



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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MANPOWER AND
RESERVE AFFAIRS

February 2, 2024

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

SUBJ: DoD Support for SB 2492 – Nurse Licensure Compact

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

On behalf of the Department of Defense (DoD) and military families stationed in the Aloha State, I am writing to express strong support for the policy addressed in 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.¹ The short duration of military assignments, coupled with lengthy relicensing processes, can discourage military spouses from seeking relicensure, causing them to quit an occupation or pause their career, or the Service member to leave the military.

States have committed to using interstate compacts, which establish common understanding of competency and its measurement within the occupation, to resolve the interstate issue of license portability. 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

The Secretaries of the Military Departments have made the importance of military spouse licensure explicitly clear as they consider the availability of license reciprocity when evaluating future basing or mission alternatives. In 2018, the secretaries of the Army, Navy and Air force issued a policy memorandum to the National Governor's Association noting they will consider the quality of schools near bases and whether reciprocity of professional licenses is available for military families when

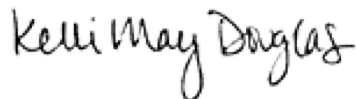
¹ "Military spouses are 10 times more likely to move across State lines than their civilian counterparts," *Supporting Our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines*, U.S. Department of Treasury and U.S. Department of Defense, February 2012, page 7.

evaluating future basing or mission alternatives.² This consideration was codified by Congress as a requirement in the 2020 National Defense Authorization Act.³

On Jan. 5, 2023, the Veterans Auto and Education Improvement Act of 2022 (H.R. 7939) was signed into law.⁴ 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

² United States Department of Defense, "Service secretaries say quality of schools, reciprocity of licenses should be considered in future basing decisions." February 23, 2018. <https://www.defense.gov/News/Releases/Release/Article/1449706/service-secretaries-say-quality-of-schoolsreciprocity-of-licenses-should-be-co/>

³ Notably, FY20 NDAA §2883(h) requires the Department and each of the military services to produce annual basing decision scorecards at the state and installation level considering military family readiness issues, including interstate portability of licensure credentials.

⁴ 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>

Testimony of the Board of Nursing

**Before the
Senate Committee on Health and Human Services
Monday, February 5, 2024
1:55 p.m.
Conference Room 225 and Videoconference**

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

Chair San Buenaventura and Members of the Committee:

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

The purposes of this bill are to: (1) allow the Governor to enter the State into the 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; 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 Nightingale¹ (the Department of Justice's investigation into a fraudulent nursing transcript scheme) continues to be a source of concern for the Board.

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

The Board supports the provision which requires nurses who hold a multistate license issued from a state other than Hawaii and are employed by any health care facility to complete any demographic data surveys required by the Board as a condition of employment. Additionally, the Board also supports the provision requiring all health care facilities to report to the Board all nurses holding a multistate license issued by a state other than Hawaii within thirty days of employment. The collection of this information will provide vital data for the Hawaii State Center for Nursing to carry out its mission and essential information for the Regulated Industries Complaints Office to perform its duties. The Board recommends that the Committee correct reference to the state of Washington on page 43, line 12, to "Hawaii."

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

Thank you for the opportunity to testify on this bill.

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



**Written Testimony Presented Before the
Senate Committee on Health and Human Services
Monday, February 05, 2024
Conference Room 225 and via Videoconference
By
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

WRITTEN TESTIMONY IN SUPPORT WITH AMENDMENTS on S.B. 2492

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee, thank you for hearing this measure, which will allow the Governor to enter the State into the multi-state Nurse Licensure Compact.

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.

In a survey conducted by Hawai'i State Center for Nursing (HSCN) for the SCR 112 working group¹, 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.

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

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.

Respondents to the survey indicated an interest in travel nursing, telehealth, teaching in out-of-state nursing programs, and disaster support, as well as wanting an MSL without a specific plan for use.

Hawai'i currently underproduces nursing students needed to fill all nursing positions in this state, therefore employers must seek nurses from outside the state to meet the state's nursing needs. In SCR 112¹, nursing employers cited delayed licensure as a cause for failed recruitment efforts of nurses, both for temporary (i.e., travel or contract positions) and long-term positions. By allowing nurses who hold an MSL immediate permission to practice in Hawai'i, it relieves the delay in accessing those nurses' services. Due to the shortfall of available nurses, the roles 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 RNs² in the nation and there are 41 states and US territories³ 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.⁴ Within this, 9.5%⁵ use their MSL for travel nursing and 2.7%⁴ 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.

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

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

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

⁴ 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)

⁵ Smiley, R.A. (2023). Presentation to the SCR112 Working Group, Slide 5. Referenced from: https://docs.google.com/presentation/d/1fDP9E0kQMpHv43CNUhtIOBw0ICz67UTC?rtfpof=true&usp=drive_fs

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

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;
- 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 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

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.

deeply committed to the process and delivered an in-depth study.⁶ Thank you for the opportunity to both convene the study and working group, and to provide testimony in support and with additional comments, at this time. Should the committee pass this measure, Hawai'i State Center for Nursing recommends the following amendments:

Page 43, line 12

a multistate license issued by a state other than ~~Washington~~ Hawai'i and

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

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



THE QUEEN'S HEALTH SYSTEM

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

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

Date: February 5, 2024

Re: Support for SB2492 – 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, 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 - 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 polices to ensure the best nurses are caring for our patients. We feel those experiences were successful and

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.

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 and humbly asks you to pass this measure. Mahalo for allowing us to provide this testimony and for your ongoing support and investment in Hawaii's healthcare system.



February 5, 2024

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

Re: SB 2492 – Relating to The Nurse Licensure Compact

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of SB 2492, which allows the Governor to enter the State into the multi-state Nurse Licensure Compact and allows a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each participating compact state.

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

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

Thank you for the opportunity to testify in support of SB 2492.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Testimony of
Jonathan Ching
Government Relations Director

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

February 5, 2024
1:55 p.m.
Conference Room 225 & Via Videoconference

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

Chair San Buenaventura, Vice Chair Aquino, and committee members, thank you for this opportunity to provide testimony on SB 2492, 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.

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, 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 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.



**Testimony to the Senate Committee on Health and Human Services
Monday, February 5, 2025; 1:55 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: SENATE BILL NO. 2492 – RELATING TO THE NURSE LICENSURE COMPACT.

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

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 2492, 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.

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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.

Monday, February 5, 2024 at 1:55 pm
Conference Room 225 & Videoconference

Senate Committee on Health and Human Services

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

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

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

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

I write in support of SB 2492 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.

Monday, February 5, 2024, at 1:55 pm
Conference Room 225

Senate Committee on Health and Human Services

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

From: Ryan Ashlock
President
Adventist Health Castle

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

Adventist Health Castle (“Castle”) submits this testimony in **strong support** for SB 2492 allowing Hawaii to join the multi-state Nurse Licensure Compact, (NLC) for Registered and Licensed Practical/Vocational Nurses.

Castle is a 160-bed facility located on the windward side of the island of O’ahu serving all patients both on O’ahu and other Hawaiian Islands for a full range of acute care and ambulatory services. Like other Hawaii hospitals, Castle struggles with a historic workforce shortage only made worse by the Covid-19 pandemic. As the only hospital on the windward side of O’ahu providing a full range of acute healthcare services, Castle firmly believes that joining the NLC offers increased professional mobility, allowing nurses to practice in Hawaii as members of the NLC, enhancing access to care.

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

The National Council of State Boards of Nursing (NCSBN), *of which Hawaii’s Board of Nursing is a long-standing member*,¹ developed the NLC as an alternative to the inefficiencies of state-by-state licensure systems many years ago. Since the early 2000’s the NCSBN has guided adoption of the NLC to now include 41 states and two territories, with legislation currently pending in 7 other states including Hawaii.²

The NCSBN is a U.S. not-for-profit organization whose membership includes all 50 U.S. state nursing boards, four U.S. territories and the District of Columbia with a mission of supporting and leading nursing practice, education, and regulation. As an NCSBN member, Hawaii’s Board of Nursing has joined previous NCSBN national initiatives, including adoption of the Model Nurse Practice Act, establishing uniform nursing practice standards,³ adoption of Nursys,⁴ a national database for verification of nurse licensure, discipline, and practice

¹ [Hawaii | NCSBN](#)

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

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

⁴ [Nursys®](#)

privileges; and adoption of the National Council Licensure Examination “NCLEX,” the national licensure exam for nursing professionals.

Being mindful of patient safety, Castle notes that the NLC is administered by the Interstate Commission of Nurse Licensure Compact Administrators (“Commission”), which includes members from each NLC participating state. Upon joining the NLC, Hawaii will appoint an administrator to the Commission which oversees strict requirements for all compact states regarding nurse eligibility for multi-state licensure, strong background safeguards and robust disciplinary provisions that ensure licensure integrity to safeguard patient care. Most importantly, the NLC allows all compact member states to retain authority to hold nurses accountable for meeting the state practice laws for all care rendered to patients in that state. This means that Hawaii’s Board of Nursing retains authority to hold nurses accountable for all Hawaii nursing practice laws.⁵

As above, Castle like other institutions struggles with the nursing shortage. At present, ten percent of our nursing workforce positions remain unfilled. HAH data shows a statewide need of nearly 1,000 nursing professionals alone, in addition to other patient facing positions. The nursing shortage impacts small hospitals like Castle by straining staff resources, and increasing workloads leading to fatigue, burnout and decreasing morale among nurses. More importantly, workforce shortage reduces capacity to manage open patient beds effectively. With fewer nurses available, hospitals may be forced to limit the number of beds they can keep operational, potentially leading to increased wait times, delayed admissions, and a strain on emergency departments straining a hospital’s ability to provide timely and efficient care to patients.

Castle believes that it is time for Hawaii to join the majority of the nation now participating in the NLC. Castle notes that Hawaii has initiated similar steps through 2023 legislation allowing Hawaii’s Board of Medicine to join the Interstate Medical Licensure Compact, streamlining the licensure process for physicians across state borders.⁶

Joining the NLC helps streamline nursing recruitment and employment by eliminating the bureaucratic inefficiencies of state specific licensure, a significant step in addressing the chronic and ongoing nursing shortage, especially in small communities such as the windward side of O’ahu where Castle resides.

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

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



**TESTIMONY IN SUPPORT OF SB 2492
RELATING TO THE NURSE LICENSURE COMPACT**

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

Monday, February 5, 2024 at 1:55 PM
Conference Room 225 & Videoconference
415 South Beretania Street

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

The Hawaii Military Affairs Council ("MAC") supports SB 2492 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."¹

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



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.

Feb. 5, 2024, 1:55 p.m.
Hawaii State Capitol
Conference Room 225 and Videoconference

To: Senate Committee on Health and Human Services
Joy San Buenaventura, Chair
Henry Aquino, Vice-Chair

From: Grassroot Institute of Hawaii
Ted Kefalas, Director of Strategic Campaigns

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

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

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

Currently, 41 states and two territories are NLC members.¹ 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 than needed to meet demand.² Research since 2021 has indicated that nearly one-fourth of Hawaii's nurses have been considering leaving the workforce, largely due to the stresses caused by the COVID-19 crisis.³

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

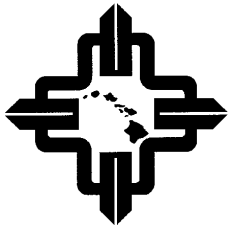
The interstate compact approach outlined in this bill, SB2492, would streamline Hawaii's licensing process for nurses, whereby registered nurses from participating states can practice in Hawaii without facing time-consuming, costly and redundant regulatory hurdles.

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



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

"Quality Healthcare For All"

COMMITTEE ON HEALTH & HUMAN SERVICES

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

February 5, 2024

1:55 PM

Hawaii State Capitol

Room 225 & Via Videoconference

SB 2492

RELATING TO THE NURSE LICENSURE COMPACT

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. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

Edward N. Chu

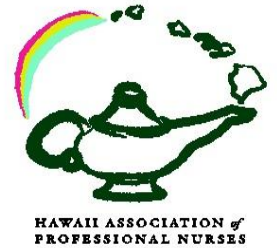
President & Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony on **SB 2492**.

HHSC's hospitals are facing challenges with strained financial resources, high inpatient and emergency department volumes, and healthcare workforce shortages. HHSC regions work diligently to try to fill our nursing vacancies and have worked with community partners in developing nurse education and training programs; however, nurse staffing continues to be a challenge. Nurses willing to travel to serve our hospitals have been helpful to fill the gaps so we can continue to provide the healthcare services our communities need. Participating in a Nurse Licensure Compact is one 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.

Hawai'i Association of Professional Nurses (HAPN)



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

From: Hawaii Association of Professional Nurses (HAPN)

Subject: SB2492 – Relating to the Nurse Licensure Compact

Hearing: February 5, 2024, 1:55p.m.

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

On behalf of the Hawaii Association of Professional Nurses, I appreciate this opportunity to voice our collective opposition to SB2492, which proposes Hawaii's participation in the Nurse Licensure Compact (NLC). Our association, which represents the interests and upholds the integrity of APRNs and nursing professionals across Hawaii, is committed to ensuring the highest standards of nursing care for our community. After thorough consideration, we have identified significant concerns regarding the NLC's compatibility with Hawaii's rigorous standards for nursing licensure and public safety. Some members of our organization are also concerned that this legislation could be used to thwart the efforts of our local union nursing workforce to negotiate contracts to ensure their right to a better quality of life. Some also believe that we do not actually have a nursing workforce shortage; what we do have is a shortage of nurses who are willing to work in abusive and unsafe environments with insufficient response to workplace violence, high and unsafe patient ratios, and additional administrative burdens that distract from good patient care. This legislation will not fix these problems in our hospitals and healthcare facilities and may even kick this can down the road, perpetuating the environment already described.

Our primary duty as a profession is to safeguard the health and welfare of Hawaii's residents. This duty compels us to scrutinize any changes to our licensure process that could potentially compromise the quality of care provided in our state. Both New York State and California continue to oppose joining the NLC, among many other states. Unfortunately, based on recent findings and discussions, we believe that joining the NLC would not align with our commitment to public protection. Further, the FBI inquiry into Operation Nightingale, which includes people receiving nursing degrees through transcript only and not actually attending courses, further erodes confidence in this process. <https://oig.hhs.gov/newsroom/media-materials/nightingale/>

In the February 2024 Hawaii Board of Nursing meeting, several concerns were shared and they are also concerns of ours. Firstly, a concerning incident in December 2023 has brought to light the vulnerabilities within the NLC framework. The Hawaii Board of Nursing (BON) encountered a case where a nurse holding an active multistate license, despite having a revoked license in a non-NLC state, applied for licensure in Hawaii. This case revealed a glaring oversight in the NLC's enforcement of its own rules, which unequivocally state that any adverse action against a nursing license disqualifies a nurse from multistate licensure. Under Hawaii's current system, this individual's application was rigorously reviewed and denied, illustrating the robustness of Hawaii's standalone licensure process in identifying and preventing unqualified nurses from practicing within our state.

Secondly, during a National Council of State Boards of Nursing meeting in January 2024, discussions about Operation Nightingale exposed another critical flaw in the NLC's disciplinary processes. This federal investigation into fraudulent nursing education claims has identified nurses practicing under false pretenses. It was revealed that several NLC states have not taken adequate action against nurses implicated in this scheme, allowing them to continue practicing across state lines. Hawaii's diligent licensure verification process has successfully prevented these individuals from entering our healthcare system, a safeguard that would be weakened by joining the NLC.

Advocates for the NLC argue that it includes sufficient protections against the practice of incompetent or unethical nurses. However, the issues we've highlighted demonstrate significant and ongoing gaps in the NLC's ability to uphold the high standards of nursing care that Hawaii demands. Our state's current licensure process, while not without its challenges, significantly surpasses the NLC in protecting the public from potential harm.

While the NLC aims to enhance nurse mobility and address staffing shortages, it should not come at the expense of patient safety and the quality of care. The examples provided underscore our concerns that joining the NLC could dilute the stringent standards that Hawaii has established for its nursing professionals. We, therefore, strongly urge the committee to consider these grave implications and oppose SB2492. If there was no need for Operation Nightingale, our response to this bill could be very different.

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

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

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

**Written Testimony Presented Before the
Senate Committee on Health and Human Services
Monday, February 05, 2024
Conference Room 225 and via Videoconference
By
Anne Scharnhorst, DNP, RN, CNE**

WRITTEN TESTIMONY IN SUPPORT WITH AMENDMENTS on S.B. 2492

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee, thank you for hearing this measure, which will allow the Governor to enter the State into the multi-state Nurse Licensure Compact.

I would like to express my strong support of this bill.

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

In a survey conducted by Hawai'i State Center for Nursing (HSCN) for the SCR 112 working group¹, 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.

As a nursing educator at UH Maui College, I know that we as a state underproduce the number of nursing students needed to fill all nursing positions, so employers must seek nurses from outside the state to meet the state's nursing needs. 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.

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

¹

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. *As the current Chair of the HSNC Advisory Board, this resonates deeply with me.*

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; [As an aside, the lack of nursing faculty prevents this from happening, and the lack of a competitive wage, compared with practicing nurses, is a root cause of the lack of qualified faculty]*
- 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 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.

Finally, **Anne Scharnhorst** 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.¹

¹ 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

Thank you for your time,
Kind regards,

Anne Scharnhorst, DNP, RN, CNE
Professor, UH Maui College
808-205-6207 (mobile)
808-984-3646 (office)

SB-2492

Submitted on: 2/3/2024 11:08:37 AM

Testimony for HHS on 2/5/2024 1:55:00 PM

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

Comments:

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

I support SB2492, which would help reduce barriers to licensed registered nurses coming from other states to work in Hawai'i, while maintaining safety standards, as they would be required to hold a license in a participating compact state. As a licenced RN in Hawai'i, I am acutely affected by the shortage of nursing staff and am concerned about the quality of patient care.

Thank you for hearing this measure,

Cortney Midla, RN

SB-2492

Submitted on: 2/2/2024 11:50:01 AM

Testimony for HHS on 2/5/2024 1:55:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Sharon Ehlers | Individual | Oppose | Written Testimony Only |

Comments:

Aloha Honorable Representatives- I strongly believe the State of Hawaii should NOT enter into the Multistate Licensure Compact. I believe this will not help with the current and ongoing nursing shortage in Hawaii and nation wide. By allowing out-of-state nurses to practice here automatically, often to leave after a few months, we are taking jobs away from our local Hawaiian nurses. Doing so is only a temporary fix for an ongoing problem. This also takes away the Hawaii State Board of Nursing's (BON) ability to turn thoroughly evaluate nurses in a timely fashion to see if there are any restrictions on their licenses granted elsewhere that might preclude them from working here. I believe being part of the compact will allow nurses who are disgruntled or even dangerous to easily change jobs with little ability to prevent them from working here or anywhere else. To improve Hawaii's ability to educate and hire and keep more local nurses, we need to find ways to hire more nursing educators and provide more support to our nursing students and nursing staff. This will provide Hawaii with an adequate number of nurses who plan to stay in our beautiful state for long term. We all will need nurses at some point in our lives. Wouldn't you rather it be someone who knows our customs, who is well educated, and thoroughly vetted by our State BON to practice in Hawaii? Keep Hawaii Nursing licenses separate and independent.

Respectfully submitted-

Sharon M. Ehlers, MSN, APRN

Assistant Professor of Nursing , Kauai Community College



February 5, 2024

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

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: February 5, 2024; 1:55 p.m./Conference Room 225 & Videoconference

Re: Testimony in support of SB 2492– Relating to the Nurse Licensure Compact

The Hawaii Association of Health Plans (HAHP) respectfully supports SB 2492, allowing our Governor to enter Hawaii into the Multistate Nurse Licensure Compact. HAHP is a statewide partnership that unifies Hawaii’s health plans to improve the health of Hawaii’s communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

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

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

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

Thank you for the opportunity to testify in support of SB 2492.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

LATE

**TESTIMONY OF EVAN OUE ON BEHALF OF THE HAWAII
ASSOCIATION FOR JUSTICE (HAJ) WITH COMMENT TO
SB 2492**

Hearing Date: Monday, February 5, 2024

Time: 1:55 p.m.

My name is Evan Oue and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) providing **COMMENTS** to SB2492, Relating to the recognition of the Nurse Licensure Compact (the "Compact").

HAJ understands and appreciates the intent of the measure, however, we **oppose SB 2492** as it would provide members, officers, executive director, employees and representatives of the commission **immunity from suit in their personal or official capacity for any claim for damage to or loss of property or personal injury or other civil liability** caused by arising out of any actual or alleged act, error or omission that occurred with the scope of employment. Under the Compact immunity from tort liability or civil liability resulting in death, injury to persons, or property damage except in cases of intentional or willful or wanton misconduct of that person. This language is overly broad and puts Hawaii residents at risk for injuries that could occur.

Specifically, Article VII (i) (1) on page 29-30 of the bill provides that:

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

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

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

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

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

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www.hawaiicarechoices.org

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COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

RE: **TESTIMONY IN SUPPORT OF SB 2492**
RELATING TO THE NURSE LICENSURE COMPACT
Hearing: Monday, February 5, 2024

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

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

For nearly 30 years, 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 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 will help increase access to quality health care and promote Hawaii's health care system ranking as the best state overall.

Sincerely,



Brenda S. Ho, MS, RN
Chief Executive Officer



Testimony Presented Before the
Senate Committee on Health and Human Services
Monday, February 5, 2024 at 1:55 p.m.

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

SB 2492 – RELATING TO THE NURSE LICENSURE COMPACT

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

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

Senate Bill 2492 would enable the Governor to enter Hawai'i into the Nurse Licensure Compact (NLC). In doing so, DCCA would be granted the authority to issue multi-state licenses (MSL) for in-state resident nurses as well as the traditional single-state licenses (SSL). Hawai'i would also grant permission-to-practice for nurses who hold an MSL from other NLC member states.

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

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

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

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

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

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

LATE

SB-2492

Submitted on: 2/4/2024 3:22:25 PM

Testimony for HHS on 2/5/2024 1:55:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|---------------------|---------------------|---------------------------|------------------------|
| Kate Plyler | Individual | Oppose | Written Testimony Only |

Comments:

Aloha,

As a long time nurse and Nursing Faculty member at Kaua'i Community College, I oppose the measure to align the State of Hawai'i into the group of Nursing Compact License states.

According to a detailed study by the Hawai'i Center for Nurses, membership with the Nursing Compact License states would not cause a net gain of new nurses for the state of Hawai'i, stating that it would draw just as many nurses to leave the state of Hawai'i as it would draw into the state.

Additionally, allowing for practicing nurses to use their compact nursing license in the state of Hawai'i would bypass the background check system, potentially allowing nurses under investigation or nurses whose license has been suspended in non-compact states to be allowed to practice in the state of Hawai'i.

It has also been shown that by joining the Nursing License Compact states, the Hawai'i State Board of Nursing would lose revenue from those nurses wanting to practice in Hawai'i and would subsequently have to raise the cost of license renewal for nurses in Hawai'i. As the cost of living in Hawai'i is already high, this added expense could drive more nurses from the state.

Lastly, as a nursing faculty member in Hawai'i, I believe we can perpetuate a stronger nursing force by encouraging our own "home grown" nurses to work in the state. The focus should be on creating "new graduate" programs on ALL the islands so that our newly graduated nurses can find jobs here in Hawai'i and stay in Hawai'i for the duration of their career. Too many times, our newly graduated nurses must leave the state to gain the experience necessary to apply for jobs here in Hawai'i. Many times, once they have left the islands, they do not return. Creating more robust new graduate residency programs in all hospitals in Hawai'i would do more to increase our workforce in the long run.

Mahalo for your consideration of this matter

Sincerely, Kate Plyler, RN, MSN

Nursing Faculty, Kaua'i Community College



Monday, February 5, 2024 at 1:55 pm
Conference Room 225

Senate Committee on Health and Human Services

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

From: Hilton R. Raethel
President and CEO
Healthcare Association of Hawaii

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

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

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

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

Largest Need Professions

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



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

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

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

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

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

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

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

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

The legislature and the agencies are currently considering multiple ways of resolving the barriers to licensure—we are open to all solutions, although we do believe joining the NLC will add a benefit to current Hawaii nurses who would like to apply for and receive an MSL. We believe that, while it would require some changing of processes, it would allow a systemic change to the system rather than a patchwork solution. Further, we 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.