



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

February 5, 2025

To: The Honorable Gregg Takayama, Chair,  
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair, and  
Members of the House Committee on Health

The Honorable Jackson D. Sayama, Chair,  
The Honorable Mike Lee, Vice Chair, and  
Members of the House Committee on Labor

Date: Wednesday, February 5, 2025  
Time: 9:00 a.m.  
Place: Conference Room 329, State Capitol

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

**Re: H.B. 1244 RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES**

**I. OVERVIEW OF PROPOSED LEGISLATION**

The **DLIR opposes** this measure. HB1244 proposes to create a new chapter that would establish minimum registered nurse staffing standards for hospitals, require hospitals to create hospital registered nurse staffing committees to develop and implement annual registered nurse staffing plans, and appropriate funds to the DLIR to enforce these requirements.

The measure outlines the minimum staffing levels for hospitals and its various units, such as emergency department, intensive care unit, operating room, and labor and delivery, and prohibits averaging the number of patients and registered nurses. Registered nurses assigned to patient care units or clinical areas must have sufficient knowledge to provide competent care to patients and have demonstrated competence to provide care in the area that they are assigned. Personnel staffing levels in effect due to collective bargaining agreements or established under a hospital staffing plan may not reduce registered nurse-to-patient staffing levels.

The measure provides that a hospital may request a variance to be approved by the Department. The Department must determine whether granting the variance would have a significant harmful effect on the health, safety, and welfare of employees and patients and issue a written decision within 15 days of receipt of the application for variance. Parties may request reconsideration with the Director,

who must also establish administrative rules. The Department may also revoke a variance at any time after giving the hospital at least 5 days written notice.

The measure also requires hospitals to establish hospital registered nurse staffing committees by September 1, 2025, with certain membership. The staffing committee is required to produce to the Department a committee charter and an annual registered nurse staffing plan that is completed on a department-issued staffing plan form. The Department must review each staffing plan submitted by a hospital. The Department must also post staffing plans, committee charters, and violations on its website.

The Department must investigate complaints, determine if there are violations, and issue either a citation and notice of assessment or a closure letter, within 90 days of receipt of a complaint, but may extend the time by providing written notice to all parties. Parties may appeal decisions to the Director, who must appoint a hearings officer in accordance with Chapter 91, HRS.

The measure provides the Department with an unspecified appropriation, but no additional positions. The measure's effective date is upon approval, except for section three.

## **II. CURRENT LAW**

The National Labor Relations Act (NLRA) governs private sector collective bargaining and grants private sector employees the right to form or join unions and engage in protected, concerted activities to address or improve working conditions. The National Labor Relations Board (NLRB) enforces the NLRA.

## **III. COMMENTS ON THE HOUSE BILL**

The content of Parts I-III of this measure covers subject matter that is unfamiliar to the DLIR, and the proposal appears to involve either matters pertaining to collective bargaining or private matters between the employer and worker.

The Department lacks the expertise and knowledge on hospital staffing matters. Moreover, the registered nurse staffing standards and other terms and conditions of employment for hospitals are mandatory subjects of collective bargaining, if applicable, as they seek to address or improve working conditions of employees under the NLRA.



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

*"Quality Healthcare For All"*

**Committee on Health**  
**Representative Gregg Takayama, Chair**  
**Representative Sue L. Keohokapu-Loy, Vice Chair**

**Committee on Labor**  
**Representative Jackson Sayama, Chair**  
**Representative Mike Lee, Vice Chair**

February 5, 2025  
Conference Room 329 & Videoconference  
9:00 a.m.  
Hawaii State Capitol

**Testimony in Opposition to H.B. 1244**  
**Relating to Labor Standards at Health Care Facilities**

Establishes certain minimum registered nurse-to-patient staffing requirements for hospitals. No later than 9/1/2025, requires hospitals to create hospital registered nurse staffing committees. Beginning 7/1/2026, requires hospitals to implement registered nurse staffing plans. Appropriates funds..

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

Hawaii Health Systems Corporation ("HHSC") is **opposed** to H.B. 1244, Relating to Labor Standards at Health Care Facilities.

The requirements of this measure cover many matters that are the subject of collective bargaining for HHSC's public employees. The requirement to collectively bargain on terms related to wages, hours, and working conditions is well-established under Hawaii law. Specifically, Hawaii Revised Statutes Chapter 89 and volumes of labor law jurisprudence issued by Hawaii courts and the Hawaii Labor Relations Board make it clear that public employers and unions must negotiate regarding terms and conditions of employment. Further, if our healthcare personnel feel that they are subject to unsafe working conditions they have an avenue to protest those conditions through their union representatives. We would also note that enshrining requirements on the practice of medicine into statute is problematic, especially as technology and best practices evolve and improve over time.

We appreciate the Legislature's interest in policies that can assist in workforce recruitment and retention; however, this measure would be very problematic for HHSC.

Thank you for the opportunity to testify on this measure.



## UNITED PUBLIC WORKERS

AFSCME Local 646, AFL-CIO

**HOUSE OF REPRESENTATIVES  
THE THIRTY-THIRD LEGISLATURE  
REGULAR SESSION OF 2025**

**COMMITTEE ON HEALTH**  
Rep. Gregg Takayama, Chair  
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair

**COMMITTEE ON LABOR**  
Rep. Jackson D. Sayama, Chair  
Rep. Mike Lee, Vice Chair

Wednesday, February 5, 2025, 9:00 AM  
Conference Room 329 & Videoconference

**Re: Testimony on HB1244 – RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES**

Chairs Takayama and Sayama, Vice Chairs Keohokapu-Lee-Loy and Lee, and Members of the Committee:

The United Public Workers, AFSCME Local 646, AFL-CIO (“UPW”) is the exclusive bargaining representative for approximately 14,000 public employees, which includes blue collar, non-supervisory employees in Bargaining Unit 1 and institutional, health, and correctional employees in Bargaining Unit 10, in the State of Hawaii and various counties. The UPW also represents 1,500 members in the private sector.

UPW **strongly supports** HB1244, which establishes certain minimum registered nurse-to-patient staffing requirements for hospitals. This measure also requires hospitals to create hospital registered nurse staffing committees no later than 9/1/2025 and requires hospitals to implement registered nurse staffing plans beginning 7/1/2026.

We believe HB1244 promotes safer, higher-quality care for patients and addresses the critical challenges of burnout and retention among registered nurses. Adequate staffing levels improve patient outcomes, reduce errors, and contribute to a more sustainable health care system. This bill also helps hospitals retain experienced nurses by encouraging manageable workloads, which lowers turnover and reduces the high costs of recruitment and training.

Empowering nurses to participate in staffing decisions through hospital-based committees ensures that staffing plans prioritize patient safety and quality of care. This bill is an opportunity to build a stronger health care system that benefits both patients and the dedicated professionals who care for them. Mahalo for this opportunity to testify in support of this measure.

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

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**February 5, 2025 at 9:00 am**  
**Conference Room 329**

**House Committee on Health**

To: Chair Gregg Takayama  
Vice Chair Sue L. Keohokapu-Lee Loy

**House Committee on Labor**

To: Chair Jackson D. Sayama  
Vice Chair Mike Lee

From: Hilton Raethel  
President and CEO  
Healthcare Association of Hawaii

**Re: Submitting Opposition**  
**HB 1244 Relating to Labor Standards at Health Care Facilities**

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, and assisted living facilities. 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.

We would like to thank the committee for the opportunity to provide testimony in **opposition** to this measure, which seeks to mandate fixed nurse staffing ratios at Hawaii hospitals. While we share the legislature's commitment to ensuring high-quality patient care, the proposed approach of codifying rigid ratios will exacerbate existing challenges without meaningfully improving outcomes. Further, we believe that this is an issue for collective bargaining discussions and several hospitals have successfully worked through the complex decisions regarding staffing ratios through their respective contract negotiations.

Fixed nurse staffing ratios may appear to be a solution to workforce shortages, but evidence from other states suggests that they have limited efficacy and may lead to severe unintended consequences. The Legislative Reference Bureau's 2025 report, *Time for Triage: A Summary of Best Practices, State Requirements, and Successful Efforts to Reduce Nurse Staffing Shortages*, highlights a lack of consensus on the effectiveness of mandated staffing ratios. For instance, California's staffing ratio law resulted in mixed outcomes, including significant increases in hospital labor costs, higher reliance on temporary staff, and operational challenges without resolving workforce issues comprehensively.

Hospitals in Hawaii are already operating under immense financial strain due to low reimbursement rates from Medicaid and Medicare. Those reimbursements are also under deep threat from the current administration and Congress, especially for Medicaid funding. Unlike private industries, healthcare providers cannot simply adjust prices to cover rising labor costs and any increases in prices will be passed on to premium payers.

Moreover, staffing ratio mandates fail to account for the dynamic and complex nature of healthcare. Patient acuity, volume, and the mix of care needs vary daily, even within the same unit. Rigid ratios eliminate the flexibility healthcare providers require to adjust staffing levels based on real-time circumstances, potentially delaying care during emergencies or surges in patient volume. These fixed ratios can also hinder innovation in care delivery. As healthcare technology and best practices evolve, facilities must adapt quickly to implement improvements that enhance both patient outcomes and operational efficiency. Locking staffing standards into law stifles the ability to innovate and could prevent Hawaii's hospitals from adopting new care models in the future.

We also stress that collective bargaining agreements between healthcare employers and unions have successfully established staffing frameworks tailored to specific facilities and units. These agreements offer flexibility to adjust ratios based on patient needs and workforce availability, while ensuring input from frontline nurses and promoting collaboration. Mandating ratios through legislation removes the ability of hospitals and unions to negotiate staffing arrangements that reflect local realities and innovations.

The proposed legislation is also likely to exacerbate the existing shortage of available hospital beds. Many nursing homes in Hawaii have reduced their capacity due to staffing challenges, contributing to the "waitlist" problem in acute care hospitals. Imposing inflexible ratios will worsen this situation by forcing hospitals to reduce bed counts or close units if they cannot meet staffing mandates.

We urge the legislature to defer this measure. Instead, we recommend focusing on solutions that address the root causes of workforce shortages, such as expanding healthcare education programs, supporting recruitment and retention initiatives, and fostering partnerships to grow our local healthcare workforce. Safe staffing standards can and should continue to be achieved through collaboration, not inflexible legislative mandates.

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



**Testimony Presented Before the  
House Committee on Health  
and  
House Committee on Labor  
Wednesday, February 5, 2025 at 9:00 AM  
Conference Room 329 and videoconference  
By  
Laura Reichhardt, APRN, AGPCNP-BC  
Director, Hawai'i State Center for Nursing  
and  
Anne Scharnhorst, DNP, RN, CNE  
Chair, Hawai'i State Center for Nursing Advisory Board**

**Comments on H.B. 1244**

Chairs Takayama and Sayama, Vice Chairs Keohokapu-Lee Loy and Lee, and members of the committees:

Thank you for your attention to nursing workforce issues. This measure aims to achieve five main actions: (1) Create a new chapter: "Minimum Staffing Standards for Health Care Facilities"; (2) Establish minimum registered nurse staffing standards for hospitals by unit type; (3) Require hospitals to create a hospital registered nurse staffing committee; (4) Appropriate funds to the department of labor and industrial relations to enforce these requirements; and (5) Establish a complaints and fines system. **The Hawai'i State Center for Nursing (HSCN) provides comments for consideration.**

The Hawai'i State Center for Nursing is deeply committed to developing strategies to address the current and future nursing workforce's needs. HSCN is currently undertaking regional and topical focus groups that will lead to new strategic plans, engaging a consultant to project the nursing workforce demands from 2025-2036, and engaging in national and international exploration of models of care that will create the goal we have for our fellow nurses: that they are supported and elevated so that they can provide the best nursing care possible to the people in Hawai'i.

While we continue to explore current state and future opportunities, HSCN offers the following insights. Due to the rapid changes in the nursing workforce after the pandemic, patient care demands and utilization, and development and testing of new nursing models of care, there is no current standard for nursing models of care. Rather, there is a commitment to inquiry and a recognition to the multifaceted factors that address nursing staffing and nursing workload. Nursing workload is impacted by the skill and experience of the individual nurse, availability of staff and non-staff resources, number of patients, patient acuity, non-patient related duties, rurality, level of care offered at the facility, and more. This dynamic array of factors is incredibly complex. While there is no standard, nationally and internationally lauded models engage unit-level nurse-to-patient ratios while others look only at nursing workload, recognizing that two patients on the same unit may require significantly more or less nursing dedicated care.<sup>i ii iii iv v</sup>

HSCN, under our state mandate to "Develop a plan for implementing strategies to recruit and retain nurses" is exploring a new strategy to collaboratively design solutions that will positively impact nurse workload beyond the efforts currently in place across Hawai'i. Specifically, solutions will focus on factors that:

- 1) Impact workload (i.e. skill mix of unit staff, patient acuity, presence of student learners),

*The mission of the Hawai'i State Center 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.*

- 2) Increase unit-based resources to offload non-nurse dependent duties to alternate workforces or through technology, and
- 3) Explore how staffing and resource strategies are supported financially so that innovative solutions needed to optimize workload in a growing workforce constrained environment is possible, not punitive.

As we explore this work, we are looking at local, national, and international initiatives, many of which are not yet completed. As we await the final recommendations and findings from these initiatives, HSCN is seeking stakeholders to engage in this work.

### Current State of Nursing Affairs:

- General Workforce
  - The working population is in short supply for all industries, and this impacts nursing. Hawai'i DBEDT<sup>vi</sup> and Healthcare Association of Hawai'i<sup>vii</sup> (HAH) both project a diminishing working age population.
  - Hawai'i DBEDT and HAH also project an increase in the population aged 65+, with particular gains in the 80+ population. DBEDT projects a continued increase in the old age population to working age population ratio through 2040 where it peaks at a high of approximately 45% from 35%, today. The older population are higher utilizers of healthcare; therefore, this is an indicator of increased nursing care demand in the years to come.
- Nursing Workforce
  - HSCN's 2023 Nursing Workforce Supply Report<sup>viii</sup>, a survey that yielded responses from 15,409 nurses licensed in Hawai'i, found that the growth of our in-state nursing workforce population is relatively flat (blue line).
  - HSCN's workforce projections will assess the number of nurses needed relative to the anticipated nursing care demand based on population demographics and healthcare utilization trends. However, changes related to staffing models are not included in this model.

### RN LICENSES, 2013-2023

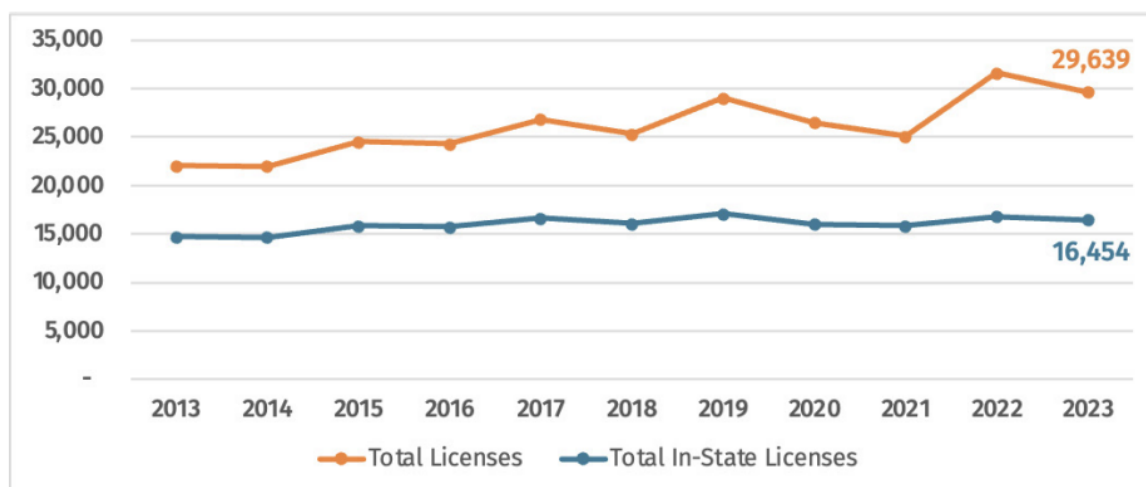


Figure 1: In State and Total RN Licenses, 2013-2023.

### Status on Strategies under Develop a Plan For Implementing Strategies To Recruit And Retain Nurses

HSCN has established three strategic initiatives in recent years aimed at increasing the stability of the nursing workforce.

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- Nursing Education Capacity
  - HSCN’s Advisory Board established priorities to improve clinical education capacity, address faculty recruitment and retention challenges, and support simulation practitioners.
  - In 2022, HSCN worked with the Legislature to establish an increase in funding for 39 clinical instructors across UH nursing programs and dedicated funds to support clinical faculty.
  - HSCN engages in research and provides information to policy makers at the state, department, and university level related to nursing education topics.
  - HSCN leads the Hawai’i Clinical Placement Collaborative to aid in securing clinical placements, the Preceptor Tax Credit Program, and the Simulation Collaborative, and is a member of the LPN Innovation Collaborative, all of which increase the state’s capacity for public and private nursing education.
- Nursing Transition to Practice
  - HSCN is the first state in the nation to convene a statewide nurse residency collaborative, which was established in 2012.
  - HSCN expanded the Hawai’i Nurse Residency Program and launched a new program, the Hawai’i Nurse Specialty Transition to Practice, which has created new career opportunities for local nurses.
  - Between 2021 and 2024, 2,368 nurses were supported through the new graduate Nurse Residency Program. New nurses in these programs average a **97% 12-month retention rate** (Figure 2). Nationally, the new graduate nurse retention rate is 76%.<sup>ix</sup>

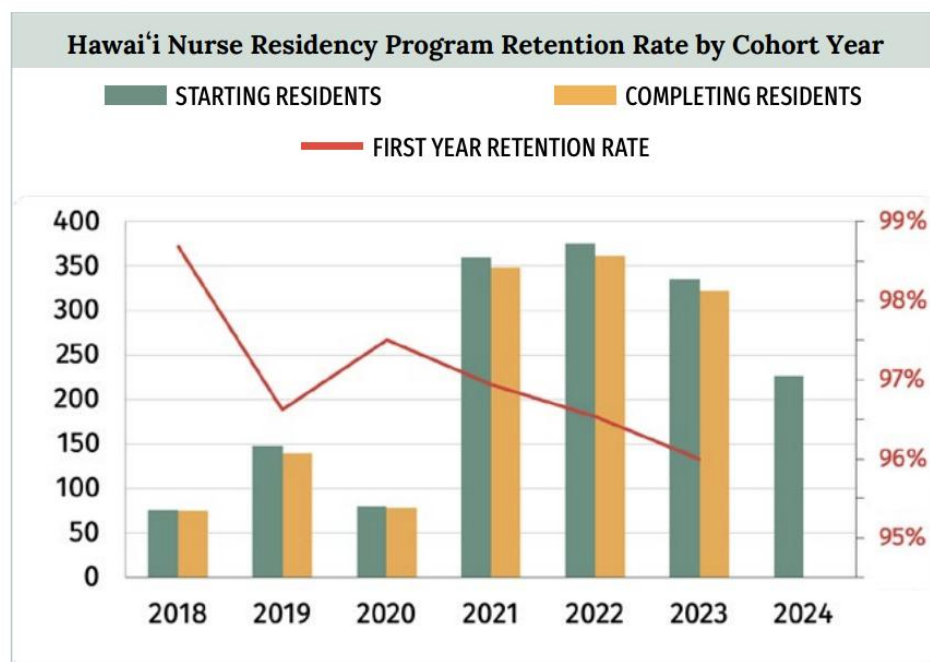


Figure 2: Hawai’i Nurse Residency Participation and Retention, 2018-2024.

- In 2022, HSCN conducted a needs assessment<sup>x</sup> related to the career pathways for nurses to become specialty nurses. Finding a deficit in on-the-job training opportunities, HSCN created the HSCN Transition to Practice Initiative which in 2024 supported 563 nurses in accessing training in specialty areas.
- These efforts increase on-the-job opportunities for nurses to gain resources needed to provide patient care as well as fulfill their career goals in the state. Further, these efforts

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decrease the reliance on out-of-state contracted nursing labor by elevating the state's nursing workforce and aligning personal goals with career opportunities.

- Wellness as a Factor of Recruitment
  - In 2021, HSCN started tracking on nursing wellbeing, and added questions about nursing wellbeing to the Nursing Workforce Supply Survey.
  - In 2023, the Advisory Board formally adopted this topic as a priority issue.
  - While the nursing workload strategy described earlier in this testimony is part of the overall wellness initiative, HSCN has already adapted its regular activities to incorporate and address this important topic, as visualized below.

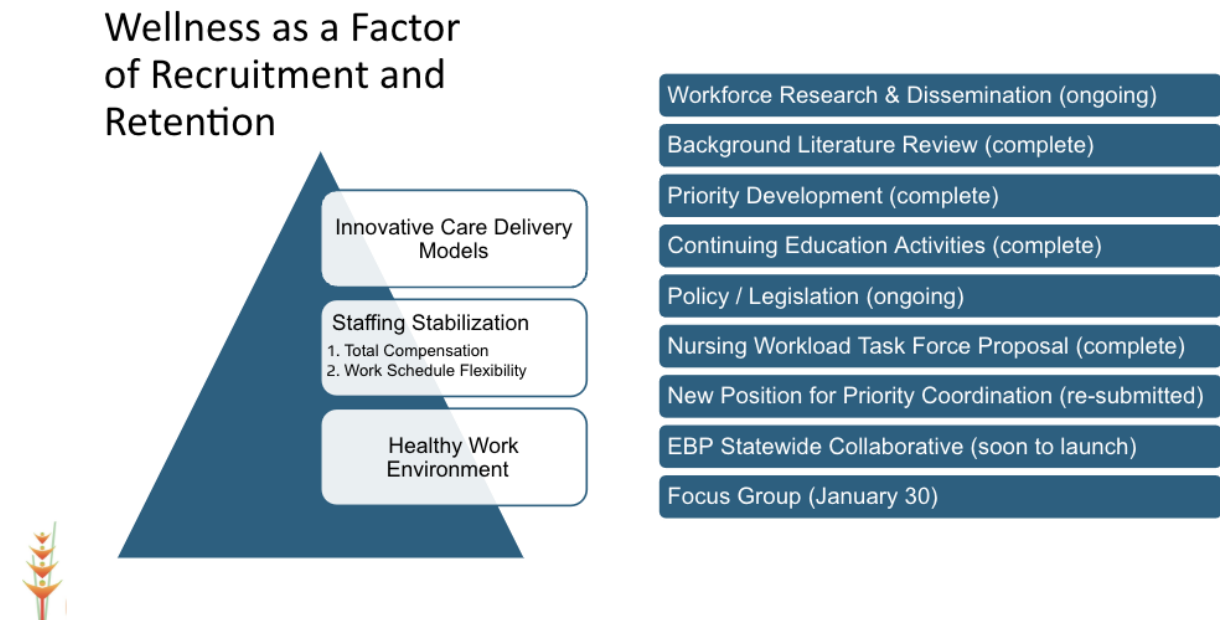


Figure 2: Wellness as a Factor of Recruitment and Retention<sup>xi</sup>

The Hawai'i State Center for Nursing recognizes that nurses are facing an incredible challenge as the duty to care only increases. HSCN is committed to our state's mandates and our service to nurses: we are working to find the solutions that will work for today and in the future, that are evidence-based, and feasible for our state. We are committed to the nurses in our state and thank them for their work and service. Thank you for considering the comments provided herein by HSCN.

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## References

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- <sup>i</sup> Needleman J. Achieving Safe Staffing in Hospitals. *Nursing Economic\$*. 2024;42(4):203-205. doi:10.62116/NEC.2024.42.4.203
  - <sup>ii</sup> Berlin G, Lapointe M, Murphy M, Wexler J. Assessing the lingering impact of COVID-19 on the nursing workforce.
  - <sup>iii</sup> Curley MAQ, Zalon ML, Seckel MA, et al. Call to action: Blueprint for change in acute and critical care nursing. *Nursing Outlook*. 2024;72(6):102271. doi:10.1016/j.outlook.2024.102271
  - <sup>iv</sup> Delgado SA, Blake NT, Brown T, Clark L, Needleman J, Cassidy L. Diverse perspectives on unit-level nurse staffing ratios in medical–surgical units: A Delphi policy analysis. *Nursing Outlook*. 2024;72(4):102184. doi:10.1016/j.outlook.2024.102184
  - <sup>v</sup> Blake N, Cardenas-Lopez K, Kahwaji N, et al. Leadership and Staff Working Collaboratively to Develop Appropriate Staffing Guidelines. *AACN Advanced Critical Care*. 2024;35(2):173-179. doi:10.4037/aacnacc2024465
  - <sup>vi</sup> Department of Business, Economic Development and Tourism (DBEDT) Research and Economic Analysis Division . 2024. Population and Economic Projections for the State of Hawaii to 2050 [https://files.hawaii.gov/dbedt/economic/data\\_reports/LRF/2050-long-range-projections.pdf](https://files.hawaii.gov/dbedt/economic/data_reports/LRF/2050-long-range-projections.pdf)
  - <sup>vii</sup> Healthcare Association of Hawai'i. (2025) Hawai'i Healthcare Workforce Initiative. 2024 Report <https://hah.sharefile.com/share/view/s2482a25b1f8e45199adfc3bc4e96263e>
  - <sup>viii</sup> Hawai'i State Center for Nursing (2024). 2023 Hawai'i Nursing Workforce Supply: Statewide Report. <https://www.hawaiicenterfornursing.org/wp-content/uploads/2024/04/2023HawaiiNursingWorkforceSupply.vFinal.pdf>
  - <sup>ix</sup> Hawai'i State Center for Nursing (2024). 2024 Annual Report. <https://www.hawaiicenterfornursing.org/wp-content/uploads/2024/12/2024AR-WEB.pdf>
  - <sup>x</sup> Hawai'i State Center for Nursing (2022). Assessment of Specialty Nurse Needs for Hawai'i. [https://www.hawaiicenterfornursing.org/wp-content/uploads/2022/05/Assessment-of-Specialty-Nurse-Needs-for-Hawai%E2%80%9804-25-2022\\_ADA-clean.pdf](https://www.hawaiicenterfornursing.org/wp-content/uploads/2022/05/Assessment-of-Specialty-Nurse-Needs-for-Hawai%E2%80%9804-25-2022_ADA-clean.pdf)
  - <sup>xi</sup> Hawai'i State Center for Nursing (unpublished) program data

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**HB-1244**

Submitted on: 2/3/2025 11:35:18 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Stephanie Carlini	Hawaii Nurses Association/Kapiolani Medica Center/Queens Health System	Support	Written Testimony Only

## Comments:

My name is Stephanie Carlini and I am a registered nurse at Kapiolani Medical Center and Queen's West. I have been a registered nurse for 16 years. I have worked a wide variety of specialties including PICU, pediatric and adult PACU, GI, Sedation, Outpatient Surgery,Plastics, and Infusion. I left a safe working environment at Seattle Children’s Hospital to join Kapiolani in 2023 and it is very concerning what is happening with Hawai‘i healthcare.I have worked in states that offer state mandated ratios ( CA) and other states ( WA, CO) where the facilities have ratios that they follow, because this is what is BEST and SAFEST for nurses and patients. Nurses are the backbone of any hospital system and we should be able to provide high quality care, instead we are physically and mentally drained and exhausted. We are drowning in these current conditions and we are suffering, the patients are suffering. Our new contracts are helpful and a step in the right direction but this should be a state mandate for Hawaii.

Why are we BEGGING for safe conditions? Lives are at stake, this should be a no brainer! Wouldn’t you as a patient want the best possible and safest care? Wouldn’t you expect the safest and highest standards possible when you’re in your time of need?Ask yourself, why are there one million active RN licenses in this country that are not practicing as nurses. There is no nursing shortage, there is a shortage of nurses willing to work in unsafe conditions, willing to continue to put their physical and mental health at risk and willing to put their licenses on the line on a daily basis by the unnecessary demands of the healthcare system. Please help us provide what we all nurses deserve and what all patients deserve. Safe working conditions and being able to provide high quality care.

Best,

Stephanie Carlini RN



**HB-1244**

Submitted on: 2/3/2025 12:50:45 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alaiza Dansalan	Kaiser Permanente Moanalua Medical Center	Support	Written Testimony Only

**Comments:**

I support safe patient staffing ratio for many reasons. Number one, prioritizing patient safety as healthcare providers as well as the hospital itself. Safe and quality care means patient satisfaction. Another is having adequate amount of nurses on the unit based on patient acuity and care that patients need. Working on labor and delivery is different from other department. We should follow standardized practices based on the population and type of care they need. I was a charge nurse one shift and the unit did not have adequate staffing. Nurse core is 6 a shift, but 5 nurses were only scheduled, and we had to ask for any ward clerk willing to pick up a shift because there weren't any scheduled. We had 3 back to back deliveries that night which were one to one patient to staff ratio. Another nurse was preparing to go to the operating room because her patient needed a cesarean section; leaving this also a one to one ratio due to high acuity care. This left no other free nurses available to take on another patient. The charge nurse, whose role is to oversee the unit without any patients had to take care of 2 other patients, along with going to deliveries for assistance and taking triage calls. A new patient early in pregnancy came in due to bleeding. I was assisting in the operating room that time and no one could assist this patient immediately. I had to ask another nurse, who was also admitting a new patient that time to put the patient on the monitor to make sure everything was okay. All the nurses that evening had to help each other out to keep our patients safe and ourselves afloat. Lunch breaks were taken 3-4 hours before the shift ended (this was a 12 hour shift). This type of shift calls for unsafe staffing. Anything can go on in a Labor and delivery unit. One hour it's smooth sailing, the next hour the nurses can be drowning. Many of our nurses moved to other departments, the clinic or to the mainland because they were burned out from this type of work environment. Therefore, planning and having more staff on board could prevent this from happening. There should always be an "as needed" nurse available or a break relief nurse on every shift to have a back up when things get busy. Our hospitals and state should be helping these health care providers through safe patient staffing ratios for more nurse retention, as well as keeping our community safe.



Wednesday, February 5, 2025 at 9:00am  
Conference Room 329 & Videoconference

**House Committee on Health**

To: Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Loy, Vice Chair

**House Committee on Labor**

To: Representative Jackson Sayama, Chair  
Representative Mike Lee, Vice Chair

From: Catherine Sataraka, MBA HCM, BSN, RN  
Director of Patient Safety and Quality

**Re: HB 1244 – Testimony in Opposition  
Relating To Labor Standards at Health Care Facilities**

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My name is Catherine Sataraka, and I am the Director of Patient Safety and Quality for Wilcox Medical Center. Founded in 1938, Wilcox Medical Center is a not-for-profit hospital dedicated to providing the Kaua'i community with accessible, quality health care. Wilcox is the largest medical facility on Kaua'i and has been recognized as one of the nation's best small hospitals. With more than 200 physicians on staff, Wilcox Medical Center offers island residents and visitors expert diagnosis and treatment for more than 22 specialties. It is a state-of-the-art acute care facility with a full suite of services including emergency, OB/GYN, pediatrics, cardiology, gastroenterology, ophthalmology, pulmonology, nephrology, orthopedics, neurology, internal medicine, trauma, family practice, radiology, urology, otolaryngology and general surgery.

**I write in OPPOSITION of HB 1244** which establishes mandatory staff-to-patient ratios for hospitals for registered nurses, requires hospitals to create registered nurse staffing committees and implement those plans by July 2026. The Department of Labor and Industrial Relations is charged with enforcement and has the authority to issue citations for violations of the staffing ratios based on complaints filed by a registered nurse, collective bargaining representative, patient, or other person.

Wilcox appreciates the intent of HB 1244, however, we have guidelines in place for deciding how many patients a nurse can care for at a time. We follow national standards

for nursing and patient care. The amount of care needed depends on how sick patients are and how many patients we have, which can change at any time. As the only private non-profit acute care hospital operating on the Neighbor Island of Kaua'i, our staff sees all stages of care covering patients of all ages. Patient care requires flexibility, especially on Neighbor Islands. At Wilcox, we need to be flexible in how we care for our community in order to provide optimal, quality healthcare. We also need staffing flexibility to care for patients awaiting transport to O'ahu, as we are dependent on an external flight service which also provides transport for the entire state. Fixed staffing ratios established by statute does not allow for flexibility needed to care for our patients on Kaua'i.

Finally, the items addressed in HB 1244 are all covered and dealt with in our current negotiations with the unions that represent our health care workforce. Having items currently covered under labor negotiations in statute will prevent Wilcox from designing the care team that is sensitive and appropriate to provide healthcare for our patients on Kaua'i. As Wilcox is in the process of negotiating its labor contract, the introduction of statutory provisions during these negotiations would establish an inappropriate precedent that would have far reaching implications across the continuum of care in our state.

For these reasons, we oppose HB 1244. Thank you for the opportunity to testify.

**HB-1244**

Submitted on: 2/3/2025 5:47:32 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Greg Schumacher	Hawaii Nurses Association	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Greg Schumacher

I am a nurse and I work at Wilcox Medical Center in the Adult ICU, on the island of Kaua'i.

I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

In January 2020 I took on a leadership role at Wilcox Medical Center and left bedside care. During my time as a supervisor for the ICU and ER, I continually tried to advocate for better staffing ratios for all of our units. It became increasingly clear to me that the hospital's budget was a larger concern to management than patient safety and staff well-being. In October 2023, I knew that I could no longer align myself with hospital leadership and felt I could make a larger contribution to my community by returning to bedside nursing and rejoining my coworkers in the ICU.

When the nurses of one unit are overloaded, it often bleeds over to the other units. If Med Surg nurses are having to care for 6 patients, there's often the probability that patients may not be being monitored as well as they could or should be. When a patient condition worsens, the staff may need to call for additional resources from other units. This is often the ICU nurse responding to these events. That in turn leaves the ICU short staffed for the time our nurse is out of the unit. Often times in those circumstances the patient then becomes an ICU patient.

Imagine now that your family member is a patient in our MedSurg unit. Your family member's nurse has six patients to care for. That means they're spending less than 10 minutes per hour with each of their patients. What happens when it's time for that nurse to go on break? Unfortunately, that means that another nurse, that also has six patients, has to take over for all of the patients that your family member's nurse is assigned to. That nurse now has 12 patients for 30 minutes. This means those 12 patients are getting very little care and also means that it's highly unlikely

that your family member's nurse gets an uninterrupted break. The same thing happens within the ICU. While our ratio is two patients to one nurse, during the time frames that a nurse has to respond to an emergency elsewhere or if a nurse is on break then that changes to four critically ill patients per nurse.

Each unit has a charge nurse - a nurse in charge of a variety of duties including patient assignments, break rotations and administrative paperwork. On top of all of that, they also have their own full load of patients. Many other facilities do not have their charge nurses take patients unless absolutely necessary.

Being that we are the primary care center for a population of over 70,000 people, our nurses care for a variety of types of patients. From pediatric patients to stroke patients to trauma patients to end of life care patients, our nurses care for it all. We have been told by leadership that Wilcox patients are not as sick as patients on O'ahu but that is simply not true as we do not have the specialty units that facilities on O'ahu do to spread patients with higher care needs out.

If this bill were to be passed for safer staffing, it will help ensure continuity of care across all healthcare facilities and hold facilities legally responsible for the amount of care time a nurse gets to spend with their patients.

I do not know a single nurse that hasn't gone home at some saying "I failed my patients today because I didn't have enough time". I personally cannot count the amount of times that I have woken up from my sleep thinking about a patient that I had left in the hospital that day and wondered if I could have changed their experience or outcome if there had been another set of hands available. These things haunt those of us in healthcare and is leading to a higher level of burnout than ever before.

I would encourage everyone to put themselves in the shoes of a patient or their family and ask what would you like your nursing care to look like? Would you like to see your nurse for less than 5 minutes occasionally or would you like for them to have the time to actually listen to your concerns and provide compassionate care accordingly.

Mahalo for your support of HB1244. Please pass this bill!



Wednesday, February 5, 2025 at 9:00 am  
Room No. 224 & Via Video Conference

**House Committee on Health**

To: Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Lee Loy, Vice Chair

**House Committee on Labor**

To: Representative Jackson Sayama, Chair  
Representative Mike Lee, Vice Chair

From: Robyn Kalahiki, RN  
Vice President of Patient Services & Chief Nurse Executive

**Re: HB 1244 – Testimony in Opposition  
Relating To Labor Standards At Health Care Facilities**

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My name is Robyn Kalahiki, and I am the Vice President of Patient Services and Chief Nurse Executive for Pali Momi Medical Center. With 118 beds and more than 400 physicians on its medical staff, Pali Momi Medical Center offers a full range of services for the communities of Central and West O'ahu. The hospital is an affiliate of Hawai'i Pacific Health, one of the state's largest health care providers and a not-for-profit health care system with over 70 locations statewide including medical centers, clinics, physicians and other caregivers serving Hawai'i and the Pacific Region with high quality, compassionate care.

**I write in OPPOSITION to HB 1244** which establishes mandatory staff-to-patient ratios for hospitals for registered nurses, requires hospitals to create registered nurse staffing committees and implement those plans by July 2026. The Department of Labor and Industrial Relations is charged with enforcement and has the authority to issue citations for violations of the staffing ratios based on complaints filed by a registered nurse, collective bargaining representative, patient, or other person.

Pali Momi appreciates the intent of HB 1244, however, we already follow national trends and guidelines for appropriate staffing based on a number of factors, including the patients' condition, needs and type of procedure. We are as creative as possible within those guidelines when staffing our units to ensure patients have the attention they need based on how ill they are. Strict adherence to the staffing ratios outlined in the bill would lead to longer wait times for patients to get the care they need in the emergency department as well as other departments in the hospital. Hospitals may be forced to

turn patients away and close some units because they don't have enough nurses to meet the ratios. For Pali Momi, as the hospital serving the people of Central and West Oahu, this could mean requiring patients to travel long distances to another hospital to obtain the care they need. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or car accident resulting in multiple victims, could result in insufficient nurses on hand to meet the ratios.

Hospitals are already burdened with a health care staffing shortage. There are approximately 1,000 unfilled nurse positions statewide. The implication of this measure is that hospitals are currently understaffed and will not be in a position to comply with the ratio requirements. Complaints may be filed and hospitals may be penalized for preexisting workforce conditions over which they have no control. In these times in particular, when novel and nimble staffing solutions are needed to care for our community, having mandated ratios, regardless of actual staffing needs of a particular unit or facility will lead to overstaffing in some circumstances and understaffing in others.

The unintended consequences of this bill will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers already struggling post-pandemic.

Thank you for the opportunity to testify.



Wednesday, February 5, 2025 at 9:00am  
Conference Room 329 & Videoconference

**House Committee on Health**

To: Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Lee Loy, Vice Chair

**House Committee on Labor**

To: Representative Jackson Sayama, Chair  
Representative Mike Lee, Vice Chair

From: Andrew Moats, RN  
Vice President of Patient Services & Chief Nurse Executive  
Straub Benioff Medical Center

**Re: HB 1244 – Testimony In Opposition  
Relating To Labor Standards at Health Care Facilities**

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My name is Andrew Moats and I am the Vice President of Patient Services & Chief Nurse Executive at Straub Benioff Medical Center (Straub). Straub is an affiliate of Hawaii Pacific Health. Founded in 1921, Straub includes a 159-bed hospital in Honolulu, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. With over 200 physicians who are leaders in their fields, Straub provides its patients with diagnoses and treatments for more than 32 different medical specialties, including bone and joint, heart, cancer, endocrinology/diabetes, family medicine, gastroenterology, geriatric medicine, internal medicine, vascular and urology.

**I write in OPPOSITION of HB 1244** which establishes mandatory staff-to-patient ratios for hospitals for registered nurses, requires hospitals to create registered nurse staffing committees and implement those plans by July 2026. The Department of Labor and Industrial Relations is charged with enforcement and has the authority to issue citations for violations of the staffing ratios based on complaints filed by a registered nurse, collective bargaining representative, patient, or other person.

Straub appreciates the intent of HB 1244; however, we have grave concerns with the provisions provided under this bill to manage hospital staffing ratios. In the midst of a national health care workforce shortage, strict adherence to fixed staffing ratios prescribed under this bill will not create the requisite workforce needed to provide patient access to services.

Each hospital is unique. Mandated staffing ratios which are applicable to all hospitals regardless of their location, specialties and types of patients would hamper the hospital's ability to provide optimal care. Just as problematic, any change resulting in an influx of patient during a shift could quickly result in a situation whereby there are insufficient nurses on hand to meet the ratios.

In these times in particular, what is needed are novel and nimble staffing solutions that is informed by the clinical needs of each patient. Having mandated ratios – fixed in statute developed irrespective of actual staffing needs of a particular unit or facility will lead to overstaffing in some circumstances and understaffing in others.

Additionally, staffing ratios, meal breaks, rest breaks, overtime and other matters are largely dependent on collective bargaining agreements. Staffing ratios that are clinically informed and tailored to specific care setting and guided by comparable national standards as opposed to those that are statutorily mandated, would better serve our patients and communities.

Hospitals are already burdened with a health care staffing shortage. There are approximately 1,000 unfilled nurse positions statewide. The implication of this measure is that hospitals are currently understaffed and will not be in a position to comply with the ratio requirements. Complaints may be filed and hospitals may be penalized for preexisting workforce conditions over which they have no control.

The unintended consequences of this bill will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers already struggling post-pandemic.

Finally we note that the elements prescribed under HB 1244 – staffing ratios, lunch breaks, overtime - are all elements discussed and bargained for under during labor negotiations and incorporated into our labor agreements. The execution of the recent labor contract between our sister hospital Kapi'olani Medical Center and the various labor unions that represent our health care workers demonstrates that this process works. The enactment of a statutory requirement to introduce elements that have already been negotiated between private parties serves as a bad precedent in labor and employer relations that could have impacts that extend beyond healthcare and into other industries.

Thank you for the opportunity to testify.

**HB-1244**

Submitted on: 2/3/2025 11:01:11 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Belgica Heredia	Kaua'i Mental Health Advocates	Support	Written Testimony Only

Comments:

Hello,

My name is Belgica Heredia. I am a nurse, a mental health advocate and a concerned community member.

Evidence based research on patient outcomes in regards to nurse to patient staffing ratios support what this bill is asking for.

As a registered nurse working in a hospital setting, I can attest to the amount of pressure we nurses have to go through during a 12 hour shift in order to keep our patients safe. We forgo breaks, lunches and are worked in skeleton crew scenarios in order to benefit the hospital.

I have been a nurse for over 30 years and stand firm in the belief that I want to leave the nursing profession in better shape for the new nurses.

For the sake of our communities' safety and respect for the nurses of the state of Hawaii, I respectfully ask for your support of this bill.

Mahalo,

Belgica Heredia, RN



Where LGBTQIA+ Rights Meet the Labor Movement  
A constituency group of the Hawai'i State AFL-CIO

February 3, 2025

House's Committees on Health, and Labor  
Hawai'i State Capitol  
415 South Beretania Street  
Honolulu, HI 96813

Hearing: Wednesday, February 5, 2025 at 9:00 AM

RE: **STRONG SUPPORT for House Bill 1244**

Aloha Chair Takayama, Chair Sayama, and fellow committee members,

Pride at Work – Hawai'i is an official chapter of [Pride at Work](#) which is a national nonprofit organization that represents LGBTQIA+ union members and their allies. We are an officially recognized constituency group of the AFL-CIO that organizes mutual support between the organized Labor Movement and the LGBTQIA+ Community to further social and economic justice.

Pride at Work - Hawai'i strongly supports House Bill 1244, which establishes minimum registered nurse-to-patient staffing requirements for hospitals, mandates the creation of hospital registered nurse staffing committees by September 1, 2025, and requires the implementation of registered nurse staffing plans beginning July 1, 2026. This bill is essential for ensuring the safety and well-being of both healthcare professionals and the communities they serve.

Registered nurses are the backbone of our healthcare system, providing critical, life-saving care to patients across the state. However, without proper staffing levels, their ability to deliver safe and effective care is severely compromised. Chronic understaffing leads to burnout, increased medical errors, and poorer patient outcomes. When nurses are unsafe, we are all unsafe. It is unacceptable to continue placing the health of our nurses and patients at risk due to preventable staffing shortages.

The establishment of hospital registered nurse staffing committees will ensure that staffing decisions are made with direct input from frontline workers who best understand the needs of their patients. Moreover, the requirement for hospitals to implement registered nurse staffing plans will help create a safer and more sustainable work environment for nurses, reducing turnover and ensuring that patients receive the high-quality care they deserve.

Hawai'i's healthcare system is already facing significant strain. If we do not take proactive steps to address unsafe staffing levels now, we risk worsening the healthcare crisis in our state. HB 1244 is a necessary step to protect both healthcare workers and the public by establishing clear, enforceable standards for safe nurse staffing.

We urge you to pass HB 1244 to uphold the safety, dignity, and well-being of both our dedicated nurses and the patients they serve.

Mahalo for your time and consideration.

In solidarity,

Michael Golojuch, Jr. (he/him)  
President  
[Pride at Work – Hawai'i](#)



Wednesday, February 5, 2025 at 9:00am  
Conference Room 329 & Videoconference

**House Committee on Health**

To: Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Loy, Vice Chair

**House Committee on Labor**

To: Representative Jackson Sayama, Chair  
Representative Mike Lee, Vice Chair

From: Joan Kanemori, RN  
Vice President of Patient Services & Chief Nurse Executive

**Re: HB 1244 – Testimony in Opposition  
Relating To Labor Standards at Health Care Facilities**

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My name is Joan Kanemori, and I am the Vice President of Patient Services & Chief Nurse Executive at Kapi'olani Medical Center for Women & Children (Kapi'olani). Kapi'olani is an affiliate of Hawaii Pacific Health. Kapi'olani is the state's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine and high-risk perinatal care.

**I write in OPPOSITION to HB 1244** which establishes mandatory staff-to-patient ratios for hospitals for registered nurses, requires hospitals to create registered nurse staffing committees and implement those plans by July 2026. The Department of Labor and Industrial Relations is charged with enforcement and has the authority to issue citations for violations of the staffing ratios based on complaints filed by a registered nurse, collective bargaining representative, patient, or other person.

Kapi'olani appreciates the intent of HB 1244, however, we have guidelines in place for deciding how many patients a nurse can care for at a time. Strict adherence to the staffing ratios outlined in the bill could lead to longer wait times for patients to get the care they need in the emergency department and less flexibility for other departments in the hospital. Kapi'olani does not turn patients away for high risk neonates, pediatrics and maternal patients. This bill could force delay of care for other patients if ratios are not met. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or

car accident resulting in multiple victims, could mean there will be insufficient nurses on hand to meet the ratios. Statutorily mandating ratios is not feasible given the unpredictable nature of health care as we do not divert care for our critical neonates, pediatrics and maternal patients. Imposing such requirements would tie the hospital's hands because it would not be able to adjust staffing levels up or down. This in turn leads to a waste of hospital resources and raises costs. Staffing ratios that are clinically informed, tailored to specific care settings and guided by comparable national standards would better serve our patients and communities.

Each hospital is unique. Mandated staffing ratios which are applicable to all hospitals regardless of their location, specialties and types of patients would hamper the hospital's ability to provide optimal care. Additionally, staffing ratios, meal breaks, rest breaks, overtime and other matters are largely dependent on collective bargaining agreements.

Hospitals are already burdened with a health care staffing shortage. There are approximately 1,000 unfilled nurse positions statewide. The implication of this measure is that hospitals are currently understaffed and will not be in a position to comply with the ratio requirements. Complaints may be filed and hospitals may be penalized for preexisting workforce conditions over which they have no control.

Thank you for the opportunity to testify.

Wednesday, February 5, 2025 at 9:00am  
Conference Room 329 & Videoconference

**House Committee on Health**

To: Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Lee Loy, Vice Chair

**House Committee on Labor**

To: Representative Jackson Sayama, Chair  
Representative Mike Lee, Vice Chair

From: Amy Thomas, RN, System Chief Nurse Executive

**Re: HB 1244 – Testimony in Opposition  
Relating To Labor Standards at Health Care Facilities**

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My name is Amy Thomas and I am the System Chief Nurse Executive 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 OPPOSITION to HB 1244** which establishes mandatory, fixed, staff-to-patient ratios for hospitals for registered nurses, requires hospitals to create registered nurse staffing committees and implement those plans by July 2026. The Department of Labor and Industrial Relations is charged with enforcement and has the authority to issue citations for violations of the staffing ratios based on complaints filed by a registered nurse, collective bargaining representative, patient, or other person.

HPH appreciates the intent of HB 1244, however, we have guidelines in place for deciding how many patients a nurse can care for at a time which have been established according to national standards and patient needs. Strict adherence to the fixed staffing ratios outlined in the bill would lead to longer wait times for patients to get the care they need in the emergency department as well as other departments in the hospital. Hospitals may be forced to turn patients away and close some units because they don't have enough nurses to meet the ratios. Research from other states demonstrates that mandatory staffing ratios do not improve nursing shortages, quality of care, outcomes or safety for patients. Additionally, an influx of patients, caused by anything ranging from a flu outbreak or car accident resulting in multiple victims, could mean there will be insufficient nurses on hand to meet the ratios. This bill restricts the hospitals' ability to assign nurses

and staff where the need is greatest depending on the circumstances. In addition, the latest evidence surrounding nurse staffing supports acuity-based staffing levels at the unit level where patient needs, nurse and team member skillsets and the level of care provided in the care unit can be accounted for. Also, the latest research indicates collaborative staffing environments are needed with partnerships between nurses and nursing leaders in order to address the highly complex needs of various patients. This is why we have already incorporated staffing committees into our collective bargaining agreements.

Hospitals are already burdened with a health care staffing shortage. There are approximately 1,000 unfilled nurse positions statewide. The implication of this measure is that hospitals are currently understaffed and will not be in a position to comply with the ratio requirements. Complaints may be filed and hospitals may be penalized for preexisting workforce conditions over which they have no control. In these times in particular, when novel and nimble staffing solutions are needed to care for our community, having mandated ratios, regardless of actual staffing needs of a particular unit or facility, will lead to overstaffing in some circumstances and understaffing in others. We are looking toward adding virtual work with our own team members to decompress the work of the nurse, additional changes in the health care team models to support the nurse, novel, evidence based and innovative solutions to decrease the documentation work burden, to name a few examples, as a means of dealing with the problem of shortages in health care professionals. This cannot be done in the face of a law requiring a certain number and type of staff regardless of the circumstances of care and acuity of patients.

Additionally, staffing ratios, meal breaks, rest breaks, overtime (OT) and other matters are largely dependent on collective bargaining agreements. A one-size-fits-all approach would do more harm than good as it removes the needed flexibility to operate, which will negatively impact care.

The unintended consequences of this bill will be the increase in costs for our already strapped community and dire fiscal circumstances for health care organizations and providers that are already struggling post-pandemic and in the face of workforce shortages.

There are also several efforts being undertaken to increase the supply of nurses, and we are all working closely as a State on these impactful solutions. Rather than penalize employers working towards the same goals as our nurses, we urge the legislature to continue to support supply-side efforts to grow more graduates through partnerships with the Department of Education, University of Hawai'i School of Nursing, Center for Nursing, Health Care Association of Hawai'i and many others committed to this goal.

Thank you for the opportunity to testify.





**HAWAII GOVERNMENT EMPLOYEES ASSOCIATION**  
AFSCME Local 152, AFL-CIO

**RANDY PERREIRA**, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Thirty-Third Legislature, State of Hawaii  
The House of Representatives  
Committee on Health  
Committee on Labor

Testimony by  
Hawaii Government Employees Association

February 5, 2025

H.B. 1244 – RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO strongly **supports** the purpose and intent of H.B. 1244 which establishes certain minimum registered nurse-to-patient staffing requirements for hospitals, requires hospitals to create hospital registered nurse staffing committees, and requires hospitals to implement registered nurse staffing plans.

Decades of incremental decreases to registered nurse-to-patient ratios and concurrent increases in expectations for patient care have led working conditions in the health care profession to become increasingly unpredictable, unsafe (for both healthcare professionals and their patients), and unwelcoming to those who are currently health care professionals and those who may aspire to become healthcare professionals in the future.

Passage of this legislation is likely to improve working conditions in the health care profession by making it more predictable, safe, and welcoming. It is also likely to improve health and safety outcomes for health care professionals and their patients. This is a net benefit to the entire community. Accordingly, the Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO reiterates its strong **support** for the purpose and intent of H.B.1244, and encourages you to vote in support of H.B. 1244.

We appreciate your consideration of our testimony in **support** of H.B.1244

Respectfully

Randy Perreira  
Executive Director

**HB-1244**

Submitted on: 2/3/2025 10:05:44 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lourdes Vergara Marcelo	Lou's Quality Home Health Care Services, LLC, & Advanced Care Training, LLC	Support	Written Testimony Only

## Comments:

As a Registered Nurse that have worked in numerous assignments, hospitals ,clinics , I can attest to the mportance of being able to peform once' nursing care that the patient deserves without rushing, because at the back of yoru mind, you still have 3- 5 more patients to care for. .110 percent delivery of nursing care , in a safe , comprehensive manner .

An overworked , stressed RN has tendency to omit ,critical aspects of the nursing .assessments . Medications errors , grave omissions are less when the nurse - to- pateints ratios are correlated . There will be fewer mistakes and better recovery rates for the patients , as the RN will be , " 100 +present , " when delivering the care and performing assessments.

Nurses Rights and their well being is importacnt factor to look at and be considered. There are RNs who choose to leave the hospital bedside care and opt to do less demanding jobs , as they feel overwhelmed & burnt out . At times we ( I ) feel you give , give , provide , provide, nurture , yet who is taking care of us, ( me ) ? . Please support the nurses , no workers, nurses have to risk their health or professional licenses due to cost - cutting measures .

Safe nurses/ patients ratios are taken into considerations as important factors in retaining, recruiting nurses. And the likelihood of "Strikes & Lockouts are avoided .

Hope this legislation helps prevent unnecessary turmoil, dissatisfations and will ensure comntinuity of health care in our community .

Thank you. submitted by Lourdes Vergara Marcelo , RN, CDN, CDP , Oahu , Hawaii . CEO , administrator of Lou's Quality Home Health Care Services, LLC, CEO of Advanced Care Training, LLC , ( Wahiawa, Hawaii )

**HB-1244**

Submitted on: 2/3/2025 11:17:42 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carolyn Martinez-Golojuch, MSW	Rainbow Family 808	Support	Remotely Via Zoom

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

My name is Carolyn Martinez-Golojuch, and I hold a Master's in Social Work. I am a dedicated advocate for patient safety and healthcare equity, and I am submitting this testimony in strong support of House Bill 1244, which will establish minimum registered nurse-to-patient staffing requirements, mandate the creation of hospital registered nurse staffing committees, and require the implementation of registered nurse staffing plans.

Ensuring safe nurse-to-patient ratios is essential to improving patient outcomes, reducing medical errors, and protecting the well-being of both patients and healthcare workers. Overburdened nurses are at higher risk of burnout, which leads to increased turnover, staffing shortages, and compromised patient care. By setting minimum staffing requirements, this bill will create a safer and more sustainable work environment for nurses while ensuring that patients receive the quality care they deserve.

House Bill 1244 takes a proactive approach to addressing these issues by requiring hospitals to establish registered nurse staffing committees no later than September 1, 2025. These committees will play a crucial role in developing and overseeing staffing plans that reflect the specific needs of each hospital and its patient population. Beginning July 1, 2026, hospitals will be required to implement these staffing plans, ensuring compliance with the established minimum nurse-to-patient ratios.

This legislation will not only improve patient safety and outcomes but also help retain experienced nurses in the workforce, ultimately strengthening Hawai'i's healthcare system. When nurses are provided with manageable workloads, they can deliver high-quality care, spend more time with their patients, and work with greater job satisfaction and efficiency.

As someone deeply committed to advocating for the health and well-being of our community, I urge you to support House Bill 1244. This bill is a necessary step toward ensuring that our hospitals are adequately staffed and that both patients and healthcare professionals are protected. Mahalo for your time and consideration.

Respectfully,

Carolyn Martinez-Golojuch, MSW

President and Founder  
Rainbow Family 808

**HB-1244**

Submitted on: 2/3/2025 12:40:55 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leighton Nino	HNHP	Support	Written Testimony Only

Comments:

Dear Esteemed Members of the Committee,

I am writing to express my strong support for legislation that mandates safe patient-to-nurse ratios in our state's emergency departments. My name is Leighton Nino, and I am a Registered Nurse at Kaiser Permanente with 6 years of healthcare experience. I respectfully urge you to consider the significant, positive impact that safe staffing levels can have on patient outcomes, the well-being of healthcare workers, and the overall efficiency of emergency care.

In emergency departments (EDs), patients present with a wide range of urgent and often life-threatening conditions. Nurses in these settings are tasked with performing critical assessments, providing immediate interventions, and coordinating with multidisciplinary teams to stabilize patients. However, the ability of healthcare workers to provide this level of care is directly affected by the number of patients they are responsible for at any given time.

Currently, many EDs are experiencing dangerously high patient volumes and insufficient staffing levels, which compromises both the quality of care and patient safety. Studies have shown that when nurses are responsible for too many patients, response times are delayed, the likelihood of medical errors increases, and patient outcomes suffer. A disproportionate nurse-to-patient ratio can lead to missed diagnoses, medication errors, and preventable complications.

Implementing safe staffing ratios in emergency departments is a proven strategy to address these issues. In hospitals with regulated nurse-patient ratios, studies have demonstrated lower rates of patient mortality, reduced hospital readmissions, and overall improvements in patient satisfaction. Additionally, safer staffing not only leads to better patient care but also reduces nurse burnout, enhances retention, and creates a more sustainable healthcare workforce.

As a healthcare provider and advocate, I have seen firsthand the toll that excessive patient loads take on emergency nurses. They are often forced to work under intense pressure, unable to give each patient the full attention they deserve. This not only affects the quality of care but also leads to high turnover rates and serious job dissatisfaction among frontline staff. Nurses want to provide the best care possible, but this can only be achieved when they are given the support and staffing levels to do so.

I urge you to consider the evidence in favor of safe staffing ratios and pass legislation that ensures every patient in our state's hospitals receives the care they deserve. By mandating safe

nurse-patient ratios, we are not only prioritizing the safety and well-being of patients but also investing in the sustainability of our healthcare workforce.

Thank you for your time and consideration of this crucial issue. I am confident that with your leadership, we can make our emergency departments safer and more effective for both patients and the dedicated professionals who care for them.

**Testimony Presented Before the  
House Committee on Health  
and House Committee on Labor**

**Hearing on Wednesday, February 5, 2025 9:00AM**

**Conference Room 329 State Capitol and via videoconference**

**by**



**HB1244 – RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES.**

Chair Gregg Takayama, Vice Chair Sue L. Keohokapu-Lee Loy, members of the House Committee on Health, and Chair Jackson D. Sayama, Vice Chair Mike Lee, and members of the House Committee on Labor, thank you for providing this opportunity for Hawai'i nurses' voices to be heard in advocating for minimum staffing requirements for registered nurses (RNs) in our Hawai'i healthcare facilities.

Hawai'i-American Nurses Association (Hawai'i- ANA) is the professional association for over 17,000 registered nurses who live and work in Hawai'i. Hawai'i-ANA fosters high standards of professional nursing practice, promotes safe and ethical work environments, and advocates on health care issues that affect nurses and the public. Our mission is to advocate for the improvement of the healthcare system in the communities where we live and work. We **offer strong support for this bill, in advocating for all patients in Hawai'i healthcare facilities to be cared for safely by registered nurses.** Staffing solutions in healthcare are complex and can

vary across units, departments, facilities, and even states as they are not a one-size-fits-all proposition. Recognizing these variations, the American Nurses Association (ANA) and Hawai‘i-ANA support safe nurse staffing standards, including minimum staffing requirements as provided in this bill.

This bill does an outstanding job of protecting and promoting the responsibility of the individual RN to advocate “in the exclusive interest of the patient”, as required by the American Nurses Association Code of Ethics, the Hawai‘i Revised Statutes Chapter 457 - Nurses, and Hawai‘i Administrative Rules Chapter 16-89. This bill codifies the RN’s position in the practice of advocating for the patient’s interests exclusively, despite any conflict with the interests of the employer or facility. The RN is the patient’s partner in navigating the complexities of the healthcare system, in the quest for safe and optimal care for that individual patient.

This bill would require that staffing committees be established at the level of patient care units, and consist primarily of direct care nurses empowered to create and implement a safe staffing plan that is acuity and setting-specific. This ensures and supports the RN’s practice and responsibility in advocating for the patient’s interests exclusively, despite any conflict with the interests of the employer or facility carried by supervisory and managerial personnel.

The question then becomes how to enforce this requirement, that Hawai‘i-ANA and ANA fully support. We ask that Hawai‘i legislators in their wisdom and based on past heroic actions, could broker (or cause to be brokered) an agreement among the stakeholders whereby the above requirements would come to reality without delay.



In the last legislative session, committee members heard heartfelt testimony from nurses across the state pleading with committee members to take action to address critical nurse staffing issues that would address their issues as direct patient care providers. Hawai'i-ANA suggested in the last legislative session that in particular nurses' voices would not be lost if these committees would find a way to intervene in the downward spiraling of this situation that is below the safety threshold for access to the high quality nursing care our island residents deserve. Nurses are speaking with their feet in leaving their positions, their profession, and their residencies in ever-increasing numbers, due to their dissatisfaction with the support they are NOT receiving to deliver the nursing care needed by their patients, in all care settings. In the past year, thousands of nurses in Hawai'i have spoken with their feet on information and picket lines.

Workload and lack of control over the staffing necessary to deliver safe patient care is cited as one of the key contributors to stress and burnout at work. An abundance of scholarly work has found that when nurses are responsible for more work than they can handle, they are more likely to experience burnout, job dissatisfaction, poor physical and mental health, and a low intention to remain in their current position. Studies further show that appropriate nurse staffing helps to achieve a reduction in medical errors, readmissions, preventable harm events, and nursing fatigue. We cannot as a profession continue to work at levels that contribute to patient harm.

Yes, there are complex issues contributing to our healthcare system woes in Hawai'i, and many require long term legislative and congressional work to turn this around.

However, nurses in Hawai‘i are speaking loudly and clearly, advocating for strategies that will provide a safer environment for nurses and patients here and now.

Hawai‘i-ANA respectfully requests that the committee members work with us to advocate for nurses and health care workers safe working conditions, and conditions that promote safe and optimal patient care. We thank the committees for its commitment to the people of Hawai‘i, in ensuring access to high-quality health care provided by our state’s healthcare professionals.

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*All references provided upon request.*

Contact information for Hawai‘i – American Nurses Association (Hawai‘i-ANA):

President: Dr. Denise Cohen, PhD, APRN, FNP-BC, [president@hawaii-ana.org](mailto:president@hawaii-ana.org)

Chair, Advocacy Committee: Dr. Linda Beechinor, APRN, FNP-BC [vicepresident@hawaii-ana.org](mailto:vicepresident@hawaii-ana.org)  
phone (808) 779-3001 500 Lunalilo Home Road, #27-E, Honolulu HI 96825

**Madeleine Patoc, RN**  
**Secretary, Union Steward, Hawaii Nurses and Healthcare Professionals**  
**91-1032 Kuhina Street, Ewa Beach, HI, 96706**  
**mijp.hnhp@gmail.com**  
**80-306-5591**

**Date:** 02/05/2025

**To:**

**Hearing Date & Time:** 02/05/2025, 9:00 am

**Location:** Virtual

**Bill Number & Title:** [HB 1244] - RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES

**Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee on Health,**

My name is Madeleine Patoc, and I am a registered nurse, Secretary and Union Steward of HNHP. I appreciate the opportunity to testify in support of House Bill 1244, which seeks to establish a certain minimum registered nurse-to-patient staffing requirements for hospitals.

**Personal/Professional Experience & Relevance**

As a healthcare professional I have witnessed firsthand the challenges of understaffing, including increased patient risk, burnout among caregivers, and compromised quality of care. Charge Nurses who would normally be unassigned take on a patient load which takes away from the support they would otherwise provide to the rest of the staff whether it is regarding day-to-day tasks or in emergent situations. Appropriate staffing ratios lead to reduced mortality rates, lower readmission rates, and improved overall patient satisfaction.

1. **Workforce Retention & Mental Health** – Chronic understaffing contributes to burnout, job dissatisfaction, and high turnover rates among nurses and healthcare staff. Safe staffing laws can improve retention and workplace morale. As a union official, I sit with new members to share valuable information about the importance of being a union member. One of the questions I pose to them is, if they have left another facility, what is the reason for leaving. Most if not all respond that inadequate staffing is one of, if not the main reason for leaving.
2. **Cost Savings for Healthcare Systems** – Investing in appropriate staffing levels reduces costly medical errors, hospital-acquired infections, and legal liabilities, ultimately saving money for healthcare facilities. We have heard from management that there is an abundance of sick calls, but I can almost guarantee that these sick calls come from picking up extra hours due to existing staffing shortages. Inadequate staffing leads to not enough hands to do the work

**Conclusion**

Ensuring safe staffing levels is a critical step toward protecting patients and supporting the dedicated professionals who provide care. I urge the committee to pass Bill #1244 to establish enforceable staffing standards that prioritize patient safety and healthcare worker well-being.

Thank you for your time and consideration. I am happy to answer any questions you may have.

**Sincerely,**

Madeleine Patoc

Hawai'i Nurses and Healthcare Professionals

808-306-5591

## **Hawai'i Association of Professional Nurses (HAPN)**



TO: The Honorable Representative Gregg Takayama, Chair House  
Committee on Health; The Honorable Representative Jackson Sayama,  
Chair House Committee on Labor

FROM: Hawai'i Association of Professional Nurses (HAPN)

SUBJECT: HB 1244 – RELATING TO LABOR STANDARDS AT HEALTH CARE  
FACILITIES

HEARING: February 5, 2025, 9:00 AM

Aloha Chair Takayama, Chair Sayama, Vice Chairs, and Members of the Committees,

The Hawai'i Association of Professional Nurses (HAPN) strongly supports HB 1244, which seeks to establish minimum registered nurse staffing standards for hospitals and ensure that healthcare facilities uphold safe staffing levels to protect patient care, reduce nurse burnout, and support workforce retention.

HAPN recognizes the legislature's commitment to patient safety and nurse well-being through this measure. We strongly agree that adequate patient-nurse staffing ratios are critical to ensuring high-quality, patient-centered care. By establishing minimum staffing standards, requiring hospitals to develop annual staffing plans, and allocating funds for enforcement, HB 1244 will help reduce nurse turnover, enhance care quality, and create a more sustainable healthcare system.

### **Hawai'i Does Not Have a Nursing Shortage – It Has a Hiring Shortage**

A long-standing misconception is that Hawai'i is experiencing a nursing shortage, but this claim is not supported by workforce data. The 2023 Hawai'i State Center for Nursing Workforce Report provides clear evidence that the number of licensed nurses in Hawai'i has increased over the past two years:

- The number of registered nurses (RNs) in Hawai'i has increased by 18% since 2021.
- The number of advanced practice registered nurses (APRNs) has increased by 31% in the same period.
- The Professional and Vocational Licensing Division (PVL) processes an average of 500 nurse licensure applications each month.

Despite this growth, corporate/non-profit hospital systems in Hawai'i continue to claim a nursing shortage while failing to hire the available workforce.

### **Hawai'i's Hospitals Are Forcing Local Nurses to Leave**

The 2023 Hawai'i State Center for Nursing Workforce Report also reveals a disturbing trend—the declining percentage of Hawai'i-licensed nurses who actually reside in the state:

- In 2013, 67% of RNs with a Hawai'i license were state residents.

- By 2023, that number dropped to 56%.

This decline is not due to a lack of interest in working in Hawai‘i but rather a lack of employment opportunities for local nurses. Many locally educated nurses are forced to take travel contracts on the mainland because they are unable to secure permanent positions in Hawai‘i’s hospitals.

This trend has severe consequences:

- Hawai‘i is losing highly skilled, locally trained nurses to other states.
- The healthcare system is increasingly dependent on expensive contract labor, which is not a long-term solution to staffing shortages.
- Out-of-state nurses licensed in Hawai‘i may provide telehealth or education services, but they do not fill the critical need for bedside nursing within local hospitals.

### **HB 1244 Will Hold Hospitals Accountable for Staffing Shortages**

Hospitals must be required to prioritize hiring and developing local talent instead of relying on short-term staffing solutions. HB 1244 addresses this issue by:

1. Establishing enforceable minimum nurse-to-patient staffing ratios across all hospital units.
2. Mandating the creation of Registered Nurse Staffing Committees to ensure staffing plans align with patient needs.
3. Requiring hospitals to submit and adhere to annual staffing plans, preventing them from ignoring workforce development obligations.
4. Allocating funds to the Department of Labor and Industrial Relations for enforcement, ensuring compliance and accountability.

### **Creating Robust Nursing Pathways to Sustain Hawai‘i’s Workforce**

Hawai‘i has a strong pipeline of nurses, but without employment opportunities, they are forced to leave or exit the profession entirely. We urge hospitals to:

- Expand hiring of new graduate nurses and create structured residency programs to transition them into hospital settings.
- Leverage Hawai‘i’s state-of-the-art nursing simulation (SIM) labs to train and upskill local nurses instead of seeking talent from outside the state.
- Establish internal career pathways that support long-term workforce retention and sustainability.

Hospitals must recognize that local healthcare entities, such as community clinics and smaller facilities, do not have the option of importing staff—they must develop their workforce. Hawai‘i’s larger institutions must take the same approach to ensure that we do not continue losing qualified nurses to the mainland.

## **Conclusion**

Hawai‘i does not have a shortage of nurses—we have a shortage of employment opportunities for them. It is imperative that our hospitals prioritize hiring and retaining local talent instead of relying on temporary staffing solutions. HB 1244 provides the necessary framework to hold healthcare institutions accountable for staffing shortages and ensure safe patient care across the state.

HAPN strongly supports this measure and urges its passage. Mahalo for the opportunity to provide testimony on this important issue.

Respectfully,

Dr. Jeremy Creekmore, APRN  
President, HAPN



The House Committee on Health  
&  
The House Committee on Labor  
February 5, 2025  
Room 329  
9:00 AM

RE: HB 1244, Relating to Labor Standards at Health Care Facilities

Attention: Chairs Gregg Takayama and Jackson Sayama, Vice Chair Sue Keohokapu-Lee Loy and Mike Lee, and members of the Committees

**UHPA strongly supports** HB 1244 Relating to Labor Standards at Health Care Facilities.

This measure would establish certain minimum registered nurse-to-patient staffing requirements for hospitals, an important step to providing care equity for patients throughout the state of Hawai'i.

For some recent background, more than 5,000 nurses represented by three different unions recently called attention to the urgent need to consider laws to standardize safe staffing ratios for all hospitals across the state. After a year of bitter negotiations, strikes and illegal lockouts that topped the news, it's an issue that can no longer be ignored. It affects all of us here in Hawai'i as healthcare consumers.

Passing this measure would set an important public policy standard that benefits all of us in the community. On the community's behalf, the three nurses unions fought tooth and nail to get standards through collective bargaining. Contrary to many of the arguments being made against passing this measure, this a health and wellness issue, and an equity issue that will set a minimum standard that benefits the entire community here in Hawai'i.

It is important to note that not all hospitals in Hawai'i are unionized. Those taking the position that this should remain a collective bargaining matter aren't recognizing the Hawai'i residents that use non-unionized hospitals. Should community members who use unionized hospitals with collectively bargained staffing ratios have access to a higher level of care than those who access non-unionized hospitals or should there be a standard of care regardless of whether a member of our community uses a unionized or non-unionized hospital?

Everyone in our State should be entitled to quality healthcare. If nurses in our hospitals are required to take care of too many patients on their shift and can't give the appropriate level of attention patients need, it puts the health and lives of patients at risk. That includes our keiki and kūpuna.

University of Hawaii  
Professional Assembly

1017 Palm Drive ♦ Honolulu, Hawaii 96814-1928  
Telephone: (808) 593-2157 ♦ Facsimile: (808) 593-2160  
Website: [www.uhpa.org](http://www.uhpa.org)





Attracting talent to our state for all industry sectors, including the best faculty for the UH system, is contingent upon providing access to quality health care. If we cannot attract people to come or stay here in Hawai'i to work because of the lack of quality healthcare, among other things, we do our State a grave disservice.

UH faculty provide the necessary education and training for the next generation, but if nurses are leaving the state or the profession altogether, students who graduate do not have the mentors to fulfill their role in the community and will leave our State to find positions elsewhere. We need more healthcare workers who are raised in our islands to stay in our islands to deliver culturally-appropriate care.

Thank you again for the opportunity to submit testimony in **strong support** of HB 1244 Relating to Labor Standards at Health Care Facilities.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C. L. Fern'.

Christian L. Fern  
Executive Director  
University of Hawaii Professional Assembly

University of Hawaii  
Professional Assembly

1017 Palm Drive ♦ Honolulu, Hawaii 96814-1928  
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**HB-1244**

Submitted on: 2/4/2025 6:43:40 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Annjeanette veroza	HNHp	Support	Written Testimony Only

Comments:

I support this

TESTIMONY BEFORE THE JOINT HEARING OF THE HOUSE COMMITTEE ON HEALTH  
AND THE HOUSE COMMITTEE ON LABOR

RE: HB 1244 - RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES.

THURSDAY, FEBRUARY 5TH, 2025

TUIA'ANA SCANLAN, CHAIR  
DEMOCRATIC PARTY OF HAWAII LABOR CAUCUS

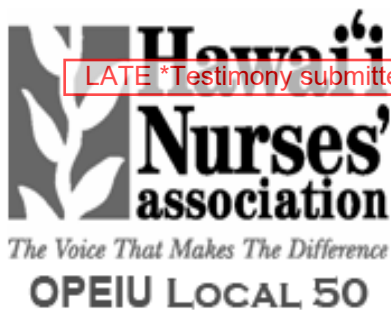
Chair Takayama, Chair Sayama, Vice Chair Keohokapu-Lee Loy, Vice Chair Lee, and Members of the House Committees,

The Democratic Party of Hawai'i Labor Caucus **strongly supports HB 1244**, relating to labor standards at health care facilities, which aims to establish safe nurse-to-patient ratios. This bill has far-reaching implications for patient safety, the healthcare workforce, and labor rights across Hawai'i.

Research has shown that higher nurse-to-patient ratios are directly correlated with fewer mistakes and better recovery rates. This benefits every community member who depends on Hawai'i's healthcare system. Nurses working in understaffed conditions face extreme stress and burnout. HB 1244 helps guarantee a safer, more sustainable environment - essential for long-term retention of skilled healthcare workers. The Democratic Party of Hawai'i Labor Caucus stands for safe and fair working conditions. We support this and other legislative efforts that empower the broader principle that no worker should have to risk their health or professional license due to cost cutting measures.

Nurses are mandated by Hawai'i law to advocate for patients. Safe ratios protect nurses' ability to meet these ethical and legal obligations, reducing burnout and protecting against license risks. Mahalo for standing with Hawai'i's nurses and patients! Together, we can make a powerful statement that our communities deserve safe, high-quality care. Your testimony will help drive the conversation toward passing HB1244 and securing better standards for all working people in Hawai'i.

We strongly urge your committees to pass HB1244. Thank you for the opportunity to testify.



LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

**Rosalee Agas Yuu, RN**  
President

1600 Ala Moana Blvd Suite 100  
Honolulu, HI 96815

Tel: (808) 531-1628  
Fax: (808) 524-2760

The Thirty-Third Legislature, State of Hawai'i  
Hawai'i State House  
Committees on Health & Labor

Testimony by  
Hawaii Nurses Association  
9:00 AM, Wednesday, February 5, 2025

**TESTIMONY IN SUPPORT OF HB 1244 – RELATING TO NURSE PATIENT RATIOS**  
**House Committees on Health and Labor**  
**February 5, 2025, 9:00 a.m.**  
**Conference Room 329, Hawaii State Capitol**

Aloha Health Chair Takayama and Vice Chair Keohokapu-Lee, Labor Chair Sayama and Vice Chair Lee, and Honorable Members of the House Committees on Health and Labor:

**The Hawai'i Nurses Association – OPEIU Local 50 is affiliated with the AFL-CIO, was founded in 1917, and represents 4,000 nurses in the State of Hawai'i.** Thank you for the opportunity to testify in **strong support** of HB1244.

We appreciate the opportunity to speak to the critical issue of safe nurse-to-patient ratios, which we believe should be codified in law and not left solely to collective bargaining processes.

### **Nurse-Patient Ratios: More Than a Collective Bargaining Issue**

While collective bargaining plays a vital role in securing fair wages and working conditions, basing nurse-to-patient ratios exclusively on contractual negotiations places patient safety and care quality at risk. In any negotiation, cost-saving measures often take priority from an employer's perspective, which can lead to chronic understaffing and compromised patient care. We strongly urge the Legislature to recognize that safe nurse-to-patient ratios are a matter of **public policy** rather than merely a labor dispute issue.

### **Legal and Ethical Mandate to Advocate for Patients**

Under **Hawai'i Revised Statutes Chapter 457 - Nurses, and Hawai'i Administrative Rules Chapter 16-89**, nurses have a **legal and ethical obligation** to advocate for the best interests of their patients. However, when nurse-to-patient ratios are determined solely by negotiations susceptible to compromise, this statutory mandate is undermined. We believe Hawai'i's laws must align with the ethical responsibilities placed on nurses, ensuring that safe staffing is protected by statute and not subject to the ebbs and flows of contract talks.

## Protecting Patient Safety and Nurses' Licenses

When staffing levels are dangerously low, the quality of care diminishes and the risk of medical errors increases significantly. Nurses forced to care for too many patients simultaneously cannot consistently fulfill their professional responsibilities—this jeopardizes patient outcomes and places nurses' professional licenses at risk. The consequences of a single oversight can be devastating, both for patients and the nurses themselves. By establishing minimum safe staffing ratios in state law, we support both quality care and compliance with the ethical and professional standards required of every nurse in Hawai'i.

### The "[Time for Triage](#)" Report

**H.C.R. No. 187** directed the Legislative Reference Bureau to study nurse staffing, culminating in the "Time for Triage" report. This report underscores the urgency of establishing and maintaining safe nurse-patient ratios, illustrating the risks of allowing these ratios to hinge on negotiations alone.

### Need for Legislative Action

We greatly appreciate the Legislature's focus on healthcare safety and workforce well-being. Through HB1244, Hawai'i has the opportunity to ensure that nurse-to-patient ratios are not treated as a bargaining chip but rather as a foundational element of **patient safety and public health policy**. In doing so, the state will:

1. **Protect Patients** by guaranteeing the close monitoring and consistent advocacy essential to patient-centered care.
2. **Safeguard Nurses' Licenses** by providing the necessary conditions for nurses to meet their legal and ethical obligations.
3. **Foster a Resilient Healthcare System** that can recruit, retain, and support a strong nursing workforce, ready to serve Hawai'i's communities.

For these reasons and others, the Hawai'i Nurses' Association **strongly supports** HB1244. We respectfully request that you pass this measure to uphold the quality of patient care, maintain the integrity of our nursing profession, and strengthen healthcare throughout the state.

**Mahalo** for your time and your commitment to Hawai'i's nurses and patients.

Sincerely,



Rosalee Agas-Yuu RN  
President, Hawai'i Nurses' Association



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

**Testimony in Support of HB1244**  
**House Committees on Health/Labor**  
**Hearing Date: February 5, 2025 at 9:00 am**

**Subject: Testimony in Support of HB1244**

**Dear Chair Takayama, Chair Sayama, and Members of the Committee,**

My name is Terilyn Carvalho Luke, and I am a Registered Nurse at Kaiser Medical Center and have been employed there for 32.5 years in that capacity. I am also the current elected union President for the Hawaii Nurses & Healthcare Professionals (HNHP) with over 1100 registered nurses from Kaiser as part of our membership. Our nurses work throughout all of the major Hawaiian islands that Kaiser provides care. I am submitting this testimony in **strong support of HB 1244**, which will establish **safe patient staffing ratios to improve clinical outcomes, protect our community, and support the nursing profession.**

Much research in the area of **safe patient staffing ratios** has been done over the years, and one study showed the correlation between lower patient to nurse staffing ratios to improved patient compliance with treatment plans, lower rates of infections, improved pain management, and fewer medication errors. This leads to better patient health, fewer readmissions, reduced financial penalties for hospitals and improved working conditions for nurses.

Another study of 87 hospitals over a one-year span showed that if these hospitals had used four-to-one patient ratios, they could have avoided nearly 1,600 deaths. Safe patient staffing ratios save lives!

Our nurses in Hawai'i hospitals have long rung the alarm bell on concerns over hospitals putting profits before patient care as unsafe patient staffing ratios put the welfare of our patients at risk. Despite these concerns, nurses come to work putting our best selves forward knowing full well that we will not be able to spend enough time with each of our patients. Patients are waiting too long for care, preventable complications are occurring, and experienced nurses are leaving the profession far too early due to overwhelming workloads and the resulting "burnout".

I have personally been a patient and endured the long wait times for a nurse to answer my call light when I needed assistance. The wait times for pain medicine, needing to use the bathroom, IV pumps "alarming" for what seemed hours are but a few of the situations that I endured, knowing that my fellow colleagues were busy taking care of other patients. As often as I could, I insisted that my husband stay with me to assist with these and other situations since he could go out to the nursing station if the need was immediate. Otherwise, I "trained" him on how to help me including which buttons to "silence" the machines if necessary.

But I could only do this because as a nurse I could participate in directing someone to help me. Can you imagine how many others are unable to do the same because the nursing staff are too busy taking care of their patient assignments due to the high patient acuity and workload?

“In medical terminology, patient acuity refers to the severity of a hospitalized patient’s illness and the level of attention or service he or she will need from professional staff. The levels of patient acuity equate to the number of hours needed for nursing staff to care for the patient.” Hospital leaders have admitted that the types of patients and their severity have increased. The patients that were previously hospitalized are now seen as outpatients or sent home and given home treatment protocols to follow. So only the sickest of the sick are now in the hospitals and the increased workload is weighing heavily on the staff nurses, especially since patient to staff ratios have only increased over the past 15 years as a cost-saving measure.

I have also on more than one occasion felt the need to help my family member or friend who was recovering in the hospital due to the inability of the nurses to meet the workload they had been assigned. I assisted with toileting (including placing and removing the bedpan and cleaning them up), seeking out the nurse if the vital sign monitor displayed a blood pressure or pulse that needed to have an intervention, or if my loved one complained of pain and needed repositioning or pain medications. I have more often than not had to advocate or help care for my loved one since the primary nurse was extremely busy with another patient or emergency and unable to meet my family’s needs. This is a daily and frequent occurrence for many patients, not a rare example in the hospital.

I have heard more “code blue” or “rapid response team” calls in the halls of the hospital over the past 5 years than in my previous 25+ years. These overhead calls signify an “ominous” event with potentially poor clinical outcomes for the patients. They are also indicative of events that could have possibly been prevented if the nurse had been able to spend more time with their patients instead of the current maximum of 8-12 minutes per hour they currently have to provide care.

At least 15 states have safe patient-to-nurse ratio laws or regulations governing safe staffing. Hawai’i deserves no less, and I urge the implementation of a state-wide safe patient staffing standard. As written, this bill standardizes patient staffing ratios and improves access to quality care. Hospitals would be required to create hospital registered nurse staffing committees by September 1st of this year, and implement their staffing plans, beginning July 1, 2026.

If passed, this law will save patient lives and the livelihoods of our nurses and health care professionals. Our members have fought tirelessly for safer patient staffing ratios, even risking our jobs to do so. Despite winning safer patient staffing ratios at some of our hospitals, not all hospitals have the same commitment to the community- even those within the same hospital system. Without safe patient staffing legislation, not all hospitals will have the same level of care, and with a downturn of a market, hospitals can unilaterally remove these hard fought standards where they exist. If this law is implemented, we will no longer need to put our professional licenses and careers on the line to fight for this basic healthcare standard.

By writing safe patient staffing ratios into law, our hospitals can focus on delivering quality care. We can preempt long, unproductive engagements between nurses and their employers, avoid the instability and unease in the community each time a contract is expiring and we are forced to advocate for our patients for safe patient care, and we can improve health equity across our state.

This law will improve the experience our patients receive at our hospitals and it will allow our nursing community and our hospital management systems to refocus their attention on their missions and kuleana, to serve the people of Hawai'i, and allow for us all to heal. Enacting this law will save lives, reduce nurse burnout, lead to improved nurse retention, and will ensure flexibility for emergencies to maintain basic care standards.

We owe it to the patients of Hawai'i to give them the best care possible, and safe patient staffing ratios will do just that. **HB1244 is not just about numbers- it is about saving lives.** It ensures that staffing decisions are based on patient needs, not cost-cutting measures. Safe staffing ratios are a proven solution to improving healthcare.

I urge you to **pass HB1244** to hold hospitals accountable and sure that patients receive the safe, timely, and high-quality care they deserve.

**Mahalo for your time and consideration.**

*Terilyn Carvalho Luke, BSN, RN*

President  
Hawaii Nurses & Healthcare Professionals (HNHP)  
1130 N. Nimitz Hwy #A212  
Honolulu, HI 96817





Randy Perreira  
President

## HAWAII STATE AFL-CIO

888 Mililani Street, Suite 501 • Honolulu, Hawaii 96813

Telephone: (808) 597-1441  
Fax: (808) 593-2149

The Thirty-Third Legislature  
House of Representatives  
Committee on Health  
Committee on Labor

Testimony by  
Hawaii State AFL-CIO

February 5, 2025

TESTIMONY IN SUPPORT OF HB1244 - RELATING TO LABOR STANDARDS AT HEALTH CARE  
FACILITIES

Chairs Takayama, Sayama, Vice Chairs Keohokapu-Lee Loy, Lee, and members of the committee:

The Hawaii State AFL-CIO is a state federation of 74 affiliate labor organizations representing over 68,000 union members across Hawaii in industries including healthcare, construction, hospitality, entertainment, transportation, and government. The Hawaii State AFL-CIO serves its affiliates by advocating for the rights of working families, promoting fair wages, safe working conditions, and policies that strengthen Hawaii's workforce.

We are in support of HB1244 because it promotes safer, higher-quality care for patients and addresses the critical challenges of burnout and retention among registered nurses. Adequate staffing levels improve patient outcomes, reduce errors, and contribute to a more sustainable health care system. This bill also helps hospitals retain experienced nurses by encouraging manageable workloads, which lowers turnover and reduces the high costs of recruitment and training.

Empowering nurses to participate in staffing decisions through hospital-based committees ensures that staffing plans prioritize patient safety and quality of care. This bill is an opportunity to build a stronger health care system that benefits both patients and the dedicated professionals who care for them.

Respectfully submitted,

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

Randy Perreira  
President



## THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Greg Takayama, Chair  
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair  
Members, House Committee on Health

The Honorable Jackson D. Sayama, Chair  
The Honorable Mike Lee, Vice Chair  
Members, House Committee on Labor

From: Linda Puu, Sr. Vice-President and Chief Nursing Executive, The Queen's Health Systems

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

Date: February 5, 2025

Re: Opposition to HB1244: Relating to Labor Standards at Health Care Facilities

The Queen's Health Systems (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 opposition to HB1244, which would among other things establish certain minimum registered nurse-to-patient ratios for hospitals and require hospitals to create registered nurse staffing committees and plans. We appreciate the general intent of this measure to create a safe, professional, and healthy workplace for our nursing staff and our patients, however, we do not support establishing staffing ratios and related provision within the Hawaii Revised Statutes. We believe these issues are best addressed via collective bargaining.

Queen's has, and continues to, invest in expanding our local nursing workforce. We continue to support programs in our high schools and universities to develop the next generation of nursing professionals by provide internships and residency programs. Queen's has committed funding for a new nursing professorship at the University of Hawai'i and supports the additional funds being asked for by the University of Hawai'i system further address the nursing workforce disparity facing Hawai'i. Addressing the shortage requires all healthcare sectors, governmental partners (state, local, and federal), labor, and the business community to collectively lean-in.

Queen's has expanded employee wellness programs to ensure our staff are able to receive the care and resources needed to tackle the unique and challenging acute care work environment. We know

*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.*

that having a safe and healthy workplace is critical which is why Queen's also recently deployed a personal safety system called Strongline Pro; allowing each caregiver and staff to have a duress alarm on their employee badge which, when activated, will allow security to immediately respond to the exact location where the incident is occurring.

We would note that hospital facilities and staffing standards are already highly regulated by state and federal government as well as within the industry. The Joint Commission sets standards and issues certifications that are industry recommended to ensure hospitals are appropriately and safely staffed.

Hawai'i, unlike other states, has a strong system of collective bargaining. This bill would, if enacted, interfere with bargaining rights of Queen's employees represented by the unions. Bargaining is one of the most effective strategies to address concerns by our nursing staff as well as providing a method to address grievances in a timely and binding way. Queen's-Manamana recently ratified a contract agreement with HNA that included a 17% wage increase over three years and agreed to an enforceable nurse-to-patient staffing ratio scenario. In short, the collective bargaining process worked.

This bill would hinder our hospital system's ability to make nimble and necessary staffing decisions based on acuity of patients in our facilities. Mandating nursing ratios will further exacerbate the existing staffing challenges facing our hospital without getting at the root cause of the problem: growing the local nursing workforce. We appreciate the Committees' attention this issue but, we urge you to instead consider ways to invest directly in our healthcare workforce - through training, education, loan repayment programs, and other incentives. Thank you for allowing Queen's to provide testimony; we respectfully request you to defer this measure.

## Testimony in Opposition to HB1244

**Submitted by:** Marian Horikawa-Barth, Chief Nurse Executive, Maui Health

**Date:** February 5, 2025

**To:** The Honorable Members of the Hawaii State Legislature

**Subject:** Opposition to HB1244 – Mandated Nurse-to-Patient Ratios

### Introduction:

As the Chief Nurse Executive for Maui Health's three community hospitals in Maui County, I am committed to delivering high-quality, patient-centered care to our community. I appreciate the intent behind HB1244 to enhance patient safety through mandated nurse-to-patient ratios. However, I must express my concerns regarding the potential unintended consequences this bill may have on rural safety net healthcare facilities like ours.

### Key Concerns:

#### 1. Lack of Flexibility:

- **Dynamic Patient Needs:** Healthcare is inherently dynamic, with patient acuity levels fluctuating throughout the day. Mandated ratios impose rigid staffing structures that do not account for these real-time changes, potentially hindering our ability to allocate resources effectively.

#### 2. Exacerbation of Staffing Challenges:

- **Nursing Shortages:** Nationwide, and especially in Hawaii, hospitals already face significant challenges in recruiting and retaining qualified nursing staff. Mandated ratios for Hawaii's hospitals could intensify these challenges, forcing local hospitals to compete for very limited staff, leading to increased operational strain and potential service limitations.

#### 3. Financial Implications:

- **Economic Viability:** Implementing mandated ratios may necessitate substantial financial investments in staffing. For rural hospitals operating on limited budgets, this could threaten financial sustainability and, paradoxically, compromise patient care quality.

#### 4. Impact on Patient Access:

- **Service Limitations:** Inability to meet mandated ratios may force us to limit patient admissions or reduce available services, adversely affecting access to care for our community members.

#### 5. Little Evidence to Support Better Quality of Care:

- Two decades of experience in California show that staffing ratios do not solve the issues around nurse shortages and quality of care.
- Ratios were implemented 20 years ago and despite having robust staffing regulations, the state of CA still faces severe shortages:
  1. *California currently has a nurse shortage estimated at over 53,000.* ([2024 data HRSA.gov](#))
  2. *A [Health Resources and Services Administration report \(November 2022\)](#) projects that California will have one of the largest nursing shortages (18%) in the US in 2035. In fact, they will have the third highest shortage only behind Washington (26%) and Georgia (21%).*
  3. *According to the Hospital Association of Southern California, nursing vacancy rates among local CA hospitals exceed 30%.* ([Healthforce Center at UCSF, Sept 2023](#))
- California nurse unions continue to go on strike to protest "unsafe staffing", even with mandated nurse ratios.

1. *In the last 3 years, 18 different California nurse unions went on strike or threatened to strike citing “safe staffing” as the reason for the strike. ([Nursetogether.com](http://Nursetogether.com)) proving that safe staffing concerns are not solved by mandating fixed ratios.*
- Hawaii has no legally mandated nurse-to-patient ratios, however, Hawaii’s quality of care is consistently ranked better than the state of California’s.
  1. *The [2023 America’s Health Ranking](#) listed Hawaii as the 6th healthiest state in the nation based on health outcomes, social and economic factors, physical environment, and clinical care. This annual report has ranked Hawaii above California every year for at least the last nine years.*

#### **Alternative Approaches Implemented by Maui Health:**

- **Acuity-Based Staffing:** Implementing patient acuity tools allows for staffing adjustments based on real-time assessments of patient needs, promoting both safety and flexibility. At Maui Memorial Medical Center, we will implement an acuity tool this year to further improve patient-centered staffing.
- **Collaborative Decision-Making:** At Maui Memorial, we’ve expanded the role and authority of our Nurse Staffing Committee. Encouraging collaboration between nursing staff and hospital leadership has led to tailored staffing solutions that address specific patient care requirements.
- **Expanded Workforce Development Programs:** Our partnership with University of Hawaii at Manoa has helped us hire over 200 local nurse graduates, with better integration into the hospital setting which leads to better retainment of our local staff. Our Nurse Aide Training Program has helped to hire dozens of CNA staff, further supporting our “grow our own” initiative to build a more sustainable, local, workforce in Maui County. We will continue to find ways to provide more workforce development opportunities for our community and urge the legislature to continue to focus on and support these real solutions, as you have in past years.
- **Enhanced pay and benefits to support recruitment and retention:** We continue to build internal career advancement opportunities for current workforce to help improve retention and recruitment of top talent to care for our residents and visitors for generations to come.

#### **Conclusion:**

While the goal of HB1244 to enhance patient safety is commendable, the mandated nurse-to-patient ratios may not be the most effective approach for rural hospitals. I urge the legislature to consider alternative strategies that provide flexibility and account for the unique challenges faced by our rural healthcare facilities.

Thank you for your attention to this critical matter.

**Respectfully Submitted,**

Marian Horikawa-Barth DNP RN CPHQ CENP  
Chief Nurse Executive  
Maui Health



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**The Honorable Gregg Takayama**

Chair, Committee on Health  
House District 34

**The Honorable Jackson D. Sayama**

Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

**Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

As a registered nurse of 18 years, I have seen nursing change immensely throughout my career. We are expected to gather more data, document more information, and analyze more. We have access to patients' medical information from facilities across the country, providers writing orders around the clock, and lab results notifying us to review them with each result.

Because of the increased demands on us, it is nearly impossible for one nurse to care for the same amount of patients that we used to. I have seen firsthand, both as a nurse and as a family member, that patient care suffers when nurses are tasked with caring for more patients.

As a family member, I did not trust the nursing care at those times when the nurse-to-patient ratios were high, and as a nurse, it has caused an immense amount of stress to know that I did not have time to provide the care my patients needed and deserved.

It is my opinion that implementing a nurse-to-patient ratio is the single most important thing that can be done to combat burnout and retain great nurses at the bedside, while simultaneously improving patient safety. I wholeheartedly support bill HB 1244.

Respectfully,

Heather Liu, RN

UNAC/UHCP member



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This crucial legislation represents a transformative step forward improving the safety, quality, and overall outcomes of patient care in our state's hospitals. By establishing enforceable nurse-to-patient staffing ratios and accountability measures, this proposal ensures that Hawaii's patients receive the care they deserve.

As a frontline nurse, I witness daily how staffing challenges directly affect patient care. When staffing is insufficient, it compromises safety, delays critical care, and places undue stress on both patients and their families. This proposal -- with its robust accountability measures, dedicated funding, and flexibility during emergencies -- ensures a practical balance between safeguarding patient safety and maintaining effective hospital operations. It emphasizes patient well-being while fostering a supportive environment for healthcare providers.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.

Mahalo,

Kaitlan Sera, RN



Haleakala South

UNAC/UHCP Member



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I have been an Emergency Department nurse for over 20 years. I have witnessed birth and death, healing and trauma, happiness and heartbreak, all during the hours of my shifts. As an ER team, we care for our patients with skill and compassion. However, when there are not enough nurses to care for our patients, it becomes nearly impossible to provide the appropriate level of safe care to each of our deserving patients. Nurses' lives are lives dedicated to helping others, our community, our kupuna, our keiki, our island. We dedicate our lives to care for our community, we need dedicated nurse-to-patient staffing ratios so we can keep all of our loved ones safe in the hospital.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.

Mahalo,  
Rachel Corah, BSN, RN  
Emergency Department  
UNAC/UHCP Member



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Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

## **Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

I am an RN on a mixed telemetry/med-surg unit where our patient-to-nurse ratio is usually 4:1. However, we have been short-staffed and frequently have a team of five high acuity patients. Lately the acuity of care on our floor has been high and unfortunately, our staffing needs have not been fulfilled to provide safe patient care.

At this time, our census includes a mixture of:

- total care patients (requires max assist with ADLs, NGT feeding, incontinent, unable to reposition self independently)
- patients who are confused, impulsive, and at high risk for falling
- patients who are disoriented, often agitated and combative towards staff
- increased numbers of patients on isolation—patients who have multiple comorbidities that complicate and lengthen their stay

I believe that not having the adequate staffing directly affects patient care and increases the risk of unsafe practice that can lead to medical errors, poor patient outcomes, and staff burnout. When we don't have adequate staffing for our patients, they are at higher risk for falls, hospital

acquired infections, as well as hospital acquired pressure injuries. Incidents like these prolong their hospitalization.

An example of this just happened a few nights ago during my shift. We were short a nurse and I admitted my fifth patient. While I was admitting my patient in her isolation room, my confused patient (admitted for stroke) got out of bed and fell onto the ground. Though we used all the proper safety measures to prevent him from falling (bed at its lowest position, call light within reach, bed alarm on, frequent rounding and patient reorientation to surroundings) we were not able to prevent the fall due to being short staffed.

In addition to compromising patient safety, employees are experiencing more burnout. At times, the floor is extremely busy and it is difficult to find time to even take a water break or restroom break. Sometimes we don't even have time to clock out for lunch because we put our patients first.

Not having adequate staff puts extra unnecessary stress on patients, their families, and staff members. By establishing enforceable nurse-to-patient staffing ratios and accountability measures, this proposal ensures that Hawaii's patients receive the care they deserve.

Sincerely,

Emily Cantorna, RN

UNAC/UHCP Member



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Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

### **Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

My name is Almie Lonzaga. I am a staff nurse at Maui Memorial Medical Center working in the specialty area of Heart, Brain, and Vascular Department. I've lived on Maui for 18 years with my husband who grew up on this island, and with our son who is in middle school.

This legislation is especially important for our Maui community. Having safe staffing is vital for quality patient care, the type of care that all of us on this island deserve. With quality care comes better patient outcomes, less readmission rates, and high quality of life after a hospital stay, ranging from a well visit or with critical, life-threatening conditions.

The HBV department where I work responds to heart attacks and strokes. Although we are not directly affected with bedside staffing ratios, we still experience its effects when in-house patients do not get the pre-procedure work-up and necessary post-procedure care because of staffing ratios.

Bedside nurses are loaded with high acuity patients and providing quality care is their top priority. However, with unsafe nurse-patient ratios there is not enough time to spend for each patient. Our department also ends up holding critically ill patients

while waiting for a bed, therefore increasing turnover time between procedures.

By supporting this legislation, we will eventually create a system that develops healthcare workers with higher standards in delivering the best quality patient care and a patient community with greater satisfaction and health outcomes.

Thank you for your attention and we hope for your support.

Respectfully,

Almie Lonzaga, BSN, RN, CV-BC  
HBV Department  
Maui Memorial Medical Center  
UNAC/UHCP Member

**The Honorable Gregg Takayama**  
Chair, Committee on Health  
House District 34

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Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

**Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

I am writing to express my full support for the Hawaii Safe Staffing Proposal HB 1244. This crucial legislation represents a transformative step toward improving the safety, quality, and overall outcomes of patient care in our state's hospitals. By establishing enforceable nurse-to-patient staffing ratios and accountability measures, this proposal ensures that Hawaii's patients receive the care they deserve.

As a frontline nurse, I witness daily how staffing challenges directly affect patient care. When staffing is insufficient, it compromises safety, delays critical care, and places undue stress on both patients and their families. This proposal—with its robust accountability measures, dedicated funding, and flexibility during emergencies—ensures a practical balance between safeguarding patient safety and maintaining effective hospital operations. It emphasizes patient well-being while fostering a supportive environment for healthcare providers.

Those of us who work in the Emergency and Behavioral Health/Psychiatric units (I work in both) are the most likely to witness violent behavior by patients. Sometimes the violence is directed toward other patients and sometimes at us, the staff nurses. Codifying safe staffing levels helps ensure that the patients and staff will have immediate help in case of a violent episode.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.



Mahalo,

George McElravy, BS RN-BC

Molokini Unit, Maui Memorial Medical Center

UNAC/UHCP Member



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I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

My name is Nicole St. John and I am a staff nurse at Maui Memorial Hospital and a UNAC/UHCP union member. I have been an RN for 11 years. People go into nursing to help others while they are at their most vulnerable and hardest points in their lives. Being a patient in the hospital isn't easy, you're constantly woken up, information isn't always as quick as you'd like it to be, there are always more tests to be done, etc.

But never should a person experience short staffing or an overburdened nurse/caregiver, especially when the hospital and legislature has the power to improve it. Every day, nurses are given too many patients to safely and effectively care for. No nurse should have more patients than they are able to help and keep safe. This bill would keep your loved ones, your constituents, and you safe while in a hospital. It would make sure you and your family are able to obtain the care that everyone deserves and needs.

When nurses are overburdened, patients such as your loved ones and constituents, may sit in their own poop or urine for an extended period of time simply due to the fact that there just isn't enough staff scheduled that day to help them. Never should a patient who needs help eating have to eat a cold meal simply because a staff member was not able to get to them soon enough before their meal went cold. Never should a

patient, your family member, have a fall in a hospital due to the fact that a staff member was unable to go to them quickly and help keep them safe. Never should your Nana be left in bed so long that she develops a pressure injury, simply because the hospital is choosing to save money and cut staffing levels. I could go on and on about how patient care is lacking due to poor staffing levels in hospitals. Nurses and nurse aides can't properly care for people if they themselves are overburdened by a failing system.

Unfortunately, these events happen daily on our aina. Loved ones sitting in bed, soiling themselves and can't get help, your family members that may be in a hospital that need help to eat now have cold food, your father fell in the dark hospital room and broke his wrist, etc. Nurses do not go into this profession to give substandard care, they shouldn't have to make the choice of who has to sit in poop longer or eat a cold meal. Nurses shouldn't feel the burden of having to save multiple lives at the same time.

Nurses are the backbone of any hospital, we take on the responsibilities of all other caregivers, such as if physical therapy can't see the patient, then it becomes our duty. If case manager has left for the day, then their duties also fall onto us, if there are no nurse aides to help then we absorb all those duties as well. Nurses are the eyes and ears of the physicians, it's not the doctor who's at the bedside all day. It's not the doctor who caught the cardiac rhythm change or found your grandma with a high fever and confused suddenly.

Without the proper number of RNs for each patient, it's the patients who suffer and the nurse who has to carry that burden with them. The hospital chooses the amount of nurses they put on a shift, they themselves have "staffing guidelines" that they constantly go over, meaning giving more patients then even their own guidelines suggest. Nurses and patients, your loved ones, your constituents and you yourself deserve better.

Please support this Bill (HB1244) and ensure everyone can be kept safe, and given the best care they can receive while they are sick and vulnerable in the hospital. Everyone deserves quality, compassionate care and every nurse deserves to be able to give that care.

Thank you for considering this matter and trying to help,  
Nicole St John, BSN, RN, RN-BC  
UNAC/UHCP Member



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This legislation represents a step towards improving the safety, quality, and outcomes of patient care in our hospitals. By establishing enforceable nurse-to-patient staffing ratios, this proposal ensures that patients receive the care they deserve.

As a telemetry nurse, I witness daily how staffing directly impacts patient care. When our unit doesn't have proper staffing, patient care greatly suffers. Healthcare workers are also put at risk, and this ultimately leads to burnout.

I work as a registered nurse on our neuro/stroke telemetry unit. Working on a stroke unit, it is absolutely crucial to assess patients in a timely manner to ensure there has not been any neurological changes that would require immediate and critical intervention. Oftentimes, nurses on our unit are taking care of 5-6 acute patients because of staffing challenges. Not only does this delay vital assessment data, it also delays basic cares of daily living. It is imperative for stroke patients to get early mobility for optimal outcomes. This is extremely difficult to do when you are taking care of multiple other patients including medication administration, critical education of diagnosis/treatment, juggling tests/procedures, all while trying to feed and bathe your patients. Nurse staffing ratios offer a solution to this dilemma and provide nurses with the proper tools to effectively give care.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports healthcare professionals.

Thank you for your attention to this important matter.

Mahalo,  
Peyton Schneider, RN  
MMMC Maui South  
UNAC/UHCP Member



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As a frontline nurse, I witness daily how staffing challenges directly affect patient care. When staffing is insufficient, it compromises safety, delays critical care, and places undue stress on both patients and their families. This proposal—with its robust accountability measures, dedicated funding, and flexibility during emergencies—ensures a practical balance between safeguarding patient safety and maintaining effective hospital operations. It emphasizes patient well-being while fostering a supportive environment for healthcare providers.

There have been numerous shifts in the Emergency Department this year that staffing was at dangerous levels. For example, one RN having to manage a critically ill patient alone and keeping that patient alive, while another RN manages the rest of the 7 patients in that area of the ED. It is unsafe, and emotionally demoralizing, for an RN to not be able to provide the care that their patients deserve. It is unsafe and dangerous for the patient and increases the risk of harm and or up to even death.

Safe staffing ratios is common sense, and the correct solution for the staff and the community we serve.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.

Mahalo,  
Rowan Funes, RN  
Emergency Department  
UNAC/UHCP Member



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As a frontline nurse, I witness daily how staffing challenges directly affect patient care. When staffing is insufficient, it compromises safety, delays critical care, and places undue stress on both patients and their families. This proposal -- with its robust accountability measures, dedicated funding, and flexibility during emergencies -- ensures a practical balance between safeguarding patient safety and maintaining effective hospital operations. It emphasizes patient well-being while fostering a supportive environment for healthcare providers.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.

Mahalo,

Vincent Sarian, PCU RN



UNAC/UHCP Member



# UNAC/UHCP

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## **The Honorable Gregg Takayama**

Chair, Committee on Health  
House District 34

## **The Honorable Jackson D. Sayama**

Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

## **Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

As a registered nurse, I have witnessed firsthand the impact that inadequate staffing can have on patients, families, and nurses themselves.

Safe staffing ratios are essential to ensuring that patients receive high-quality care. When nurses are overwhelmed with too many patients, they cannot provide the attention and care that each patient deserves. This can lead to medication errors, falls, and other preventable complications.

Furthermore, safe staffing ratios are crucial for preventing nurse burnout and turnover. Nursing is a high-stress profession, and chronic understaffing only exacerbates the problem. When nurses feel supported and able to provide quality care, they are more likely to stay in the profession and continue delivering exceptional care.

Establishing safe staffing ratios will have a positive impact on patients, families, and nurses in several ways:

- **Improved patient outcomes:** Safe staffing ratios have been shown to reduce hospital-acquired infections, falls, and other complications.
- **Enhanced patient satisfaction:** When patients receive high-quality care, they are more likely to be satisfied with their care experience.
- **Reduced nurse burnout and turnover:** Safe staffing ratios help prevent burnout and turnover, ensuring that experienced nurses remain in the profession.

- Increased transparency and accountability: Establishing safe staffing ratios promotes transparency and accountability in staffing decisions, ensuring that hospitals prioritize patient care.

I urge you to support legislation that establishes safe nursing staffing ratios in Hawaii. This is a critical step towards ensuring that patients receive high-quality care and that nurses can continue to deliver exceptional care without burning out.

Thank you for considering this important issue.

Sincerely,

Hannah Robertson, RN

Maui Memorial Medical Center

Haleakala South Unit

UNAC/UHCP Member



# UNAC/UHCP

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February 3, 2025

The Honorable Gregg Takayama  
Chair, House Committee on Health  
House District 34

The Honorable Jackson D. Sayama  
Chair, House Committee on Labor  
House District 21

**RE: HB 1244 hearing on 02/05/25, 9am, RM 329**

Dear Chair Takayama, Chair Sayama, and Members of the Committees on Health and Labor,

The United Nurses Associations of California/Union of Health Care Professionals (UNAC/UHCP) is pleased to support House Bill 1244 being heard in the **House Committee on Higher Education on Wednesday, 02-05-25 9:00AM in Conference Room 329.**

UNAC/UHCP – a proud affiliate of the American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO – represents 40,000 healthcare workers, including Registered Nurses, Physical Therapists, Pharmacists, NPs, CNMs, and other health care professionals in Hawaii and California, including the nurses and health care workers at **Maui Health.**

House Bill 1244, which aims to establish critical minimum registered nurse (RN) staffing standards across hospitals in Hawaii is pivotal in safeguarding both patient care and the well-being of our dedicated nursing workforce.

Hospitals have increasingly leveraged the collective bargaining process to compel nurses into making difficult choices between fair compensation and essential staffing levels. This dynamic undermines the core mission of healthcare—ensuring patient safety and high-quality outcomes. Patient care should be governed by evidence-based standards established by the legislature, not subjected to negotiations that compromise healthcare quality.

Substantial evidence underscores the life-saving impact of appropriate patient-to-nurse ratios. A study published in the *Industrial and Labor Relations Review* found that hospitals with unionized RNs experienced a 5.5% lower heart-attack mortality rate compared to non-unionized hospitals (Ash & Seago, 2004)<sup>1</sup>. This reduction is attributed to the improved working conditions and advocacy for patient-centered care fostered by union efforts.

Furthermore, data from scholarly research reveal that inadequate staffing increases patient mortality. Specifically, the odds of patient mortality rise significantly with each additional patient assigned to a nurse beyond optimal ratios. Conversely, hospitals adhering to a 4:1 patient-to-nurse ratio could prevent over 1,595 deaths annually while saving more than \$117 million through reduced hospital stays<sup>2</sup>.

California's pioneering nurse staffing mandates, strongly supported by UNAC/UHCP, have demonstrated sustained success, improving both patient outcomes and nurse retention rates. These mandates serve as a compelling model, showcasing how legislated staffing ratios can transform healthcare environments for the better.

Expanding upon this evidence, it's crucial to highlight the significant impact that adequate nurse staffing ratios have on both patient outcomes and hospital satisfaction scores:

### **Impact on Patient Outcomes:**

Research indicates that higher nurse staffing levels are associated with improved patient outcomes. A study analyzing data from 146 hospitals found that better nurse staffing enabled nurses to provide sufficient and clear explanations about medication and treatment processes, thereby enhancing patient satisfaction with nursing care<sup>3</sup>. Furthermore, increased nurse staffing has been linked to shorter patient lengths of stay and lower readmission rates. Adequate staffing reduces the likelihood of adverse events resulting from delayed or omitted care, allowing for rapid intervention when patients' conditions deteriorate<sup>4</sup>.

### **Influence on Hospital Satisfaction Scores:**

Patient perceptions of quality of care are significantly influenced by nurse staffing levels. A study analyzing over 66,000 patient responses found that only 14% of patients who believed there were insufficient nurses rated their care as excellent, compared to 57% among those who felt nurse staffing was adequate<sup>5</sup>. This underscores the direct correlation between sufficient nurse staffing and higher patient satisfaction scores. Additionally, hospitals with better nurse-to-patient ratios have been shown to deliver superior care, leading to higher patient satisfaction, lower mortality rates, fewer adverse

reactions, and shorter hospital stays. Nurses in these settings also report greater job satisfaction, which contributes to a more positive patient experience<sup>6</sup>.

In conclusion, HB 1244 is not just a policy proposal; it is a necessary reform to ensure that healthcare quality in Hawaii aligns with best practices proven to save lives, enhance patient care, and support our invaluable nurses. By ensuring adequate staffing, we can continue to provide safe and effective care while fostering a healthcare environment where both patients and healthcare professionals thrive.

Mahalo for your attention and commitment to advancing healthcare standards in our state.



Eric Robles  
UNAC/UHCP

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#### References:

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<https://www.jstor.org/stable/4126660>
- Lasater, K. B., Aiken, L. H., Sloane, D., et al. (2021). *Patient outcomes and cost savings associated with hospital safe nurse staffing legislation: An observational study*. *BMJ Open*, 11, e052899. <https://bmjopen.bmj.com/content/11/12/e052899>
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- Mahalo



LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

# UNAC/UHCP

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## **The Honorable Gregg Takayama**

Chair, Committee on Health  
House District 34

## **The Honorable Jackson D. Sayama**

Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

## **Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

This critical legislation prioritizes patient safety by ensuring that registered nurses are available in adequate numbers to deliver the safe, effective care that every patient deserves.

Numerous studies have shown a direct link between appropriate nurse staffing levels and improved patient outcomes. When registered nurses are stretched too thin, the quality of care can be compromised, leading to higher rates of medical errors, infections, longer hospital stays, and even preventable fatalities. Conversely, facilities with safe staffing ratios have demonstrated lower patient mortality rates, fewer complications, and greater patient satisfaction.

HB 1244 addresses a vital issue: nurses are the backbone of patient care. Without adequate staffing, nurses are forced to work under immense pressure, making it difficult to give each patient the attention and care they need. Patients in Hawaii deserve better, and so do the nurses who care for them. Safe staffing ratios not only protect patients but also support the mental and physical health of nurses, enabling them to perform at their best.

By supporting HB 1244, you have an opportunity to ensure that Hawaii remains a leader in healthcare quality and safety. This legislation is not only a commitment to patients but also an investment in the sustainability of the nursing profession in our state.

Thank you for considering this important matter. I urge you to vote in favor of HB1244 and help protect the health and safety of our communities.

Sincerely,  
Josh Masslon, RN  
UNAC/UHCP Member



**HB-1244**

Submitted on: 2/3/2025 10:40:22 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Marissa Jacobs	Individual	Support	Written Testimony Only

## Comments:

I've been a Pediatric RN here in Hawaii for over 18 years. I strive to provide excellent nursing care for the patients I care for (sick babies, children, teenagers and more recently also helping Moms with their new babies). Not only do I provide the necessary "cares" for each patient [which consists of assessments, medications (oral, intravenous, injections, etc.), treatments (there's a whole long list I won't include here), working with other disciplines (Physicians, Pharmacists, Laboratory, Dietary, Physical/Occupational/Speech Therapists, etc.) and all the documentation "charting" that comes along with it], but I also serve as the advocate for my patients—always looking out for their well-being and spending TIME with them, which is really the heart of Nursing. We have to know when something is not right, and to do so, we have to be present. In Pediatrics we not only care for the Patient, but also the Parent/family and the personalized care we give is what makes all the difference.

When you are overloaded, you are rushing and only providing the minimum nursing care—which is not only less-than-ideal, but it's also when things get missed and mistakes happen. We are human. Safety is what should be at the forefront of hospital operations on a daily basis. Safety for our Patients AND safety for our Nurses!

We pour our heart and soul into our work and we are continuously being told we have to do more with less—but you cannot pour from an empty cup. The Nurses of Hawaii are "burned out." How can we continue to provide excellent care when we are not cared for? The focus within Healthcare has shifted to be money. However, you simply cannot put a price on healthcare. We are often told to "flex up" and pick up more patient assignments than is safe all because the Hospital does not want to pay more Nurses to work.

Contrary to public belief, there is not a Nursing shortage—there are many Nurses who relocate to the mainland because they "cannot find work" here in the islands. Because Hospitals don't want to pay to orient/train new graduate or new-to-specialty Nurses. Because Nurses are leaving bedside care or Nursing altogether since the pandemic because of poor treatment. Additionally, Hospitals don't want to pay to have an "extra" Nurse in-house when the patient census is low...even though we have to be prepared for anything to walk through those doors or for a patient to suddenly decompensate (which we do all in our power to avoid). The bottom line is that we care for your child, sibling, spouse, parent, aunt, uncle, grandparent or friend who is sick and needs our undivided attention.

Please, please consider HB1244! The Nurses and THE PEOPLE of Hawaii deserve the best care and the way to achieve that is through safe staffing! Nurses are always among the top trusted professions—please take care of us so we can take care of you.

**HB-1244**

Submitted on: 2/3/2025 10:25:17 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alex Miller	Individual	Support	Written Testimony Only

## Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,  
My name is Alex Miller. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

Hospitals in Hawai‘i have shown over the past year that they are unwilling to put patient safety over their bottom line. When given the opportunity to work together with nurses at the bargaining table to create safe ratio standards, they have fought back incredibly hard, which has led to ratios that vary by hospital. All patients in every hospital in Hawai‘i, including non-union ones and those in our rural communities, still deserve the highest quality of care.

Other standards in many industries in Hawai‘i are regulated, including healthcare. We need to take patient safety off the bargaining table and hold hospitals accountable to safe staffing because the health of our sickest neighbors and family members should not be negotiable.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Alex Miller

**HB-1244**

Submitted on: 2/3/2025 12:29:57 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Stephanie Pagaduan	Individual	Support	Written Testimony Only

Comments:

Aloha,

I have been a NICU nurse at Kapiolani Medical Center for 22 years. I fully support this bill because I have seen first hand how having too many patients can negatively impact their outcome. It's simple, the more patients we have the more likely that mistakes happen and the quality of patient care suffers which prolongs their stay in the hospital, and therefore increases healthcare costs. In the NICU when we have been given an unsafe number of babies they are left crying and/or get fed late, monitors and alarms are left beeping, medications have been missed or given late, parents are left stranded, helpless, waiting or even unable to hold their baby because their nurse is too busy to help them handle their child who is attached to so many cables, lines and machines. I humbly ask you to picture yourself as a parent of a sick patient or even as a patient and think of the type and quality of care and attention you would expect from your nurse when you think of supporting this bill.

Mahalo,

Stephanie Pagaduan

**HB-1244**

Submitted on: 2/3/2025 12:47:04 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jessica Rohr	Individual	Support	Written Testimony Only

Comments:

As a friend of many nurses who have impressed upon me what a serious issue this is, I support this bill.

**HB-1244**

Submitted on: 2/3/2025 1:33:57 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
SUSAN KONDO	Individual	Support	Written Testimony Only

## Comments:

My name is Susan Kondo and I have been a resistered nurse for 22 years. I am currently working in the Emergency Department for Kaiser Permanente. I'm writing this testimony begging for anyone to listen about our unsafe staffing ratios in our department. Over the years I've seen our client population get "sicker" and management put more on our plates by giving us more duties and responsibilities with less support and staff. As a result, there has been an extremely high turnover rate from nurses being burned out due to stress and realizing they can go to other departments to get paid the same amount of money without the stress and high work load. Currently, we are the only department without ratios and can see high acuity, intensive care patients while still taking on a full patient load. No other department in the hospital does this. On top of that we are frequently boarding more than 10 patients in the ER. Imagine how difficult it is to keep up with doctor's orders at the same time keeping patients safe, stable, and answering call lights. At some point, enough is enough. What they're asking us to do is on the verge of almost being impossible. There's only one of me and I can't be in two places at once, no one can. This leads to a delay in patient care, missed assessments, medication errors, patient falls, and overall poor quality of care. In the 21 years that I've been there, I've witnessed a mass exodus of great ER nurses due to staff burn out. I'm sad to say that our staff is currently very inexperienced because we're forced to replace seasoned ER nurses with new grads and new-to-specialty nurses. Imagine if they were taking care of your loved ones? How much trust would you have in them and how comfortable would you feel? I've also been told by management that I have to lower my standards because they themselves know that our applicants have very few years of experience.

Everyday, I got to work and I pray that nothing happens to my patients while I'm in a room with another sicker patient. And everyday, we follow the rules and do what we're told to do by people who don't do what we do nor understand what we do. As a last ditch effort, I'm asking you for your support in helping us put our patients and patient's safety first. Having safe patient ratios will allow us to have the time to provide better quality care and hopefully reduce stress, burn out, and retain our staff.

Thank you for taking the time to read my testimony. If you have any questions, feel free to reach me at (808)392-0609 or email me at susan\_kondo@yahoo.com

Susan Kondo



**HB-1244**

Submitted on: 2/3/2025 1:41:53 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Bello	Individual	Support	Written Testimony Only

## Comments:

Aloha and thank you for taking the time to hear my testimony. I'm a nurse at Kaiser Moanalua on a MedSurg/Oncology floor. My patients mean the world to me. Being on a unit that specializes in Oncology comes with its challenges. Most of these patient are neutropenic (little to no immune system) and many of which require frequent transfusions: blood and blood products. As well as many antibiotics and other medications to help protect them. If even 2 out of my 5 patients are "heavy" (requiring the majority of my time, it feels so unsafe to have 5 patients total. I want to be able to know my patients well and be able to cater to their needs. A ratio of 4 patients to 1 nurse could really help to provide the safe care and quality of care that these patients need and deserve. We literally have people's lives in our hands and that is not something I would ever take lightly. I need to ensure I'm doing everything I can to provide safe patient care. Please hear us out and understand that this is for the safety of our patients!!! God willing, we can make this happen. Thank you!



**HB-1244**

Submitted on: 2/3/2025 1:49:30 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kari DeLude	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

Labor Standards at Health Care Facilities.

. I strongly support HB1244 Relating to Staffing.

My name is Kari DeLude

I am a nurse and I work at Queen's Medical Center and have worked there for the past 33 years. I work with mothers and babies.

I have seen mothers arrive at the hospital with increasingly complicated pregnancies, needing more advanced care. Babies are also needing increased level of care. The hospital has hired more physicians, MD specialists to respond. But the nursing staff is never supplemented. In fact, we are chronically understaffed. I go to work the majority of the time knowing I will be understaffed before I even arrive. We have a group text to call for help. It sends me daily notifications. I pray each shift for blessings and hope for miracles to keep afloat, survive a shift and keep safe moms and babies. The hospital puts up road blocks to hiring, delays posting positions, slows training. There are not enough staff to care safely for patients. My professional body, AWHONN, has published staffing standards that the hospital does not follow. Please help me to be able to go to work confident that I can provide the optimal care I've trained for. I would love to enjoy my job again instead of dreading it and having nightmares about work. I love to see new life enter the world, help us all have hope for the best start for the smallest and newest citizens of Hawaii.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Kari DeLude



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## **The Honorable Gregg Takayama**

Chair, Committee on Health  
House District 34

## **The Honorable Jackson D. Sayama**

Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

## **Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

This critical legislation represents a transformative step toward improving the safety, quality, and overall outcomes of patient care in our state's hospitals. By establishing enforceable nurse-to-patient staffing ratios and accountability measures, this proposal ensures that Hawaii's patients receive the care they deserve.

As a frontline nurse, I witness daily how staffing challenges directly affect patient care. When staffing is insufficient, it compromises safety, delays critical care, and places undue stress on both patients and their families. This proposal—with its robust accountability measures, dedicated funding, and flexibility during emergencies—ensures a practical balance between safeguarding patient safety and maintaining effective hospital operations. It emphasizes patient well-being while fostering a supportive environment for health care providers.

As a floor nurse, I find this bill to be essential for the safety of our patients. It better ensures timely care and greatly reduces risks for errors. It will promote manageable workloads, reduce stress, and nurse burn out. Please think about yourself, your family, and your communities—how will this impact you? Would you want your nurse to be overloaded, stressed, and at greater risk for errors?

Please support this legislation to build a healthcare system that protects vulnerable residents and supports care professionals. Together, we can ensure all patients in Hawaii receive the quality compassionate care they deserve.

Thank you for your attention to this important matter.

Sincerely,  
Mary Rieta, RN  
Former Hale South RN at Maui Health System

**HB-1244**

Submitted on: 2/3/2025 2:11:00 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Brittney Aurello	Individual	Support	Written Testimony Only

Comments:

Safe patient ratios are needed to ensure proper and safe patient care

**HB-1244**

Submitted on: 2/3/2025 2:14:13 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Stephanie Rara	Individual	Support	Written Testimony Only

Comments:

Aloha Chair, Vice Chair, and Members of the Committee,

My name is Stephanie Rara. I work in the Emergency Department At Queen's West Hospital. I recently moved from California to Hawai'i. One of the biggest shocks I experienced was the lack of mandated safe staffing ratios. In California, these ratios ensure that no nurse is stretched beyond what is safe for both patients and staff. Here in Hawai'i, I've personally witnessed the consequences of not having such protections.

I remember a shift where one colleague was assigned five patients, while another had an ICU patient on multiple titrated drip's along with three additional patients. This level of responsibility is not just overwhelming; it's unsafe. Patients in distress need immediate attention, and when a nurse is stretched too thin, delays can lead to serious consequences. I've seen patients leave against medical advice (AMA) simply because they felt they weren't receiving the care they needed not because we didn't care, but because we physically couldn't be in two places at once.

I understand concerns about staffing shortages and financial implications, but the reality is that unsafe ratios drive nurses away. When nurses are overworked and burnt out, retention drops, and patient outcomes suffer. Safe staffing ratios are not just about workload they're about patient safety, nurse well-being, and ultimately, better healthcare outcomes.

I urge you to support legislation that establishes safe patient ratios across all hospital floors. This isn't just about nurses. It's about protecting every patient who walks through our hospital doors and giving them the the care and compassion that every human being deserves.

Thank you for your time and for your service to our community and please consider passing the HB1244 bill.



**HB-1244**

Submitted on: 2/3/2025 2:22:58 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Keoki Medeiros	Individual	Support	Written Testimony Only

**Comments:**

I am writing in strong support of HB1244, a critical bill that will establish minimum registered nurse-to-patient staffing requirements for hospitals in Hawai‘i. As a registered nurse, I have experienced firsthand the challenges that unsafe staffing levels impose on both nurses and patients, and I firmly believe this legislation is essential to ensuring quality, safe, and effective healthcare for our communities. As an emergency psychiatric nurse the difficulties of handling complicated medical care compounded by the ever increasing psych components has created very unsafe environments for other patients and staff.

**Why HB1244 is Critical for Hawai‘i Healthcare System?**

Hawai‘i healthcare system is facing a crisis as nurses are increasingly overburdened, leading to burnout, high turnover, and compromised patient care. This bill sets forth mandatory staffing ratios that will help prevent unsafe patient loads, ensuring that nurses can provide timely, quality care while reducing the risk of medical errors, patient neglect, and staff fatigue.

**HB1244 proposes:**

Establishing minimum registered nurse-to-patient staffing requirements to enhance patient safety and care quality.

Requiring hospitals to create Registered Nurse Staffing Committees by September 1, 2025, ensuring that frontline nurses have a voice in staffing decisions.

Mandating hospitals to implement registered nurse staffing plans by July 1, 2026, providing a structured approach to safe staffing.

Appropriating funds to support these necessary improvements, recognizing that investment in staffing is an investment in public health.

**The Consequences of Unsafe Staffing Levels**

When nurses are forced to care for too many patients at once, the consequences are severe:

Increased medical errors, delayed care, and higher patient mortality rates.

Longer hospital stays and preventable complications.

Nurse burnout, mental health struggles, and rising resignation rates.

Hospitals relying on expensive travel nurses instead of retaining local nursing staff.

This situation is not sustainable. Without immediate legislative action, more nurses will leave the profession, and patient outcomes will continue to decline.

**Proven Benefits of Safer Nurse-to-Patient Ratios:**

States that have implemented similar laws, such as California, have demonstrated improved patient care, reduced nurse turnover, and lower healthcare costs due to fewer preventable complications. HB1244 will provide Hawai'i with the structure and funding needed to implement these best practices, benefiting patients, nurses, and the healthcare system as a whole.

**A Call to Action: Prioritize Patients and Nurses!!!**

This bill is a long-overdue solution to a well-documented problem. Hospitals must be held accountable for ensuring safe staffing levels, and nurses must be empowered to advocate for the resources they need to provide proper care. By passing HB1244, Hawai'i will take a monumental step toward creating a sustainable, patient-centered healthcare system.

For these reasons, I strongly urge you to pass HB1244 and support its implementation. Our patients, our nurses, and our healthcare system cannot afford to wait any longer.

Mahalo for your time and consideration.

Sincerely,

Keoki Medeiros RN Behavioral Emergency Response Team



**HB-1244**

Submitted on: 2/3/2025 2:41:58 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

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

Comments:

Hi,

I am an RN at the Queens Medical Center. I strongly support this bill. Safe RN to patient ratios are the bedrock to quality care. I have been an RN for 20 years and can fully attest to this. We need this bill to be passed to assure our hospital does not practice regressive bargaining tactics like they did during our recent negotiations. Let's do this for all the people of Hawaii. Thanks you!

**HB-1244**

Submitted on: 2/3/2025 3:05:01 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Norma saito	Individual	Support	Written Testimony Only

## Comments:

I strongly believe that nurse to patient ratios should be set by the legislature. Hospital administrators can say they are setting ratios in good faith with nursing input, but they can drag out the negotiations for a long time until it is essential goes on to the next contract rounds. The nurses are serving the public. Patients (the public) have the right to safe staffing levels. Shouldn't the legislature advocate for a safer patient to nurse staffing level?

**HB-1244**

Submitted on: 2/3/2025 3:11:02 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Akiko Zbytovsky	Individual	Support	Written Testimony Only

Comments:

Yes

**HB-1244**

Submitted on: 2/3/2025 3:23:51 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nanea Lo	Individual	Support	Written Testimony Only

## Comments:

Hello Chair Takayama, Vice Chair, Keohokapu-Lee Loy and Members of the Committee,

My name is Nanea Lo, and **I am writing in strong support of HB1244**, which seeks to improve labor standards at health care facilities.

As a community advocate and someone who has witnessed the impacts of short staffing in health care firsthand from seeing my friends and family, I know how dangerous and exhausting it can be for both workers and patients. When hospitals and care facilities are understaffed, the burden on health care workers increases, leading to burnout, stress, and ultimately compromised patient care. This issue does not just affect employees—it impacts families, communities, and the overall well-being of those relying on our health care system.

I have close friends and family members in the health care industry who have struggled with impossible workloads due to staffing shortages. I've seen them come home emotionally and physically drained, questioning their ability to provide the quality care that every patient deserves. No one should have to choose between their own well-being and their duty to help others.

HB1244 is necessary to ensure that health care workers have the support they need to perform their jobs safely and effectively. Strengthening labor standards in health care facilities will protect workers from burnout and ensure that patients receive the attention and care they need.

Please pass HB1244 to support our health care workers and the communities they serve.

me ke aloha 'āina,

Nanea Lo

Mō'ili'ili, HI 96826

Sierra Club of Hawai'i Executive Committee Member

Board Member, Hawai'i Workers Center

Kanaka Maoli/Lineal Descendant of the Hawaiian Kingdom

**HB-1244**

Submitted on: 2/3/2025 3:27:02 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Candace Silva	Individual	Support	Written Testimony Only

## Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and committee members,

My name is Candace Silva and I am a registered nurse on Queen Emma Tower 9 Diamond Head at The Queen's Medical Center in Honolulu. I strongly support HB1244 Relating to Labor Standards, specifically Safer Patient to Nurse ratios, at Health Care Facilities.

I don't think many people understand how grueling the nursing profession is and how much is at stake with this profession if we continue down the same path and don't opt for a positive change. Nurses are overworked! We are tired and we are begging for relief. Ratios would help tremendously with increasing patient and nurse safety and decreasing nurse burnout.

Personally, I have been injured twice putting me out of work for nine months the first time in 2022 and now, again, going on almost seven months. My injury not only affects me, but also affects my colleagues and patients. For me, I am in pain everyday and have some physical limitations which altered my lifestyle. I am at a point of wondering if my career is over this time. If it is, how am I going to provide for my family living in Hawaii? I'm sure this thought have crossed the minds of many nurses because injuries are common in this profession. As for my colleagues and patients, it is a disservice being injured because now I am leaving the unit short-staffed which perpetuates the vicious cycle of nurses being overworked and increasing the risk of a negative impact to both nurses and patients.

I am a nurse with a lot of compassion and strong work ethics. I love my job and I've poured my blood, sweat, and tears into this profession. I still feel like I have more years to give than just the 13 years I've served, but I highly doubt that I can continue for much longer if things don't change for the better. Please help us!

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Candace Silva



**The Honorable Gregg Takayama**

Chair, Committee on Health

House District 34

**The Honorable Jackson D. Sayama**

Chair, Committee on Labor

House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

**Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

This crucial legislation represents a transformative step forward improving the safety, quality, and overall outcomes of patient care in our state's hospitals. By establishing enforceable nurse-to-patient staffing ratios and accountability measures, this proposal ensures that Hawaii's patients receive the care they deserve.

As a frontline nurse, I witness daily how staffing challenges directly affect patient care. When staffing is insufficient, it compromises safety, delays critical care, and places undue stress on both patients and their families. This proposal -- with its robust accountability measures, dedicated funding, and flexibility during emergencies -- ensures a practical balance between safeguarding patient safety and maintaining effective hospital operations. It emphasizes patient well-being while fostering a supportive environment for healthcare providers.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.

Mahalo,

Alidrin Armandico, RN

Haleakala South

UNAC/UHCP Member



**HB-1244**

Submitted on: 2/3/2025 4:10:32 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
sonya balian-grande	Individual	Support	Written Testimony Only

## Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,  
My name is Sonya Balian-Grande. I am a nurse and I work at Wilcox Hospital on Kauai.

I strongly support HB1244 Relating to  
Labor Standards at Health Care Facilities.

I have been a nurse for over 15 years and have worked in many facilities. Never have I seen such atrocious working conditions as here at Wilcox. Forcing the nurses to care for 6 patients at a time, regardless of how sick they are, is unsafe and cruel. It is a danger to the community and the nurses alike. To hear the admin of HPH claim that our community here on Kauai is not as sick as those on Oahu is disgusting. Why does our community deserve any less? Please support the nurses, the community of Kauai, and our Ohana by passing this bill.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

sonya Balian-Grande

**HB-1244**

Submitted on: 2/3/2025 4:28:00 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leticia Calles	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

I am a registered nurse at Queen's Medical Center. I strongly support HB1244. I provided prior testimony for the last safe staffing bill. Currently, there is language in two HNA contracts that include staffing ratios. However, this is not enough. Nurses and the community need to be protected by legislation.

Recently, Governor Josh Green visited Washington D.C. to warn members of Congress about the HHS nominee. He provided testimony about the importance of evidence-based practice regarding the measles vaccine versus misinformation through social media and political influencers. Hospital organizations in Hawaii have utilized large, influential organizations to discount the importance of safe staffing ratios. Nurses in Hawaii are testifying to you safe staffing ratios are evidence-based practice. Patient lives are at risk in all hospitals in Hawaii, and the continued loss of nurses to states with ratios. Please pass this bill!

Mahalo,

Leticia Calles MSN, RN, RCIS, BC

Testimony in Support of HB1244  
House Committees on Health/Labor  
Hearing Date: February 5, 2025 at 9 am

Dear Chair Takayama, Chair Sayama, and Members of the Committee,

Hi, my name is Destry Segawa, and I am a Registered Nurse at Kaiser Hospital. I am submitting this testimony in **STRONG SUPPORT** of HB1244. This bill will help establish safe patient staffing ratios which will improve patient outcomes, protect our community (including our ohana), and support the nursing profession.

The healthcare industry is constantly changing and evolving. Our patients are getting sicker and sicker. The demands on us are increasing. Over the 15 years I have been a nurse (and a family member of someone in the hospital), I have seen so many patients not receive the care they deserve. Nurses are spread so thin that they (we) don't have time to do basic hygiene care with (our) patients, like oral care (brushing teeth) or giving them a bath every day. Patients are having to wait 30 min to receive pain meds, or go to the restroom because we are taking care of another patient (or two) who may be "crashing" or in a critical state. Patients are falling and getting injured because there aren't enough staff to attend to all of the call lights. These are just a few examples of the hundreds (even thousands) of deficiencies that occur in our Hawaii hospitals every day.

"What could you (as the nurse) have done better? What will you do to make sure this doesn't happen again?" Blame is often put on the nurse. What about the hospital? Does the hospital take accountability for any of this? Cost-cutting measures aren't worth the safety and wellbeing of our patients and staff (including nurses).

We, nurses, are burnt out. We are exhausted. We advocate for our patients and make life-saving decisions constantly. We do our best with what we are provided, but sometimes our best just isn't enough. We need safe patient staffing ratios, or we will continue to be set up for failure. HB1244 will help save lives, reduce preventable complications from occurring, and reduce the number of nurses leaving the profession due to overwhelming workloads. HB1244 will also ensure that staffing decision are based on patient needs, not saving money.

I urge you to pass HB1244. Thank you for your time and consideration.

Sincerely,  
Destry Segawa, RN, BSN, BS, CMSRN, BC-GERO  
Staff Nurse III  
Kaiser Permanente Moanalua Hospital  
HNHP Steward and Board of Director  
[dsegawa.hnhp@gmail.com](mailto:dsegawa.hnhp@gmail.com), [aloha83girl@yahoo.com](mailto:aloha83girl@yahoo.com)  
(808) 927-0655

**HB-1244**

Submitted on: 2/3/2025 4:54:53 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Danette Aquino	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy and committee members,

My name is Danette Aquino. I am a Registered Nurse at the Queen's Medical Center Manamana. I strongly support HB1244 relating to Labor Standards, specifically Safer Patient to Nurse Ratios at healthcare facilities.

I respectfully ask that on behalf of our community, our families and my colleagues to do your part to make this bill a reality. I was born and raised here in the Islands, a daughter of immigrants that came to Hawai'i in search of better opportunities, a single mother, a caregiver at home and at work. There has been countless shifts we have worked, short staffed with missed rest periods and/or late or no meal breaks due to our current patient care workload. We care deeply for the patients we serve, because they are our family, our friends, our neighbors, our community. Establishing safer staffing will save lives, will afford a manageable work and personal life balance for us. For this reason, I ask that you give great consideration to this bill.

Mahalo for your support of HB 1244.

Respectfully yours,

Danette Aquino

**HB-1244**

Submitted on: 2/3/2025 5:29:13 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ruth Tanaka-Gum	Individual	Support	Written Testimony Only

## Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,  
My name is Ruth Tanaka-Gum.

I am a nurse and I work at Kapiolani Medical Center for Women and Children.

I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

There have been many times in the past where we worked short staffed. Instead of taking care of only 3-4 pediatric patients, we had to care for up to 5 or 6 patients due to sick calls or not enough staff being scheduled. This has led me and other nurses to not be able to give the optimal care that these sick babies and children need. I have eaten lunch as late as 4:30pm on a shift that starts at 7:00am. I have had not been able to take a bathroom break if I have a very sick patient and there is no one to relieve me. I have often volunteered to stay over on a double shift- so 16 hours to help cover staffing needs. For the safety of our patients and people of Hawaii, please support nurses and medical professionals.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Ruth Tanaka-Gum

**HB-1244**

Submitted on: 2/3/2025 5:30:33 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Holly Young	Individual	Support	Written Testimony Only

## Comments:

Aloha Chairs Takayama and Sayama and Vice Chairs Keohokapu-Lee Loy and Lee and members of the committees,

As a registered Nurse of 14 years who has seen the direct impact of unsafe staffing, I wholeheartedly support HB1244. Safe staffing is achieved through appropriate nurse-to-patient ratios, which are critical to ensuring quality care. Adequate staffing is directly linked to lower hospital mortality rates, shorter lengths of stay, fewer patient falls, and a reduction in hospital-acquired infections, among other benefits. When nurses are assigned unsafe workloads with high-acuity patients and excessive patient numbers, it leads to compromised care, increased patient dissatisfaction, higher nurse burnout, and elevated turnover rates. Safe staffing is not just a matter of efficiency—it saves lives!

Mahalo for your support of HB1244. Please pass this bill!

**HB-1244**

Submitted on: 2/3/2025 5:32:51 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Haley K Mansanas	Individual	Support	Written Testimony Only

Comments:

**Regarding HB1244:****Dear Honorable Members of the House of Representatives,**

**I strongly support implementing safe nurse-to-patient ratios across our healthcare facilities and urge you to consider this critical issue in your legislative efforts. As an emergency room nurse in Honolulu, I have seen how strained our healthcare system due to our hospitals being overworked and understaffed.**

**As you know, nurses are the backbone of our healthcare system, providing direct care to patients at all hours of the day and night. However, the number of patients they are assigned at any given time directly impacts patients' safety and well-being and nurses' ability to provide quality care. Inadequate staffing places unnecessary strain on nurses and compromises patients' quality of care.**

**The Evidence:**

**Research consistently shows that safe nurse-to-patient ratios are linked to better patient outcomes, including reduced preventable complications, lower mortality rates, and faster recovery times. Studies have demonstrated that hospitals with lower nurse-to-patient ratios experience higher rates of patient dissatisfaction, increased readmissions, and more medical errors, ultimately contributing to higher healthcare costs.**

**Conversely, facilities with optimal staffing levels see improved patient outcomes and nurse job satisfaction. Nurses working in a well-staffed environment can better monitor their patients, respond to emergencies promptly, and provide the compassionate care that patients deserve.**

**Why This Matters for Hawai'i:**

**With its unique geographic challenges, limited healthcare resources, and small, close-knit communities, Hawai'i requires special attention to these issues. Long shifts, high patient acuity, and a shortage of healthcare professionals in rural areas are common factors that exacerbate the strain on nurses. Since the COVID-19 pandemic, higher rates of nurses leaving the bedside due to these factors have led to burnout in our profession. As a result,**

**patient safety and quality of care can be compromised, particularly in the more remote areas of our islands.**

**By mandating safe nurse-to-patient ratios, we can ensure that all Hawai‘i residents—regardless of where they live—receive the best possible care while supporting our dedicated healthcare professionals' mental and physical well-being.**

**A Call for Action:**

**I urge the House of Representatives to take immediate action by passing legislation that establishes and enforces safe nurse-to-patient ratios in Hawai‘i's hospitals and healthcare facilities. The benefits of such legislation will improve patient outcomes and promote a healthier work environment for nurses, reduce burnout, and contribute to a more sustainable healthcare workforce.**

**Thank you for considering this important issue. With your leadership, we can make significant strides in improving the quality and safety of healthcare for all of Hawai‘i's residents.**

**Mahalo for your time and attention to this matter.**

**Sincerely,  
Haley K Mansanas  
BSN, RN**



**HB-1244**

Submitted on: 2/3/2025 5:57:14 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michele Golojuch	Individual	Support	Written Testimony Only

Comments:

As an Early Childhood Educator I know just how important it is to have low child to staff ratios are. When you exceeded ratio children and teachers are are risk. I can not express how strongly I support this measure.

**HB-1244**

Submitted on: 2/3/2025 6:23:21 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Janelle Ocot	Individual	Support	Written Testimony Only

## Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Janelle Ocot. I am a registered nurse, and working at Kuakini Medical Center since 2011. Started out in med surg where our nurse to patient ratio is 1:6 and 1:7 on day shift and night shift respectively. I'm currently on the PCU/telemetry unit where the ratio is 1:4 and 1:5, day, night respectively.

I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

Nursing is a selfless profession. For those 12 hours, your focus is taking care of your patients: administering medications that correct electrolyte imbalance, lower and/or increase blood pressure, perform blood transfusions, wound care, clear mucus from airways, transport patients to procedures, assist with elimination, body hygiene, emotionally comfort them, all the while keeping them hemodynamically stable so that they may make it out of the hospital to their appropriate discharge destination. We constantly advocate for our patients to the doctors, family and friends.

There have been many instances, shifts where the current RN to patient ratio have been overwhelming which compromises patient care. As a result, many patients have fallen out of bed or out of the chair because we are spread too thin on the floor, tending to our other patients, not only our own load, but also the load of other nurses because they may be busy with their other patients. Being charge nurse, we have our own patient load, and still need to do bed control on the unit, assist fellow nurses and the interdisciplinary team, and create assignments for the oncoming shift, all the while relieving the telemetry monitor for their breaks.

One night, we had 4 RNs not including a new hire RN that was being oriented. All RNs were capped with 5 patients. The nursing supervisor pushed an admission on us, making us go over the limit, forcing the orientee to care for patients on her own! The unsafe staffing form was filled out and our DON replied with, staffing did their best to look for additional staff. Luckily no harm came to any patients that night from an understaffed shift.

When we are understaffed, nurses may miss little things that could result in major consequences for the patient. We are human and not perfect. There is only so much a single nurse can do in a 12 hour shift. Patients are sicker than before. With the access to online information, which we

all know may not be factual, we encounter a lot more resistance regarding medical knowledge and treatments. It takes time to educate our patients and family regarding nursing interventions.

All nurses was to provide good nursing care and we want our patients to get better. We need more time with our patients and decreasing the nurse to patient ratio will help us with that and create a safer environment for that care.

Mahalo for your support of HB1244. Please pass this bill.

Respectfully submitted,

Janelle Ocot

**HB-1244**

Submitted on: 2/3/2025 6:36:23 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Julie Cohick	Individual	Support	Written Testimony Only

Comments:

Aloha Committee Members,

I've been a practicing inpatient registered nurse, RN, for over 7 years in Hawaii and 10 years in California (where nurse-patient ratio laws have been in place for over 20 years).

I strongly support HB 1244 relating to Labor Standards at Health Care Facilities.

When I began at a hospital on Kauai, I was shocked by the patient load, and I still feel unsafe every day. We are pleading for safer nurse-to-patient ratios to protect the well-being of our patients and the staff that care for them.

Unlike larger hospitals, my employer's hospital lacks specialty units beyond ICU and Mother/Baby — meaning our med-surg nurses care for a wide range of patients —from our vulnerable babies over 28 days old & children to our cherished kupuna. Managing 6 patients at once doesn't allow for providing the focused, personalized care that these patients require, especially when caring for our pediatrics that require significantly more time and attention.

Abnormal labs or vital signs that need addressed require dedicated interventions. Blood transfusions for example - require specific amounts of dedicated time to stay 1:1 with that patient — on the daily, this takes time away from our 5 other patients, resulting in delays in care. The current ratios prevent us from providing the attention, monitoring, and care each patient deserves. Having to go monitor my patient who has a heart rate in the 30's while I have another patient in pain, and another needing a blood transfusion, in addition to the three other patients waiting for their scheduled meds - on the daily these occurrences require constant prioritizing that delay patient's care that could be helped with improved patient ratios.

Safer ratios would give us more time to care for, educate, and advocate for each patient. What if we could spend more time teaching a family facing a new diagnosis, such as Heart Failure, CHF, how to manage their condition, ensuring they leave with the knowledge to take control of their health? Kauai, as a rural area, is already at a disadvantage with a higher prevalence of chronic disease and limited access to specialists. Our patients often face difficulties even before becoming inpatients—they should not have to face further challenges when they are hospitalized.

Research consistently has shown that when nurse-to-patient ratios are higher than recommended, the risk of medical errors increases. One study published in the *Journal of the American Medical*

*Association* found that with each additional patient assigned to a nurse over 4 patients, the likelihood of patient death or failure to rescue increased by 7%.

Over 150 Kauai nurses recently went on strike because the current staffing levels aren't in the best interest of our patients, staff, or community. Many nurses on my unit have left for lower-paying jobs simply to escape the unsafe conditions. Addressing these ratios would improve both patient care and nurse retention.

National standards and multiple organizations advocate for safer nurse-to-patient ratios than what are currently in place, and I can provide research studies and evidence supporting this request.

As nurses, the business we are in is one that cares for and saves human lives. We ask for your help in ensuring we can give our patients, our community, their best opportunities at healing while under our care. We implore you to seriously consider the beneficial implications of this bill for not only our community, our Ohana, but also for those that care for them.

Thank you so much for taking the time to read this testimony.

**HB-1244**

Submitted on: 2/3/2025 6:40:33 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ollie Thurston	Individual	Support	Written Testimony Only

Comments:

A lot of nurses take shortcuts they're not proud of just to keep up with the work flow.

**HB-1244**

Submitted on: 2/3/2025 6:44:34 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
jacqueline salinas	Individual	Support	Written Testimony Only

Comments:

To the honorable members.

As a nurse in Hawaii I am asking that you pass this bill in support of safe staffing in Hawaii. We have seen how the nurses have fought hard to get these standards in the hospitals and how much pushback we have got from the hospitals. Please help us and the patients of Hawaii!!

**HB-1244**

Submitted on: 2/3/2025 7:22:06 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dianne Marcos	Individual	Support	Written Testimony Only

## Comments:

I am writing in strong support of HB1244, which will establish minimum registered nurse-to-patient staffing requirements for hospitals in Hawai‘i. As a registered nurse specializing in emergency psychiatric care, I have seen firsthand how unsafe staffing levels compromise patient care, increase workplace violence, and contribute to severe nurse burnout. The growing complexity of patient medical care, compounded by psych issues has created an unsafe environment for both patients and staff.

## HB1244 will:

- ☒ Set mandatory nurse-to-patient ratios to enhance patient safety.
- ☒ Require hospitals to create Nurse Staffing Committees by September 1, 2025, ensuring frontline nurses have a voice.
- ☒ Mandate implementation of staffing plans by July 1, 2026, holding hospitals accountable.
- ☒ Provide funding to support these essential improvements.

Without immediate action, nurses will continue leaving the profession, patient safety will suffer, and healthcare costs will rise due to preventable complications. States like California have proven that safe staffing laws work—Hawai‘i must act now.

I strongly urge you to pass HB1244 to protect patients, nurses, and the future of healthcare in Hawai‘i.





# UNAC/UHCP

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## **The Honorable Gregg Takayama**

Chair, Committee on Health  
House District 34

## **The Honorable Jackson D. Sayama**

Chair, Committee on Labor  
House District 21

RE: HB 1244 hearing on 02/05/25, 9AM, RM 329

## **Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,**

I am writing to provide testimony regarding HB 1244 scheduled for the upcoming joint hearing of the Committees on Health and Labor on February 5, 2025, at 9AM in RM 329.

This crucial legislation represents a transformative step toward improving the safety, quality, and overall outcomes of patient care in our state's hospitals. By establishing enforceable nurse-to-patient staffing ratios and accountability measures, this proposal ensures that Hawaii's patients receive the care they deserve.

As a registered nurse with over 15 years of experience, I have witnessed firsthand the critical impact that staffing ratios can have on patient care, safety, and overall well-being. Working short-staffed has been an all too common occurrence, and I can attest that it poses a significant challenge not only to nurses but also, and most importantly, to our patients. When staffing is insufficient, it becomes nearly impossible to provide the level of care and attention each patient deserves. Nurses are spread too thin, trying to juggle numerous critical responsibilities simultaneously.

This often leads to high stress levels, burnout, and a sense of helplessness when we cannot deliver care up to the standards we strive for. The reality is stark: when we have more patients than we can reasonably handle, we are forced to prioritize duties that should never have to compete for attention, such as administering medications on time, monitoring vital signs, and providing comfort and education to patients and their families.

The consequences of inadequate staffing ratios go beyond potentially compromised care. They also increase the likelihood of errors—errors that can have serious and sometimes irreversible consequences. A missed deterioration in a patient's condition, a delayed response to a call bell, or a mistake in medication administration—these are risks that rise as the nurse-patient ratio increases beyond safe limits.

Conversely, in environments where staffing ratios are maintained within safe bounds, the change is palpable. Nurses have the ability to conduct thorough assessments, engage with patients and understand their needs holistically, facilitate effective communication among healthcare teams, and prioritize preventative care activities that greatly improve patient outcomes. The moral distress that often accompanies the inability to provide adequate care is alleviated.

Patient safety and positive health outcomes should always come first, and adequate staffing ratios are fundamental to achieving this objective. By supporting safe staffing ratios, we elevate the standards of patient care, reduce nurse burnout and turnover, and ultimately foster healthier environments for both patients and healthcare providers. The difference these ratios make is not just noticeable; it's transformative. Safe staffing ratios are a necessary investment in the well-being of both patients and caregivers alike.

Please support this legislation to build a healthcare system that protects vulnerable residents and supports caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.

Mahalo,  
Melissa Robinson, RN, BSN  
NC-BC ACS/PACU  
UNAC/UHCP Member

**HB-1244**

Submitted on: 2/3/2025 7:24:40 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Wendy uyesono	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs and committee members,

My name is Wendy Uyesono and I am a registered nurse at Wilcox Medical Center. I strongly support HB1244 relating to labor standards at healthcare facilities.

I have been a nurse for 18 years after completing my schooling in Oregon. I have worked in San Diego, Oahu and here in Kauai and have seen what safe staffing looks like. When I left California they were 1:3-4 on my med-surg tele floor. With a charge nurse with no patients, resource break nurse and 3 aides at all times plus 6 or so nurses. It was wonderful and we felt supported. But I wanted to come home. I am born and raised here on Kauai and find it very scary and sad that Kauai is held at different standards than the rest of islands let alone the states that have mandated ratios. My parents and children end up at Wilcox and I am terrified to think what could go wrong knowing what the hospital is like when it is full and does not have enough nurses or their assignments are too overwhelming. It is personal because Wilcox takes care of all my family and friends.

I work in same day surgery at Wilcox and there are times when I go to work for 8 hours on my regular shift then get called back at 9:30pm and work until 6:00am on no sleep because the hospital does not have beds or staff to take care of post surgical patients. Then I continue to work on straight time that morning until I can no longer work "safely" or until more staff comes in so that I can go home, sometimes working my entire next shift going on 34+ hours of no sleep. Monitoring people who just had anesthesia, protecting airways, giving narcotics on no sleep. This has happened more frequently in the last 2 years and that in itself is unsafe. That is also why I fight for safe staffing. We cannot continue in this way. We need help because the administration will abuse us until we quit.

Mahalo for your support of HB1244. Please pass this bill.

Respectfully submitted,

Wendy Uyesono



**HB-1244**

Submitted on: 2/3/2025 7:52:04 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Deborah Spangler	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs and committee members,

My name is Deborah Spangler, I am a nurse and I work at Kapi'olani Medical Center for Women and Children in the NICU. I strongly support HB 1244 Relating to labor Standards at Health Care Facilities.

Healthcare has become a business where costs must be cut in order to maximize profits; making staff responsible for more patients than is actually safe has become a standard business practice to achieve the goal of maximum profits. Forcing nurses to care for more patients and to perform more non nursing tasks is unacceptable and will lead to mistakes that will endanger patients lives. Healthcare administrators care only about the bottom line and honestly in the long term, settling a lawsuit is less expensive than staffing appropriately.

Do not believe that there is a nursing shortage, the only shortage is nurses who are still willing to be abused by administration.

Thank you

Let's make it to where patients must always be more important than profits.

**HB-1244**

Submitted on: 2/3/2025 8:07:40 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael Bradley Kibler	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Chair, and Members of the Committees on Health and Labor,

I am writing to urge you to support safe nurse-to-patient ratios. As a nurse, I have experienced multiple shifts where I was severely understaffed, forced to care for more patients than is safe. This not only endangers patients but also leads to burnout which I experience often and moral distress among us nurses.

When nurses are overburdened, patient safety is compromised. Delays in care, missed changes in patient conditions, and medication errors become more likely. Studies show that proper staffing ratios reduce hospital-acquired infections, lower mortality rates, and improve overall patient outcomes. Yet, without mandated ratios, hospitals continue to prioritize cost-cutting over safety, leaving us nurses struggling to provide adequate care.

Nurses and myself have entered this profession to help people, but unsafe conditions are driving many of us away. We cannot continue to place patient care and nurse well-being at risk. Legislative action is necessary to establish and enforce safe staffing levels, ensuring both quality care and a sustainable workforce.

I urge you to take action now to protect us nurses and the patients who rely on us. Thank you for your time and consideration.

Sincerely,

Michael Kibler



**HB-1244**

Submitted on: 2/3/2025 8:11:25 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ellen Kamenar	Individual	Support	Written Testimony Only

## Comments:

My name is Ellen, and I have worked as a registered nurse for 10 years. I love what I do, but unsafe staffing has made it increasingly difficult and unsafe.

I will never forget one shift when we were so short-staffed I was unable to give adequate care to all of my patients. I had several acute patients all with urgent needs that could be life or death. That moment still weighs on me, and I know I'm not alone. My colleagues and I have faced exhaustion, burnout, and overwhelming stress, all while trying to provide the best care possible. But when there aren't enough of us, mistakes happen, delays occur, and people suffer.

This isn't just about workers it's about the people we serve. Unsafe staffing puts lives at risk. I urge leadership to listen and take action before more harm is done.

Thank you



**HB-1244**

Submitted on: 2/3/2025 8:37:50 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Apryle Rosa	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members.

My name is Apryle Rosa. I am a Registered Nurse and I work at Wilcox Medical Center on Kaua'i. **I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.**

I have been a nurse for 30 years and I cannot tell you how many times I have dealt with short staffing in our facility. I have personally encountered medication errors, patient falls, delayed care because our staffing was inadequate. We have had to work longer hours without breaks to provide care for complex patients increasing the dangers and decreasing safety.

As a result, we are having difficulties retaining nurses to care for our patients due to our working conditions. We go home after each shift thinking if poor patient outcomes could have been prevented if we just had 5 more minutes to care for our patients.

We want to be there when your child takes their first breath of life. We want to be there to hold your hand when you take your last breath. We want to be there to prevent you from falling. We want to be there when you wake up from surgery to tell you that you are ok and that everything will be alright even if it's a long road to recovery. We want to be there to watch you closely so that you don't take a turn for the worst. We want to be there to give you IV chemo so you don't have to leave the island for treatment. We want to be there to educate you on your illness so you we can prevent you from being rehospitalized.

We cannot do these things if we don't have safe staffing to provide quality care that all of Hawai'i deserves.

Mahalo for your support of HB1244. Please pass this bill.

Respectfully Submitted,

Apryle M. P. Rosa, RN

**HB-1244**

Submitted on: 2/3/2025 8:47:04 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Adrienne	Individual	Support	Written Testimony Only

## Comments:

I am writing this testimony in support of HB1244. As a nurse who specializes in behavioral health, I have witnessed how unsafe staffing compromises patient care and increases workplace violence. I am a night shift nurse. More often times than not, we only have two nurses on the floor for 17+ patients. When a nurse goes on break, it leaves one nurse responsible for the whole unit. This creates an unsafe environment for patients and staff, especially on a behavioral health unit where things can escalate/get violent very quickly. Adequate staffing is crucial to providing safe, quality care and preventing nurse burnout.

**HB-1244**

Submitted on: 2/3/2025 9:09:18 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jaren Chun	Individual	Support	Written Testimony Only

Comments:

Jaren Chun

45-203c Lilipuna rd

Kaneohe 96744

The Honorable Gregg Takayama  
Representative, House District 34  
Hawai'i State Capitol

Dear Representative Takayama,

I am writing to respectfully request that you schedule a hearing for House Bill 1244 (HB1244), which aims to establish minimum registered nurse-to-patient staffing requirements for hospitals in Hawai'i. This crucial legislation has the potential to significantly improve patient outcomes and quality of care, and I strongly believe it warrants careful consideration.

As you may be aware, adequate nurse staffing is essential for providing safe and effective care. Research has consistently shown that hospitals with higher nurse-to-patient ratios tend to have better patient outcomes, including lower rates of complications, readmissions, and mortality. By establishing minimum staffing requirements, HB1244 would help ensure that Hawai'i's hospitals are equipped to provide the highest level of care to their patients.

Furthermore, the bill's requirement for hospitals to create registered nurse staffing committees and implement staffing plans would foster a collaborative approach to staffing, allowing nurses, administrators, and other stakeholders to work together to optimize staffing levels and improve patient care.

I urge you to consider the importance of this legislation and its potential to benefit the health and well-being of Hawai'i's residents. By scheduling a hearing for HB1244, you will provide a critical opportunity for stakeholders to share their insights and concerns, ultimately informing a more informed decision-making process.

Thank you for your dedication to serving our community and for considering my request. I look forward to hearing from you soon.

Sincerely,

Jaren Chun

**HB-1244**

Submitted on: 2/3/2025 9:25:24 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Heather Salvador	Individual	Support	Written Testimony Only

Comments:

Aloha HLT and LAB Chairs,

My name is Heather Salvador and I am a local nurse practitioner. My career started when I worked at a local emergency department as a registered nurse. I did this for 12 years. During my employment, I often worked shifts that were short staffed. Despite the working conditions, I worked there for many years because I cared about our community and the children of Hawaii. Please consider HB 1244 so that our nurses and community are safe and well taken care of.

Mahalo,

Heather Salvador, NP

**HB-1244**

Submitted on: 2/3/2025 9:26:50 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryan Knight	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Ryan Knight. I am a nurse on the Medical Surgical Unit and I work at Wilcox Medical Center (WMC). I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

I have experienced first hand the tragedy of a patient under my care die as a direct result of the unsafe nurse-to-patient staffing ratios at WMC which is 1:6. WMC medical-surgical unit is unique and unlike others across the state in the fact that it is the only hospital on Kauai that cares for all of the island's medical needs. The types of patients we care for include pediatric, cardiac, post-operative, neurological/stroke, elderly, ICU step-down. Other hospitals across the state, and the nation, have specialty units that care for these patients, respectively.

At Wilcox, there are no specialty units. The nurses are expected to care for any of these types of patients at any given. For example, a nurse can be responsible for one patient having a stomach bleed requiring blood transfusions, one patient coming back from surgery, one pediatric patient with breathing issues, one patient having drug or alcohol withdrawals and is violent, one confused non-compliant elderly patient, and one patient who was showing stroke symptoms. Now add all the charting, policies and procedures, and unexpected events that can and do happen. I ask you, does that sound safe? Would you want to be a patient under the care of the nurse with that kind of patient load? What do you think the significant other of my patient who was to be discharged from Wilcox Medical Center the following day but tragically died that night, would say? Let me fill you in on that night.

I was caring for 6 patients that night. I prioritize my patients based off their acuity and their unique personal needs. This particular patient was expected to be discharged the following morning so I had decided to see this patient last. By the time I finished attending to my other 5 patients needs, 3 hours had gone by. When I was finally able to go round on my sixth and final patient, when I entered her room I found her face down and unresponsive. I will never forget that moment as it traumatized me and to this day I can vividly picture every detail about that experience, even the cries of the patient's significant other.

In the eyes of WMC, a nurse-to-patient ratio of 1:6 is safe. With that ratio we can only provide 10 minutes to each patient each hour, and that's the best case scenario and does include our other tasks and responsibilities expected of us and does not take into account any unexpected events. That night I provided my patients the amount of time required to make sure they were safe, not the 10 minutes WMC expects us to provide, and I still had a patient die on my watch.

I implore you to pass this bill and help us nurses make sure our patients are cared for safely with a ratio of 1:4 so we can make sure they go home to their loved ones.

Mahalo for your support of HB1244.

Please pass this bill!

Respectfully Submitted,

Ryan Knight

**HB-1244**

Submitted on: 2/3/2025 9:34:07 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Elizabeth Fukuda	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Elizabeth Fukuda. I am a nurse and I work at Queen's Medical Center Punchbowl. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

I went into nursing to help people. And the goal of nursing is to help heal people. In order to heal people there needs to be a safe environment.

1. **PATIENT SAFETY.** The overarching goal is patient safety. I've been an RN for 16 years and working at QMC for 14. When I was still in school I'd heard about the shortage of nurses and how in 10-20 years we'd be in a crisis. Well, we're here. Covid only exacerbated the exit of bedside nurses. Although I was not working during the tragic NYE fireworks accident, healthcare workers rallied together to provide the intensive, critical care these patients needed. Many came in on their days off and pulled overtime in order to augment staff availability and maintain safe patient care. It shouldn't require a tragedy and OT to create a safe environment for patients.
2. **RATIOS.** What we want is safe patient ratios for nurses. We want to be able to provide the care each person deserves and needs, but are so often unable to due to the constraints of the unit and our patient loads. Patients are sicker now than when I first started. Patients who used to be in the Intensive Care Unit are now on floors that don't have the resources for these patients.
3. **SELF CARE.** I work 12.5 hr shifts, some people work 16.5 hr shifts due to short staffing, all while caring for multiple sick patients. Preventing death and dying is a daily occurrence. This is coupled with only a 30 min break to wolf down a lunch. I personally have lost count how many times I've gone without using the bathroom for 8 hours or my first drink of water or food until 8 hours after the start of my shift because I value someone's healthcare needs as more of a priority. Safer staffing would help me take care of both patients and myself better.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully,

Elizabeth Fukuda, RN-BC, BSN





**HB-1244**

Submitted on: 2/3/2025 9:58:07 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Patrick J Canonigo	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support HB 1244, and would like to see this bill passed. Please consider HB 1244, as it will help keep Hawaii's patients safe and also support our local nurses.

Mahalo

**HB-1244**

Submitted on: 2/3/2025 10:06:19 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Amanda Smith	Individual	Support	Written Testimony Only

Comments:

HB1244

Aloha my name is Amanda Smith , I am an Emergency Department Nurse with 20 years serving the Honolulu Community. I am writing this testimony in hopes that you consider passing HB1244. I am fortunate to work for a hospital that “mostly tries” to have ratios for the inpatient nurses but somehow the Emergency Department does not ever get that same thought process. Leaving it to the hospitals to act is not enough.

As an Emergency Department Nurse we are regularly assigned 5 patients with no accommodations for acuity ( how sick they are ) . Daily we are tasked with more tasks to care for our patients with less resources. We are losing trained Emergency Nurses to non bedside roles leaving us with new grad and newly cross trained nurses with no one to guide them.

On any given day, I could have your 90 year old grandma with memory issues that today has heart troubles. I have given here medication that will increase here frequency to urinate. This will help the workload on her heart.

Her call bell is in reach but she forgets and keep crying out for help every 30 mins to help go to the bathroom. - she has urinated in the bed-

I can’t get to her because ...

I also, have a 3 year old who has fallen and broken his arm who needs an IV ,medication and then a procedure that I will need to be 1:1 (no one consistently available to watch my other patients during that time) for 30-60 mins to safely align the bones. He is crying in pain.

I can’t get to him because...

Before I start that I have a 34 year old woman who is having a miscarriage at 18 weeks gestation to a pregnancy she wanted more than anything in this world. Her Husband is on the way but she is scared and tearful. She needs nurse at her side to explain what is happening as I start her IV , draw blood, give medications , prepare for a blood transfusion and a procedure that I need to be present for. Her Blood pressure is dropping , bleeding is increasing .

I can't get to her because...

I have a 57 male patient EMS just brought in with Cardiac Issues that I need to assess, place an IV , draw blood , medicate , educate, call his wife and update her , transport him off the floor to Cardiac Cath Lab to have Life saving treatment.

When I get back I have two more patients and I still have my three others. All day long this continues , stretching myself having to choose who gets my care.

It is generally accepted at my hospital and others on island that if a patient is in need of cardiac monitoring or frequent checks of neurological systems or such the nurse should be 3:1 if they can staff it, yet this does not apply in the emergency department. This also does not apply when I have an ICU patient that will go upstairs and get 1:1 or 2:1 care but while with me I am excepted to care for 5:1 ratio of patients.

I could tell you stories for days about how nurses are going without breaks , lunches , stories of those of have not peed for a whole 12 hour shift but if you know a nurse you have heard these stories before. I am asking you to consider this bill so nurses no longer need to say " I can't get to her because..."

Mahalo,

Amanda Smith RN

**HB-1244**

Submitted on: 2/3/2025 10:13:30 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Aaron Rinderer	Individual	Support	Written Testimony Only

## Comments:

I became a nurse in Hawaii and have worked here for three different hospitals as an emergency room nurse for almost 15 years. Nursing is a great and rewarding career and profession. However, it has also become more challenging, taxing and stressful on those who choose to work in this field of healthcare. Nurses are more involved in, and expected to know and do more for their patients. Hospitals are trying to maintain standards and meet the latest requirements for patient care. More people are using the healthcare system and coming to the ER for treatment and care. Hospitals keep bringing patients into the ER and nurses are expected to be responsible for numerous patients at a time, making decisions on who to care for first, while other patients are waiting and waiting to receive care. Providing the standard, quality care that we want to deliver takes time, effort, and energy. Yet we do not have enough staff to care for all these patients. I have seen and experienced how patients are not assessed on time, care is delayed and errors happen because nurses are assigned too many patients. I enjoy my job and enjoy taking care of patients. I enjoy being able to spend time and give the high quality care to my patients. However, I do not feel good when I am rushed because I feel pressure from management, from the hospital, to overload nurses with patients. One of the worst experiences I had with short staffing occurred when the ER was holding several patients and there were a few sick calls, and the hospital tried to piece together staffing for the day, but there were still holes, and we did not get any help for the holds. A mother who was in a mental health crisis was brought to our hospital, claiming that her 2 year old daughter was sexually assaulted. We did not have enough staff to safely keep an eye on all of our patients and this mother ended up walking out of the ER with her child and standing on the barricade/wall to the H1 freeway. She could have easily fallen over, 20 feet below, on the freeway. Luckily no harm came to her, or her child, but my career/life flashed before my eyes, seeing her standing there screaming, holding her child next to the freeway. I get a sense of this type of fear and worry at times when the hospital management just keeps bringing patients into the ER without adequate staffing, and nurses are expected to be responsible for these patients. It adds to burnout and poor patient care. There's no doubt in my mind. This has been going on for years and despite an industry that changes/improves its therapies when new and improved modes are discovered, it has not adapted that mindset to its nursing/staffing. It's an industry that is still stuck in old ways of doing business. Please help to advance and bring this profession, this industry into the here and now. Help keep patients safe and ensure that they get the quality care they deserve and need. It takes time, effort and energy. Please help to ensure safe patient care.

**HB-1244**

Submitted on: 2/3/2025 10:17:13 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sandi Niitani	Individual	Support	Written Testimony Only

## Comments:

My name is Sandi Niitani and I am a nurse at Wilcox Medical Center. I have worked at Wilcox for over 25 years. I started my career on the medical surgical floor. My love for nursing has been tested time and time again. Many nights I'd go home feeling very defeated. Not feeling like I gave the best care to my patient's caused me to question if nursing was a profession that I wanted to continue doing. I have seen so many good nurses quit because of the unsafe working environment.

Patients here on Kauai are just as sick as those on other islands. I don't understand how other hospitals have ratios of one nurse to five patients while others don't? There should be a standard of care across the state. The people of Hawaii, our families, friends, neighbors all deserve to be safely cared for. Studies have shown that by having a ratio of 1 nurse to 5 patients on the medical surgical floor can save lives. Please seriously consider passing Bill number HB1244! Have healthcare facilities put patients over profits!

Thank you for your time,

Sandi Niitani

**HB-1244**

Submitted on: 2/3/2025 10:25:43 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jason Swanson	Individual	Support	Written Testimony Only

Comments:

Dear Listeners,

This bill is both essential and urgent to ensure there is a nurse for every sick Patient. This will attract, support, and retain nurses in Hawaii. Nursing is the most trusted profession and we need to support those who provide for the sick.

Thank you for listening and supporting this bill!

Jason Swanson

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Haunani Dzao. I am a nurse, and I work at The Queen's Medical Center – Manamana Campus. **I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.**

It is imperative for nurses to have a safe staffing ratio at all health care facilities, because it affects the quality of care we can give to each patient.

I work on a medical-surgical unit that specializes in head and neck surgeries, and I carry a 5-patient load during my 12-hour night shift. I often care for patients that have a surgically created airway (such as a tracheostomy, or laryngectomy), a feeding tube, multiple drains, and some type of oral reconstruction flap. When patients are downgraded from the ICU, they often require deep suctioning every 1 to 2 hours to keep a patent airway. They are also highly anxious as they are learning how to adjust and communicate without a voice. I monitor the blood flow to the surgical site, drains and vital signs every 4 hours to ensure there are no surgical complications. This is my first patient.

Second patient, a 90-year-old with dementia admitted with a urinary tract infection. They are confused at baseline, constantly ripping out their IV and attempting to get out of bed. I may have no other option but to place them in a vest and mitten restraint, so that I can safely administer their antibiotics and prevent a fall. I then need to do restraint checks every 2 hours, to ensure they don't strangle themselves with the restraint, or somehow wiggle out of them.

Third patient, a 50-year-old with gastrointestinal bleeding that is on bowel prep for a colonoscopy. This is an otherwise healthy individual who is highly independently. They refuse to call for bathroom assistance, nor will allow for staff to be in arm's length as they sit on the toilet. Patient has now drunk approximately half of the bowel prep, and has had multiple bright red bloody stools with blood clots. As the patient sits on the toilet, they feel lightheaded, has a syncopal episode, and falls to the bathroom floor. I call the crisis RN to assist me in getting the patient back to bed, and update the hospitalist for additional orders. Thus, for the next hour, I will be at this patient's bedside. I will be coordinating blood draws with lab, hanging a bolus of fluids, as I wait for my unit of blood to be ready to administer.

Fourth patient, a 30-year-old with pancreatitis. Patient is being aggressively hydrated that requires the IV bag to be changed every 4 hours. They also request for pain medicine every 4 hours that does not coincide with when the IV bag needs to be changed. Every time I administer a "as needed" pain medication, I need to do a pain reassessment within 1 hour. Therefore, I am needed in this room every 1 to 2 hours.

Fifth patient, an admission from the recovery unit. This patient just had a hernia repair, and is sleepy when arriving to my unit. I settle them into their room, orient them to them to the call light system, and closely monitor their vital signs over the next 4 hours. I also administer antibiotics every 6 hours, and assist them to the bathroom to ensure no urinary retention after surgery.



All five of these patients deserve quality care, and I am just one nurse that cannot be in all five patient's rooms at the same time. I may be late with Bed 4's pain medicine, because I had to deep suction my tracheostomy patient in Bed 1. I may be late with Bed 2's antibiotics because I was in a crisis with Bed 3. Bed 5 was unintentionally ignored because they were the quiet one that slept most of my shift. I cannot give all these patients the time and care they each deserve because I need to prioritize my time. We need safe staffing ratios for our healthcare facilities at a state level, because the hospitals are a business.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,  
Haunani Dzao, RN

**HB-1244**

Submitted on: 2/3/2025 10:36:56 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leah Akana	Individual	Support	Written Testimony Only

## Comments:

Aloha, I am writing in support of HB 1244 as both a resident who was born and raised here and a Registered Nurse who has worked at the bedside for 27 years.

Throughout my years of Nursing I have seen the change in our community's overall health. The patients are sicker, and require more care and interventions than they did when Infirst started. At our specific hospital our units have a mixed population of general Medical surgical patients, pediatric patients, and step down patients. Nurse to patients ratios should be 1 Nurse to 3-4 patients. Our facility will staff at a 1-6 ratio. This means a nurse can only spend 10 minutes at most every hour with that patient. This is not safe. Our facility has failed to provide safe Nurse to patient ratios in our contracts like our sister hospitals have. They will say that they use acuity systems to staff the units but acuity systems alone without ratios does not work! We need the ratios in addition to our acuity tools to provide our community with safe and quality care that they deserve! Ratios allow nurses to give quality care that they are trained to give and want to give. Ratios keep nurses at the bedside. There is not a shortage of nurses, there is a shortage of nurses who are willing to work at the bedside under these conditions. Nurses are leaving their shifts crying and burnt out for not being able to provide the care that they want and need to give! Hawaii is supposed to be one of the healthiest States if not the healthiest, let's keep it that way by providing the best care for our people!

Mahalo Nui Loa,

Leah Akana

**HB-1244**

Submitted on: 2/3/2025 10:59:36 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Natalie Arriola	Individual	Support	Written Testimony Only

## Comments:

It is costing people's lives to not have safe staffing at the hospitals. It is a very unpredictable setting and when nurses take breaks at our hospital at Wilcox on Kauai the nurses who have 6 patients have to cover each other for lunches and then have 12 patients during lunch breaks, this is completely unacceptable and peoples life saving care is postponed costing people's lives and health. What's even more upsetting is that this hospital where I work on Kauai has the staff to safely care for patients but they send them home when they are scheduled and refuse to staff more safely. So they already have the staff needed! It's completely insane. Please help

**HB-1244**

Submitted on: 2/3/2025 11:02:59 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Erin Roman	Individual	Support	Written Testimony Only

## Comments:

As a currently employed Registered Nurse on Kaua'i, I would like to express my support of HB1244. Safe staffing ratios will allow healthcare workers to provide the best possible care to our patients, which in turn improves health outcomes and saves lives. Many of us healthcare workers are burnt out from dealing with overwhelming workloads. I have personally experienced moral injury when I have not been able to provide the level of care that I know my patients deserve. We want to see our patients thrive, we want to be able to take the time to connect with people and help them navigate their illness and contribute to their healing, we want to do everything it takes to prevent our patients from being harmed and in order to accomplish this, we need the proposed mandates to be put in place. When our workload is too great, our patients suffer for it and that is an overwhelming burden for us to carry. HB1244 will not only improve working conditions for healthcare workers, but will also improve the safety of everyone in our community who seeks care. Thank you for your consideration.

**HB-1244**

Submitted on: 2/3/2025 11:03:26 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sherwin Alop	Individual	Support	Written Testimony Only

## Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Sherwin Alop. I am a nurse and I work at Queen's Medical Center - Punchbowl. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

The last time this January 2025 I worked during a short staffing shift, I worked alone for 8 hours when there are normally two of us scheduled. I am responsible to respond to emergencies like trauma patients in the ED, sick patients in need of proper care with problems in breathing, decreased circulation, changes in mental status, patient falls, and concerns of new graduate nurses who care for infirm patients unfamiliar with the patient's condition. I respond to calls initiated by the nurse, doctor or patient family member in the outpatient and inpatient departments. When there are multiple competing calls, I am forced to triage the calls and expose the patient to a possible delay in care and treatment. If our unit was not short staffed, I would normally ask my partner to go attend to the competing call. Our national patient safety goals from the Joint Commission identifies delays in care as one of the elements that create a failure to rescue condition. Safe staffing makes this goal nearly impossible to attain.

During one of the other recent short staffing events on night shift, I also worked for 16 hours from 7 am to 11 pm. Staying over four hours above my twelve scheduled hours is not ideal due to fatigue incurred during an extended day. I was also scheduled to return the following day at 7 am. If I lived in central or West Oahu, then I would probably not get home until midnight or later and able to get to sleep until 1230 am or later. This means getting less than 5 hours of sleep and then also feeling fatigued during the next work day which is 12 hours long from 7 am to 7 pm. The resting time is further reduced by the time to get between home and the hospital cutting into the rest time between the 16-hour shift and the subsequent 12-hour shift.

During the 7pm to 11 pm extended 16-hour shift, I responded to a fall trauma patient who came into the Punchbowl ED, a patient who was found on the ground in the cancer unit, a person who was breathing agonally and needed to be placed on life support and transferred to the medical intensive care unit. There were also patients who had low blood pressure need resuscitation and patients who pull out their invasive catheters located in the large vessels in their chest or neck exposing them to bleeding to death or other sequelae. I was one of the two Crisis nurses/ Rapid Response Nurses during this period from 7 pm to 11 pm. If I had not worked over my shift, then

my partner would have had to triage these calls and possibly expose the vulnerable patients to delays in care and appropriate treatment.

When I first started nursing in late 90s, I worked on the night shift for 12 hour shifts from 7 pm to 7 am. The nursing patient care load at the time from 7 pm to 11 pm was for 4-5 patients. At 11 pm, I would need to add 2-3 more patients for a total of 7 patients from 11 pm to 7 am. I cared for pediatric patients, patients with lung conditions with various drains and artificial airways, admitted trauma patients like spinal cord injured patients, peritoneal dialysis patients, elderly total care patients and skin graft patients.

In summary, we nurses need your support to have defined ratios to create a healthy work environment. It's important our nurses can spend the time needed to adequately care for a patient population with increasing complexity to respond timely to changes in patient condition and provide appropriate corrective treatment.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,  
Sherwin Alop BSN, RN, CCRN

**HB-1244**

Submitted on: 2/4/2025 1:17:56 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kayla Tano	Individual	Support	Written Testimony Only

Comments:

Aloha ,

my name is Kayla T. And I work at both Queens North Hawaii Community Hospital and Kona community Hospital as a per diem RN . I strongly support bill HB1244 relating to labor standards at healthcare facilities.

My biggest concern is staffing ratios when it comes to pediatric patients being mixed with tele/med surg patients . I recently had 6 total patients including a sick infant . Having a sick infant mixed with my 5 other med surg / tele patients is extremely unsafe and unfair to the pediatric patient and their family . Not only do we need staffing ratios for patient safety but we NEED staffing ratios when including pediatric patients onto our patient load . We must do better for our sick keiki , for our community , for our nurses . Med/surg & Tele should be two separate units but it is combined as one and tele ratios go out the window . Being a nurse for 8 years now the community has grown , the population is aging , our hospitals have stayed the same and our ratios/ patient load has increased . If there is not a change soon for Med surg , the med surg nurses will soon be a dying breed . We can not safely and appropriately care for 6 acute patients including pediatric patients . If not for us , make a change for our community . Our patients deserve better care and we can not give that to them with 6 and sometimes 7 patients .

kindly ,

A burnt out nurse

## Testimony in Support of HB1244

House Committees on Health/Labor

Hearing Date: February 5, 2025 at 9:00am

Dear Chair Takayama, Chair Sayama, and Members of the Committee,

My name is Hailey Tuesday, and I am a Registered Nurse at Kaiser Permanente Moanalua Medical Center. I am submitting this testimony in **strong support** of HB1244, which will establish **safe patient staffing ratios** to improve patient outcomes, protect our community, and support the nursing profession.

Every day, nurses are on the front lines, advocating for our patients and making life-saving decisions. But **without safe patient staffing ratios, we are being set up to fail**. Patients are waiting too long for care, preventable complications are occurring, and experienced nurses are leaving the profession due to overwhelming workloads.

I have personally cared for a patient who had a heart attack, a patient who had a stroke, two patients who were receiving blood transfusions, and one of them being combative, and a patient with a respiratory illness all at once. This is a heavy patient load with multiple patients being critical and needing individualized, and some, one on one patient care to ensure safety and decrease preventable causes of death or deterioration of the patients' current state. At times there are multiple intubated, and sedated patients. These patients need more critical and immediate care which is crucial to their well being and a nurse being responsible for these critically ill patients in addition to 4, 5, 6 or more patients is nearly impossible and not safe in order for all the patients to receive the best care and the for one nurse to be liable for. Stories like this are not isolated—they happen every day in hospitals across Hawai'i.

**HB1244 is not just about numbers—it is about saving lives.** It ensures that staffing decisions are based on **patient needs, not cost-cutting measures**. When staffing is safe:

- Patients receive higher-quality care.
- Nurses can assess, advocate, and treat patients effectively without being stretched too thin.
- Medical errors, infections, and complications are significantly reduced.
- The nursing workforce is protected from burnout, ensuring that skilled, experienced professionals remain in Hawai'i's healthcare system.
- Patient satisfaction increases.

Safe staffing ratios are a **proven solution** to improving healthcare. I urge you to **pass HB1244** to hold hospitals accountable and ensure that patients receive the safe, timely, and high-quality care they deserve.

**Mahalo for your time and consideration.**

Sincerely,

Hailey Tuesday

Registered Nurse

Kaiser Permanente Moanalua Medical Center

[haileyjtuesday@gmail.com](mailto:haileyjtuesday@gmail.com)



**HB-1244**

Submitted on: 2/4/2025 4:48:25 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Daniel Paul Ross	Individual	Support	In Person

## Comments:

I am strongly in support of HB1244. I have been a nurse providing bedside care for 40 years. The past 32 years as an RN on a med-surg unit at the Queen's Medical Center. This legislation is desperately needed to ensure safe care for the people of Hawaii. Innumerable studies have documented that patient mortality rises with increased nurse patient loads. Hospital are gaslighting the public when they claim that ratios are inflexible. They merely set the maximum number of patients a nurse can be responsible for in a given setting. Just as there is a maximum number of children a preschool teacher can care for. Patient loads can still be adjusted based on acuity as needed. Hospitals have and will continue to jeopardize patient safety in order to increase revenue. Exacerbating the problem is the fact that the unsafe workloads cause nurse burnout leading to perceived shortage of nurses. There is no shortage of nurses, there is a shortage of nurses willing to work at the bedside under the current conditions. Refer to the study that the legislature had done last session. It will show you that the majority of new graduate nurses leave hospital within a few years.

Bills for RN safe staffing have been before the legislature for the past several years, and have gone nowhere primarily due to lobbying from powerful healthcare systems and their surrogate organizations. Because they are more interested in revenue than patient safety.

Legislators have stated that they believe it is a contractual issue not a legislative issue. That is the direct cause of recent and on going labor unrest in our largest healthcare facilities. Even if Unions are successful in winning contracts at extreme cost, what about the non union facilities? Do their patients not deserve safe care standards? The extreme cost to the nurses to obtain safe staffing ratios is not something all nurses can tolerate. This leads more nurses leaving the bedside in our state exacerbating the shortage of nurses willing to work at the bedside in Hawaii. I do not believe you will find one nurse who works at the bedside who does not support mandated safe staffing ratios.

The time is now, do the right thing for the people of our state and pass this bill!

Thank you very much,

Daniel Ross RN

**HB-1244**

Submitted on: 2/4/2025 5:53:50 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
denise woods	Individual	Comments	Written Testimony Only

Comments:

Aloha all,

My name is Denise Woods and I work at Wilcox Hospital on the island of Kauai. I STRONGLY support HB 1244 relating to safe staffing.

It is well documented in medical literature that the more patients a nurse is assigned, the higher the chance a patient will die. It is egregious that some hospitals in Hawaii are still assigning nurses 6 patients, which is far above industry Standards. This is an unnecessary risk to the lives of the people of Hawaii. Many states already have “safe staffing” laws. Please don’t let Hawaii fall behind. Our people deserve the best chance at life and the best care when they are hospitalized. This is for your community, your family. Please support this lifesaving bill.

Denise Woods RN

**HB-1244**

Submitted on: 2/4/2025 6:00:00 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Tokie Oami	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,  
My name is Tokie Oami. I am a nurse and I work at Kapiolani Medical Center for women & children,

I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted

Tokie Oami

**HB-1244**

Submitted on: 2/4/2025 6:20:11 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Vanessa Salazar	Individual	Support	Written Testimony Only

Comments:

Aloha who it may concern,

I am writing to express my full support for the Hawaii Safe Staffing Proposal HB 1244. This crucial legislation represents a transformative step toward improving the safety, quality, and overall outcomes of patient care in our state's hospitals. By establishing enforceable nurse-to-patient staffing ratios and accountability measures, this proposal ensures that Hawaii's patients receive the care they deserve.

As a frontline nurse, I witness daily how staffing challenges directly affect patient care. When staffing is insufficient, it compromises safety, delays critical care, and places undue stress on both patients and their families. This proposal—with its robust accountability measures, dedicated funding, and flexibility during emergencies—ensures a practical balance between safeguarding patient safety and maintaining effective hospital operations. It emphasizes patient well-being while fostering a supportive environment for healthcare providers.

I am an RN at Maui Memorial Medical Center and I was recently diagnosed with Leukemia. Upon diagnosis, I was admitted to the hospital, and I had the opportunity to observe the impact of nurse-patient ratios firsthand. On the surface, the facility appeared well-equipped and efficient, but as my stay continued, I began to realize how much the nurse-patient ratio affected the quality of care I received.

On the first night of my stay, the nurse assigned to my floor was managing far more patients than seemed reasonable. Despite her professionalism and kindness, she was clearly stretched thin, trying to attend to everyone's needs. I had to wait longer than expected for medication, and when I needed assistance to adjust my position in bed, it took a while for her to get to me. It was clear that she was trying her best, but the volume of patients was too overwhelming.

Over the next couple of days, I saw how this shortage affected other aspects of care as well. The patient I shared a room with, had their call button pressed for what seemed like an eternity before anyone came to assist her and clean her incontinent stool. Another nurse, visibly exhausted, explained to me that the hospital was facing staffing shortages, which meant they were unable to

keep the nurse-patient ratio at an optimal level and they had more patients than they should and everyone's care would be delayed.

While the nurses remained professional and compassionate, I couldn't help but feel concerned for my care as well as the other patients care. It's hard to feel completely cared for when you know your nurse is running from one patient to the next, often without time to check in on you regularly or offer the small comforts that make a hospital stay a little easier. I began to understand how critical proper staffing is not just for efficiency, but for patient well-being, patient experience and most importantly, patient safety. Nurses are the backbone of healthcare, and when their workloads are too heavy, patients can feel overlooked, even if it's not intentional.

Luckily, by the time I was discharged, the nurse-patient ratio had improved slightly, and I noticed better response times and more frequent check-ins from the nursing staff. It made me realize just how important it is to have the right balance of nurses to patients for both the staffs well-being and the patients peace of mind.

While the care I received was generally good, the experience made me recognize the importance of adequate nurse staffing is to the overall quality of hospital care. Nurses deserve enough time to properly care for each patient, and patients deserve the comfort of knowing that their needs won't be ignored or forgotten.

Please support this legislation to build a healthcare system in Hawaii that protects our vulnerable community, its residents and supports and protects caring professionals. Together, we can ensure all patients in Hawaii receive the quality, compassionate care they deserve.

Thank you for your attention to this important matter.

Mahalo

Vanessa Salazar, RN

UNAC/UHCP Member

**HB-1244**

Submitted on: 2/4/2025 7:04:17 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Melissa R Corrao	Individual	Support	Written Testimony Only

## Comments:

As a nurse in Hawaii , working in health care for nearly 20 years, I can say with confidence, safe staffing ratios are absolutely vital to the safety of patients and nurses. Safe patient to nurse ratios improve patient and staff safety. With the increase demand for healthcare our systems are being squeezed to care for more patients with the same resources. This results in poorer care such as higher rates of falls and hospital acquired pressure injuries. Unreasonable ratios also contributes to staff burnout and increases the likelihood of nurses leaving the profession. Please consider the safety of our community and approve this measure.

Melissa Corrao RN, BSN

**HB-1244**

Submitted on: 2/4/2025 8:01:33 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jennifer Yeban Paseuth	Individual	Support	Written Testimony Only

Comments:

Honorable Members of the Health and Labor Committee,

I am writing to provide testimony regarding HB1244, currently under consideration. As a registered nurse (RN) licensed in the State of Hawaii, I strongly support this bill. A proper nurse-to-patient staffing ratio is crucial to ensuring that nurses can provide optimal care, enhance patient safety, improve health outcomes, and retain qualified nurses.

I have been a registered nurse with Hawaii Nurses and Healthcare Professionals at Kaiser Permanente for 15 years and currently work in the ambulatory ophthalmology clinic. Our clinic is staffed with 2 full-time RNs, 2 part-time RNs, 10 ophthalmologists, and 11 ophthalmic assistants. We provide eye care, including routine and urgent consultations, to patients across Oahu, Big Island, and Kauai. On a daily basis, ophthalmology RNs triage over 60 urgent eye issues via calls, emails, internal referrals, and community outreach. Our services include visual acuity checks, intraocular pressure measurements, slit lamp exams, eye drops, intravenous administration, taking pictures of the eye, visual field studies, administering oral medications, intravitreal injections, laser treatments, and surgeries.

There is an ongoing healthcare worker shortage and unsafe staffing levels in many healthcare settings. Personally, I have experienced the negative impact of unsafe staffing, especially when staff members are absent due to illness, regular time off, or unfilled positions. In these situations, the remaining team members must shoulder an increased workload, leading to significant stress and anxiety. I have often stayed overtime to manage the demands of the clinic, and yet our scheduling struggles persist. For example, our ophthalmology department is currently facing a 3-month backlog for referrals and a 9-month wait for cataract surgeries. This is a difficult reality for many patients who deserve timely care.

This situation can be remedied by ensuring adequate staffing in clinics, ambulatory surgery centers, and hospitals.

I respectfully urge the Health and Labor Committee to support this bill. A nurse-to-patient staffing ratio law would hold healthcare institutions accountable, ensuring that they prioritize staffing, appropriately allocate nurses based on patient needs, and plan effectively for absences. This will not only improve patient care, but also help reduce nurse burnout, mitigate nurse shortages, and maintain a strong, experienced nursing workforce.

Thank you for your time and consideration of this important matter.

Sincerely,  
Jennifer Yeban Paseuth  
Registered Nurse, Hawaii Nurses and Healthcare Professionals



**HB-1244**

Submitted on: 2/4/2025 8:08:03 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michela Haywood	Individual	Support	Written Testimony Only

## Comments:

Aloha, my name is Michela Haywood. Mother of Kaylan Haywood who was diagnosed with a form of brain cancer DIPG and she was only given 6-12 months to live. She passed 6 months after diagnosis. During her fight we spent many times in the hospital. We spent time in Kapiolani and Kaiser Permanente Pediatric Floor. We seen when the nurses were staffed good and able to spend the time needed with the keiki and when the were stretched beyond their means but still trying to not be stressed because the keiki can feel it. My daughter at times was in so much pain that she would yell for the nurse to bring pain killer and they were so busy that it took time. This is not what a parent wants to see their child go through. She was a very patient keiki but not when she was in pain. These nurses already have to deal with the unthinkable of losing keiki to the sicknesses right in front of them. But to add to the mental anguish they are many times understaffed and not able to give the loving care so desperately need by these keiki and their parents. The worst feeling as a parent is thinking your child doesn't matter or not taken proper care of because the nurses are under staffed and stressed. I am grateful for the support, care, and compassion my daughters nurses gave. They were by our sides and still support our efforts to help the Childhood Brain Cancer community of Hawaii. Please help make sure our nurses have proper staffing so that our keiki and thier parents feel safe and cared for while stuck in the hospital. Think about if it was your keiki in that bed wouldn't you want the very best for them. Mahalo for you time.

**HB-1244**

Submitted on: 2/4/2025 8:17:53 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Alexis A	Individual	Support	Written Testimony Only

## Comments:

I was born in Oahu, so I can't say that I've been raised here. My mother Oahu born and my father Kauai born and raised. You see, I moved here when I was 10 years old.

I became a nurse because I've first hand witnessed my grandfather take his last breath in a hospital bed. I watched I felt I mourned.

I have two beautiful children. Both born on Kauai. It doesn't take many years to realize that Kauai lacks the typical health care resources.

The reality of this situation is that we are in the middle of the ocean. Wilcox hospital is the main hospital in Kauai of the three existing medical care facilities.

The closest higher level of care is 120 miles away by plane.

We have an emergency department, surgery department, endoscopy department, and adult intensive care unit. Then we have med surg. I want to point out if you haven't noticed yet that I did not include a ped unit, I did not include a tele unit, I did not include a icu step down unit, I did not include a psych unit, and I did not include a post surgical unit.

Why? Mainly because the so called "med surg" department that I work in encompasses every single one of those additional departments.

On any given day we have a patient ratio of 1:6.

Depending on the floor, our charge nurse has anywhere from 4-6 patients. Meaning in combination with managing the floor and the needs of the nurses, they also have their own patient load and patient responsibilities.

What does that mean?

For a single staff nurse, that nurse has 6 assigned patients. In its name and description, med surg is an acute care unit. Meaning these people are sick enough to be in the hospital but not sick enough to go to the icu.

So if you haven't gotten the gist of what I'm trying to say. It's that for the lack of resources, for the lack of available beds, for the lack of units, the least we can have is additional nurses to assist with the chaos.

Wilcox needs safe staffing more direly than ever before. These patients are getting sicker, staff don't want to stay in these working conditions. Which means members of the Kauai community suffer.

We are not fighting for more money in our pockets. We are fighting for more hands to help our community. We are asking for more safety. We are asking for help.

**HB-1244**

Submitted on: 2/4/2025 8:29:29 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ethel Koga	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Ethel Koga. I am a nurse and I work at the Queen's Medical Center Manamana Campus. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

I have been in the healthcare for the past 25 years. I started my healthcare career as a ceritified nurse aide, then became a Licensed Practical Nurse, and am currently a Registered Nurse for the past 15 years. In this time, I have seen a lot of changes to healthcare. The patients we see are definetly more acutely sick and require more time and attention. This is a huge reason that staffing ratios matter. When we, as nurses, are responsible for more patients than is safe, we risk harm to our patients. Nurses pledge to do no harm, but when we have an unsafe patient load, the risk of potential harm increases. I treat my patients as if they were my family members. I want the absolute best care for our families. We need to remember that that patient is someone's family member too. When there are patient loads with 5-6 patients for 1 nurse, we as nurses can only do our best to care for these patients. Nursing care becomes tasks, hanging that IV antibiotic and other medications and treatments are just that, check marks off our list of things to do for the day. Would you rather have a nurse completing tasks or a nurse who is able to see you as a person in need of care? When the patient staff ratio is appropriate, it keeps our patients safe as well as keep us as nurses safe. We have made progress through contract negotiations, but we must continue to fight for safe staffing for all of the residents of Hawaii not just a couple of hospitals of our State. This is why I feel that set nurse to patient ratios at a legislative level. This assures that the people of Hawaii are kept safe.

Mahalo for your support of HB1244. Please pass this bill.

Respectfully submitted,

Ethel Koga

**HB-1244**

Submitted on: 2/4/2025 8:44:13 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dedania Tyau	Individual	Support	Written Testimony Only

Comments:

Aloha,

Safe staffing levels allow nurses to provide safe, dignified care to you, to your loved ones, to our community. They help to ensure that patients are:

- mobilized--preventing complications from bedrest.
- provided medications and treatments in a timely manner
- kept clean, nourished, and hydrated
- properly educated to promote health and prevent complications
- listened to and given quality care

HB1244 is a step in the right direction for the safety and health of loved ones and our community. I support this much needed bill. Thank you for supporting it as well.

Mahalo,

Dedania Tyau, OCN RN

**HB-1244**

Submitted on: 2/4/2025 8:53:21 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Megan Abubo	Individual	Support	Written Testimony Only

Comments:

**Aloha Chair, Vice Chair, and members of the committee. I am in Strong support of HB 1244. When nurses are caring for vulnerable people; especially elderly, the very sick, and children needing acute care, nurses can only give them the best attention they deserve when patient ratios are unreasonable and unsafe. There is no way for these nurses to give the best care when stretched so thin. This bill will allow nurses to begin to address nurse burnout which is inevitable when caring for too many patients at one time. It is necessary and vital to the proper care of patients in the state of Hawaii. Mahalo for your time.**

**HB-1244**

Submitted on: 2/4/2025 9:08:27 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Matthew Michalec	Individual	Support	Remotely Via Zoom

Comments:

Aloha,

As an RN here in Hawaii, I have seen and experienced firsthand the detrimental effects of unsafe and subpar staffing in our facilities.

I am in support of HB 1244 and appreciate you taking the time and consideration to effectively make patient care safer and reduce staff burnout and injuries.

I will share an event with all of you tomorrow to showcase just how important HB 1244 is for the future of Healthcare in Hawaii.

Mahalo Nui Loa for your support.

Matthew M Michalec, RN, CFRN

**HB-1244**

Submitted on: 2/4/2025 9:44:50 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lorraine Hinaga	Individual	Support	Written Testimony Only

Comments:

My name is Lorraine Hinaga and I work at Queen's in an out-patient area as an RN, and am in support of this bill.

Sharing an experience from 2017 where our staffing was such that we would be racing around to bring patients in on time and did not want them to be waiting for their appt for more than 15 minutes, and some of my patients would have to wait 30 minutes for me to bring them in. There was also pressure not to go over our scheduled shift and make overtime, but to see all of our patients in our scheduled shift and get all of our charting done.

During this time, I suffered a foot injury at work from rushing around. I went on Worker's Compensation, and had 2 foot surgeries, The first to put in a metal plate and the second to remove the plate six months later, and was out of work except for light duty for over a year. During this time, I believe patient safety was compromised because it was a challenge to focus and give the time and attention needed to the administration of their treatment safely.

Several years ago, our manager fought for better staffing for us and our budget was increased to allow for better numbers. Working in the same department now in 2025 is day and night better than it was in 2017. Most of all, I believe that patient safety as well as staff safety has been affected in a positive way.

Mahalo

Lorraine



**HB-1244**

Submitted on: 2/4/2025 9:54:54 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Britney Buckingham	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Britney Buckingham. I am a Registered Nurse and I work at Wilcox Medical Center.

I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

Our Kaua'i community and everyone across the state of Hawai'i deserve the best quality of care that we can provide. Working at the primary hospital on the island of Kaua'i we take care of so many different populations of patients and they deserve our time to care for them, educate them, and be there for them during their most vulnerable time. I strongly believe a safer patient to nurse ratio will help with that.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Britney Buckingham

**HB-1244**

Submitted on: 2/4/2025 1:02:23 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Michael EKM Olderr	Individual	Support	Written Testimony Only

Comments:

Other people have been saying it for years, so it's time we listen. Hospitals need more nurses, but time and time again, we have seen hospitals like Kapiolani and Queens drag their feet, fight, and watch their patients suffer and die instead. Administrators abuse nurses into doing the impossible and get little to no reward for their hard work. We smash our pots and pans in celebration from time to time but do little to shoulder their burdens when they need it. They are stretched to think with long hours and overseeing too many people. This crunching environment could leave nurses exhausted and make deadly mistakes more and more common. Since the hospitals have made their stances clear that they support their profits over the safety and concerns of their patients, then it's time for the leg to set them straight. Support this bill and support our nurses.

**HB-1244**

Submitted on: 2/4/2025 2:13:21 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
jamie reese	Individual	Support	Written Testimony Only

Comments:

As a nurses working in the hospital system we are tasked with a mulitiude of responsibilites to keep our patients safe. Due to the current staffing crisis happening within muitiple hospitals, patients dignity, safety and overall care is threatened by the lack of staffing being provided.

We pour our hearts out to the people we take care of everyday knowing that each and everyone of us is not immune to needing medical care. Our families and friends are the people we care for everyday. It is un human and negligent the way our hospital administrators believe we can provide adequate care to these indiduals with the current staffing. Its absolutely disheartening to see what is being deemed acceptable care due to staffing shortages.

Please help us to ensure quality care is provided to those who are too sick to do for themselves. Accountablily is imperative for all indusdries, but even more for those who are in healthcare.

**HB-1244**

Submitted on: 2/4/2025 2:22:27 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Danielle Leong	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Dani. I am a nurse and I work at Kapiolani Medical Center for Women and Children. I **strongly support** HB1244 relating to Labor Standards at Health Care Facilities.

I have experienced shifts where we are not adequately staffed. That causes my coworkers and I to be stretched thin. Our passion is our patients. Patients need us to be at 100% so we can care for them properly. We are trying to focus all of our energy and efforts towards our patients and their families and without adequate staffing, that puts us everyone in a potentially unsafe situation. It saddens and disappoints me that the nursing profession is being stretched thin. Our patients and their families deserve the best care possible and the most support possible in tough times and scary times.

Thank you for your support of HB1244. Please please pass this bill!

Respectfully,

Dani

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Lee Loy Vice Chair

Committee on Health

Representative Jackson D Sayama, Chair

Representative Mike Lee, Vice Chair

Committee Labor

House Bill 1244

February 5, 2025 9:00 AM Conference Rm 329

#### IN SUPPORT

My name is Imelda Leung and I have been a nurse for over 18 years and am testifying on behalf of myself. I am testifying in favor of this bill. There are many issues that are prevalent in the hospitals that are compromising the care of patients in this state such as inadequate staffing that decreases safety outcomes, a lack of a meal break, and a high level of burnout in nurses that forces nurses to leave the hospital.

I have worked many 12 and some 16-hour shifts without any breaks. It is extremely difficult to do my job when I have not eaten or drank anything while on my feet for 12 hours. This makes unintentional medical errors more likely to occur. In addition, the nurse that watches my patients if I go on break must take a double load of patients which is very unsafe as many unpredictable events happen. The pandemic further contributed to the short staffing issues where many nurses were taking care of more patients than considered the standard of safe care. Other states such as Washington and California have passed similar bills that mandated safe nurse to patient ratios and meal breaks.

I am a nurse who has experienced years of staffing shortages on the floor and many missed meal breaks. I left the hospital after 10 years and have since transferred to the clinic where the opportunities for breaks are more consistent. Many of my former colleagues have also left the floor I used to work on. When all the veteran nurses leave, what is left is a majority of untrained, inexperienced nurses.

The state needs pass HB 1244 to mitigate these issues as many failed attempts have resulted from addressing it directly with the hospital and the nurses. As many nurses move to the mainland for higher wages and better working conditions, the health of our population will decline, and the costs of health care will rise as patients will be sicker. Nurses deserve consistent meal breaks and safer working conditions to ensure a healthy workforce.

Thank you for this opportunity to testify

Imelda Leung

Melleung21@gmail.com

**HB-1244**

Submitted on: 2/4/2025 2:37:38 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Noelle Yoza	Individual	Support	Written Testimony Only

Comments:

Safer patient to nurse ratios helps every individual in Hawai‘i. We all know someone who has been in the hospital, or have been a patient ourselves. When a nurse has too many patients, they cannot deliver the appropriate time or care to each patient.

When my mother was in the hospital, it was easy to tell when staffing was short or not. When she called for help, the amount of time it took for someone to come was indicative of the amount of staff available. It's really hard to watch a loved one suffer in pain or nausea and no one be available to come to help. I can only imagine the devastation if something life-threatening occurred, and no one was available to help because every staff member was with a different patient, and not us.

If you were in the hospital, I would imagine you would want a nurse who is not pulled between more than the appropriate amount of patients. You would want someone who could address your needs in a timely manner, and not be too busy with everyone else to be able to help you.

These safe patient to nurse ratios are meant to help the people of Hawai‘i, and all of our loved ones. Hospitals are running staff short because they can. However, it is the patients who suffer because of it.

**HB-1244**

Submitted on: 2/4/2025 3:23:33 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kelly Ann Bayudan	Individual	Support	Written Testimony Only

## Comments:

I am currently a Charge Nurse on a unit that takes up to a total of 36 patients. We care for patients that come in for sepsis, CHF, COPD exacerbation, NSTEMI, Open Heart, Thoracotomy, Trach Vented, and more. Our acuity can range from low acuity to high acuity. Acuity level is a measurement of the severity of a patient's condition and the level of care that is needed. For the past years that I have been working at Kaiser I have seen that there has been a constant turnover of staff due to the lack of staff for the unit, the risk of getting hurt, the consequences that can occur because of situations that are out of our control, and most of all the risk of patients' lives. There has been a quick turnover of patients throughout the hospital from ER, Med Surg, Transitional, Progressive, Step down, and ICU. In one day, we had 11 admissions/transfers and 7 discharges. Our staff consisted of 1 Charge Nurse, 9 Registered Nurse, 1 Monitor Tech, 3 Hospital Aides, 1 Ward Clerk. We were short of 1 Monitor Tech, Hospital Aide and a Ward Clerk. Each nurse is usually assigned to 4 patients. There are times when Charge Nurses need to take on patients and yet oversee the entire unit of 36 patients and the entire staff. Many times, each nurse on our unit may be assigned to a 1-2 high acuity patient. Recently within the week of our unit we have had a Code Blue and multiple Rapid Responses within a day. Those Rapid Responses turned into a Code Blue and sometimes ended towards a not so happy ending. In between and sometimes during the Code and Rapid Responses there are patients on their way up to the unit or waiting to come to the unit. During a Code Blue and Rapid Response, the Primary Nurse and Charge Nurse along with the Crisis team is in the room working on the patient. A Code/Rapid Response can usually take up to 30 mins to 1 hour or more depending on the situation which means patients that are under the Primary RN is not being overseen. There have been times where patient was having situations occurring while their Nurse was unable to care for them. Other staff members would have to jump in and help their colleagues with their patients while they are in code. By doing so this leaves those helping other patients with a higher load until Primary Nurse and Charge Nurse becomes available. There have been times when there were multiple rapid responses occurring at the same time. Throughout our day many Nurses including myself do not take our proper bathroom, three 15 mins, and 30 min lunch breaks. While Nurses are on break, they are paired up with a Nurse and end up taking on 4 additional patients which leaves 1 Nurse caring for 8 patients at a time. This to me is unsafe and unacceptable. Especially with the Acuity levels of our patient and the responsibility of patients' lives. For many years Nurses, including myself have been taking a chance on risking people's lives to meet the hospital's expectations towards staying within their budget and saving on finances. How would you feel if that was you with that one RN taking care of 8 patients and short staffed on the unit? Would you feel safe? Would you like to be in bed covered with feces and urine? Would you like to be in pain and not have to get help when needed? Or would you



like to risk your life based on a hospital's budget. Reality is healthcare has become a business and have forgotten the meaning of caring for patients properly. Nurses are becoming burnt out, scared, and leaving the field. The hospital has been taking advantage of everyone with their expectations, added tasks, and has not been appreciative of the staff that really want to care for patients with compassion and safety.

**HB-1244**

Submitted on: 2/4/2025 3:36:15 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Patricia Halvorsen	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Tricia Halvorsen. I am a nurse and I work at Queen’s Medical Center as an ICU nurse. One of few remaining ICU nurses that went through the entire COVID pandemic and still remains working in the primary ICU that was the epi center of the pandemic for the entire state. We were the first to lock down and last to open. Many nurses have left the bedside as a result of the pandemic and how the hospital treats its nurses and patients.

I strongly support HB1244, this is my letter to the community.

A Nurse’s Letter to Hawai‘i’s Community:

As a nurse working in one of Hawai‘i’s largest hospitals, I’ve seen firsthand the toll the healthcare system takes on both patients and staff. After almost two decades of caring for critically ill patients, I can no longer stay silent about the challenges we face.

The truth is, Hawai‘i is experiencing a mass exodus of experienced nurses, many of whom left during or after the COVID pandemic. The reason? The hospital’s priorities have shifted from patient care to profit. Many of us are still here, physically and emotionally exhausted, because we care deeply for you, our patients. But the reality is, we are stretched too thin, overwhelmed by unrealistic demands, and forced to sacrifice our own well-being to meet the needs of this broken system.

Nursing is a calling, but we are severely burned out and morally injured. We are required to complete endless documentation during our shifts to meet hospital benchmarks, leaving us with less time for direct patient care. We daily fear making mistakes in charting that could cost us our jobs or worse patients’ lives due to being stretched too thin to meet both demands of charting and patient care. Your call lights sometimes go unanswered, and your pain is not always addressed immediately—not because we don’t care, but because we are simply overwhelmed.

We need safe nurse-patient ratios. Studies show that appropriate ratios lead to better patient outcomes. But instead of providing support, we are expected to handle more with less. We ask for help, but we’re told to “make it work” with fewer resources and unrealistic expectations. This broken system is failing both us and you.

We are asking for safe staffing and better working conditions—not just for us, but for the future of healthcare in Hawai‘i. Also to be able to retain and recruit experienced nurses. We are fighting to ensure that every patient receives the care they deserve, and that we can continue to do the work we love in a safe environment.

Ask any nurse if they feel safe being a patient in the hospital and they immediately respond with a resounding “NO”. If we don’t feel safe, neither should you. Ratios saves lives!!!!

With unwavering dedication,

A Nurse in Hawai‘i

Mahalo for your support of HB1244. Please pass this bill!

**HB-1244**

Submitted on: 2/4/2025 4:00:23 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Zihan Chen	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Zihan Chen, and I am a registered nurse work at the Queen's medical center.

**I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.**

I began my nursing career with the hope of providing compassionate, high-quality care to patients, but unfortunately, the reality of the work environment has been far more challenging than I ever imagined.

Before I had even reached one year in nursing, I suffered a herniated disc from constant burnout, not able to go to the bathroom in 6 hours or the entire shift; and taking care of heavy and total care patients. I was young and thought that I could sacrifice myself, but my back gave up when I took care of two greater than 500 lbs patients. I has a herniated disc the first time in my first nursing career year, then the second year, I had another herniated disc. The pain has been recurrent, and I have reinjured myself multiple times providing nursing care. Then after that, it was ongoing therapy, and I am only in my early 30s.

The physical demands of nursing, especially when required to take care of six or eight patients at once, make it nearly impossible to care for my own health. A lot of times I am very dehydrated after a 12 hour shift, may only have one chance to drink 1 small cup of water. With insufficient staffing, we are expected to carry an overwhelming workload, and as a result, nurses like myself often skip breaks or even meals just to keep up. This lack of self-care only exacerbates our injuries, leading to burnout and the inability to provide the level of care that patients deserve.

Currently, I work in the ICU, where I've only been for a few hours, but I've already witnessed firsthand the devastating effects of nurse burnout. The burnout rate in our hospital is significantly high. Alone in my ICU, it was 70% of burnout for my coworkers among a hospital wide survey. I've seen nurses leaving the profession altogether due to the strain of working in understaffed, high-stress environments. For some, like me, the toll it takes on our physical health is unbearable. During this past New Year, many units, including our ICU, with the two critical firework events, were significantly short-staffed. Nurses were stretched even thinner than usual, and the impact on patient care was palpable. When staffing levels are this low, nurses simply cannot provide the level of attention that critically ill patients need.

This shortage is not just about numbers; it's about safety. It's about ensuring that patients receive the timely care and attention they need, and that we, as nurses, have the opportunity to rest and recover in order to perform at our best. Without proper staffing ratios, it's not only the nurses who suffer but also the patients whose safety and well-being depend on us.

I urge you to recognize the importance of appropriate staffing ratios—not only for the health and safety of nurses like myself, but also for the safety of the patients we care for. When nurses are overworked and overwhelmed, the quality of care suffers, and patient outcomes are at risk. We must prioritize sufficient staffing to ensure that both nurses and patients can thrive.

Thank you for your time and attention to this critical issue.

Sincerely,  
Zihan Chen

**HB-1244**

Submitted on: 2/4/2025 4:24:03 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Cheryl Anne Alega	HNA/The Queens Medical Center	Support	Written Testimony Only

Comments:

February 4, 2025

Aloha Hawai'i Chairs Takayama and Sayama, Vice Chairs and committee members:

I, Cheryl Anne Alega RN at Queens Medical Center, strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

I am writing to formally petition for immediate improvements in our current nurse-patient ratios here in Hawai'i and to request the provision of dedicated break relief nurses. As you are aware, nursing staff face daily challenges in delivering the highest standard of care to patients while also maintaining their own well-being. Unfortunately, the current workload and lack of proper break accommodations are affecting both patient care and nurse satisfaction.

1. Nurse-Patient Ratio

The current nurse-patient ratio is overwhelming and often puts nurses in a position where they cannot give each patient the attention they deserve. With excessive caseloads, the quality of care is compromised, and nurses are at an increased risk of burnout, which can lead to higher turnover rates. A more balanced nurse-patient ratio would allow for more individualized care, reduce stress for nursing staff, and ultimately improve patient outcomes. We need to keep nurses from leaving the island.

2. Meal Breaks and Break Relief Nurses

Additionally, the current system for meal breaks is inadequate, and many nurses are forced to skip their breaks or take them during inconvenient times due to staffing shortages. To mitigate this, we strongly advocate for the addition of break relief nurses who can cover shifts during meal and rest breaks. This would ensure nurses have the opportunity to rest, recover, and maintain the energy required to care for patients effectively throughout their shifts.

This practice of having break relief RNs is already in place in California and nurses here in HI have been working for free all these years as we haven't followed and implemented taking 15mins break for every 4 hours worked as well as having an uninterrupted 30 mins meal break where a nurse is safely watching the patients without having to compromise patient safety and keeping safe nurse-patient ratio.

The implementation of these measures would have a positive impact on both the nurses and the patients we care for. Nurses who are well-supported and have manageable workloads are more effective, more satisfied with their jobs, and more likely to provide quality care that improves patient outcomes.

We need to keep our nurses here in the islands by providing better working conditions.

We ask for your prompt attention to this issue and your support in advocating for these necessary changes. We would be happy to discuss this further or collaborate in any way to create a plan that best addresses these concerns.

Thank you for your understanding and consideration of this important matter.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Cheryl Anne Alega RN

The Queens Medical Center /HNA Member

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**HB-1244**

Submitted on: 2/4/2025 4:32:08 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Jayne Kim	Individual	Support	Written Testimony Only

## Comments:

Chair Takayama, Chair Sayama, and the members of the Committees on Health and Labor,

My name is Jayne Kim, and I submit testimony **in support of bill HB1244**, for safe nursing staffing standards in health care facilities. As a registered nurse over the past 15 years, I have worked in a variety of work environments with different staffing ratios and workflows, and have seen the ways that staffing ratios affect the outcomes of patient care and patient experience. It comes as no surprise that when the unit has a strong number of nursing staff to care for patients, there is a smooth workflow, with patients receiving high quality care. Nurses have the time to be more attentive, anticipate a patient's needs beforehand, and care for patients in a way that results in a positive experience during a time when they may feel anxious and vulnerable. Strong staffing creates an environment where nurses can quickly assess patients and provide timely interventions, all while allowing them to feel seen, safe, and cared for. Patients then feel comfortable and empowered to ask questions, receive and retain information and education regarding their illnesses, and understand how best to manage their health going forward. The outcome is a longer term of success, with patients being knowledgeable and accountable for their wellbeing. This is the best-case scenario.

On the other hand, when units are understaffed, nurses are forced to take on heavy patient assignments. During these shifts, nurses are spread thin and are left scrambling to get a multitude of tasks done during their shift. There are delays in interventions and response time to patient calls. Patients are not being given the quality of care they deserve. Safety is a constant looming concern. Due to the plethora of tasks to complete with inadequate staff on shift, there is no time to establish and reinforce the patient learning that is needed for successful self-care at home. The outcome is repeat hospitalizations and frequent ER visits, which in the bigger picture, results in an overburdened health system. Burn out is rampant, morale is low, leading to a mass exodus of nursing staff, which worsens current staffing shortages, causing more strain on the system. This is where we are now: a cycle of overload and burn out. This is not sustainable. This does not foster staff retention, nor does it inspire more folks to join the nursing field. This leads to a shell of a healthcare system that lacks the heart and humanized care it should provide. This is where we are now: a cycle of overload and burn out. This is not sustainable. This is not serving our patient population in the best way.

Please believe me when I say that nurses want nothing more than to provide the best quality of care for our patients. I implore you to please pass bill HB 1244 and provide us with the safe and strong staffing required for us to give the care that our patients all deserve.

Thank you all for your time and consideration.

**HB-1244**

Submitted on: 2/4/2025 5:01:13 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Charlene Pang	Individual	Support	In Person

Comments:

February 4, 2025

Aloha,

My name is Charlene Pang and I am a registered nurse in Honolulu, Hawai‘i. I support HB 1244 because quality patient care matters. As a registered nurse in Hawai‘i for over 16 years I have seen the staffing crisis only get worse and worse. It is very frustrating and upsetting. Healthcare facilities across the state have no priority to hire adequate staff to take care of their patients. They continue to portray that hiring staff is a priority within their facilities but they continue to keep nursing units under hired and short staffed. **This should sound an emergency alarm to every person that lives here.** Hospitals and nursing homes cannot provide safe care to our family and loved ones. There are patients dying every day and the facilities here are running short staffed every single day. **Facilities in Hawai‘i are getting away with murder.** They are not being forced to care about their patients or their workers because there are no laws that require them to. Profits over patients = DEATH. Why are we allowing healthcare facilities to shamefully do this to people? HB 1244 would require healthcare facilities to start prioritizing your family and loved ones over their profits. Ratios are important because it can affect patient outcomes, such as length of stay and mortality rates. Reducing the number of patients per nurse can reduce the risk of death, length of stay, and hospital readmissions. Reducing hospital readmissions and length of stay can save hospitals money. Please consider this important measure to change healthcare in Hawai‘i.

Sincerely,

Charlene Pang

Registered Nurse

**HB-1244**

Submitted on: 2/4/2025 5:52:22 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
rebekah yamada-almeida	Individual	Support	Written Testimony Only

## Comments:

I am in support of HB1244. I currently work on a telemetry floor and have felt the negative impacts of unsafe ratios. We are in a staffing crisis not only because of the lack of nurses but also because nurses are getting burnt out and quitting the profession and/or bedside nursing. This places a huge toll on the nurses still currently bedside and it becomes a never ending cycle until something changes. I remember specific shifts where RRT/codes are called because as nurses we are so overworked and overstimulated that the little things can get missed, which ultimately could've made a difference in the patients care. We are doing our best but we are outnumbered. With safer staffing ratios like 3:1 for telemetry floors not only will patients benefit but also the hospitals. Money will be saved because there will be less post op complications, less resources/medicine/ procedures spent on patients. We will be able to provide more care to all patients and create a healthier Hawai'i. We will be able to retain and promote a healthier lifestyle here in Hawaii allowing for longer life spans and keeping the locals local. Less bills for the locals and we will also be able to provide more resources to homeless to prevent their readmissions. A lot of the time we have homeless coming in for the same things using resources in the hospital and at that point they are so sick, requiring more expensive procedures and equipment. Add on the short staff ratios and heavy assignments, at least one of our patients will suffer from not getting enough attention. If we can create a better resource outside the hospital and provide high quality care while hospitalized everyone will benefit. Please help us do what we want and can do effectively - taking care of the people of Hawaii with empathy and compassion. This job is robbing so much of us of the joy and ultimately the reason we became nurses in the first place. We are losing nurses at alarming rates and pretty soon we will run out of kind nurses. Eventually we will only have the travel nurses to take care of us at a much higher hourly rate only having the people pay more for their care. Thank you for reading my testimony.

**HB-1244**

Submitted on: 2/4/2025 5:54:10 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carizza Keller	Individual	Support	Written Testimony Only

Comments:

Dear Legislators,

My name is Carizza Keller. I have been a Registered Nurse for 10 years and I strongly support HB1244 relating to Labor Standards at Health Care Facilities. In my career I have had the opportunity to work in a wide variety of healthcare settings including Medical Surgical units, Behavioral unit, Pediatrics and Mother/Baby unit. Over the last 6 years that I worked at Queens I have watched the staffing become tighter and tighter, resulting in nurses taking on more patients than we can provide quality care for. We sacrifice our physical, mental and emotional wellbeing in attempt to take care of these patients but it never feels like enough. Bedside nurses are burning out at an alarming rate. This is not sustainable for our healthcare in Hawaii. This bill would help keep more healthcare workers in Hawaii. It would substantially help decrease burn out rates among nurses. It would allow Nurses to give the quality and safe patient care that they want to give and that the people of Hawaii deserve. Thank you for your consideration of this extremely important bill.

Sincerely,

Carizza Keller, RN, BSN

**HB-1244**

Submitted on: 2/4/2025 6:55:11 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Desmund Siu	Queen's Medical Center	Support	Written Testimony Only

Comments:

I am writing in strong support of HB1244, which will establish minimum registered nurse-to-patient staffing requirements for hospitals in Hawai‘i. As a registered nurse specializing in emergency psychiatric care, I have seen firsthand how unsafe staffing levels compromise patient care, increase workplace violence, and contribute to severe nurse burnout. The growing complexity of patient medical care, compounded by psych issues has created an unsafe environment for both patients and staff.

Without immediate action, nurses will continue leaving the profession, patient safety will suffer, and healthcare costs will rise due to preventable complications. States like California have proven that safe staffing laws work—Hawai‘i must act now.

I strongly urge you to pass HB1244 to protect patients, nurses, and the future of healthcare in Hawai‘i.

**HB-1244**

Submitted on: 2/4/2025 6:08:51 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Dianna Rodriguez	Individual	Support	Written Testimony Only

Comments:

I have been a nurse for 10 years in Hawaii. I am in support of this bill because hospitals are becoming increasingly unsafe due to nurses taking too many patients at a time. Taking on too many patients at a time delays care, increases mortality rates of patients, and increases the likelihood that important things are missed. As a nurses we fight for safe staffing in our staff meetings, when bargaining contracts with the hospital, and by reporting unsafe staffing situations. However these measures are not affecting change in the hospital setting. The administrators are not changing their unsafe practice of overloading nurses with patients. The business portion of the healthcare system in Hawaii is superceding patient safety. This affects us all. It affects every family on these islands. We need to know when we go to get medical care that we are in a safe environment with staff that can respond appropriately and timely. Hospitals should be held responsible for the unsafe environments they create in an attempt to save money on staffing. Hospitals should be REQUIRED to staff their facilities appropriately and safely.

**HB-1244**

Submitted on: 2/4/2025 6:09:12 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Raphaela N. Che	Hawaii Nurses Association	Support	Written Testimony Only

Comments:

Regardless of how healthy one is, there comes a time in their life when they can become ill. The degree of illness varies. Depending on situations, one might need an overnight stay, a few days, weeks, months, or even years of hospitalization. For patients and their loved ones, such times are usually very scary and can be consequential. Depending on the illness severity too, such times can completely fractionate family units or change their dynamic forever. I will like for anyone chanced to vote on this piece of legislature, to ask themselves the following 2 questions :

1. What if that patient is me?;
2. What type of care will I want to receive from my nurse while on that hospital bed?

This is why this bill must be voted on. You have the chance NOW to make things different for yourself when you get in that hospital bed. This is your moment to decide the type of care you want for yourself and your loved ones when you or them become hospitalized. Unfortunately, for privacy reasons, it is impossible for me as a Registered Nurse to record and share with you, humble members, what my single 12 hour shift entails. If it were possible too, Legislative members could volunteer their time and shadow a Registered Nurse on a shift at a hospital to experience the physical aspect of it. I only mention "physical" aspect because the emotional and psychological involvement is what adds on after repeatedly dealing with the uncontrollable situation.

It is likely true that you might have visited a friend, relative or that you yourself could've been sick and hospitalized in the past. What you see from me your bedside nurse during your temporal hospital stay or visiting, is only the tip of the iceberg. We make it seem simple but we have 3 to 4 other patients in addition to you or the loved one(s) you visited. We are expected to provide same quality of care, if not more care for some, irrespective of what is going on with each and everyone of the patients we have.

An example is, I might walk into your room smiling. Maybe I just lost one of my other patients after working hard with team members to prevent that death. Seeing me walk in, you are obviously non-suspecting of my racing thoughts questioning whether I'd done everything I needed to do for that patient who just passed. Feeling emotional for the family and wondering if they'll be okay. Yes, that too is what we struggle with as nurses yet, I must keep my smile on because I still have you and/or 2 or 3 more patients waiting for me to act like nothing happened. AND, there's also the fact, once the body is removed from the room and room



cleaned, I might still be expected to admit another patient and continue with my non-suspecting smile. Putting up that smile hurts yet I must do, because my other patients are not responsible for the situation I am in. These are excerpts of an actual shift of mine last year in 2024. And yes, I did ask for my new patient admission to be delayed to give me a short time to grieve my loss. Yes, that too, we have to deal with because we are also humans and dealing with human life. We care for our patients and they sometimes become our hospital relatives.

The higher the number of patients we have, the more the stress level. Employers have repeatedly failed us and excuses are non-ending. We want legal action to protect our patients and ourselves because our employers will not protect us enough. I need my patient load reduced so I have enough time to spend with you if you fall ill and come to my hospital. I need fewer patient load so I can leave work on time to spend time with my family. I need reduced patient load so I don't try to kill myself earning a living to support my family. Is this too much to ask?

How is it possible to be in 4 or 5 patient rooms at the same time providing them with time sensitive quality of care? Employers are not telling the truth when they glide over the quality aspect of care being ensured. It is obviously better to care for 2 or 3 patients than it is to care for 4 or 5. As a result of the many patients, we can sometimes miss critical updates or changes in a patient's condition that can mean the difference between them living, fighting for their life or even dying. People do not go to the hospitals to party. We are not there to play chess either but there to work what we are paid to do. Not providing us with safe working conditions make our job harder and less pleasurable to do. We nurses are often the ones spending the majority of time with patients. We are therefore more likely the ones to catch a patient's changing condition and alerting team members. Time is often of the essence and certain changes are so subtle and transient such that if missed -likely because I was busy with my many other patients, will go unnoticed and therefore unaddressed. This bill is too narrow, if not eliminate such delays and misses and give us the opportunity to care better for our patients.

The level of physical, emotional, and psychological stress involved in the carrying out of our career, is indescribable. Words cannot describe the trauma we endure every shift task with the responsibility of keeping our sick patients alive during a 12hr shift 3 times a week. Regardless of what management often puts on paper, the reality is far fetched. Things are often written on paper for practicality purpose but in reality, they are not being carried out efficiently but rather sometimes conservatively to quiet public opinion and save money until tragedy happens. We in reality struggle every shift to remain afloat and keep our patients alive at the end of it.

For the over 2 years of being a member of the hospital nursing team, I can count with one hand the number of times I've been able to use the bathroom while on shift. Also, the care we provide each and everyone of our patients is never one form fits all but rather based on a patient's care plan and disease process which can drastically change at any time depending on what is happening with the patient. Because of the 4 or 5 patients I currently get as a telemetry nurse, I do struggle very much in providing all of them with safe care. I do so by sacrificing myself and taking breaks is the least of my concerns when I am on shift. Although often clearly stipulated in contracts, the same employer also creates working conditions that make it almost impossible to take such breaks. My priority is often to put my patient's care before mine. Because of the

different nursing care actions we must take to ensure our patients remain alive and safe, taking breaks is often the least of my concerns.

Imagine being on your feet for 12 to sometimes 13 hrs without eating or using the bathroom. Mandating employers to decrease our current patient load, will greatly provide us with enough time to safely do more for our patients. We nurses will also hopefully enjoy our jobs better, leave work on time at the end of our shifts, encourage new people into the healthcare field, and motivate other nurses to join the hospital staffing.

Employers over the years have been accustomed to nurses just dealing with the daily stress which, as we now know, is driving many out of the industry. Employers have endlessly used the excuse of "we do not have enough nurses or we cannot afford hiring more nurses";. This further shows their ability and determination to get away with being held accountable. We also know that the lack of funds to hire more nurses, is not the issue since their finances are open for all to see.

We in Hawai'i are facing a critical time in our overall healthcare situation. If left unaddressed, will only degrade further. What this piece of legislature will do, if voted on, will ensure that:

1. Nurses practice safely,
2. Nurses will remain in the field,
3. New nurses will not be discouraged by the hospital environment
4. Most importantly, patients will be properly and safely cared for

Mahalo nui loa for reading

Raphaela Che, RN

**HB-1244**

Submitted on: 2/4/2025 6:15:59 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Melinda Tang	Individual	Support	Written Testimony Only

Comments:

To whom it may concern,

My name is Melinda Tang and I've been a RN in the Progressive Care Unit at Kaiser for the past 7 years. The turn-over rate on our floor has been high due to higher patient acuity and the burnout that nurses have been experiencing due to increasing demands of patient status, system charting, and concerned family members. Many times I have been a charge nurse with a patient load due to inadequate staffing. My last shift that this occurred, we had 2 RRTs while another patient was being transferred from ER to the point I was unable to assess my own patients and speak with the family members of my patient because I had to assist with the other patients with higher priority. I'm scared to come to work at times because I feel my RN license is in jeopardy because of the expectations of TJC/Hospital policies and unit protocols that I cannot attend to patients right away. The reason I became a nurse is to make a difference in the lives of my patients, to listen, and to be present so I can help them achieve a better recovery, but how am I supposed to provide that when I am given multiple patients who are unstable? How am I supposed to fend for myself if I have a patient who is crashing, another patient who is attempting to get out of bed and at risk for falling, a combative patient, another patient needing a blood transfusion, an angry family member, all the while having to get report on an ER admit who is pushing to get their patient to the unit because we have a throughput "goal time" of 30 min? What numbers are we trying to accomplish when the safety of our patients should be at our utmost priority? Are hospitals more concerned with quantity and budget over the quality of patient care? We need standardized patient acuity systems that make it fair across all hospitals to deliver better and SAFE patient care.

**HB-1244**

Submitted on: 2/4/2025 6:28:11 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Mike Golojuch, Sr.	Individual	Support	Written Testimony Only

Comments:

Please pass HB1244.

Mike Golojuch, Sr.

**HB-1244**

Submitted on: 2/4/2025 7:15:08 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Esther Cinco	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members, My name is Esther Cinco. I am a nurse and I work at KMCWC. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

Respectfully Yours,

Esther Cinco

**HB-1244**

Submitted on: 2/4/2025 8:14:51 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lisa Haberman	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Lisa Haberman. I am a registered nurse at the Queen's Medical Center. I strongly support HB1244 Relating to

Labor Standards at Health Care Facilities.

Healthcare in America has changed so much in my 15 year career. I got into healthcare because of my passion to help others. As a new grad, I worked night shift. I was there in the night after the family went home & the distractions of daytime went away & the patient sat alone with their thoughts. I was that nurse that would sit with my patient & hold their hand when they were alone & needed someone, or when they spent the whole day trying to put on a brave face for their family but now that the family is gone, the emotions come out. Connecting with my patients is what filled my cup & made me love being a nurse. Over the years, people are getting sicker. There is more to monitor on each patient. Technology improves & allows us to monitor more things but as the work load grows, the workforce does not. Healthcare has become more about the profits & less about what is best for the patient. Executives sit in their office, balancing a budget & try to make money. This is true even at the nonprofit hospitals. One of the biggest cost for a hospital is the nursing staff. How do you keep the hospital budget in the black? Increase the workload for each nurse & run with less nurses. What happens when the workload of a nurse goes up? The time & attention that a nurse is able to give each patient goes down. This is when critical assessments are missed. This is when mistakes happen. When a nurse makes a mistake, it could be life threatening to the patient. Patient ratios are for safety! The safety of the patient! Healthcare is not a factory. We are dealing with human lives. What if the patient that was harmed, was you or your family member? Would you stop & think of this moment today or when Kapi'olani nurses went on strike & got locked out for standing up for their patients safety? Would you think of the 2 times Queen's nurses picketted & when Wilcox & Maui nurses went on strike for their patients? Would you think to yourself, the nurses try to tell us! Or would you blame your nurse for the error? The error that nurses in Hawai'i have been begging & pleading to our administrators & law makers to help us prevent from making? Nurses state wide are pleading with you to please help us take safe care of our patients. Give us that time to closely watch our patients so that we notice a change in condition & are able to correct it before it's too late.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Lisa Haberman

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Summer Rex. I am a nurse and I work at Wilcox Medical Center. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

I have been a nurse at Wilcox Medical Center for almost 8 years now, caring for our community members during some of their worst days. I currently work in the ICU, but I started on the medical-surgical ward at Wilcox as a new graduate nurse. I can tell you from first hand experience the ratios that one nurse has to care for 6 patients is not sustainable. My mother was hospitalized post operatively and she did well, but I was so worried that she wasn't getting proper care to not only treat her pain, but improve her condition in a timely manner and to get her ready for discharge. When the nurse that is responsible to do this has 5 other sick patients to give their all too, it just cannot be done. When entering the healthcare field, nurses want to do the best they can for their patients, not just the bare minimum. Wouldn't you want the best for your mother, father, child, auntie, uncle, and close friends? We as a community on Kauai and throughout the state care for each other in a way unlike any other. However, this love and compassion cannot always be provided when the nurse is stretched too thin. Does California deserve better state regulated nurse to patient ratios than our community? I don't think so and I know you don't either.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Summer Rex, RN



**HB-1244**

Submitted on: 2/4/2025 9:10:12 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Carm Akim	Individual	Support	Written Testimony Only

Comments:

Dear Honorable Representatives,

As a nurse who has been serving for over a decade in a local acute care facility, I strongly support the proposed nurse staffing ratio as a solution to solve the current crisis. In addition to establishing minimum nurse-to-patient staffing requirements, this bill also establishes best practices for nurse staffing and protects us from retaliation when we advocate for the safety of our patients. We, nurses, know and understand how complex the healthcare delivery system can be. The solutions must center on our skills, patient acuity, and shared experiences in staffing challenges that directly impact us. We believe that HB 1244 will drastically improve our working environment and patient outcomes.

The nurse staffing crisis originates from our work environment. We are expected to provide extraordinary care to every patient every time, but our work conditions make it exceedingly difficult. We are stretched thin in our roles and responsibilities as the relentless needs of our patients continue to escalate. We are expected to know and follow policies and protocols, yet not equipped and staffed appropriately. The acuity of our patients is not considered and is often a mismatch between the unit and nurses' skill levels. We are faced with moral dilemmas that create unwarranted guilt daily. Our current work environment turns the most caring provider jaded and, worse, callous. There are days we question our sanity and purpose.

I believe appropriate nurse staffing is possible, achievable, and essential. It is imperative that we practice in a work environment where our professional and personal well-being can thrive and be protected. HB1244 recognizes nurses as solutionaries. I applaud the proponents of this incredible bill who gave us their support and attention to advance this legislation. They elevate the issues we encounter consistently on our shifts and demonstrate the value of our workforce and the selfless care we provide.

I hope that the members of both committees can come to know the plight of Hawaii nurses and their constituents and support this bill.

Mālama Pono,

Carm Celine Akim, RN MSN WCC

**HB-1244**

Submitted on: 2/4/2025 9:17:27 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Helene Gibson	Individual	Support	Written Testimony Only

Comments:

I support HB1244. Our current staffing is unsafe. Recently we were scheduled 3 nurses for the night shift but 1 was placed on call due to census. We had a delivery less than 2 hours old and a multiparus patient came in complete. Within several minutes another patient came in ruptured. The first patient delivered exactly 40 min from arriving. We have no secretary and had to call for help and rely on the house coordinator until our 3rd nurse arrived well after the delivery. No only do our units need to have nurses scheduled they need to have them on the floor and ready for whatever walks in the door. Newborns arrive earthside when they decide, it is our kuleana to be staffed and provide safe and supportive patient care to each and every person who walks through our doors.

**HB-1244**

Submitted on: 2/4/2025 9:18:36 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kerry Smith	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Kerry Smith. I am a nurse and I work at Wilcox Medical Center on Kauai. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities.

I have seen first hand how nursing ratios affect our ability to provide safe care to the patients of Kauai. I have walked out of a patient's room to hear one of my other patients screaming, only to walk in and find them on the floor with a freshly broken leg after no one was available to answer their call light. I have been broken down and watched countless coworkers leave the profession we were called to do because of burnout we face due to unsafe staffing. The population of Hawaii is precious and special, and more needs to be done to protect our ohanas, kupuna, and neighbors. We need to pass this bill to ensure our residents are safe when they're at their most vulnerable and hospitalized. Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Kerry Smith

**HB-1244**

Submitted on: 2/4/2025 9:23:16 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Caron Badis	Individual	Support	Written Testimony Only

Comments:

My name is Caron Badis I have been a labor and delivery nurse for over 15years. I also worked within two hospital systems in our state and both facilities chose to run their units extremely short staffed.

When a woman chooses to have her baby in the hospital she does so with the expectation that she and her baby will have the most optimally safe care. A Labor and Delivery unit can be an extremely fast paced environment. Life or death emergencies can happen within minutes requiring multiple nurses to care for one patient. This is why staffing ratios are extremely important in the care for our patients. If we are starting our shift without enough nurses to safely care for our patients it hinders our ability to respond to these emergencies, which can ultimately result in the death of a mother and/or her baby.

Last year our employers fought our bill stating that ratios are something that should be bargained into our nursing contract. Then when it came time to bargain these contracts the employers refused to discuss ratios which lead to multiple strikes, a lockout, poor care and patient deaths. Although a few hospitals did eventually back down to include some nurse:patient ratios, they are still subpar and we are far from safe patient care statewide. We need all hospitals to follow the same patient care standards. We need our state to hold the hospitals accountable with enforceable nurse patient ratios. It's time to put our community first and pass this bill so that we can safely care for our patients no matter which hospital you go to.

**HB-1244**

Submitted on: 2/4/2025 9:40:09 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sherill Kearns	Individual	Support	Written Testimony Only

Comments:

Aloha to the Committee on Health,

I am a nurse practicing in a hospital in Honolulu. I support HB 1244 regarding Labor Standards at Health Care Facilities.

We have ample scientific evidence that a safe ratio of nurses to patients saves lives and prevents harm, such as bed sores, pneumonia, falls and other injuries to patients.

We also know that between 1/4 and 1/3 of newly graduated nurses leave the bedside and seek another job within 2 years of starting work in a hospital.

Inadequate staffing is a vicious cycle: patients are harmed, nurses are burned out, hospitals cannot retain or attract experienced nurses, and the quality of healthcare suffers.

Safe staffing could break that cycle.

Please support HB 1244.

Respectfully,

Sheri Kearns

**HB-1244**

Submitted on: 2/4/2025 10:04:57 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Amy brown	Hawaii Nurses Association	Support	In Person

Comments:

As a nurse in the neonatal intensive care and working under ratios with the new contract, I see a direct impact on the smallest patients. The nurse is now assigned to only one patient when caring for baby born 3 months early, which allows the time to make changes to the oxygen needs. This nursing action prevents an eye disease that can occur when a baby is born early is exposed to too much oxygen. Therefore I strongly support nurse to patient ratios.

**HB-1244**

Submitted on: 2/4/2025 11:49:05 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Celestine Manzano	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Celestine Manzano. I strongly support HB1244 Relating to patient ratio. I'm a nurse at Wilcox Medical Center, Medical-surgical Department. To take care of multiple range of patients from Pediatrics, cardiac patients to Post-op patients and also sometimes skilled nursing facility level is very challenging. It is quite a challenge by itself on the context of the range of patient's population, much more difficult if we have to balance our time in between too many patients at a short span of time.

Nursing profession is rewarding as itself but through the years, it's becoming a source of burnout for me and my colleagues, experienced or new.

Mahalo for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Celestine Manzano

**HB-1244**

Submitted on: 2/5/2025 2:10:09 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Maxelyn IC Sibucalo	Hawaii Nurses Association	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Maxelyn Sibucalo. I am a nurse and I work at Queens North Hawaii Community Hospital in Kamuela on the Big Island. I strongly support HB1244-Labor Standards at Health Care Facilities.

I've been a nurse for about 20 years. Most of my experience is working on a Med/Surg Unit. I work night shift. Our patient ratio is 1:5,6,7. I've seen so many changes in healthcare. Working in small rural hospital is different from working in a big city hospital. We take care patients from babies to geriatrics. I remember one night I worked, there was only 4 patients on the unit. I was the ONLY nurse working the floor with NO CNA. There was sick calls for the night shift. Half the night later, the nursing House Coordinator sent someone from the ED dept come help me with answering call lights. It was busy having 4 patients by myself.

Another incident is when I have 4-5 telemetry patients and we have no tech to watch the telemetry pts. Our ICU nurses will watch our telemetry patients, but they can be very busy in the ICU too. I remember one night 2 of my patients heart rate were in the 150-170 sustained. I needed to bring those HR down. Luckily I have a great team of co-workers that helped me that night. Having ratios will help us floor nurses put our patient needs first. Also connect with our patients and their families instead of running around like a chicken with a head.

I love being a nurse, but I'm not sure how much longer I can work with these types of conditions. I'm so burnt out sometimes I neglect my family because I'm so tired from my work.

Mahalo for your support of HB1244. Please pass this bill.

Respectfully Submitted,

Maxelyn Sibucalo



**HB-1244**

Submitted on: 2/5/2025 2:40:14 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kon Chee Young	Individual	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs and committee members,

My name is Kon Chee Young. My wife has been an RN for the last 35 years at the same hospital since she started, and I strongly support HB 1244 relating to Labor Standards at Health Care Facilities. A nurse to patient ratio is greatly needed.

I often hear my wife saying she loves her job as a Registered Nurse. She tells me she loves being part of the process where someone who is at the lowest point in their life bounces back and returns home to their loved ones, giving them a second chance to live their life to its fullest.

I take her to work at 5:30 PM when she starts at 7 PM. We live 8 minutes away from the hospital. I usually pick her up from work after 8 AM even though she punches out at 7:30 AM and stays back like most of her coworkers.

She tells me all the RNs on her floor purposely arrive at work 90 minutes to 2 hours earlier just so they can review the charts, take notes on all their patients and plan their shift. Occasionally answers the phones because no one is there at the station. Sometimes she finds an abnormal vital sign not reported, an order or lab result that the day shift missed. Hand off report is supposed to be 30 minutes but sometime takes 35-to 60 minutes, pending the assignment.

She usually comes home thirsty and hungry because she charted doing her break. She fights to stay awake after breakfast because according to her, "it's not good to sleep after you eat". Instead, she goes over her notes and occasionally calls the floor to follow up on something because "the floor was really busy"..

I hear her say "health care is dynamic" often, and she needs to adjust herself because healthcare is ever changing. So why hasn't the staffing changed?

Why do I have to hear her say she had a full load (7 patients) and worked with 1 less aide and no unit clerk just about every week? Why do I have to hear her say she had to negotiate with her Nursing Supervisor again for staff that their acuity called for? Why do I have to see her sad because she couldn't do what she wanted to do for the patient or how her patients had to wait again because she was helping someone else. She never mentions the patients names or diagnosis, but often tells me she got lectured again by the patient because she told them, "I'll be back as soon as possible" when she was already helping 2 other patients.

Sometimes I don't understand why she is upset because her PCC always reminds the staff to do what you have to do, if you can't finish, pass it on, and go home.

My wife explained she wants to stay with her patient when they are in pain, scared, crying or having a panic attack. She wants to make sure all her patients have enough supplies for the upcoming shift so care is not delayed. She wants to administer care immediately once her patients report discomfort or fear. She wants to spend more time educating her patients but can't because someone else is calling her. She wants to lighten her patients spirits when they are sad because they need help walking by telling them how they've improved with their physical therapy. She wants to be sure her co-workers are not overwhelmed so she helps them. She wants to read the chart again and make suggestions to improve patients progress. At times she punched out and stayed back to write an incident report on something she found. She then returns home and sits quietly for an hour or two to clear her mind. Doing the necessary is not good enough for her as she always wants to do "what's better for the patient".

My wife works with a great team but for the last 2 years, one by one, someone retires or quits. Can someone tell me how long do you think they'll last when they are directly responsible for 6-7 patients for over 12 hours? She tells me she can't complain because the day shift staff often starts with 5-6 patients, discharge 2-3 patients and then pick up another 2-3 patients. But then I hear her complain how tired and upset she was to find no water pitcher or IV pole, walker, pillows or a blanket with the patient that arrived hours earlier during the day again..

She told me she didn't break because she bathed someone who didn't have a bath earlier in the day. She told me about her coworkers who are younger than her talking about quitting once their children start college. Sometimes I wonder how my wife will last another 10 years to retirement working as she says and with her sore back and knees?

I will always help my wife when she is upset or frustrated, but I can't help her while she is working, but you can. Please support HB 1244. Please by all means, pass this bill!!

Respectfully submitted,

Kon Chee Young

**HB-1244**

Submitted on: 2/5/2025 3:19:51 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kathy Young	Hawaii Nurses Association	Support	Written Testimony Only

Comments:

Aloha Chairs Takayama and Sayama, Vice Chairs and committee members,

My name is Kathy Young and I love my job. I have worked on a med-surg floor on Oahu for the last 35 years. I testified via ZOOM last year and here to plead for your support for HB 1244, in establishing a nurse to patient ratio law for patient safety.

This past August, I worked a shift of 20 patients, staffed with 3 RNs and 2 CNAs (Certified Nurse's Assistant) and shared a Unit Clerk (Unit Secretary) that was stationed on another floor because we did not have enough coverage.

I had 7 patients and shortly after report ended, as I was walking by my patient's room, heard some commotion, and saw my non-English speaking patient hitting and kicking my CNA. A good portion of our patients are forgetful, sometimes "sundown", and get feisty at times. I often intervene because I am able to speak several languages to reorient the patient and clear any misunderstandings.

At first, the patient calmed down and started talking to me. While trying to understand what she was saying, she unexpectedly attacked and yelled at me. My first instinct was to reorient her again and offer to help call her niece, but realized soon I had to leave, but noticed my patient was walking with a strong limp as she was swinging at me. She had been walking upright and independently less than an hour ago. I thought she may have had a stroke. Although I pressed my "duress" button for immediate help, no one came because my coworkers were all busy tending to the rest of our patients. I also didn't want to leave immediately because she had a roommate, but eventually did so.

After I was bullied out of my patient's room, I had to page, wait for the call back, speak to the Nursing Supervisor, Doctor on call, and Security. I called 3 of the patient's emergency contacts, and could hear in the background my patient opening and slamming her door along with the other call lights ringing because I had no Unit Secretary. I couldn't answer other patient's call lights timely or give them my 100% attention because I was waiting for the phone to ring.

After I got my orders in, I couldn't find my CNAs because everyone was busy with patient care. For the next hour, I was in and out of the room asking Security to just stay a little longer with my violent patient because he had a good rapport with her. I introduced him as a police officer.

Meanwhile, I had another patient's family member follow me repeatedly because her mom wanted to sleep, take her nightly medications and needed a diaper change which I couldn't tend to right away. I instructed her to put the call light on, Patient needed 2 staff to assist with diaper change and I needed someone else but everyone else was busy. I calculated It'd take 5 minutes or so to clean and reposition my patient, another 5 minutes to assess her, another 5-10 minutes to get her medications and to administer her pills one at a time because her mother was elderly, had a weak swallow and at risk for choking. But the daughter was right and I agreed her mother should not wear a soiled diaper because it would increase her risk for rash, bedsores and/or urinary tract infection. I searched and asked for my aides to help again and worked on her medications.

My other patient had a history of anxiety, had postoperative pain and a newly formed colostomy and 2 drains that needed frequent checking and draining throughout the shift. He told me he was trying his best not to yell at me because he heard the commotion and reminded me that he was also a patient too that needed my attention.

Although a 24 hour sitter was ordered for my violent patient, there was no extra staff inhouse so one of the floor's 2 CNAs had to stay with her. The next shift CNAs did not want to come in because they were tired from doing OT the other day. Besides, who wants to come in early to face the risk of getting hit then being told it's your fault? I ended up alternating with my CNAs for 2 hours because they had their routine work to complete and they were scared of my violent patient. Although she was given 3 rounds of an antipsychotic medication, she was pretty much up all night meaning I had to call the doctor, round up staff so I could medicate my patient, leaving 1 nurse to tend to the rest of the patients.

Just for this 1 patient, a heavy patient load and lack of staff, I had to search for supplies, call floors and personnel, then look for my CNA to pick it up, assess my patients and administer medication later than I had intended to, and get yelled at by my other patients for taking too long to help them. My train of thought was often interrupted and when my Nursing Supervisor came to check on us, I had to stop what I was doing and give report, resulting in cutting into my time that I wanted to reserve for my other 6 patients.

The last patient I assessed, I found she had a rash and was itchy "all day". I could speak her language but anyone that looked would've seen the extensiveness of her rash. She voiced her gratefulness as I wiped her down, applied powder (which I got from another floor), and changed her sheets. I was upset because it was almost 4 hours into my shift before I found it and did something about it. I found out the following day the CNA saw the rash, but there was no baby powder on the floor and told the RN about it. The RN was busy with her 6 patients, couldn't follow up and forgot to mention this in report.

The pt that required the 24 hour sitter, her roommate had a low grade fever and refused 1 of her routine antibiotics. I called the doctor. My patient's fever continued to go up and she still

refused care (antibiotics, XRay, and blood test).. Her blood pressure started dropping and I was afraid she'd go into septic shock so I called the doctor again throughout the night. Patient was alert enough to convince the staff and Doctor she was in sound of mind and still refusing the care that was ordered. She was also full code. I was told to document well and she'd have to code first before implementing any more care. I just wished I had more time to hear her out, talk and convince her to let me do something besides wait for her condition to worsen.

I didn't have time to deal with the trauma of being attacked. I was struck hard 3 times to my chest. My patient hit me so hard that the plastic connector of my badge tore. I had so much physical and paperwork to do, I had no time to absorb my feelings or check where she hit me. I wanted to cry, but couldn't because crying would've slowed me down. Besides, what patient would want their nurse crying while receiving care?

I notified my Nursing Supervisor I'd be filing a Safe Staffing concern, and continued to do my best, I gave report at 7 AM, punched out, went back to give report and reviewed all my documentation on all my 7 patients just in case I may have forgotten something because I was interrupted often. When I got to my car, I realized I didn't fill out an Employee Injury form and went back upstairs.

I had the "what would you have done differently" conversation the following week with my PCC. Although she was empathetic, there were no imminent changes so I requested to present at our Safe Staffing Committee. My Safe Staffing Committee is supposed to be my shield and a way to bring up situations that we don't ever want our patients to go through again.

I found out the Safe Staffing Committee hasn't met since COVID-19. I couldn't let my shield fail me, after all, it's in my contract and I used to be a member of the Safe Staffing Committee many years ago (but had to quit for personal reasons)..

For the following 3 weeks during my days off, I tried to re-establish our Safe Staffing Committee. I contacted my VP of Nursing and the previous co-chairs of the Committee, but the staff co-chairs were so burnt out from all of the "never again" moments, forgotten promises and resolutions happening time and time again and retaliation to name a few, they refused. The staff nurse from the ER was willing. I asked around and found someone the following week. I was able to convince one of the co-chairs to return the week after, but that wasn't enough. I thought of my patients and my coworkers, and made the decision to ask if I could be a committee member so it could be formed again.

I finally presented my concern 2 months later in October. To this day, our staffing situation hasn't changed much. Not all employees in my hospital have a duress badge too, which shockingly includes the entire ER staff that has no security guard stationed there, and my floor's Unit Clerk and PCC who visits our patients daily.

I am always appreciative of staff, but the Agency and Traveler staff that we had did their best but often forgot to empty drains, bags, report unsafe vital signs, didn't remove ice packs that had melted, didn't offer ice packs when patient had a fever, didn't keep track of the amount of what the patient ate, drank, urinated and defecated like they are supposed to. Sometimes they did

random VS instead of routine VS because they were too busy with patient care. I had several patients tell me they hadn't brushed their teeth for days and I believed them when I saw the wrapper still around the toothbrush and pt didn't have any other toothbrush in their room..

I've had patients tell me they didn't have a bath for several days because they refused at the time it was offered because they were either in pain, about to eat, about to sleep or expecting an important phone call. Since the floor was busy, the CNA didn't go back to offer and the RN with her heavy patient load couldn't follow up. It's because I try talking and listening to my patients, and willing to provide the time and care to what is missing, I discover these things. I verified this with my CNAs and reported to my manager and Safe Staffing Committee what was happening on our floor.

I noticed the Agency and Traveler CNAs treated me differently where the work environment wasn't as friendly like it used to be. I hope the patients didn't feel the awkwardness. On one hand, I felt bad because they did try their best chasing down the call lights and completing their routine work, but If we can't do the basics for our patients and we can't do it well, then what are we here for?

My Safe Staffing Committee has met 3 times since October. Although my employer is actively recruiting and hiring, the new ones (unit secretary, RNs, CNAs) don't stay because they are overwhelmed with the patient load. They've hired contract RN, CNAs, RT, ER staff, SPD staff...if you look at our website, you'll see we have a lot of openings. My employer cares about Safe Staffing as they actively visit students and try to recruit them. But as you can see, it hasn't been working out well. This is where HB 1244 would really help. If there is no mandate on Nurse to patient ratio, they will continue to do what they have been doing.

Safe staffing has become "THE BEST THAT WE CAN DO FOR NOW" and "IS A WISH".

I have 7 patients because I'm "supposed to have 7 patients" at night according to management. In fact, if management could have their way, they would make us take 7 patients during the day and 8 patients at night, which they've tried before.

Last week, one of my co-workers was assigned to 6 patients, and 2 were confused and uncooperative. Although the acuity called for 2 CNAs, only 1 was provided. She was frustrated because her other patients had to wait longer for care and she had less time to stay with them. Our CNAs are getting burnt out because often, instead of having the 2 of them as acuity calls for, only one of them is on and the RNs are constantly calling them for their assistance because their patient needs help.

We are required to check on our patients at least once an hour. If my math is right, if I spend 5 minutes per patient, that would be 35 minutes. It will leave me 25 minutes every hour to call the doctors and pharmacist, good hand washing before and after I leave the room (and maybe in between), along with removing medications and administering it to my patients, reviewing vital signs, monitoring pt's input and output, charting and walking from one patient room to another, and answering other patient's call lights, etc. We are also required to chart as we go, but often

chart later because we are busy administering care to our patients. Sometimes this causes us to forget something, which is why I stay back and review all my charting.

We are not allowed to put a patient in the bathroom and leave them alone, we are required to stay with them. I've seen my coworkers leave the patient alone to help another patient that called. Please don't misunderstand, as I am not complaining. I am trying to explain the reality that my patients are tangled in. If I slowed down, how could I take care of my 7 patients? Realistically, is 5 minutes enough time for me to check on them, take them to the bathroom, make them comfortable, administer medications, assess the effectiveness and find out how they are feeling and what they want to say when I assess them? I need more time with my patients. I want to spend more time with my patients to make sure they are safe and well cared for. This is why HB 1244 will help me and my fellow staff give better care and attention to our patients.

We need someone with more influence and power to make that change to help all of us. This is one of the reasons why you have to support HB 1244.

By the way, the lady that attacked me hit everyone the following shift and had to be put in a 4 point restraint, which took 5 staff to do. Who was watching the rest of the patients throughout the whole commotion?

Thank you for your time,

Respectfully submitted,

Kathy Young

**HB-1244**

Submitted on: 2/5/2025 6:55:35 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Pamela McMillan	Individual	Support	Written Testimony Only

Comments:

Please support this bill. I am one of the Respiratory Therapists in the state. I work on Oahu and Maui. Staffing is vital to patient safety. We are losing people to the mainland for better wages and better working conditions because health care workers here are stretched to the limit. It is unsafe, unfair, and unreasonable to expect nurses and arts to work in such conditions. Our keiki, our elderly and all the people of Hawaii deserve better. Please support HB1244.

Mahalo,

P. McMillan RRT



**HB-1244**

Submitted on: 2/5/2025 7:02:16 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Rachel Tjoeng	Individual	Support	Written Testimony Only

Comments:

**Aloha e Representative Takayama, Representative Keohokapu- Lee Loy, Representative Sayama, Representative Lee and members of the Health and Labor Committees–**

**My name is Rachel Tjoeng, and I am writing to you today in support of HR 1244. I am a former bedside nurse, and there is not a nursing shortage. There is a shortage of nursing willing to work under the current conditions that hospital administrators impose upon nurses. Nurses working at the bedside know the numbers of patients they can safely care for. Hospital administrators will give testimony saying that patient ratios limit their flexibility in emergency situations. As we saw during covid, nurses are willing to accommodate emergency situations. What is not acceptable is to consistently run hospital units so that each and every day feels like an emergency to the nurses working. Nurses take these assignments because they do not want to let their co-workers or patients down, but they cannot physically do the amount of work these precarious patient assignments involve. At the end of the shift, both patients and nurses have suffered: patients do not get adequate attention, and nurses have not been able to adequately attend to anyone’s needs, including their own. They are missing food and bathroom breaks, and they often spend twelve or more hours running non-stop from room to room. Their bodies break down faster under these conditions. No amount of technology can replace a bedside nurse who assesses patients by being at the bedside instead of frantically running amongst too many patients– never getting adequate time at the bedside. This face to face interaction is crucial for nurses to be able to intervene before a patient gets into a crisis. If patients are sick enough to be in the hospital, they are sick enough to warrant the focused attention of a bedside nurse who is not stretched beyond the amount of work that is physically possible.**

**HB1244 would help nurses feel safer in knowing that when they walk into work at the beginning of their shift, they are protected by law from taking overwhelming patient assignments for which they risk their nursing license. HB1244 would ensure that hospitals listen to nurse voices through a committee of nurses that have real power to intervene in safe patient care. HB1244 would also protect patients who, by law, will get adequate nursing care to which they are entitled. Please do the right thing for both patients and nurses and vote yes on HB1244.**

**Sincerely,**

**Rachel Tjoeng, BSN, MA**



**HB-1244**

Submitted on: 2/5/2025 7:09:13 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
sienna	Individual	Comments	Written Testimony Only

## Comments:

Safe staffing in hospitals across Hawai‘i is critical to ensuring high-quality patient care and safety. With the state’s unique geography, hospitals often serve diverse and remote populations, making it essential to have enough nurses to meet patient needs effectively. Adequate staffing levels help prevent medical errors, reduce hospital-acquired infections, and improve overall patient outcomes. When nurses have manageable workloads, they can provide timely care, closely monitor patients, and respond to emergencies more efficiently, which is especially crucial in critical access hospitals and rural areas where resources may be limited.

Beyond patient safety, proper nurse staffing supports the well-being of healthcare workers. Hawai‘i, like the rest of the U.S., faces a nursing shortage, leading to high levels of burnout and fatigue among hospital staff. Chronic understaffing results in nurses working excessive hours, increasing stress and reducing job satisfaction. When hospitals maintain safe staffing ratios, nurses experience lower rates of burnout, better mental health, and higher retention rates, ultimately leading to a more stable and experienced workforce. Investing in adequate staffing also improves teamwork and communication, which are essential for effective, patient-centered care.

Safe staffing is also crucial for addressing health disparities in Hawai‘i’s diverse population. Many patients, particularly Native Hawaiians and other underserved groups, experience higher rates of chronic illness and face barriers to care. Having sufficient nursing staff allows for more personalized care, better patient education, and improved health outcomes. Additionally, safe staffing contributes to shorter hospital stays, reducing overall healthcare costs for both patients and the system. Prioritizing appropriate nurse-to-patient ratios is not just a matter of policy—it is a fundamental requirement for ensuring equitable, high-quality healthcare for all residents of Hawai‘i.

Nurses should ideally care for only three patients per shift across ALL units and floors to ensure patient safety and optimal outcomes. Lower nurse-to-patient ratios reduce the risk of medical errors, improve early detection of complications, and enhance infection control. When nurses have fewer patients, they can provide more thorough assessments, timely interventions, and better patient education, leading to improved long-term health outcomes. Studies have shown

that lower ratios are directly linked to reduced mortality rates, fewer hospital-acquired infections, and overall better patient experiences.

Maintaining a safe nurse-to-patient ratio also protects the well-being of nurses by reducing burnout, stress, and job dissatisfaction. High patient loads often lead to fatigue, compassion fatigue, and increased turnover, which can negatively impact hospital staffing and patient care. When nurses are not overwhelmed, they can provide higher-quality care, communicate effectively with interdisciplinary teams, and remain engaged in their work. Facilities with better staffing policies see improved nurse retention, stronger teamwork, and a more sustainable workforce, ultimately benefiting both healthcare providers and the patients they serve.

Prioritizing patients over profits in nursing is essential for ensuring ethical, high-quality care that promotes patient safety, dignity, and well-being. When healthcare facilities focus on patient needs rather than financial gains, nurses can provide thorough assessments, timely interventions, and compassionate support without being pressured to cut corners. Adequate staffing, proper resources, and evidence-based practices lead to better patient outcomes, lower infection rates, and reduced complications. Conversely, when profits take precedence, cost-cutting measures such as understaffing and resource limitations compromise care quality, increase nurse burnout, and lead to higher rates of medical errors and hospital readmissions. By prioritizing patient-centered care, healthcare organizations not only fulfill their ethical responsibility but also improve public trust, enhance nurse retention, and create a safer, more effective healthcare system.

Staffing ratios should be established by law to protect both patients and nurses by ensuring safe, manageable workloads that lead to better care and improved health outcomes. Without legal protections, hospitals and healthcare facilities may prioritize cost-cutting measures over patient safety, resulting in chronic understaffing, increased medical errors, and preventable complications such as falls, infections, and delayed treatments. When nurses are assigned too many patients, they experience burnout, fatigue, and stress, which not only endangers their well-being but also reduces the quality of care they can provide. Legally mandated staffing ratios help maintain a safe and sustainable work environment, improve nurse retention, and reduce turnover, ultimately benefiting the entire healthcare system. Standardized ratios also promote equitable care by ensuring all patients receive the attention they need, regardless of hospital policies or financial priorities. By enacting staffing ratio laws, healthcare systems can uphold ethical standards, enhance patient safety, and support the long-term stability of the nursing workforce.

There's currently a shortage in nurses. Or so they say. But how can that be when there's hundreds of nurses who graduate and pass the NCLEX twice a year! Hospitals statewide need to support local students and hire them so they can help with the "shortage" and be trained on the job like the nurses who came before them. It's time a law is passed that allows local students to stay home in Hawai'i to be a new grad hire instead of moving to the continent to gain experience. It's time a law is passed that forces hospitals statewide to provide safe staffing for all nurses. It should be 1 nurse to 3 patients. Nothing more nothing less. It's time to take care of the superheroes who are bedside 24/7. It's time for change, and change starts now.



**HB-1244**

Submitted on: 2/5/2025 7:54:07 AM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Edwina Branco	Individual	Support	Written Testimony Only

Comments:

To whom it may concern:

My name is Edwina Branco, and I have been a registered nurse at Kaiser Permanente since 1999. I ask that you support the bill HB 1244, as this bill is crucial to ensuring safe patient staffing levels and the highest quality of care for our patients.

Thank you for your time and consideration.

Mahalo,

Edwina Branco

**HB-1244**

Submitted on: 2/5/2025 12:49:51 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Karla Dias	Individual	Support	Written Testimony Only

Comments:

To: Chairs Takayama and Sayama, Vice Chairs, and committee members,

My name is Karla Dias. I am a nurse, and I work on the Kekela unit at Queen's Medical Center. I strongly support HB1244 Relating to Labor Standards at Health Care Facilities. Kekela, the adult psychiatric unit, can be a dangerous unit due to the unpredictability and violent nature of our patient population. Having enough staff is critical to patient and staff safety. I, and many of my colleagues, have been injured because we did not have enough staff on the unit. I know multiple staff who have had to stop working due to permanent injuries. Having a standardized staffing ratio will help ensure we have the number of nurses needed to safely provide care and minimize injuries.

Thank you for your support of HB1244. Please pass this bill!

Respectfully Submitted,

Karla Dias

**HB-1244**

Submitted on: 2/5/2025 1:22:48 PM

Testimony for HLT on 2/5/2025 9:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Ryann White	Individual	Support	Written Testimony Only

Comments:

At Kaiser Moanalua we are often faced with being short staffed. Sometimes we have 2 aides for 30 patients. Our patients are also much sicker then they used to be. This makes it harder for patients to get care safely although we do our best. We need help. We need a better nurse to staff ratio as well as safe staffing. Thanks you!