, mandate certain reporting requirements for multistate licensees and health care facilities. Importantly, the Department appreciates the amendments made in the S.D. 1, on page 44, lines 3 to 6 and 15 to 18, 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 S.D. 1, 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 S.D. 1, 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 S.D. 1, page 9, lines 19 to 21; and page 13, lines 13 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

April 2, 2024

To: The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair and
Members of the Senate Committee on Judiciary

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair and
Members of the Senate Committee on Commerce and Consumer
Protection

Date: Tuesday, April 2, 2024
Time: 9:30 a.m.
Place: Conference Room 016, State Capitol

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

Re: H.B. 2415 HD2 SD1 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 SD1 will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state. HB2415 HD2 SD1 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, 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.

Testimony of the Board of Nursing

**Before the
Senate Committee on Commerce and Protection
and
Senate Committee on Judiciary
Tuesday, April 2, 2024
9:30 a.m.
Conference Room 016 and Videoconference**

**On the following measure:
H.B. 2415, H.D. 2, S.D. 1, RELATING TO THE NURSE LICENSURE COMPACT**

WRITTEN TESTIMONY ONLY

Chair Keohokalole, Chair Rhoads, and Members of the Committees:

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) authorize 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; (2) beginning July 1, 2026, authorize the Board to charge different fees customarily and historically charged for registered nurses and licensed practical nurses who hold a multistate license issued by the State; and (3) take effect July 1, 3000, provided that the NLC shall become effective and binding in the State after enactment of this Act.

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.

Thank you for the opportunity to testify on this bill.

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



**Written Testimony Presented Before the
Senate Committees on Commerce and Consumer Affairs and
Judiciary**

**Tuesday April 2, 2024 at 9:30 A.M.
Conference Room 016 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, S.D. 1

Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard, and members of the Committees, 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?rtopf=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

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

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.

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. In addition to the revenue loss reported by DCCA for their fees, HSCN will also experience revenue loss. Using the license fee numbers reported by DCCA in their testimony to Senate House and Human Services Committee, the HSCN impact is below.

$$9,975 \times \$60 \text{ (HSCN Fee)} = \$418,500$$

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 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 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 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.



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
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April 2, 2024

TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION AND ON JUDICIARY

House Bill 2415 HD2 SD1– Relating to the Nurse Licensure Compact

The Disability and Communication Access Board (DCAB) supports House Bill 2415 HD2 SD1 – 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. Beginning 7/1/2026, 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 to the Senate Joint Committee on Judiciary and Commerce and Consumer
Protection
Tuesday, April 2, 2024; 9:30 a.m.
State Capitol, Conference Room 016
Via Videoconference**

**RE: HOUSE BILL NO. 2415, HOUSE DRAFT 2, SENATE DRAFT 1, RELATING TO THE NURSE
LICENSURE COMPACT.**

Chair Rhoads, Chair Keohokalole, 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, Senate Draft 1, 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.

We also note this bill is substantively similar to Senate Bill No. 2492, Senate Draft 1.

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

Testimony on House Bill No. 2415, House Draft 2, Senate Draft 1
Tuesday, April 2, 2024; 9:30 a.m.
Page 2

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.

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.

HB-2415-SD-1

Submitted on: 3/24/2024 11:07:49 AM

Testimony for CPN on 4/2/2024 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Golojuch Jr	Testifying for Stonewall Caucus of the Democratic Party of Hawai'i	Oppose	Written Testimony Only

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

HB-2415-SD-1

Submitted on: 3/24/2024 11:18:01 AM

Testimony for CPN on 4/2/2024 9:30:00 AM

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

Comments:

Aloha Senators,

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. We are an officially recognized constituency group of the AFL-CIO. 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



Tuesday, April 2, 2024 at 9:30 am
Conference Room 016

Senate Committee on Commerce and Consumer Protection

To: Chair Jarrett Keohokalole
Vice Chair Carol Fukunaga

Senate Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Mike Gabbard

From: Hilton Raethel
President and CEO
Healthcare Association of Hawaii

Re: Testimony in Strong Support
HB 2415 HD 2 SD 1, 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.



Tuesday, April 2, 2024 at 9:30 am
Conference Room 016

Senate Committee on Commerce and Consumer Protection

To: Chair Jarrett Keohokalole
Vice Chair Carol Fukunaga

Senate Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Mike Gabbard

From: Darlene H. Nakayama
CEO
Palolo Chinese Home

Re: Testimony in Strong Support
HB 2415 HD 2 SD 1, 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.

PCH thanks 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.

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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.

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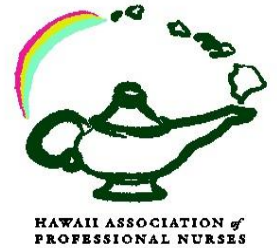
patients, and in light of the shortages of trained healthcare professionals, the reality is that providers must rely on resources from outside of the state to keep up with the demands on the system. This is not what providers prefer, because the costs of including travel nurses are much higher than local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

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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.

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Senator Keohokalole, Chair of the Senate
Committee on Commerce and Consumer Protection; The
Honorable Senator Rhoads, Chair of the Senate
Committee on Judiciary

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB2415 HD2 SD1 – Relating to the Nurse Licensure Compact

Hearing: April 2, 2024, 9:30a.m.

Aloha Senator Keohokalole, Chair and Senator Rhoads, Chair; Senator Fukunaga, Vice Chair and Senator Gabbard, Vice Chair; and Committee Members

We come before you today with a profound sense of urgency and concern regarding HB2415 HD2 SD1, which proposes Hawaii's entry into the Nurse Licensure Compact (NLC). This legislation poses a direct threat to the high standard of nursing care we pride ourselves on in Hawaii, and undermines the solidarity and strength of our nursing workforce. **This bill acts as a union-busting tool, sidelining critical staffing issues and the systemic refusal to hire and nurture our local nurses.**

Our analysis reveals significant incompatibilities between the NLC and Hawaii's rigorous standards for nursing licensure and public safety. **The alarming revelations of Operation Nightingale have highlighted the vulnerabilities within the NLC, exposing the system to potential exploitation and malpractice.** <https://oig.hhs.gov/newsroom/media-materials/nightingale/> These findings resonate with our commitment to safeguarding the health and welfare of Hawaii's residents—a commitment we share deeply with the Senate Committee on Health and Human Services.

The pursuit of any changes that could potentially dilute the quality of care or jeopardize the revenue from licensure fees—vital for our healthcare infrastructure—demands thorough scrutiny. **The Hawaii Board of Nursing** has demonstrated the efficiency of our current licensure process, capable of **processing completed applications within 20 days**, thereby ensuring that staffing needs are met without compromising on standards.

Furthermore, the passage of HB2415 HD2 SD1 **risks undermining the collective bargaining power of our nurses, whose advocacy for fair working conditions is pivotal for high-quality patient care.** By implicitly endorsing hiring practices that prioritize staff with an NLC license from outside over our local nursing talent, this bill threatens the very foundation of our professional nursing community.

Recent discussions, including those at the February 2024 Hawaii Board of Nursing meeting, have underscored the significant risks associated with joining the NLC. Notably, an incident in December 2023 highlighted a critical enforcement gap within the NLC, where a nurse with a revoked license in a non-NLC state nearly gained licensure in Hawaii. Additionally, the January 2024 National Council of State Boards of Nursing meeting shed light on deficiencies in the NLC's disciplinary processes as revealed by Operation Nightingale. These shortcomings

compromise our ability to protect against unqualified or unethical practitioners, jeopardizing the integrity of our healthcare delivery.

The issues we raise spotlight the NLC's failure to uphold the standards of nursing care that Hawaii demands. Our existing licensure system outperforms the NLC in safeguarding the public and ensuring the provision of competent, ethical nursing care.

At the House Committee on Finance meeting on February 28, 2024, alarming testimony highlighted the critical issue of nurse staffing shortages in Hawaii, reporting over 1,000 registered nurse (RN) vacancies across various healthcare settings within the state; however, nursing schools in Hawaii graduate nearly 400 nursing students each year. This growing concern among their members underscores the urgency of addressing workforce challenges in the healthcare sector.

Compounding the staffing crisis, **local healthcare facilities have been identified as creating significant barriers for the employment of local nursing school graduates.** By instituting nurse residency programs that restrict the number of new nurses being hired, **these institutions are effectively bottlenecking the transition of graduates into the workforce.** This practice not only exacerbates the shortage but also undermines the efforts to bolster our local nursing contingent.

The Grassroots Institute brought attention to the problematic requirement for local nurses to obtain one year of mainland experience due to the hiring bottleneck, further complicating the entry of new graduates into the profession. Moreover, the disparity between the Physician Compact and the Nursing Compact, where physicians still require a Hawaii license, was highlighted as a significant concern.

The February meeting of the Hawaii Board of Nursing painted a grim picture. The Chair of the Board **highlighted the NCSBN's failure to investigate nurses for misconduct, instead deferring to the licensing state, many of which fail to undertake such investigations.** This revelation raises serious concerns about the adequacy of vetting for nurses with multi-state licenses, especially as healthcare facilities, driven by a desperate need to close workforce gaps, may overlook deficiencies in nurse applicants.

The staffing agency representative's testimony underscored the difficulty Hawaii faces in retaining nurses, pointing to the reluctance of local facilities to hire new graduates as a clear indication of systemic issues. The wide variances in nursing standards across states necessitate a robust system of checks and balances, a role that the Hawaii Board of Nursing is primed to fulfill.

Acknowledgment from the Dean of the School of Nursing about local facilities' lack of cooperation in offering clinical placements adds another layer to the multifaceted problem. **Despite the production of 400 nursing graduates annually by local schools, the failure of healthcare institutions to integrate these new nurses into their workforce starkly contrasts with the reported shortages.**

The Executive Officer of the Hawaii Board of Nursing assured that licensing for nurses already holding a license in another state could be expedited, typically within 30 days (now reported to be 20 days), provided there are no deficiencies in the application. However, the **confirmation from a representative of Queen's Health Systems that clinical placement options have not**

been expanded exemplifies a significant barrier to the education and integration of local nursing graduates.

This situation demands immediate and collective action to address the critical shortage of nurses and remove the barriers that hinder the transition of local graduates into the workforce. The ongoing bottleneck, compounded by insufficient vetting processes for multi-state licensed nurses and inadequate cooperation from local healthcare facilities, requires a comprehensive strategy to ensure the availability and quality of nursing care in Hawaii.

During the Senate Health and Human Services committee hearing on March 15, 2024, deeply concerning testimony emerged from the Department of Commerce and Consumer Affairs (DCCA) regarding the financing of a contentious union-busting bill, **which alarmingly places the financial burden squarely on our local nursing workforce**. It is evident that the major healthcare institutions within our state are proponents of this bill, and we feel this is driven by their obligation to comply with union agreements.

The urgency to push this bill through, despite significant reservations expressed by the nursing community, is both puzzling and troubling. **The DCCA's testimony explicitly pointed out a glaring shortfall in funding of one million dollars, a deficit that would unduly burden our local nurses, necessitating an increase in their licensing fees to bridge this financial gap.**

Testimony **referenced a study suggesting that nurses holding multi-state licenses do not pose a safety risk, this assertion is directly contradicted by findings from the Hawaii State Board of Nursing**. In their February meeting, the Board highlighted evidence to the contrary, especially as they meticulously review individual nurse license applications, casting serious doubts on the conclusions drawn by this testimony.

This situation demands immediate attention and action. We must scrutinize the implications of this bill and consider the voices of those it directly affects—our dedicated nurses. The push to expedite this legislation, in light of the substantial concerns raised, requires a reevaluation to ensure that we are not compromising the welfare and financial stability of an essential sector of our healthcare system.

We implore you to take decisive action against HB2415 HD2 SD1, to protect the integrity of Hawaii's healthcare system, defend the rights and welfare of our patients and nurses, and reject this legislation that undermines our local workforce and the unity of our nursing unions. The importance and urgency of this issue cannot be overstated, and we trust in your dedication to the health and well-being of our state.

The Hawaii Association of Professional Nurses (HAPN) remains committed to advancing the role of Advanced Practice Registered Nurses (APRNs) in Hawaii, improving patients' access to healthcare, and recognizing the full scope of our practice. We have been at the forefront of enhancing the physical and mental health of our communities, including through the operation of clinics that deliver deserved care. We thank you for considering our testimony and for your unwavering support of the nursing profession in the Aloha State.

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President



**SUPPORT OF HB 2415, HD2, SD1
RELATING TO THE NURSE LICENSURE COMPACT**

Senate Committee on Commerce and Consumer Protection
The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair

Senate Committee on Judiciary
The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair

Tuesday, April 2, 2024 at 9:30 a.m.
Conference Room 016 & Videoconference
Hawaii State Capitol; 415 South Beretania Street

Aloha Chairs Keohokalole and Rhoads, Vice Chairs Fukunaga and Gabbard and Members of the Committees:

The Hawaii Military Affairs Council ("MAC") supports HB 2415, HD2, SD1 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.

The MAC was established in 1985 when the Chamber was appointed by the State to serve as the liaison to the military. The MAC advocates on behalf of Hawaii's military, and is comprised of business leaders, academic institutions, State and County officials, members of the Congressional Delegation, community leaders, labor unions and organizations and retired U.S. flag and general officers. The MAC works to support Hawaii's location as a strategic U.S. headquarters in the Indo-Asia-Pacific region which is crucial for U.S. national and homeland security.

One of the challenges military families face is the ability of military spouses to find employment when they move to another state because their professional license was obtained elsewhere. Requiring them to obtain a license is a time-consuming process. The ability for military spouses to transfer their license is important to career sustainability and their families' financial stability. In response to this, the Legislature passed Act 18, SLH 2021 to establish a



streamlined pathway for temporary professional licensure of a military spouse provided certain requirements are met. In this report, it is quoted, “Military spouse nurses move to a new state, and due to the ability to practice under their MSL, may start working right away.”¹

In addition to Act 18, SLH 2021, on January 5, 2023 the Veterans Auto and Education Improvement Act of 2022 was signed into law by President Joseph Biden, which added a new provision to the Servicemembers Civil Relief Act (SCRA) called the “Portability of Professional Licenses of Servicemembers and their Spouses.” This provision allows servicemembers and their spouses to use their professional licenses and certificates in certain circumstances when they must relocate due to military orders. On July 14, 2023, the Justice Department announced it had issued a letter to all state licensing authorities about this amendment to the SCRA, explaining the requirements of servicemembers or their spouses.

We are aware that that the Department of Commerce and Consumer Affairs has updated previously enacted state statute in an effort to implement provision (a) of the federal Military Spouse Licensing Relief Act.

The MAC is appreciative of this effort and will also continue to support legislation on interstate licensing compacts as the preferred pathway to licensure as we believe that the benefits provided ensure that all members of the military community, including spouses, are fully able to utilize a variety of pathways, depending on their unique career status, to easily work within their profession as they move between states.

Thank you for the opportunity to offer testimony in support.

¹ https://www.hawaii.edu/govrel/docs/reports/2024/scr112-slh2023_2024_nursing-licensure-compact_report.pdf; pp. 19-20



Written Testimony Presented Before the
Senate Committees on Judiciary and Commerce and Consumer Protection

HEARING: Tuesday April 2, 2024, 9:30 AM
PLACE: Room 016, State Capital and via videoconference

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

Chairs Rhoads and Keohokalole and Vice Chairs Gabbard and Fukunaga and members of the Committee on Judiciary and Committee on Commerce and Consumer Protection ,thank you for the opportunity to testify **in opposition** of 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, and SD1 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,
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The Thirty-Third Legislature, State of Hawai'i
Hawaii Senate
Committee on Commerce & Consumer Protection and
Committee on Judiciary

Testimony by
Hawaii Nurses Association

April 2, 2024

HB2415-HD2-SD1 – Nurse Licensure Compact

DATE: Tuesday, April 2, 2024
TIME: 9:30 AM
PLACE: House Conference Room 3016

Chairs Keohokalole and Rhoads,

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 SB 2415-HD2-SD1**

While we acknowledge the positive intentions behind the proposed legislation aimed at simplifying the process for nurses from other states to work in Hawai'i, **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 Multi-State Licensure (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.

Furthermore, it is imperative to address the fundamental misconceptions inherent in the Nurse Licensure Compact (NLC) model regarding the homogeneity of state practice acts. The NLC predicated upon the premise that nursing regulations are uniform across states, a supposition that is not only inaccurate but also disregards the diversity and complexity of nursing practices nationwide. States vary significantly in their requirements and regulations, with some mandating continuing education, others prescribing distinct scopes of practice, and yet others enacting specific **prohibitions, particularly concerning women's reproductive healthcare services**. This diversity results in a multifaceted regulatory landscape wherein a one-size-fits-all approach is not only impractical but also potentially hazardous. The conflation of these varied regulations under the NLC framework introduces ambiguity and could inadvertently compromise both the safety of our nurses and the welfare of the public they serve. In light of these concerns, adopting the NLC without a thorough and critical analysis of these variances would be inadvisable and could lead to unintended consequences that are antithetical to the ethos of nursing care and public responsibility.

We are also concerned about the provisions in Article VII (i) (1) granting expansive **immunity to commission members from civil liability** for actions within their official capacity. While protection for honest errors in the course of duty is standard, the breadth of this immunity risks excusing negligence and diluting accountability. Such blanket exemptions could inadvertently undermine the rigorous standards fundamental to nursing practice. It is essential that any legal immunities not compromise the essential duty of care to the public.

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-SD1.

Moreover, it is of significant note that a unified stance has been adopted by the collective nursing unions—HNAPE, the Hawai'i Nurses' Association (HNA), and the United Nurses Associations of California/Union of Healthcare Professionals (UNAC/UHCP)—voicing firm opposition to the proposed legislation.

We appreciate the opportunity to present our testimony in opposition to HB 2415-HD2-SD1

Respectfully,

Rosalee Agas Yuu,
President



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Members, Senate Committee on Commerce & Consumer Protection

The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair
Members, Senate Committee on Judiciary

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: April 2, 2024

Re: **Support** for HB2415 HD2 SD1 – 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 SD1, 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

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.

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 pandemic to today, we have continued to refine those policies 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 capacity to meet the needs of our statewide community and offering new employment opportunities; as such, we must employ safe, tested, and efficient tools to attract and retain qualified nurses into the health workforce – this is one such tool. The NLC is a compliment to a suite of public and private efforts to address Hawaii's long-standing healthcare workforce shortage.

Please pass HB2415 HD2 SD1. Mahalo for allowing us to provide testimony on this important measure.

Testimony of
Jonathan Ching
Government Relations Director

Before:
Senate Committee on Commerce and Consumer Protection
The Honorable Senator Jarrett Keohokalole, Chair
The Honorable Senator Carol Fukunaga, Vice Chair

Senate Committee on Judiciary
The Honorable Senator Karl Rhoads, Chair
The Honorable Senator Mike Gabbard, Vice Chair

April 2, 2024
9:30 a.m.
Conference Room 016 & Via Videoconference

Re: HB 2415, HD2, SD1, Relating to The Nurse Licensure Compact.

Chair Keohokalole, Chair Rhoads, and committee members, thank you for this opportunity to provide testimony on HB 2415, HD2, SD1 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, SD1.

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, SD1 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, SD1 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.

HB-2415-SD-1

Submitted on: 3/31/2024 2:30:50 PM

Testimony for CPN on 4/2/2024 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Jacob Wiencek	Testifying for Hawaii Young Republicans	Support	Written Testimony Only

Comments:

Aloha Senators,

My name is Jacob Wiencek, Chairman of Hawaii Young Republicans, and on behalf of our organization we ***strongly support*** this bill.

The COVID-19 pandemic revealed critical shortfalls in our healthcare infrastructure, particularly nursing labor shortages. There are plenty of well trained and qualified nurses on the mainland who could provide a significantly positive benefit to our healthcare system. Easing licensing requirements by joining this multi-state compact is a clear win for all involved.

We strongly urge this committee to *pass* this bill!

Tuesday, April 2, 2024 at 9:30 am
Conference Room 016 & Videoconference

Senate Committee on Judiciary

To: Senator Karl Rhoads, Chair
Senator Mike Gabbard, Vice Chair

Senate Committee on Commerce and Consumer Protection

To: Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

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

**Re: HB 2415, HD2, SD1 – 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, SD1 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.

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.



April 2, 2024

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Senate Committee on Commerce & Consumer Protection

The Honorable Karl Rhoads, Chair
The Honorable Mike Gabbard, Vice Chair
Senate Committee on Judiciary

Re: HB 2415 HD2 SD1 – Relating to The Nurse Licensure Compact

Dear Chair Keohokalole, Chair Rhoads, Vice Chair Fukunaga, Vice Chair Gabbard, and
Members of the Committees:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 2415 HD2 SD1 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 SD1.

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 COMMERCE AND CONSUMER PROTECTION

COMMITTEE ON JUDICIARY

April 2, 2024

9:30 am

Hawaii State Capitol

Room 016 & Via Videoconference

HB 2415, HD2, SD1

RELATING TO THE NURSE LICENSURE COMPACT

Authorizes 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 7/1/2026, authorizes 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. Takes effect 7/1/3000; provided that the Nurse Licensure Compact shall become effective and binding in the State after enactment of this Act.

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, SD1**.

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.

Tuesday, April 2, 2024, at 09:30 am
Conference Room 016

House Committee on Commerce and Consumer Protection

To: Chair Jarrett Keohokalole
Vice Chair Carol Fukunaga

Senate Committee on Judiciary

To: Chair Karl Rhoads
Vice Chair Mike Gabbard

From: Hilton Raethel
President and CEO
Healthcare Association of Hawaii

From: Ryan Ashlock
President
Adventist Health Castle

Re: Testimony in Strong Support
HB 2415 HD 2, SD 1, Relating to the Nurse Licensure Compact

Adventist Health Castle (“Castle”) submits this testimony in ***strong support*** for joining the multi-state Nurse Licensure Compact, (NLC) for Registered and Licensed Practical/Vocational Nurses currently in effect in 41 states and two U.S. territories.

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.

At present, ten percent of Castle’s nursing workforce positions remain unfilled. As the only hospital on the windward side of O’ahu providing a full range of acute healthcare services, Castle firmly believes that joining the NLC offers increased professional mobility, allowing nurses to practice in Hawaii as members of the NLC, enhancing access to care.

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 in settings like hospitals, nursing homes, home health agencies, hospices, assisted living facilities, and community health centers. HAH notes that the need for such workers more than doubled between 2019 and 2022, driven by Hawaii’s aging population as well as pandemic related burnout.

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 National Council of State Boards of Nursing (NCSBN), *of which Hawaii's Board of Nursing is a long-standing member*,¹ developed the NLC as an alternative to the inefficiencies of state-by-state licensure systems nearly thirty years ago. Since that time, the NCSBN has guided adoption of the NLC to now include 41 states and two territories, with legislation currently pending in 7 other states including Hawaii.²

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;³
- Adoption of Nursys,⁴ 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.

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 accountable under all Hawaii nursing practice laws.⁵

In summary, Castle strongly supports joining the Nurse Licensure Compact as the nursing shortage affects small hospitals like Castle by straining staff resources, and increasing workloads leading to fatigue, burnout and decreasing morale among nurses. More importantly, workforce shortage reduces 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 patients.

Castle believes that it is time for Hawaii to join the majority of the nation now participating in the NLC.

¹ [Hawaii | NCSBN](#)

² See, National Council of State Boards of Nursing. [Home | NURSECOMPACT](#)

³ [Hawaii Revised Statutes Chapter 457-Nursing](#)

⁴ [Nursys®](#)

⁵ [NLC Key Provisions-FINAL.pdf \(nursecompact.com\)](#)



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Senator Mike Gabbard, Vice Chair

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

RE: **TESTIMONY IN SUPPORT OF HB 2415, HD2, SD1**
RELATING TO THE NURSE LICENSURE COMPACT
Hearing: Tuesday, April 2, 2024 at 9:30 a.m.

Dear Chairs Rhoads, Keohokalole, Vice Chairs Gabbard, Fukunaga and
Members of the Committees:

Thank you for the opportunity to provide testimony in **SUPPORT** of HB 2415, HD2, SD1 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.

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, SD1 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



Randy Perreira
President

HAWAII STATE AFL-CIO

888 Mililani Street, Suite 501 • Honolulu, Hawaii 96813

Telephone: (808) 597-1441

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The Thirty-Second Legislature
The Senate
Committee on Judiciary
Committee on Commerce and Consumer Protection

Testimony by
Hawaii State AFL-CIO

April 2, 2024

TESTIMONY ON HB2415 HD2 SD1 - RELATING TO THE NURSE LICENSURE COMPACT

Chairs Rhoads and Keohokalole, Vice Chair Gabbard and Fukunaga, and members of the committee:

The Hawaii State AFL-CIO is a federation of 74 affiliate labor organizations representing over 68,000 union members in the State of Hawaii. The AFL-CIO serves its affiliates by advocating for workers and their families before the state legislature and other branches of state and county government.

The Hawaii State AFL-CIO **opposes** HB2415 HD2 SD1, which authorizes the Governor to enter the State into the multistate Nurse Licensure Compact.

While we acknowledge the positive intentions behind the proposed legislation aimed at simplifying the process for nurses from other states to work in Hawai'i, 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 Multi-State Licensure (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.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Randy Perreira".

Randy Perreira
President

April 2, 2024, 9:30 a.m.
Hawaii State Capitol
Conference Room 016 and Videoconference

To: Senate Committee on Judiciary

Sen. Karl Rhoads, Chair

Sen. Mike Gabbard, Vice-Chair

Senate Committee on Commerce and Consumer Protection

Sen. Jarrett Keohokalole, Chair

Sen. Carol Fukunaga, Vice-Chair

From: Grassroot Institute of Hawaii

Ted Kefalas, Director of Strategic Campaigns

COMMENTS IN SUPPORT OF HB2415 HD2 SD1 — RELATING TO THE NURSE LICENSURE COMPACT

Aloha Chairs, Vice-Chairs and other members of the committees,

The Grassroot Institute of Hawaii would like to offer its **support** for [HB2415 HD2 SD1](#), 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.

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

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

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.

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

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 SD1, 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.

LATE

**TESTIMONY OF EVAN OUE ON BEHALF OF THE
HAWAII ASSOCIATION FOR JUSTICE (HAJ) WITH
COMMENTS TO HB 2415 HD2 SD1**

Hearing Date: Tuesday, April 2, 2024

Time: 9:30 a.m.

My name is Evan Oue and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) providing **COMMENTS** to HB 2415, Relating to the Recognition of the Nurse Licensure Compact (the "Compact").

HAJ understands and appreciates the intent of the measure, however, we are strongly concerned with **HB 2415** as it would provide administrators, officers, executive directors, employees, and representatives of the commission **immunity from suit in their personal or official capacity for any claim for damage to or loss of property or personal injury or other civil liability** caused by arising out of any actual or alleged act, error or omission that occurred within the scope of employment. However, the Compact grants immunity from tort liability or civil liability resulting in death, injury to persons, or property damage except in cases of intentional or willful or wanton misconduct of that person. This language is overly broad and puts Hawaii residents at risk for injuries that could occur.

Specifically, Article VII (i) (1) on page 28-29 of the bill provides that:

“The administrators, officers, executive director, employees and representatives of the commission **shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act**, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities;

provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any **damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.**”

Primarily, our concern is that the bill grants overbroad immunity to officers or employees rendering aid pursuant to the Compact for **negligent acts**. The exceptions to immunity only apply to **intentional or willful or wanton misconduct while omitting negligent acts** that could harm our residents. For example, if an officer or employee rendering aid pursuant to the Compact commits negligent acts while rendering aid, they will be immune under this act – leaving no legal recourse for the individual who was harmed. This immunity would even apply if that same officer or employee, while driving, hits a pedestrian through a failure to exercise due care or negligent maintenance of a vehicle.

The standard of care that should be applied in any given situation is based on the specific circumstance. Negligent acts cannot and should not be overlooked, without recourse for those harmed, especially for our residents. HAJ are concerned with this type of immunity for negligent acts or omissions to preserve the rights of our residents and individuals. While we support intergovernmental cooperation for teachers, it is not necessary to exempt our officers of the Compact from negligent conduct.

After discussing with the proponents of the measure, HAJ recommends the following amendment to Article VII (i) (1) on page 29-31 to address potential concern with the immunity provisions.

Proposed amendment: *“the executive director of the Board of Nursing or their designee, when serving as the state administrator of the Nurse Licensure Compact*

pursuant to Section 1 of this Act, and any administrator, officer, executive director, employee, or representative of the Interstate Commission of Nurse Licensure Compact Administrators, when acting within the scope of their employment, duties, or responsibilities in this state, are considered agents of the state for purposes of the provisions under §662-2. The commission shall pay any claims or judgments pursuant to this section and may maintain insurance coverage to pay any such claims or judgments.”

Alternatively, if the language of the compact cannot be directly amended, we recommend the above language be incorporated into the measure as a new Section 5 on Page 45. This amendment would insure there are no concerns with immunity for the compact administration in Hawaii.

HAI respectfully recommends the bill be amended to incorporate the above amendment into Article VII (i) (1) on page 29-30. Thank you for allowing us to testify regarding this measure. Please feel free to contact us should you have any questions or desire additional information.

April 2, 2024

To: Chair Rhoads, Chair Keohokalole, Vice Chair Gabbard, Vice Chair Fukunaga, and Members of the House Committees

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: April 2, 2024; 9:30 a.m./Conference Room 016 & Videoconference

Re: Testimony in support of HB2415 HD2 SD1 – Relating to the Nurse Licensure Compact

The Hawaii Association of Health Plans (HAHP) respectfully supports HB2415 HD2 SD1. 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 SD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



UNAC/UHCP

United Nurses Associations of California/Union of Health Care Professionals
UNAC/UHCP is affiliated with NUHHCE, AFSCME and the AFL-CIO

955 Overland Court, Suite 150, San Dimas, CA 91773-1718
Telephone: (909) 599-8622 | Fax: (909) 599-8655 | unacuhcp.org

LATE

The Thirty-Third Legislature, State of Hawai'i
Hawaii Senate
Committee on Commerce & Consumer Protection and
Committee on Judiciary

Testimony by
UNAC/UHCP

April 2, 2024

HB2415-HD2-SD1 – Nurse Licensure Compact

DATE: Tuesday, April 2, 2024

TIME: 9:30 AM

PLACE: House Conference Room 3016

Chairs Keohokalole and Rhoads,

The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP), a proud affiliate of the American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO – represents 35,000 Registered Nurses, Pharmacists, Optometrists, NPs, CNMs, and other health care professionals in California and Hawaii. Thank you for this opportunity to express our **OPPOSITION to SB 2415-HD2-SD1.**

While UNAC/UHCP acknowledges the underlying intentions of this legislative effort, our extensive experience safeguarding nursing standards underscores the grave consequences of compact participation. States that enter the compact forfeit substantial regulatory oversight over the nursing profession, risking a perilous decline in standards that directly imperils patient safety. This risk is compounded by the fundamental disparities between nursing curricula and clinical requirements among states, enabling out-of-state nurses to bypass Hawaii's rigorous licensing requirements.

For years, health care leaders have been projecting a nursing shortage in hospitals. The recent pandemic shed light on the shortage, which was exasperated by poor working conditions, burnout, and a lucrative nurse travel registry industry. The [U.S. Bureau of Labor Statistics](#) , foresees 193,100 registered nurse job openings every year until 2030, as nurses retire or decide to leave the profession. Nursing compacts will not



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fix the nursing shortage, rather, they only place a band aid on the issue, and do not address the systemic issues driving the shortage.

UNAC/UHCP advocates for a more sustainable approach to rectifying nurse staffing shortages, one that prioritizes investment in Hawaii's public higher education institutions. By reducing student debt burdens and expanding educational opportunities for Hawaii residents, we can cultivate a robust pipeline of locally trained nurses. Furthermore, improving working conditions and ensuring safe nurse staffing levels are essential measures to bolster nurse retention.

In closing, please note, that Hawaii nurses stand united and **the collective nursing unions—HNHP, the Hawai'i Nurses' Association (HNA), and the United Nurses Associations of California/Union of Healthcare Professionals, oppose HB 2415-HD2-SD1.**

Sincerely,

Charmaine Morales, RN
President, UNAC/UHCP



LATE

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

April 1, 2024

Aloha e Chairs Rhoads and Keohokalole 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. Most hospital managers will mention during non-bargaining years that traveling nurses (from out of state) do not have the same commitment to the employer or to the patients during their assignment and nurses working alongside the travelers may see compromised care and lack of dedication to providing the best care.

However, during strikes, the employers will gladly hire travelers to elude the community that the same great care (commitment to ideals, culture, standards of care) will be provided to their patients and are expected of these travelers. This bill will allow the hospital employers to bring in nurses quicker to break a strike and not require the same stringent hiring process that permanent staff are required to submit to. If a traveler wished to stay here (not very common) they understate the sacrifices that nurses residing here are up against- unsafe staffing ratios, lack of resources, higher acuity patients, less support staff, and lower wages compared to other states with similar cost of living. They also will not belong or contribute to any of our nursing unions in this state where Hawaii is known and proud to be the highest union density state in the nation.

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. At the last hearing, the DCCA mentioned that the State could increase the fees for application and renewal of the nurses applying for Hawaii state licensure and renewal, however those coming

into the State with a multi-state licensure compact would not be affected or charged additionally since they already had the ability to work here so the State would be forced to charge Hawaii-based nurses in order to make up the anticipated \$1 million shortfall. Hawaii nurses having to incur higher fees to enable non-Hawaii based nurses quicker access to licensure is degrading to most of us committing ourselves to our community.

As a professional nurse of 32 years at Kaiser I have seen the difference that is made by a nurse invested in her community vs. those coming in to visit our beautiful State while working and being able to travel and vacation without cost or sacrifice to themselves. They often get preferential shifts and contracts in order to attract them to Hawaii by the hospitals, instead of the employer focusing on recruitment and retention of staff long-term.

While the intent of the bill may be to allow nurses quicker and easier access to obtaining licensure in Hawaii, HNHP opposes the Nurse Licensure Compact as the means to do this.

In Hawaii, we have serious issues with "growing our own"- nursing schools unable to support the number of prospective students and lack of both didactic and clinical instructors. Our younger generation is leaving the state because of pay issues as well as better job opportunities. Our experienced nurses are leaving the profession early due to working conditions (unsafe staffing ratios, increased demands and higher acuity patients) and wages that do not keep up with inflation or professional standards for the work required.

If this bill were to pass we would be focusing on the "fix" by allowing the employers to hire transient workers that are not in the best interest of the nurses of Hawaii.

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.

The last hearing for this bill mentioned an average of 575 nurses being licensed by DCCA every month and takes about 25 days to process. If the intent of this bill is to allow quicker and easier access to obtaining licensure in Hawaii, the State should revisit temporary licenses that are issued immediately while processing of permanent licensure is being done.

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



IATSE Local 665 HAWAII'S TECHNICIANS



for
FILM, TELEVISION, STAGE AND PROJECTION
Since 1937

**INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS AND ALLIED CRAFTS
OF THE UNITED STATES, ITS TERRITORIES AND CANADA, AFL-CIO, CLC**

April 2, 2024

The Thirty-Second Legislature, State of Hawai'i
Hawai'i State House of Representatives
Committee on Commerce & Consumer Protection and
Committee on Judiciary

LATE

LATE

HEARING DATE, TIME AND ROOM: Tue., 04/02/24 at 9:30 AM – ROOM 316

RE: HB2415 HD2 SD1 – Nurse Licensure Compact

Aloha, Chairs Keohokalole and Rhoads and Committee Members:

My name is Irish Barber, and I am the Business Representative and head of IATSE Local 665. Our local represents over 800 members who work behind-the-scenes and backstage on feature films, television shows, concerts and conventions across all of the Hawaiian Islands. MAHALO for the opportunity to testify in **OPPOSITION** to **HB2415, HD2 SD 1**.

Given Hawaii's status as the state with the highest cost of living in the nation, there is the unintended risk that Hawaii could lose more nurses than it gains.

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 Multi-State Licensure (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.

Please **oppose HB 2415, HD 2 SD1**.

Respectfully,

Irish Barber
Business Representative

HB-2415-SD-1

Submitted on: 3/24/2024 3:11:05 PM

Testimony for CPN on 4/2/2024 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Keith Marrack	Individual	Support	Written Testimony Only

Comments:

I am in strong favor of allowing the Governor to enter the State into the multistate Nurse Licensure Compact. We need more nurses, and the easier we can make it for them to move here and get to work right away, the better.

HB-2415-SD-1

Submitted on: 3/26/2024 11:54:04 AM

Testimony for CPN on 4/2/2024 9:30:00 AM

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

Comments:

STRONG, STRONG SUPPORT!

ONE OF THE BEST IDEAS THIS SESSION!

MAHALO!

HB-2415-SD-1

Submitted on: 3/31/2024 11:53:00 AM

Testimony for CPN on 4/2/2024 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Anita Anderson	Individual	Support	Written Testimony Only

Comments:

I SUPPORT HB2415. Hawaii needs more nurses and we would benefit from using nurses already credentialed and licensed in another State

Thank you!

HB-2415-SD-1

Submitted on: 3/31/2024 11:45:11 PM

Testimony for CPN on 4/2/2024 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Thomas Brandt	Individual	Support	Written Testimony Only

Comments:

Support!