



## OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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MANPOWER AND  
RESERVE AFFAIRS

February 22, 2024

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

The Honorable Senator Karl Rhoads  
Chair, Hawaii Senate Committee on Judiciary

415 S Beretania Street  
Honolulu, HI 96813

### **SUBJ: DoD Support for SB 2492 SD1 – Nurse Licensure Compact**

Dear Chairs Keohokalole and Rhoads, 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 Senate Bill (SB) 2492, which would enact the Nurse Licensure Compact in Hawaii.

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. 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. Compacts can provide seamless reciprocity for military spouses in an occupation. Other benefits of the Nurse Licensure Compact include:

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

On Jan. 5, 2023, the Veterans Auto and Education Improvement Act of 2022 (H.R. 7939) was signed into law.<sup>2</sup> 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 SB 2492.

Sincerely,



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

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<sup>2</sup> 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>

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

February 23, 2024

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

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

Date: Friday, February 23, 2024  
Time: 10:15 a.m.  
Place: Conference Room 229, State Capitol

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

**Re: S.B. 2492 SD 1 RELATING TO NURSE LICENSURE COMPACT**

The DLIR **supports the intent** of and defers to the Department of Commerce and Consumer Affairs (DCCA) and Board of Nursing on the implementation details. SB2492 SD1 will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state. SB2492 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 Consumer Protection  
and  
Senate Committee on Judiciary  
Friday, February 23, 2024  
10:15 a.m.  
Conference Room 229 and Videoconference**

**On the following measure:  
S.B. 2492, 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 the bill's intent to expand access to healthcare in the State of Hawaii and offers comments.

The purposes of this bill are to: (1) allow the Governor to enter the State into the multi-state Nurse Licensure Compact (NLC); (2) allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state, effective January 1, 2026; and (3) beginning January 1, 2026, allow the Board to charge different fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

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

The Board appreciates that this bill aims to improve access to care. However, the Board is concerned that the NLC will not provide a comparable level of vetting to Hawaii's current approach to nurse licensure. Because the NLC relies on each member state consistently and correctly evaluating nurses for eligibility for multistate licensure,

an oversight on the part of any member state could result in an unqualified nurse practicing in Hawaii. Further, the inconsistencies in how NLC state boards of nursing are disciplining or not disciplining nurses whose name have been flagged as part of Operation Nightingale<sup>1</sup> (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 essential information for the Regulated Industries Complaints Office to perform its duties.

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

Thank you for the opportunity to testify on this bill.

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



**Written Testimony Presented Before the  
Senate Committee on Commerce and Consumer Protection  
and  
Senate Committee on Judiciary  
Friday, February 23, 2024  
Conference Room 229 and via Videoconference  
By  
Laura Reichhardt, APRN, AGPCNP-BC, FAAN  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**IN SUPPORT OF S.B. 2492, 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. 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" (SSL) 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.

**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" (SSL). 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.

*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.*

In a survey conducted by Hawai'i State Center for Nursing (HSCN) for the SCR 112 working group<sup>1</sup>, 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 112<sup>1</sup>, nursing employers cited delayed licensure as a cause for failed recruitment efforts of nurses, both for temporary (i.e., travel or contract positions) and long-term positions. By allowing nurses who hold an MSL immediate permission to practice in Hawai'i, it relieves the delay in accessing those nurses' services. Due to the shortfall of available nurses, the roles 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.

### **Access to the National Nursing Workforce via the NLC**

There are 5,584,936 LPNs and RNs<sup>2</sup> in the nation and there are 41 states and US territories<sup>3</sup> 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.<sup>4</sup> Within this, 9.5%<sup>5</sup> use their MSL for travel nursing and 2.7%<sup>4</sup> have used it for disaster response. To summarize, 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, 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.

As it relates to licensing of nursing, it is imperative to recognize that while a 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 applicantes from anyone who falls within the remaining 70% of nurses who do not hold a MSL, as well as new graduates from Hawai'i or the nation who are applying to Hawaii for their first nursing license. Further, if a nurse who started working in the state using their MSL from another state become a state resident, the rules of the NLC require them to change their license to a Hawai'i license.

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<sup>1</sup> HSCN SCR 112 Working Group minutes and resources <https://www.hawaii-center-for-nursing.org/policy-and-legislation/nlc/>

<sup>2</sup> NSCBN Licensure Statistics <https://www.ncsbn.org/nursing-regulation/national-nursing-database/licensure-statistics.page>

<sup>3</sup> NLC Member Map <https://www.nursecompact.com/index.page#map>

<sup>4</sup> 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)

<sup>5</sup> Smiley, R.A. (2023). Presentation to the SCR112 Working Group, Slide 5. Referenced from: [https://docs.google.com/presentation/d/1fDP9E0kQMpHv43CNUhtlOBw0ICz67UTC?rtfpof=true&usp=drive\\_fs](https://docs.google.com/presentation/d/1fDP9E0kQMpHv43CNUhtlOBw0ICz67UTC?rtfpof=true&usp=drive_fs)

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### **Impact on License Revenue**

NCSBN estimates that by joining the NLC, approximately 8,000 nurses currently licensed in Hawai'i will no longer need a Hawai'i license due to their ability to use their current MSL from their resident state. PVL, RICO, and HSCN's operating budgets would be impacted by the loss of license fee revenues from these 8,000 nurses. Cost remediation efforts are needed. HSCN estimates that if 30% of nurses who reside in the state apply for an MSL, a \$190 MSL fee on top of the regular \$196 license fees will result in a relatively cost-neutral outcome for these three agencies. From this projection of an \$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 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; and
- Requiring employers to report information about MSL nurses employed in the state. Louisiana, Guam, and Washington State have working models for these reporting requirements. This measure uses Washington State's model for reporting requirements.

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

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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. The working group was deeply committed to the process and delivered an in-depth study.<sup>6</sup> Thank you for the opportunity to both convene the study and working group, and to provide testimony in support at this time.

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<sup>6</sup> 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](https://www.hawaii.edu/govrel/docs/reports/2024/scr112-slh2023_2024_nursing-licensure-compact_report.pdf)

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## DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813  
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February 23, 2024

### TESTIMONY TO THE SENATE COMMITTEES ON COMMERCE AND CONSUMER PROTECTION, AND JUDICIARY

#### Senate Bill 2492 SD1 – Relating to the Nurse Licensure Compact

The Disability and Communication Access Board (DCAB) supports Senate Bill 2492 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, effective 1/1/2026. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multistate license issued by the State.

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

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW  
Executive Director



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

**NADINE Y. ANDO**  
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**JOSH GREEN, M.D.**  
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**Testimony of the Department of Commerce and Consumer Affairs**

**Before the**  
**Senate Committee on Commerce and Consumer Protection**  
**and**  
**Senate Committee on Judiciary**  
**Friday, February 23, 2024**  
**10:15 a.m.**

**State Capitol, Conference Room 229 and via Video Conferencing**

**On the following measure:**  
**S.B. 2492, S.D. 1, RELATING TO THE NURSE LICENSURE COMPACT**

Chairs Keohokalole and 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 and two friendly amendments related to the proposed revisions to Hawaii Revised Statutes chapter 457.

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; (2) amend Hawaii Revised Statutes (HRS) chapter 457 to require nurses who hold multistate licenses issued by a state other than Hawaii to complete demographic data surveys beginning

January 1, 2026; and (3) authorize the Board of Nursing to charge different fees for nurses who hold a multistate license issued by State.

The Department acknowledges that having a steady source of reliable nurses, within and outside of the State, is vital to meeting the high and sometimes unmet healthcare needs. The Department acknowledges that the NLC will be an important tool to meeting our State's healthcare needs and for this reason alone it supports the measure.

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

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

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

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

Potential impacts to RICO include not having, for investigative purposes, thorough data and information that has been vetted by the BON and certified to by individual nurses. Further there may be unknown costs, uncertainty, and delays in locating, communicating with, investigating and prosecuting bad-behaving multistate licensees who may choose to flee the State upon learning that they were reported. Financially, the potential impact on RICO is a decrease in annual revenue of \$697,500 from license renewals.

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

LPNS: 158

RNs: 6,817

Total: 6,975

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

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

Total = \$948,600

Given this information, there are provisions in the bill that anticipate and are considerate of these important Department concerns. Specifically, the bill's proposed amendments to HRS 457 set forth on page 43, lines 4 to 18 of the S.D. 1, mandate certain reporting requirements for multistate licensees and health care facilities. Importantly, the proposed amendments in the S.D. 1, on page 44, lines 7 to 9 and 18 to 21, provide flexibility to the Department and BON to vary fees to mitigate potential revenue shortfalls to the Department's regulators. However, because the proposed amendments on page 44 imply, but do not state directly, that the fees that can be varied are all-inclusive of application, origination, renewal, restoration, inactivation, reactivation, compliance resolution fund, temporary and examination, the Department respectfully requests that the phrase "customarily and historically charged" be added as follows:

At page 44, line 7 to 9:

different fees **customarily and historically charged** for registered nurses

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 9, lines 9 to 21; and page 10, lines 1 to 8; and (2) multistate licensees are bound to comply with Hawaii's practice laws, see S.D. 1, page 10, lines 9 to 18; 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.

The Department participated in the S.C.R. 112 (2023 Session) Working Group last year. The S.C.R. 112 Working Group, under the excellent leadership of the Hawaii State Center for Nursing, studied the feasibility and impact of the State adopting the NLC. The Department was impressed by the professional, considerate, and comprehensive discussions that occurred in the Working Group and it was clear that the diverse group of stakeholders were engaged and unified on one major purpose: to protect the health, safety, and welfare of Hawaii's patients through good nursing and good nursing conditions. That said, 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.



**Testimony to the Senate Joint Committee on Commerce and Consumer Protection and  
Judiciary  
Friday, February 23, 2024; 10:15 a.m.  
State Capitol, Conference Room 229  
Via Videoconference**

**RE: SENATE BILL NO. 2492, SENATE DRAFT 1, RELATING TO THE NURSE LICENSURE  
COMPACT.**

Chair Keohokalole, Chair Rhoads, 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** Senate Bill No. 2492, 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.

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

**Testimony on Senate Bill No. 2492, Senate Draft 1**  
**Friday, February 23, 2024; 10:15 a.m.**  
**Page 2**

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

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

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

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





**TESTIMONY IN SUPPORT OF SB 2492 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

Friday, February 23, 2024 at 10:15 AM  
Conference Room 229 & Videoconference  
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 SB 2492 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 CODEL, 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.”<sup>1</sup>

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.

**Despite these laws, we have heard of difficulties military dependents have encountered in their attempts to become licensed in Hawaii despite having an unencumbered license from another state.**

Like elsewhere across the nation, Hawaii is facing a labor shortage. We believe that the expedited processing of the licenses of military dependents is one solution to address this issue and the Hawaii MAC is willing to work with the Department to fulfill the intent of Act 18, SLH 2021, and comply with the SCRA.

Thank you for the opportunity to offer testimony in support.

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<sup>1</sup> [https://www.hawaii.edu/govrel/docs/reports/2024/scr112-slh2023\\_2024\\_nursing-licensure-compact\\_report.pdf](https://www.hawaii.edu/govrel/docs/reports/2024/scr112-slh2023_2024_nursing-licensure-compact_report.pdf); pp. 19-20

**SB-2492-SD-1**

Submitted on: 2/17/2024 1:01:13 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Doris Matsunaga	Testifying for Save Medicaid Hawaii	Support	Written Testimony Only

Comments:

Save Medicaid Hawaii supports SB 2492

**SB-2492-SD-1**

Submitted on: 2/17/2024 12:43:47 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

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

Comments:

Aloha Senators,

On behalf of Hawaii Young Republicans, we urge the committee to *support* this legislation. Our licensing and regulatory systems are far too burdensome in Hawaii. These barriers constitute critical barriers preventing young people, and working and middle class people from transferring their talents from the mainland to here. Over 40 states are already apart of this compact and other states are perfectly capable of training and properly qualifying nurses.

During the worst of the COVID-19 pandemic, all of us experienced the impact a shortage of trained nurses has. This is a workplace fairness and health security issue. Pass this legislation to allow greater opportunity for people!

Testimony of  
Jonathan Ching  
Government Relations Director

Before:  
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

February 23, 2024  
10:15 a.m.  
Conference Room 229 & Via Videoconference

**Re: SB 2492, SD1, Relating to The Nurse Licensure Compact.**

Chair Keohokalole, Chair Rhoads, and committee members, thank you for this opportunity to provide testimony on SB 2492, 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 SB 2492, 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 SB 2492, 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 SB 2492, 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.



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

The Thirty-Third Legislature, State of Hawai'i  
Hawai'i State Senate  
Committees Consumer Proteciton and  
Judiciary

Testimony by  
Hawaii Nurses Association  
February 24, 2024

SB 2492-SD1 – 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 multi-state licensure privilege in each party state, effective 1/1/2026. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multistate license issued by the State.

DATE: Monday February 24, 2024

TIME: 10:15 AM

PLACE: Conference Room 229

Chairs Senator Keohokaloe and Senator 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 2492-SD1**

While we acknowledge the positive intentions behind the proposed legislation aimed at simplifying the process for nurses from other states to work in Hawaii, it is crucial to consider the reciprocal nature of this legislation. Given Hawaii's status as the state with the highest cost of living in the nation, there is a significant risk that Hawaii may lose more nurses than it gains. This concern is underscored by the potential implications on our healthcare system, particularly regarding nurse retention.

The Hawaii State Center for Nursing (HSCN) working group, convened in response to SCR 112, SLH 2023, has presented findings that are cause for concern. The report reveals that nurses holding a Multi-State License (MSL) and a Hawaii license are nearly twice as likely to pursue travel nursing opportunities. Furthermore, a survey conducted by the HSCN indicates that if Hawaii joined the Nurse Licensure Compact (NLC), 65% of nurses would consider obtaining an MSL, with half of these nurses open to using it for employment outside of Hawaii, including travel nursing, telehealth, or teaching in programs based in other states.

There is also no concrete evidence to suggest that the influx of new nurses through the NLC would compensate for the 30% of Hawaii's nursing workforce that may opt for opportunities on the mainland, seeking better conditions.

In our efforts to tackle the challenges of retaining a skilled nursing workforce, it is paramount that any amendments to licensure regulations are grounded in a deep understanding of their potential impact on both individual nurses and the healthcare system at large.

Given these concerns and the insights provided by the HSCN report, we strongly advise against the passage of SB2492.

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

Respectfully,

Rosalee Agas Yuu,  
President





**PALOLO CHINESE HOME**  
*Better Care. Better Lives*

**Friday, February 23, 2024 at 10:15 am**  
**Conference Room 229**

**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**  
**SB 2492 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.

## Largest Need Professions

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



2022 HAH Report Priority Professions	Total
RN specialty	999
<b>Certified Nurse Aide/NA</b>	<b>744</b>
<b>Medical Assistant</b>	<b>278</b>
Licensed Practical Nurse	211
<b>Phlebotomist</b>	<b>128</b>
<b>Personal Care Assistant</b>	<b>181</b>
Social Worker	126
<b>Patient Service Representative</b>	<b>111</b>
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 would ask that more clarification be sought, and details provided, on the fiscal impacts of the NLC compared to other licensure options, and ways that the licensing division needs to be supported in terms of personnel and funding to ensure that all healthcare professionals are able to be efficiently and swiftly licensed.

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

**Friday, February 23, 2024 at 10:15 am**  
**Conference Room 229**

**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:** Diane Hale MSN, Ed. RN  
Regional Chief Nurse Executive  
HHSC, West Hawaii Region  
Kona Community Hospital  
Kohala Hospital

**Re: Testimony in Strong Support**  
**SB 2492 SD 1, Relating to the Nurse Licensure Compact**

Thank you for the opportunity to present testimony 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. 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.

To combat this crisis, we need effective tools 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.

**HAWAII HEALTH SYSTEMS CORPORATION, WEST HAWAII REGION**

We understand that joining the NLC will not resolve the workforce issues in the state—and we are not sitting idly by in trying to resolve it. The West Hawaii Region has invested a great deal of financial resources, time, and expertise, into cultivating our local talent.

However, because of ongoing workforce shortages, we must also rely on out of state nurses as a staffing tool for patient care.

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.

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.

Thank you for the opportunity to testify,

*Diane Hale, MSN. Ed. RN*

**SB-2492-SD-1**

Submitted on: 2/20/2024 3:07:59 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

Submitted By	Organization	Testifier Position	Testify
Judy Donovan	Testifying for HHSC, West Hawaii Region, Kona Community Hospital and Kohala Hospital	Support	Written Testimony Only

Comments:

Thank you for the opportunity to present testimony 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. 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.

To combat this crisis, we need effective tools 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 understand that joining the NLC will not resolve the workforce issues in the state—and we are not sitting idly by in trying to resolve it. The West Hawaii Region has invested a great deal of financial resources, time, and expertise, into cultivating our local talent.

However, because of ongoing workforce shortages, we must also rely on out of state nurses as a staffing tool for patient care.

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.

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.

Thank you for the opportunity to testify,

Judy Donovan



**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**

February 23, 2024

10:15 AM

Hawaii State Capitol

Room 229 & Via Videoconference

**SB 2492 SD1**

**RELATING TO THE NURSE LICENSURE COMPACT**

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

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 **SB 2492 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.



**SB-2492-SD-1**

Submitted on: 2/17/2024 1:12:00 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Doris Matsunaga	Testifying for Indivisible Hawaii Healthcare Team	Support	Written Testimony Only

Comments:

Indivisible Hawaii Healthcare Team supports SB2492 SD1



Written Testimony Presented Before the  
Senate Committee on Consumer Protection and Commerce  
and  
Senate Committee on Judiciary  
HEARING: Friday, February 23, 2024, 10:15am  
PLACE: Room 229 State Capital and via videoconference

**RE: SB 2492, SD1 RELATING TO THE NURSE LICENSURE COMPACT  
(NLC) IN STRONG OPPOSITION**

Chair Jarrett Keohokalole, Vice Chair Carol Fukunaga, members of the Senate Committee on Consumer Protection and Commerce, and Chair Karl Rhoads, Vice Chair Mike Gabbard, and members of the Senate Committee on Judiciary, thank you for the opportunity to testify **in strong opposition** to this very important yet controversial measure.

Hawai'i-ANA is the state's premier professional nursing organization that fosters high standards of professional nursing practice, promotes safe and ethical work environments and advocates on health care issues that affect nurses and the public. We are partners with other professional and governmental agencies and organizations such as the Hawai'i State Center for Nursing and the Hawaii Professional and Vocational Licensure Division to assure that Hawai'i nurses provide safe and equitable care to the public we serve. The nursing workforce shortage in Hawai'i is uppermost on our advocacy agenda and the present nurse staffing crisis is one that is multifactorial in nature and will take a sophisticated multipronged approach to resolve. No one factor will solve the crisis.

**The NLC and License Portability**

The NLC is an opportunity to address license portability, a marginal but important factor for nursing recruitment efforts. The NLC does not add nurses to the workforce. It allows geographic redistribution of the existing national workforce which is also in short supply. **That being said, if the NLC came with minimal risks and extreme benefit to the state nursing workforce shortage it would be a viable option for license portability.** Of note, during the pandemic, Hawai'i implemented emergency proclamation orders which led to immediate removal of licensure barriers. Despite these efforts, healthcare employers across the state reported difficulty hiring nurses due to applicant shortages. The elimination of licensing related hiring barriers raises many questions as to the importance of license portability in the immense

schemata of workforce shortage solutions.

### **License Portability Nuances**

The Hawai'i State Center for Nursing (HSCN) Feasibility study (SCR 112) clearly explains the nuances of NLC license portability and the present state of Hawai'i nursing licensing portability operations. The NLC represents an option to license portability, however, it would disrupt and dismember the present state of professional licensing operations and bring many risks and high costs with it. Continued quality improvement efforts on our own state licensing portability efforts are showing promise. Temporary licensure permitting, already progressing through the infamous Administrative Rules promulgation process, will streamline temporary licensure endorsement to allow for an applicant with a license in another state to begin practice within 3 days of application. **While NLC license portability is immediate, it comes with excessive risks and extreme costs that this temporary license process will not incur.**

### **The NLC versus the Interstate Medical Licensure Contract**

**The NLC model infrastructure is inherently flawed.** Unlike the Interstate Medical Licensure Contract (IMLC), based on a reciprocity licensing model, the NLC is based on a mutual recognition model whereby multi state licensed nurses would practice in Hawai'i without a Hawai'i license. The strength of the IMLC model is the expedited reciprocity between individual states, but providing each practitioner with a Hawai'i state license. In the Medical model, each state retains its licensing authority and oversight for individual providers and their workforce data. Not so for the Nurse model.

### **NLC Safe Practice Issues**

While the NLC has made some significant improvements over the years, for example, requiring states to adopt criminal background checks and fingerprints for their licensees, 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.

### **The NLC Model Assumes all Nursing State Practice Acts are Similar**

The NLC also assumes that all state practice acts are similar, which is erroneous. Many states have differing types of independent, dependent, or interdependent practice privileges and regulations to protect the citizens of their own state. Some states require continuing education competencies and others do not. Some have standardized practice authority procedures, others do not. 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.

## **NLC Fiscal Impact**

The fiscal impact of joining the NLC for the state is steep with limited opportunity for revenue enhancements. The HSCN feasibility study mentioned above projects an immediate revenue loss of \$1.36 million and a potential revenue gain of only \$180,000. **Again, one must ask, is this NLC excessive cost for state licensing infrastructure realignment worth a potential improvement in licensing portability which does not make any more nurses available to recruit into the state? In particular, there is a more cost-effective, efficient means to improve our licensing processing times by implementing temporary licensure rules within the next year.**

## **NLC Outmigration Risk**

Another downside to the NLC is the outmigration of Hawai'i nurses. We already have a significant number of nurses with Hawaii licenses (44%) who do not live here. A recent survey of nurses, as reported in the HSCN Feasibility Study, revealed that nurses thought they might use a multi-state license if it were available to them in Hawai'i, to increase their career options or attain other types of work in other states suggesting there is a risk of nursing out-migration.

## **NLC Loss of Workforce Data**

The loss of workforce data on NLC nurses practicing in our state is also of great concern. In addition to not knowing who is practicing professional nursing here; we will not have access to their critical workforce data which is the pillar of health care workforce research and planning efforts. This will hinder nursing recruitment efforts as well as efforts to adequately predict the most appropriate nursing educational pipeline, to say nothing of the ability to monitor working conditions to retain our home-educated and enculturated nurses in Hawai'i. Bringing in the NLC to Hawai'i will be one more barrier to correcting the Hawai'i nursing workforce shortage.

## **NLC License Portability Mitigation Measures**

NLC mitigation measures were discussed at length with both state and out of state experts and well outlined within the HSCN Feasibility Study. **Within those discussions we learned that there may be available mitigation measures to address some of the concerns raised therein, but the value to effort ratio does not equate.** For example, numerous statutory changes would be needed for the NLC Model Act to conform with or improve existing law regarding such things as collection of workforce data and compliance with all eleven uniform licensure requirements. Multiple changes to statute and regulations will take time, money and resources when other more efficient and effective measures can be deployed.

## **Alternatives- Temporary Licensure and Nursing Workforce Shortage Strategic Planning**

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.

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

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

**Contact information for Hawai‘i – American Nurses Association:**

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

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



Written Testimony Presented Before the Senate Committee on Commerce and Consumer Protection and Senate Committee on Judiciary  
Friday, February 23, 2024  
Conference Room 229 and via Videoconference  
By Hawai'i Affiliate of the American College of Nurse-Midwives

**IN SUPPORT OF S.B. 2492, S.D. 1**

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

Thank you for your consideration of this bill to allow the Governor to enter the State of Hawai'i into the Nurse Licensure Compact (NLC). Thank you also for the work of individuals and delegates named in Senate Concurrent Resolution (SCR 112) who have provided analysis regarding the feasibility and impact of adopting the NLC. The Hawai'i Affiliate of the American College of Nurse-Midwives (HAA) offers testimony in support of SB 2492 SD1, in hopes it is part of a broader strategy to address nurse staffing stability in Hawai'i.

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

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

Hawai'i currently underproduces nursing students needed to fill all nursing positions in this state, therefore employers must seek nurses from outside the state to meet the state's nursing needs. By

allowing nurses who hold an MSL immediate permission to practice in Hawai'i, it relieves the delay in accessing those nurses' services. Due to the shortfall of available nurses, the roles that employers are seeking to fill from local and out-of-state talent pools include specialty nurses, nurse leaders, nurse faculty, and novice to experienced staff nurses across multiple settings. The need is for nurses across all counties.

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

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

Hawai'i Affiliate of ACNM Board

Annette Manant, PhD, ARPN, CNM President

Connie Conover, CNM, MSN Vice President

Margaret Ragen, CM, LM, MS Secretary

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

Friday, February 23, 2024 at 10:15 am  
Conference Room 229 & Videoconference

**Senate Committee on Commerce and Consumer Protection**

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

**Senate Committee on Judiciary**

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

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

**Re: SB 2492, SD1 – Testimony In Support  
RELATING TO THE NURSE LICENSURE COMPACT.**

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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 SB 2492, 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. The bill enables the Board of Nursing to assess different fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

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

The compact alone will not solve the issues we have with our healthcare workforce. Affordability, below-cost reimbursements from Medicare and Medicaid, and the realities of retaining nurses in rural communities are still issues that must be addressed in partnership with many other stakeholders and policy-makers. However, the compact may



help to address staffing shortages and ease recruitment of nurses, especially for specialty care that may be hard to access otherwise.

Thank you for the opportunity to testify.



Friday, February 23, 2024 at 10:15 am  
Conference Room 229

**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 R. Raethel  
President and CEO  
Healthcare Association of Hawaii

**Re: Testimony in Strong Support  
SB 2492 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
<b>Certified Nurse Aide/NA</b>	<b>417</b>
<b>Medical Assistant</b>	<b>106</b>
Licensed Practical Nurse	144
<b>Phlebotomist</b>	<b>124</b>
<b>Personal Care Assistant</b>	<b>35</b>
Social Worker	60
<b>Patient Service Representative</b>	<b>110</b>
Radiological Technologist	64



2022 HAH Report Priority Professions	Total
RN specialty	999
<b>Certified Nurse Aide/NA</b>	<b>744</b>
<b>Medical Assistant</b>	<b>278</b>
Licensed Practical Nurse	211
<b>Phlebotomist</b>	<b>128</b>
<b>Personal Care Assistant</b>	<b>181</b>
Social Worker	126
<b>Patient Service Representative</b>	<b>111</b>
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 would ask that more clarification be sought, and details provided, on the fiscal impacts of the NLC compared to other licensure options, and ways that the licensing division needs to be supported in terms of personnel and funding to ensure that all healthcare professionals are able to be efficiently and swiftly licensed.

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

Feb. 23, 2024, 10:15 a.m.  
Hawaii State Capitol  
Conference Room 229 and Videoconference

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

**Sen. Jarrett Keohokalole, Chair**  
**Sen. Carol Fukunaga, Vice-Chair**

**Senate Committee on Judiciary**

**Sen. Karl Rhoads, Chair**  
**Sen. Mike Gabbard, Vice-Chair**

**From: Grassroot Institute of Hawaii**

**Ted Kefalas, Director of Strategic Campaigns**

COMMENTS IN SUPPORT OF SB2492 SD1 — RELATING TO THE NURSE LICENSURE COMPACT

Aloha Chairs, Vice-Chairs and Committee Members,

The Grassroot Institute of Hawaii would like to offer its support for [SB2492 SD1](#), which would enter Hawaii into the interstate Nurse Licensure Compact.

Currently, 41 states and two territories are NLC members.<sup>1</sup> 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.

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 has become an obstacle to healthcare access in our state.

It is well established that Hawaii is suffering from a shortage of vital healthcare workers, especially nurses. A 2021 report from the Hawaii State Center for Nursing estimated that the state has 300 to 400 fewer nurses

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

than needed to meet demand.<sup>2</sup> 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.<sup>3</sup>

Hawaii’s nurse shortage — which existed before the COVID-19 crisis — has not eased since the COVID-19 emergency restrictions were 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.<sup>4</sup> 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.<sup>5</sup>

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.

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<sup>2</sup> Carrie M. Oliveira, “[2021 Hawai’i Nursing Workforce Supply: Statewide Report](#),” Hawai’i State Center for Nursing, 2021.

<sup>3</sup> 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.

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

<sup>5</sup> 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.”<sup>6</sup>

This is where we can benefit from the lessons learned during the coronavirus situation. The governor’s emergency modification to Hawaii’s licensing laws 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, SB2492 SD1, would streamline Hawaii’s licensing process for nurses, whereby registered nurses from participating states can practice in Hawaii without facing time-consuming, costly and redundant regulatory hurdles.

Under the NLC, a registered nurse would be able to hold one multistate license with a privilege to practice in other compact states.

Hawaii joining the NLC would be an important step toward attracting more registered nurses to our state, which would be an effective way to address our nursing shortage and improve healthcare access for all.

Thank you for the opportunity to testify.

Ted Kefalas  
Director of Strategic Campaigns  
Grassroot Institute of Hawaii

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<sup>6</sup> 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.



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Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

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Senator Karl Rhoads, Chair  
Senator Mike Gabbard, Vice Chair

RE: **TESTIMONY IN SUPPORT OF SB 2492 SD1**  
RELATING TO THE NURSE LICENSURE COMPACT  
Hearing: Monday, February 23, 2024 at 10:15 a.m.

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

Thank you for the opportunity to provide testimony in SUPPORT of SB 2492 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.

The ongoing nursing shortage is putting a strain on the health care system. The NLC enables nurses the ability to practice in any compact state without obtaining and maintaining multiple licenses, 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 system 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.

Support of SB 2492 SD1 will help increase access to quality health care – a critical component to public safety.

Sincerely,

Brenda S. Ho, MS, RN  
Chief Executive Officer



**SB-2492-SD-1**

Submitted on: 2/17/2024 2:55:47 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Younghee Overly	Individual	Support	Written Testimony Only

Comments:

I support SB2492 which 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 multi-state licensure privilege in each party state. This would increase our access to healthcare. Thank you for this opportunity to submit a testimony in support.

**SB-2492-SD-1**

Submitted on: 2/17/2024 4:34:38 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Anne Leake	Individual	Support	Written Testimony Only

Comments:

Aloha mai. My name is Anne Leake and I reside in Kaneohe. I reired from nursing at age 71 and did not renew my license last year. SB2492 RELATING TO THE NURSE LICENSURE COMPACT would allow the Governor to enter the State into the multistate Nurse Licensure Compact. The compact will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state. This is one way to help the nursing shortage in Hawaii that is predicted to get worse in the coming years. Please join the many states who are already part of this compact. Mahalo for your efforts in consideration of this bill.

To: Hawaii State Senate Committee on Commerce & Consumer Protection and the Committee on Judiciary

Hearing Date/Time: Thursday February23, 2024, 10:15am

Place: Hawaii State Capitol, CR 229 & Videoconference

Re: Judith Ann Armstrong supports SB2492 RELATING TO RELATING TO THE NURSE LICENSURE COMPACT.

Dear Chairs Senator Jarrett Keohokalole and Senator Karl Rhoads, Vice Chairs Senator Carol Fukunaga and Senator Mike Gabbard and members of the Committee on Commerce & Consumer Protection and the Committee on Judiciary

I, Judith Ann Armstrong, support SB2492 related to Relating to Nurse Licensure Compact.

The NLC was created by the [National Council of State Boards of Nursing \(NCSBN\)](#) in 2008 to increase access to care by making it easier for nurses to practice in multiple states. The NLC also helps to protect patients by maintaining high standards of care and facilitating communication between member states.

This bill will also be beneficial for Military Spouses who are Nurses and need to move frequently to new locations frequently and ease nursing shortages.

Thank you for this opportunity to testify in support of S2492.

Sincerely,

Judith Ann Armstrong

**SB-2492-SD-1**

Submitted on: 2/19/2024 11:27:24 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Stefanee Chiarolanza	Individual	Support	Written Testimony Only

Comments:

I agree with the above bill for several reasons, first and foremost when we do have emergency situations, there is no red tape to get through to get nurses in to work. Second nurses wont have to keep track of licences from all different states that they want to keep their license current and pay the fees to renew licenses in all those states, Third...if your a nurse, your a nurse, why do i have to have several different licenses.

**SB-2492-SD-1**

Submitted on: 2/19/2024 11:59:37 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Claire Santos, MS, RN	Individual	Support	Written Testimony Only

Comments:

Aloha,

I am writing to express strong support for the policy addressed in Senate Bill (SB) 2492, which would enact the Nurse Licensure Compact in Hawaii.

I've been a licensed Registered Nurse in Hawaii since 1981.

From time to time, I've taken temporary positions out-of-state and had to pay fees for those licenses and background checks. In these days of telehealth/telephonic nursing, an active RN license is required in the state where the patient resides.

It is cost prohibitive for an individual nurse to finance all of these out of state licenses.

Meanwhile, large companies like CVS Health pay for their out of state RNs to have Hawaii licenses, not only taking jobs away from local Hawaii nurses, but taking away our chances to be employed in a national telehealth environment.

Mainland companies can afford to buy individual state licenses in multiple states. Individual nurses don't have that financial power.

By not being a member of the Compact, Hawaii nurses are being unfairly forced out of the national job market.

The Hawaii Board of Nursing needs to level the playing field in a fair work environment and support this measure along with adjusting their administrative duties to provide for proper vetting of candidates who participate in the Compact. The Board can charge appropriate fees for out of state nurses to be vetted here while keeping fees reasonable for local Hawaii nurses so we can compete in the marketplace.

If matters are to be left in the hands of the Governor's office, the Governor can appoint a person or persons to make the transition and support it.

Mahalo nui loa,

Claire P. Santos, MS, RN, NHDP-BC

**SB-2492-SD-1**

Submitted on: 2/20/2024 1:07:32 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tahnee Yates	Individual	Support	Written Testimony Only

Comments:

Hi please pass this bill to help the healthcare system to not be overburdened. I know a lot of people who need home health care and there are no workers I imagine it goes up the chain from there all the way to nurses and doctor shortages. We are lucky to have the doctors that stay here and survive this tough economy please pass this bill Mahalo Tahnee Yates

**SB-2492-SD-1**

Submitted on: 2/20/2024 1:28:36 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

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

Comments:

I am generally opposed to this bill. I feel that the funding issue for licensing and paid to RICO and the Hi BON has not been thought through enough. The funding for these agency is through the fees that could be lost or less than what Hi nurses must pay. I also feel that the competency requirements for Hawaii nurse, required in HRS, is not addressed with the NLC nurses. Our goal is to keep our Hi patents safe with competent nurses. In addition, Rico is still going to have to investigate mistakes, poor action and judgements by the NLC nurses, but actions on the nurses liscense is though other states. Bringing in Nurses from other states, may not allow "local nurses" to stay in hawaii becasue jobs are being taken by NLC nurses. Let's let our kids who have gone to nursing programs here, live and work in Hawaii. Thank you for your consideration. Respectively submitted. Thomas Joslyn APRN, MS, CRNA

## **House Committee on Consumer Protection and Commerce**

To: Chair Mark M. Nakashima  
Vice Chair Jackson D. Sayama

From: Diane Hale MSN ED. RN

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

Thank you for the opportunity to present testimony 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. 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.

To combat this crisis, we need effective tools 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.

I understand that joining the NLC will not resolve the workforce issues in the state—and we are not sitting idly by in trying to resolve it. The West Hawaii Region has invested a great deal of financial resources, time, and expertise, into cultivating our local talent.

However, because of ongoing workforce shortages, we must also rely on out of state nurses as a staffing tool for patient care.

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, I 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.

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.

Thank you for the opportunity to testify,

*Diane Hale*

**SB-2492-SD-1**

Submitted on: 2/20/2024 3:01:47 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Betsy Scolnik	Individual	Support	Written Testimony Only

Comments:

we must do everything to have more healthcare professionals in hawaii!!!

**SB-2492-SD-1**

Submitted on: 2/20/2024 3:46:04 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Terri Yoshinaga	Individual	Support	Written Testimony Only

Comments:

I support this bill.

**SB-2492-SD-1**

Submitted on: 2/20/2024 6:12:45 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Cortney Midla	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support SB2492 relating to the nursing licensure compact. As a nurse and patient, I am acutely aware of the nursing shortage and its effect on patient care. This bill would make it easier to recruit nurses permanently and travel during acute shortages, maintaining patient safety.

Mahalo,

Cortney Midla

**SB-2492-SD-1**

Submitted on: 2/21/2024 10:50:56 AM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Linda L Jenks	Individual	Support	Written Testimony Only

Comments:

This is a good bill that will help to alleviate parts of our broken health care system here in Hawaii. I ask that you vote for this bill. Thank you.

**SB-2492-SD-1**

Submitted on: 2/21/2024 3:27:23 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Katherine F Davis	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

**SB-2492-SD-1**

Submitted on: 2/21/2024 6:59:52 PM

Testimony for CPN on 2/23/2024 10:15:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Stephenie Blakemore	Individual	Support	Written Testimony Only

Comments:

Aloha

Please pass this bill. Residents are desperate for qualified health care to move and stay in the state.

Mahalo



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: Jace S. Mikulanec, Director, Government Relations, The Queen's Health System

Date: February 23, 2024

Re: Support for SB2492 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 SB2492 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 1800 registered nurses across our system – Manamana, West, Molokai, North Hawaii, and urgent care facilities face a consistent challenge of filling existing and new positions (this challenge is even more pronounced on neighbor islands). Furthermore, we expect at least a 6% growth in the nursing profession over the next decade according the Bureau of Labor Statistics. We believe joining the NLC would help us address ongoing hiring challenges and take advantage of projected growth in the nursing profession.

Safety is as important for the Compact states as it is for facilities employing nurses in Hawaii. The COVID19 pandemic provided a case in point that showed how we can manage a diverse nursing population safely and effectively. At the height of the pandemic, while under the Public Health Emergency (PHE), Queen's was utilizing over 300 out-of-state, licensed, nurses -

*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.*



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 capacities to meet the needs of our statewide community and offering new employment opportunities; as such we must look at ways to make more efficient and safer to attract and hire qualified nurses. Entering the NLC is an immediate option before policymakers that will influence the ability of our healthcare systems to recruit and retain such nurses.

The Queen's Health System strongly supports SB2492 SD1 and humbly asks you to pass this measure. Mahalo for allowing us to provide this testimony.