



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

MANPOWER AND  
RESERVE AFFAIRS

February 8, 2023

The Honorable Senator Joy A. San Buenaventura, Chair  
Committee on Health and Human Services  
415 South Beretania St.  
Honolulu, HI 96813

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

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

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

DoD has advocated for improved licensure and career portability for military Service members and their spouses for several years. Military spouses are disproportionately affected by state-specific professional licensing requirements that can cause delays and gaps in employment, with 36 percent requiring a state license to practice in their professions and an annual cross-state relocation rate ten times higher than their civilian counterparts. Accordingly, military spouses experience unemployment and underemployment at significantly higher rates than their civilian peers.

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

Finally, interstate licensure compacts benefit not only military spouses, but also apply to all eligible professionals to include active duty Service members, members of the reserve components, veterans, and civilians. By enacting the APRN compact policy, Hawaii would have the opportunity to increase its healthcare workforce while supporting military families.

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

Sincerely,

A handwritten signature in cursive script that reads "Kelli May Douglas".

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

## Testimony of the Board of Nursing

Before the  
Senate Committee on Health and Human Services  
February 10, 2023  
1:00 p.m.  
Conference Room 225 and Videoconference

On the following measure:  
**S.B. 321, RELATING TO THE ADVANCED PRACTICE REGISTERED NURSE  
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 opposes this bill.

The purpose of this bill is to adopt the Advanced Practice Registered Nurse Compact.

The Board opposes this measure for the following reasons:

- 1) Loss of autonomy to regulate advanced practice registered nurses (APRNs):

When a state joins the APRN Compact (Compact), the Board is bound by the Compact rules that are established by the Interstate Commission of APRN Compact Administrators. The Compact language cannot be amended by the State Legislature or the Board to address Hawaii's specific licensure requirements to ensure consumer protection and patient safety. The implementation of the Compact would limit the State's authority to establish requirements unique to Hawaii for licensure and licensure renewal. Further, only seven states are currently in the APRN Compact.

- 2) Scope of Practice Differs from State to State:

Hawaii has been in the forefront regarding APRNs scope of practice. Pursuant to Act 169, SLH 2009, the Legislature recognized APRNs as primary care providers entitled to reimbursement for the purposes of health maintenance, diagnosis, or treatment and to the extent that the policy provides benefits for identical services rendered by another health

care provider. In contrast, other jurisdictions still require APRNs to either work collaboratively with a licensed physician or be directly supervised by a physician. Hawaii APRNs can prescribe both non-controlled and controlled substances, whereas other states who may join the Compact do not allow their APRNs to prescribe controlled substances, or may require an agreement with a licensed physician. By joining the Compact, APRNs in other states who were not afforded the same independent practice, would be allowed to practice in this State under the Compact, and receive prescriptive authority without meeting any additional requirements, thereby placing patients safety at risk.

3. Enforcement:

The inability to amend the Compact language may also present issues regarding the ability to discipline nurses who engage in unsafe practice. The language of the Compact clearly provides that only the home state or the Compact jurisdiction who issued the multistate license may revoke an APRN license. Although a remote state may issue a cease-and-desist order or impose an encumbrance on the APRN's authority practice in their state, this does not necessarily affect the APRN's ability to work in another Compact jurisdiction while the order is being processed. Since APRNs working under a multistate license are not required to report their presence to a board in a Compact state, an APRN who has engaged in unprofessional conduct and is under investigation in one state may enter another state without notice and perform work, which could put patients at risk for harm.

Thank you for the opportunity to testify on this bill.



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

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

Hearing: Friday, February 10, 2023, 1pm

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

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AlohaCare appreciates the opportunity to provide testimony in **support of SB321**. This measure will provide the Governor the statutory authority to enter into an Advanced Practice Registered Nurse Compact on behalf of the State of Hawai`i to allow advanced practice registered nurses (APRNs) the ability to hold one multistate license with a privilege to practice in other compact states. The Advanced Practice Registered Nurse Compact will become active when seven states have enacted legislation.

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

AlohaCare is committed to improving access to care and strengthening the Medicaid program. As you know, Medicaid enrollment in our State has grown by over 40% from 330,000 enrollees in March 2020 to 460,000 in January 2023. This tremendous growth has put a further strain on our already challenged provider capacity in the State, especially in rural areas. We support this measure as one way to expand provider capacity, relieving some of the burden faced by our existing health care workforce, and improve access to care for all residents of Hawai`i.

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



February 10, 2023

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

Re: SB321 – Relating to the Advanced Practice Registered Nurse Compact

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

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB321, which adopts the Advanced Practice Registered Nurse Compact.

HMSA strongly believes in strengthening access to quality health care services in the state of Hawaii. Participation in the compact can help, particularly in rural and underserved communities where the need is greatest. By creating an opportunity for providers who are already licensed in other states to practice in Hawaii, we can expand and support our current health care workforce while making it easier for Hawaii residents to access health care in the place they're located at the time when they need it.

We support Hawaii's participation in interstate compacts, and while broad participation would be ideal, we defer to DCCA for determining capacity and prioritization.

Thank you for the opportunity to testify on SB321.

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations



February 10, 2023

**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 10, 2023; 1:00 p.m., Conference Room 225/Videoconference

**Re: Testimony in support of SB 321 – Relating to the Advanced Registered Nurse Compact.**

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to testify in support of SB 321. 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.

HAHP appreciates the compact's ability to relieve some of the burden on our health care providers and increase resources and access for rural communities. HAHP also recognizes that the pandemic highlighted gaps in our health care system. Workforce support and expansion is important to strengthening Hawaii's health care network. While we recognize that participation in all of the compacts is probably not doable immediately, we support a prioritized and systematic approach to participation in interstate compacts to expand Hawaii's "toolkit" for providing essential care for our members and our community.

Thank you for the opportunity to testify on SB 321.

Sincerely,

HAHP Public Policy Committee  
cc: HAHP Board Members

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan | UHA Health Insurance | UnitedHealthcare

[hahp.org](http://hahp.org) | 818 Keeaumoku Street, Honolulu, HI 96814 | [info@hahp.org](mailto:info@hahp.org)

# TESTIMONY OF EVAN OUE ON BEHALF OF THE HAWAII ASSOCIATION FOR JUSTICE (HAJ) WITH COMMENT TO SB 321

Hearing Date: Friday, February 10, 2023

Time: 1:00 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 SB321, Relating to the recognition of the Advanced Practice Registered Nurse Compact (the "Compact").

HAJ understands and appreciates the intent of the measure, however, we **oppose SB 321** 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, Section (9)(a) on page 21-22 of the bill provides that:

“The members, 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 (9)(a) on page 21-22. 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.



**SB-321**

Submitted on: 2/9/2023 11:21:18 AM

Testimony for HHS on 2/10/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Matt Bishop	Testifying for Hawaii Association of Nurse Anesthesiologists	Oppose	Written Testimony Only

Comments:

My name is Matt Bishop and I am President of the Hawaii Association of Nurse Anesthesiology. I represent over 100 Certified Registered Nurse Anesthetists(CRNA) in this state that oppose this legislation. Nearly a decade ago, Hawaii adopted the APRN Concensus Model which allowed all advanced practice nurses(APRN) the ability to practice to the full extent of their license. This allowed all Hawaii patients and facilities to fully utilize the safe, high quality care that APRN's deliver.

The main problem with the APRN compact is that it includes practice hours as a prerequisite for multi state APRN practice which is inconsistent with current Hawaii state law. APRN's graduate from their respective programs ready to practice and making practice hours a requirement for a multi state APRN license creates unnecessary and costly regulations for our state. Also, if this legislation is adopted the result could lead to significant differences in the scope of practice for CRNA's and other APRN's in the same state based solely on if they hold a multi state or single state license. This will lead to confusion for facilities, employers, and patients.

This is not a good regulatory move for the state of Hawaii and will do nothing to improve access to care! Thank you for your time.

**LATE**

**Testimony of Lilian Kanai, MD, Kameron Slaten, MD and Hawaii Society of Anesthesiologists opposing Senate Bill 321 – APRN Compact Hawaii**

Our names are Dr. Lilian Kanai and Dr. Kameron Slaten. We are anesthesiologists and have worked and lived in Hawaii for over 30 years and 20 years respectively. As physicians, we have worked at The Queen's Medical Center – Punchbowl and West, Straub, Surgicare, Pali Momi, Castle, Kuakini, Surgical Suites, Hawaii Endoscopy Center, Honolulu Spine Center, Surgical Specialties and the former St. Francis Medical Center. Currently we work full time at The Queen's Medical Center, Straub and Surgicare. Today we are speaking only on behalf of the Hawaii Society of Anesthesiologists and ourselves as concerned constituents and physicians and NOT on behalf of The Queen's Medical Center, Straub, or Surgicare.

We oppose Senate Bill 321 – and here is why:

1. The APRN Compact would supersede state law – law that Hawaii citizens entrusted to you, lawmakers, to create and update as appropriate.
  - a. Hawaii patients expect to have physicians involved in their care. This Compact, without consulting the medical community on best practices or lawmakers like yourselves, would supersede state law and authorize all Advanced Practice Registered Nurses (APRNs) to provide care without any physician oversight. This is especially concerning because it would include nurse anesthetists. Unlike some other areas of health care, with surgical anesthesia, there are no second chances in the operating room and seconds can mean the difference between whether a patient lives or dies. Anesthesia is a complex medical process and always carries a risk-regardless of how healthy a patient might be. It is critical to maintain physician involvement in patient care, especially anesthesia care, because of the potential complications and outcomes that can happen.
2. The NCSBN recognized issues with the Compact language and instead of addressing these issues, they simply lowered the bar needed to make the Compact effective.
  - a. By 2020, about five years after the APRN Compact was created, only three states had adopted the Compact put forth by the National Council of State Boards of Nursing (NCSBN). State legislatures' consideration of this model slowed to a nonexistent level once lawmakers understood that the APRN Compact removed their statutory oversight of scope of practice for nurse anesthetists, nurse practitioners, and other nurses covered under this proposal. In 2020, the NCSBN adopted amendments to the Compact so instead of ten states being required to enact the compact, *seven* states are now required. This was based on NCSBN's review of other Compacts, looking for the least number of states required to enact the language which is seven for the PSYPACT Compact (applicable to psychologists). This may also have been motivated by NCSBN's recognition that state

lawmakers are extremely hesitant to enact this Compact, primarily because it supersedes state law with respect to physician involvement requirements for APRNs. It is the only compact to do so. And again, this hesitancy was evident in that only three states had adopted the Compact prior to 2020. So instead of addressing the substance of the Compact or any real concerns lawmakers may have had with the Compact language, NCSBN simply lowered the bar needed to make the Compact effective.

3. This Compact is dangerous in that it usurps lawmakers' authority over scope of practice for APRNs and authorizes such nurses to practice without any physician involvement.
  - a. Let that sink in, the Legislature is handing over its authority to a non-governmental entity to decide what is best for Hawaii patients in the operating room and other medical settings. Hawaii should not let an outside group on the mainland determine the fate of patients in our hospitals. There are significant educational differences between physicians and nurses. This Compact eliminates your ability to safeguard patient safety in light of those large differences in depth and breadth of education and training.
  
4. The literature already shows physician oversight over non-physicians practicing "health care" does not save money, does not increase access to care, and leads to worse outcomes.
  - a. There is a wealth of such studies on the surgical anesthesiology side. On the primary care side, a recent study, [\*Productivity of Professions: Evidence from the Emergency Department\*](#), by David C. Chan, Jr., MD and Yiqun Chen, compared emergency care provided by physicians to that of nurse practitioners (NPs) with full practice authority. The study clearly demonstrated that emergency care provided by NPs compared to physicians increases costs, utilizes more services, and lowers quality of care. The authors estimated that continuing to use the current staffing allocation of NPs in that Emergency Department results in a net cost of \$74 million per year, compared to staffing the Emergency Department with only physicians. This net cost occurs despite NP salaries being about half that of physicians'.

This is a very concerning bill that removes the authority of Hawaii lawmakers and Hawaii regulatory bodies to govern scope of practice and instead, hands that authority over to a national organization unfamiliar with Hawaii patients or the unique needs of our state.

For these reasons, WE URGE YOU TO VOTE NO ON SENATE BILL 321.

Thank you.

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

Kameron Slaten, MD  
President, Hawaii Society of Anesthesiologists



Friday, February 10, 2023 at 1:00 PM  
Via Video Conference; Conference Room 225

**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 321 - Comments**  
**Relating To The Advanced Practice Registered Nurse Compact**

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My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at 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.

HPH writes to provide COMMENTS on SB 321 which adopts the Advanced Practice Registered Nurse (APRN) Compact.

HPH is concerned that the bill would establish two licensing options for APRNs: one in-state license and one multistate license. The multi-state license requires adoption of model regulation in all participating states which enables portability of the license. However, the scope of practice set forth in the APRN Compact differs from that which is currently practiced in Hawai'i. As a result, while the APRN Compact may enable recruitment of APRNs into the State, it also causes confusion in terms of scope of practice. The process by which nurses would complete the pre-license and post-graduate practice hours is unclear. An unintended consequence would be the prevention of qualified nurses from working in Hawai'i due to this lack of clarity.

With the enactment of Act 46, SLH 2014, Hawai'i became the 8<sup>th</sup> state in the nation to adopt the national best practices for APRN regulation, the APRN Consensus Model, which states that licensure, accreditation and certification, combined provide guidance on the APRN's scope of practice.

- Hawai'i adopted the national standard for APRN licensure and regulation, the APRN Consensus Model. The APRN Compact does not comply with the APRN Consensus Model.

- The APRN Compact requires post-graduation practice hours before qualification for licensure. This is an additional requirement that does not exist in Hawai'i and is not part of the APRN Consensus Model.

Therefore, we question the necessity of the APRN Compact.

Thank you for the opportunity to testify.

**Written Testimony Presented Before the**  
**Committee on Health & Human Services**  
**HEARING: Friday, February 10, 2023, 1:00 P.M.**  
**PLACE: Room 225 and via videoconference**

By Hawai'i – American Nurses Association (Hawai'i-ANA)



**SB321 – RELATED TO ADVANCED PRACTICE REGISTERED NURSE COMPACT**

Chair Joy A. San Buenaventura, Vice Chair Henry J.C. Aquino, and members of the Senate Committee on Health & Human Services, thank you for the opportunity to testify **with great concern for unintended consequences if this bill were enacted.**

This testimony is written on behalf of nurses in the State of Hawaii, by the Hawai'i-American Nurses Association (Hawai'i-ANA). Hawai'i-ANA is representing the nurses in the State of Hawaii regarding numerous bills attempting to address the on-going shortage of practicing nurses in our state.

Over many decades the Hawaii State Legislature in its great wisdom and with careful deliberation, has crafted a nurse practice act in Hawaii in HRS457 that protects healthcare consumers by ensuring safe, high quality nursing care is delivered by nurses who are regulated under that act. Hawai'i-ANA will strongly support all measures that strengthen our Hawaii State Board of Nursing (BON), whose sole purpose is to protect the public's health and

welfare by overseeing and ensuring the safe practice of nursing through administration of HRS457. It is of great concern to Hawai'i-ANA that a compact licensure agreement for nurses as proposed here would greatly undermine the financial and regulatory authority of our Board of Nursing. The Hawaii BON would have to pay fees, set by the joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators (Commission). This Commission, composed of the Board of Nursing representatives from party states that adopt the Compact, promulgate rules that are binding in each state / territory by a simple majority vote. The BON would not receive any notice of nor compensation for a nurse coming into the jurisdiction to work but is still responsible for investigating any complaints made against any nurses practicing in our state with a multi-state license. The Hawaii BON would still be required to investigate those nurses for unfitness, incompetence, or unprofessional conduct due to negligent or harmful behavior promulgated on patients in our healthcare system. The Commission also has the opportunity to hold closed, non-public meetings for certain reasons and could potentially have immunity to lawsuits. Hawai'i-ANA is very concerned that this situation could have a run-away impact on financial and jurisdictional sovereignty of the State of Hawaii Professional and Vocational Licensing Division of the Department of Commerce and Consumer Affairs (PVL/DCCA).

Hawai'i-ANA further supports the work of the Hawaii State Center for Nursing (HSCN), established by the Hawai'i State Legislature in 2003, whose mission is to “provide accurate nursing workforce data for planning, disseminates nursing knowledge to support excellence in practice and leadership development; promotes a diverse workforce and advocates for sound health policy to serve the changing health care needs of the people of Hawaii”. As we stated above, a nurse working in Hawaii under a compact license cannot be required to report their presence in our state. The HSCN would be impacted by an inability to collect and provide



accurate workforce data, per their mission, because nurses working on multi-state licenses could not be accounted for in that database. HSCN has been doing an outstanding job since 2003 in advocating for healthcare policy to serve the people of Hawaii. HSCN is funded in great part by nurse licensure fees collected by DCCA only in Hawaii. Nurses working in Hawaii under a multi-state licensure would promulgate a financial and functional loss to HSCN.

Hawai'i-ANA therefore requests that the committee work with us to support measures brought before the committee that strengthen and do not undermine our own state agencies that protect consumers of healthcare in Hawaii.

We thank your committee for its commitment to the people of Hawai'i, in ensuring access to high-quality health care by our state's healthcare professionals.

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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, FNP-BC [executivedirector@hawaii-ana.org](mailto:executivedirector@hawaii-ana.org)

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



**Written Testimony Presented Before the Senate  
Committee on Health and Human Services  
Friday, February 10, 2023 at 1:00 P.M.  
Room 225 and via videoconference  
by  
Laura Reichhardt, APRN, AGPCNP-BC  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa**

**Comments on S.B. 321**

Chair San Buenaventura, Vice Chair Aquino, and members of the Senate Committee on Health and Human Services, thank you for the opportunity to testify on S.B. 321 with comments.

This measure proposes to establish two licensing options for APRNs, one in-state license and one multi-state license. The multi-state license requires adoption of model regulation in all participating states, which enables portability of the license. However, the scope of practice set forth in the APRN Compact is different from that which is currently practiced in this state. Through Act 46, SLH 2014, Hawai'i became the 8th state in the nation to adopt the national best practices for APRN regulation, the APRN Consensus Model, which states that licensure, accreditation, and certification, combined, provide guidance on the APRN's scope of practice.

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

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

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

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

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

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

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

The above measures and legislative initiatives center on education, recruitment, and retention efforts for Hawai'i's residents. Therefore, the Hawai'i State Center for Nursing prefers these initiatives over the APRN Compact as it relates to education, recruitment, and retention of APRNs in Hawai'i.

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



# UNIVERSITY OF HAWAII SYSTEM

## ‘ŌNAEHANA KULANUI O HAWAII

### Legislative Testimony

#### Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the  
Senate Committee on Health & Human Services  
Friday, February 10, 2023 at 1:00 p.m.

by

Dr. Clementina D. Ceria-Ulep, Interim Dean  
Nancy Atmospera-Walch School of Nursing

and

Michael Bruno, Provost  
University of Hawai'i at Mānoa

### SB 321 – RELATING TO THE ADVANCED PRACTICE REGISTERED NURSE COMPACT

Chair San Buenaventura, Vice Chair Aquino, and members of the Senate Committee on Health and Human Services, thank you for the opportunity to testify on SB 321 with comments.

In 2012, the Nancy Atmospera-Walch School of Nursing (NAWSON) at the University of Hawai'i at Mānoa launched the doctorate in nursing program (DNP) program. Currently, NAWSON has 2 specialties—Adult Gerontology Primary Care Nurse Practitioner and Family Nurse Practitioner with 99 students enrolled with an estimated 25 graduating each year. Our program produces high quality Family Nurse Practitioners, Adult-Gerontology Nurse Practitioners, and we are planning to expand our offerings to include Psychiatric Mental Health Nurse Practitioners.

Because of the strong nurse practitioner educational options we offer, our state has grown our APRN workforce tremendously. Today we have over 1,400 APRN in Hawai'i. However, despite innovative programs in our state to facilitate APRN education and practice, like the Preceptor Tax Credit Program (Act 43, SLH 2018) and the Healthcare Student Loan Repayment Program, it remains a challenge for our program to secure preceptors to train our APRN students in clinical practice. Bolstering the innovative efforts that reinforce our local nurses including the UH Health Initiative in the state budget and the Preceptor Tax Credit Program will immediately and positively impact our capacity to train the future APRN workforce in Hawai'i.

NAWSON commits to educating advanced practice registered nurses to meet the healthcare needs of today and in the future. We thank you for your attention to solutions aimed at resolving the nursing workforce shortages, and for the opportunity to testify with comments on this measure.



February 10, 2023

1 p.m.

Conference Room 225

VIA VIDEOCONFERENCE

**To: Senate Committee on Health and Human Services**

**Sen. Joy A. San Buenaventura, Chair**

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

**From: Grassroot Institute of Hawaii**

**Ted Kefalas, Director of Strategic Campaigns**

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

***Comments Only***

Dear Chair and Committee Members:

The Grassroot Institute of Hawaii would like to offer its comments on [SB321](#), which would enter Hawaii into the Advanced Practice Registered Nurse Compact.

If this bill is enacted, the Legislature will take 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.<sup>1</sup> Since 2021, we have seen [research](#) indicating that nearly one-fourth of Hawaii's nurses have been considering leaving the workforce, largely due to the stresses caused by the pandemic.<sup>2</sup>

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

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

The problem — which existed before the pandemic — has not eased since the emergency was lifted. Across the state, and 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>3</sup> Their licenses can be difficult to obtain, are expensive and carry geographic or "scope of practice" limitations.

As discussed in an upcoming policy brief on medical licensing by the Grassroot Institute of Hawaii, the state's shortage of healthcare professionals makes its restrictions on healthcare workers who already hold licenses in other U.S. states seem redundant and self-defeating.

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>4</sup>

In other words, though medical licensing is intended to protect the public, 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>3</sup> Ryann Nunn, "[Improving Health Care Through Occupational Licensing Reform.](#)" RealClear Markets, Aug. 28, 2018

<sup>4</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>5</sup>

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

Under the [APRN Compact](#), an advanced practice registered nurse would be able to hold one multistate license with a privilege to practice in other compact states.

By joining the APRN Compact, Hawaii will be on the leading edge of states that are lowering barriers to practice for advanced practice registered nurses. Passing this legislation would be an important step toward attracting more advanced practice registered nurses to our state, thereby addressing our nursing shortage and improving healthcare access for all.

Thank you for the opportunity to submit our comments.

Sincerely,

Ted Kefalas  
Director of Strategic Campaigns,  
Grassroot Institute of Hawaii

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<sup>5</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 #9, p3.

February 10, 2023

To: Senator Joy A. San Buenaventura, Chair  
Hawaii Senate Committee on Health and Human Services  
Hawaii State Capitol, 415 South Beretania Street  
Honolulu, HI 96813

Dear Chair San Buenaventura and Members of the Committee,

AANP appreciates the opportunity to submit testimony on Senate Bill 321, the **Advanced Practice Registered Nurse Compact**, for the hearing scheduled for Friday, February 10, 2023.

The American Association of Nurse Practitioners® (AANP) is the largest professional membership organization for nurse practitioners (NPs) of all specialties and represents the interests of the more than 325,000 licensed NPs. Nurse practitioners make up the majority of advanced practice registered nurses (APRN) in the country and our AANP Hawaii members comprise nearly forty percent of Hawaii's NP workforce.

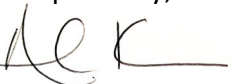
**At this time, AANP respectfully requests that the committee hold on advancing S.B. 321 and allow the Nursing community the opportunity to work through substantive outstanding issues.** AANP believes that a well-formulated APRN Compact holds promise, and that securing those benefits requires broad adoption in states. Unfortunately, the outstanding issues related to licensure eligibility, prescribing, and the structure of the compact administrative process remain in the version before the committee.

These outstanding items not only raise Hawaii-specific concerns, but have resulted in a significant number of states choosing not to advance this version of the compact. State-level amendments are unable to address these issues and require substantive amendments to the core compact language.

Further, the APRN Compact in S.B. 321 was developed prior to the COVID-19 pandemic and would benefit from a post-public health emergency perspective. Over the last three years, states gained new insights that should be incorporated to better support the APRN workforce and meet the changing needs of the health care system.

Efforts by AANP and the broader advanced practice nursing community continue to work toward resolving these remaining challenges. AANP respectfully requests that this legislation not advance at this time. We look forward to returning with a version that addresses these concerns and has broad nursing community support in a future legislative session.

Respectfully,



April N. Kapu, DNP, APRN, ACNP-BC, FAANP, FCCM, FAAN  
AANP President



## 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: SB321 – Relating to Health, offering comments

Hearing: February 10, 2023, 1p.m.

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

Thank you for the opportunity to submit comments regarding SB321. There are several parts of this bill that are incongruent with Hawaii's Nurse Practice Act and, if adopted, could have negative repercussions.

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

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

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

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

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

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

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

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

Respectfully,  
Dr. Jeremy Creekmore, APRN  
HAPN President

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

**SB-321**

Submitted on: 2/9/2023 9:17:12 AM

Testimony for HHS on 2/10/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
stephanie marshall	Individual	Support	Written Testimony Only

Comments:

As a registered nurse for over 45 years, I strongly support the passage of the APRN compact law. The state is desperately short of all health care team members and any action that can ease that shortage should be placed into law. This is in the best interests of the residents of Hawaii.

Very respectfully, Stephanie Marshall RN, MS, FAAN

**SB-321**

Submitted on: 2/9/2023 11:50:20 AM

Testimony for HHS on 2/10/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Julia Lindbergh	Individual	Support	Written Testimony Only

Comments:

To whom it concerns,

I am in favor of SB321 as written.

Thank you

Julia M Lindbrgh, RN East Hawaii

**LATE**

**SB-321**

Submitted on: 2/9/2023 2:36:32 PM

Testimony for HHS on 2/10/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
James Maliszewskyj CRNA,APRN	Individual	Oppose	Written Testimony Only

Comments:

To the Honorable Members of the Senate,

I am writing to you concerning my opposition to SB321. While I can appreciate the attempt by the authors to standardize practice across multiple states as part of the advanced practice nursing compact envisioned by the National Council of State Boards of Nursing, the provision includes a requirement for post graduate patient contact hours that is problematic for a number of reasons.

The requirement for 2,080 post graduate contact hours would result in any new graduate needing to remain in their home state for the the first year of practice prior to being able to join the compact and locate to Hawaii. This would limit employment options for new entrants into the field. It also creates a disincentive in the recruitment of new APRNs to our state at the same time we are trying to increase the number of health care providers into our underserved areas. It also creates unnecessary regulations for Hawaii while others states are currently working to remove such barriers in alignment with the intention of the compact.

There are currently nursing laws and regulations in Hawaii that are consistent with the Consensus Model for APRN Regulation, as created in 2008 through the work of the APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee. Current Hawaii law has no pre-licensing hourly requirement, since all graduates from an accredited advanced practice program are prepared for safe entry into the field upon completion of the certification examination, as are our physician colleagues.

Thank you for taking the time to consider these issues.

James Maliszewskyj CRNA, MHS

Aloha Senators and members of the committee!

I am writing to oppose SB 321. This bill requires an advanced practice registered nurse (APRN) to have practiced at least 2,080 hours as an APRN in a role and population focus congruent with the applicant's education and training as a prerequisite for a multistate APRN license in the state of Hawaii. The inclusion of practice hours is inconsistent with the evidence, is in direct conflict with the Consensus Model for APRN Regulation, and is inconsistent with Hawaii law.

APRNs are prepared for safe entry to practice at the time of graduation from an accredited graduate program and after the successful passage of a national certification board examination. The inclusion of minimum practice hours as a requirement for a multistate APRN license creates unnecessary and costly regulations for all states and new challenges for other states that are currently working to remove such barriers.

The current compact could result in significant differences in scope of practice for Certificate Registered Nurse Anesthetists (CRNAs) within the same state, based solely on whether they hold a multistate or a single state license in that state. This may result in substantial confusion for facilities, employers, and patients of CRNAs and other APRNs, if some scope elements are linked to multistate licensure status and others are not.

Mahalo for the opportunity to testify.

Sincerely yours,  
Kit Ng  
CRNA

**SB-321**

Submitted on: 2/8/2023 8:14:55 PM

Testimony for HHS on 2/10/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jenna Moliga	Individual	Oppose	Written Testimony Only

Comments:

Aloha,

I am writing in opposition of SB 321. As an Advanced Practice Registered Nurse (APRN) and Certified Registered Nurse Anesthetist (CRNA) in the State of Hawaii, I vehemently oppose this proposal. The inclusion of a minimum number of practice hours is unnecessary, and overreaching in a state that is desperate for more APRNs. The inclusion of practice hours is against best evidence and in direct conflict with the Concensus Model for APRN Regulation. It is inconsistent with Hawaii Law, and inconsistent with our ability to recruit and retain talented APRNs to care for our ohana.

APRNs are safe, efficient, competent providers from the moment they graduate from an accredited graduate program and after the successful passing of a national certification board examination. Including a minimum number of practice hours as a prerequisite for a multistate APRN licensure will harm our state and drive away APRNs wishing to practice in Hawaii.

In conclusion, I urge you to oppose this bill. Allow APRNs to live and work in our state to care fo our people without SB 321.

Jenna Moliga, DNP, CRNA, APRN