



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

MANPOWER AND
RESERVE AFFAIRS

February 12, 2024

The Honorable Representative Mark Nakashima
Chair, Committee on Consumer Protection and Commerce
Hawaii House of Representatives
415 S Beretania Street
Honolulu, HI 96813

SUBJ: DoD Support for HB 2415 HD1 – Relating to the Nurse Licensure Compact

Dear Chair Nakashima, Vice Chair Sayama, and Members of the Committee,

On behalf of the Department of Defense (DoD) and military families stationed in the Aloha State, I am writing to express strong support for the policy addressed in House Bill (HB) 2415 HD1, which would allow the Governor to enter the State into the multistate Nurse Licensure Compact (NLC).

Professional licensure has been an enduring problem for military spouses. Military spouses are a cross-section of the American population, although a greater percentage of them are in licensed occupations than their civilian counterparts, and they are significantly more mobile.¹ The short duration of military assignments, coupled with lengthy relicensing processes, can discourage military spouses from seeking relicensure, causing them to quit an occupation or pause their career, or the Service member to leave the military.

States have committed to using interstate compacts, which establish common understanding of competency and its measurement within the occupation, to resolve the interstate issue of license portability. 41 states have enacted the NLC thus far. Compacts can provide seamless reciprocity for military spouses in an occupation. Other benefits of the NLC include:

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

On Jan. 5, 2023, the Veterans Auto and Education Improvement Act of 2022 (H.R. 7939) was signed into law.² Section 19 of this legislation, containing the Military Spouse Licensing Relief Act, provides for

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

² United States Department of Justice, “Justice Department Reinforces Federal Protections for Servicemembers and their Spouses in Letter to State Officials.” July 13, 2023, <https://www.justice.gov/opa/pr/justice-department-reinforces-federal-protections-servicemembers-and-their-spouses-letter>

licensure portability among all 50 states for all service members and military spouse licensed professionals, except for the practice of law. Interstate occupational licensure compacts, such as the Nurse Licensure Compact, are prioritized within this federal provision.

The Department of Defense is very appreciative of Hawaii's ongoing commitment and efforts to support members of the military and their families who sacrifice much in service to our country. Thank you for your consideration of this important policy reflected within HB 2415 HD1.

Sincerely,

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



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Consumer Protection and Commerce
Wednesday, February 14, 2024 at 2:00 p.m.

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

HB 2415 HD1 – RELATING TO THE NURSE LICENSURE COMPACT

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

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

House Bill 2415 HD1 would enable the Governor to enter Hawai'i into the Nurse Licensure Compact (NLC). In doing so, DCCA would be granted the authority to issue multi-state licenses (MSL) for in-state resident nurses as well as the traditional single-state licenses (SSL). Hawai'i would also grant permission-to-practice for nurses who hold an MSL from other NLC member states.

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

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

Graduates of our program are highly sought over. In addition to local healthcare facilities, we are commonly fielding requests from hospitals across the nation to recruit our students. The promise of nursing salaries, coupled with low cost of living and loan repayments or signing

bonuses is a draw for our students that sometimes overwhelms the local offers. The NLC will facilitate the exit of our newly trained nurses from our state.

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

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

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

Testimony of the Board of Nursing

**Before the
House Committee on Consumer Protection & Commerce
Wednesday, February 14, 2024
2:00 p.m.
Conference Room 329 and Videoconference**

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

Chair Nakashima and Members of the Committee:

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

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

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

The Board appreciates that this bill aims to improve access to care. However, the Board is concerned that the NLC will not provide a comparable level of vetting to Hawaii's current approach to nurse licensure. Because the NLC relies on each member state consistently and correctly evaluating nurses for eligibility for multistate licensure, an oversight on the part of any member state could result in an unqualified nurse practicing in Hawaii. Further, the inconsistencies in how NLC state boards of nursing are disciplining or not disciplining nurses whose name have been flagged as part of

Operation Nightingale¹ (the Department of Justice's investigation into a fraudulent nursing transcript scheme) continues to be a source of concern for the Board.

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

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

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

Thank you for the opportunity to testify on this bill.

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



DISABILITY AND COMMUNICATION ACCESS BOARD

1010 Richards Street, Room 118 • Honolulu, Hawaii 96813
Ph. (808) 586-8121 (V) • TTY (808) 586-8162 • Fax (808) 586-8129

February 14, 2024

TESTIMONY TO THE HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

House Bill 2415 HD1 – Relating to the Nurse Licensure Compact

The Disability and Communication Access Board (DCAB) supports House Bill 2415 HD1 – Relating to the Nurse Licensure Compact.

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

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

Thank you for considering our position.

Respectfully submitted,

KIRBY L. SHAW
Executive Director



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

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA
SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

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

KA 'OIHANA PILI KĀLEPA
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: (808) 586-2850
Fax Number: (808) 586-2856
cca.hawaii.gov

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Consumer Protection & Commerce
Wednesday, February 14, 2024
2:00 p.m.

State Capitol, Conference Room 329 and via Video Conferencing

On the following measure:

H.B. 2415, H.D. 1, RELATING TO THE NURSE LICENSURE COMPACT

Chair Nakashima and Members of the Committees:

My name is Nadine Ando, and I am the Director for the Department of Commerce and Consumer Affairs (Department). The Department supports the intent of this measure and offers comments and two friendly amendments related to the proposed revisions to Hawaii Revised Statutes chapter 457.

The purposes of this bill are to: (1) authorize the Governor to enter the State into the multistate Nurse Licensure Compact (NLC) to allow registered and licensed practical/vocational nurses (hereafter "nurses") who are licensed by a home state to practice under a multistate licensure privilege in each party state; (2) amend Hawaii Revised Statutes (HRS) chapter 457 to require nurses who hold multistate licenses issued by a state other than Hawaii to complete demographic data surveys beginning January 1, 2026; and (3) authorize the Board of Nursing to charge different fees for nurses who hold a multistate license issued by State.

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

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

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

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

Potential impacts to RICO include not having, for investigative purposes, thorough data and information that has been vetted by the BON and certified to by individual nurses. Further there may be unknown costs, uncertainty and delays in locating, communicating with, investigating and prosecuting bad-behaving multistate licensees who may choose to flee the State upon learning that they were reported. Financially, the

potential impact on RICO is a decrease in annual revenue of \$697,500 from license renewals.

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

LPNS: 158

RNs: 6,817

Total: 6,975

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

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

Total = \$948,600

Given this information, there are provisions in the bill that anticipate and are considerate of these important Department concerns. Specifically, the bill's proposed amendments to HRS 457 set forth on page 43, lines 4 to 16 of the H.D. 1, mandate certain reporting requirements for multistate licensees and health care facilities. Importantly, the proposed amendments in the H.D. 1, on page 44, lines 4 to 6 and 15 to 17, provide flexibility to the Department and BON to vary fees to mitigate potential revenue shortfalls to the Department's regulators. However, because the proposed amendments on page 44 imply, but do not state directly, that the fees that can be varied are all-inclusive of application, origination, renewal, restoration, inactivation, reactivation, compliance resolution fund, temporary and examination, the Department respectfully requests that the phrase "customarily and historically charged" be added as follows:

At page 44, line 5:

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

At page 44, line 16:

may charge different fees **customarily and historically charged** for licensed

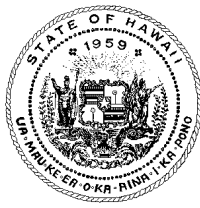
Finally, concerning investigations and prosecutions, the NLC is clear that: (1) the BON, and RICO as the investigative and prosecutorial arm, has jurisdiction over any multistate licensee entering and practicing in Hawaii under the NLC, see H.D. 1, page 7, lines 2 to 7; and page 10, lines 14 to 18; and (2) multistate licensees are bound to comply

with Hawaii's practice laws, see H.D. 1, page 10, lines 9 to 11; and (3) the regulators can investigate and, in accordance with due process and cause, impose adverse action against the multistate licensee's privilege to practice in Hawaii, see H.D. 1, page 9, lines 19 to 21; and page 13, lines 14 to 17; and page 14, lines 8 to 10.

The Department participated in the S.C.R. 112 (2023 Session) Working Group last year. The S.C.R. 112 Working Group, under the excellent leadership of the Hawaii State Center for Nursing, studied the feasibility and impact of the State adopting the NLC. The Department was impressed by the professional, considerate, and comprehensive discussions that occurred in the Working Group and it was clear that the diverse group of stakeholders were engaged and unified on one major purpose: to protect the health, safety, and welfare of Hawaii's patients through good nursing and good nursing conditions. That said, should enactment and implementation of the NLC result in operational deficiencies to the regulators in the Department, including the aforementioned anticipated loss of revenue, the department will likely need to increase fees. The Department is therefore hopeful that stakeholders and policymakers will work together towards future supplemental legislation and/or rules that will target and correct any fiscal or other deficiencies that may impair continuing regulation.

Thank you for the opportunity to testify on this bill.

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



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

TOMMY JOHNSON
DIRECTOR

Melanie Martin
Deputy Director
Administration

Pamela Sturz
Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No. _____

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

By

Tommy Johnson, Director
Department of Corrections and Rehabilitation

House Committee on Consumer Protection & Commerce
Representative Mark M. Nakashima, Chair
Representative Jackson D. Sayama, Vice Chair

Wednesday, February 14, 2024; 2:00 p.m.
State Capitol, Conference Room 329 & via Videoconference

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

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

This Governor-supported compact has been approved in 41 states to increase the rate of licensure for nurses originally licensed outside of Hawai'i. This will assist in decreasing wait times for hiring and placing nurses as part of our critically low health care staff.

In addition to increasing available nurses, it will also increase patients' safety with shared licensure status, including any infractions to all participating states.

We defer to the DCCA Board of Nursing regarding licensure costs and supplementation necessary to ensure compliance and involvement.

Thank you for the opportunity to provide testimony in support of HB 2415, HD1.

JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR



JADE T. BUTAY
DIRECTOR

WILLIAM G. KUNSTMAN
DEPUTY DIRECTOR

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

February 14, 2024

LATE

To: The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair and
Members of the Committee on Consumer Protection & Commerce

Date: Wednesday, February 14, 2024

Time: 2:00 p.m.

Place: Conference Room 329, State Capitol

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

Re: H.B. 2415 HD 1 RELATING TO NURSE LICENSURE COMPACT

The Department of Labor and Industrial Relations (DLIR) **supports the intent** of this bill and defers to the Board of Nursing on the implementation details. HB2415 HD1 will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state. HB2415 HD1 also allows the Governor to enter into the multistate Nurse Licensure Compact. An inadequate workforce can lead to challenges and gaps in healthcare provision and ultimately a disruption in care. Recognizing the critical need for nurses, DLIR has in the past provided funding through mini grants allocated by the Legislature to support the nursing community's management of the huge demand for nurses at all nursing levels.



**Testimony to the House Committee on Consumer Protection and Commerce
Wednesday, February 14, 2024; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference**

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

Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Bill No. 2415, House Draft 1, RELATING TO THE NURSE LICENSURE COMPACT.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would allow the Governor to enter the State into the multi-state Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state. This bill would also allow the Board of Nursing to charge fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

This bill would take effect on July 1, 3000.

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

Testimony on House Bill No. 2415, House Draft 1
Wednesday, February 14, 2024; 2:00 p.m.
Page 2

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

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

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

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

Wednesday, February 14, 2024 at 2:00 pm
Conference Room 329 & Videoconference

House Committee on Consumer Protection & Commerce

To: Representative Mark Nakashima, Chair
Representative Jackson Sayama, Vice Chair

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

Re: **HB 2415, HD1 – Testimony In Support
RELATING TO THE NURSE LICENSURE COMPACT.**

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

I write in support of HB 2415, HD1 which would allow the Governor to enter the State into the multi-state Nurse Licensure Compact such that a nurse who is licensed by a home state may practice under a multi-state licensure privilege in each party state. The bill enables the Board of Nursing to assess different fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

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

The compact alone will not solve the issues we have with our healthcare workforce. Affordability, below-cost reimbursements from Medicare and Medicaid, and the realities of retaining nurses in rural communities are still issues that must be addressed in partnership with many other stakeholders and policy-makers. However, the compact may help to address staffing shortages and ease recruitment of nurses, especially for specialty care that may be hard to access otherwise.

Thank you for the opportunity to testify.



**Written Testimony Presented Before the
House Committee on Consumer Protection & Commerce
Wednesday, February 14, 2024 at 2:00 P.M.
Conference Room 329 and via Videoconference**

**By
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa**

WRITTEN TESTIMONY IN SUPPORT on H.B. 2415, H.D. 1

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

Purpose

This bill would enable the Governor to enter Hawai'i into the Nurse Licensure Compact (NLC), allow the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multi-state license (MSL) issued by the State, and require that all health care facilities report to the board of nursing that employees have completed any demographic data surveys required by the board of nursing within 30 days of employment. Hawai'i would also continue to be able to issue "single state licenses" (SSLs) for Licensed Practical Nurses (LPNs) and Registered Nurses (RNs), which is the process the state administers today. This bill does not address Advanced Practice Registered Nurse licensure.

Hawai'i's Nurses and Employers Want the NLC

The NLC allows states who have joined the compact to issue MSLs; states which are not part of the NLC may only issue "single state licenses" (SSLs). Nurses who hold an MSL from their resident state are granted permission-to-practice in the other states who are members of the NLC. Hawai'i's membership in the NLC would allow Hawai'i to issue MSLs to Hawai'i residents who are nurses, as well as grant permission-to-practice to nurses from other NLC states to work immediately upon entering Hawai'i. Like nurses entering Hawai'i with an MSL, Hawai'i nurses with an MSL would gain permission to practice in all other NLC member states without the need to be licensed in every other state in which they want to practice. Part I of this bill is the model legislation for the NLC. The NLC does not require nurses to report, register, or pay license fees to any NLC member state except their home state.

In a survey conducted by Hawai'i State Center for Nursing (HSCN) for the SCR 112 working group¹, the majority of nurses who responded were in favor of Hawai'i's membership in the

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

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

NLC. These same nurses indicated intention to apply for an MSL if Hawai'i joins the NLC. Respondents to the survey indicated an interest in travel nursing, telehealth, teaching in out-of-state nursing programs, and disaster support, as well as wanting an MSL without a specific plan for use.

Hawai'i currently underproduces nursing students needed to fill all nursing positions in this state, therefore employers must seek nurses from outside the state to meet the state's nursing needs. In SCR 112¹, nursing employers cited delayed licensure as a cause for failed recruitment efforts of nurses, both for temporary (i.e., travel or contract positions) and long-term positions. By allowing nurses who hold an MSL immediate permission to practice in Hawai'i, it relieves the delay in accessing those nurses' services. Due to the shortfall of available nurses, the roles that employers are seeking to fill from local and out-of-state talent pools include specialty nurses, nurse leaders, nurse faculty, and novice to experienced staff nurses across multiple settings. The need is for nurses across all counties.

Access to the National Nursing Workforce via the NLC

There are 5,584,936 LPNs and RNs² in the nation and there are 41 states and US territories³ which have joined the NLC. Within those jurisdictions, not all nurses opt for an MSL. Across the nation, 30.3% of the total nursing workforce have opted for an MSL. Of nurses with an MSL, only 32.2% have used them – this equates to approximately 10% of the national nursing workforce.⁴ Within this, 9.5%⁵ use their MSL for travel nursing and 2.7%⁴ have used it for disaster response. To summarize, the NLC enables nurses to use their license across multiple jurisdictions, and it is a minority of nurses within each jurisdiction, and nationally, who have opted to get and utilize their MSL for multistate nursing practice. Therefore, it is critical that this strategy, joining the NLC, is implemented in addition to other strategies to ensure that Hawai'i has access to the nursing workforce it needs to deliver safe 24/7 nursing care and to ensure safe staffing standards.

As it relates to licensing of nursing, it is imperative to recognize that while a MSL will enable 30% of the nation's nurses to enter the state immediately, the licensing division of DCCA must still process license applications for the nursing applicates from anyone who falls within the remaining 70% of nurses who do not hold a MSL, as well as new graduates from Hawai'i or the nation who are applying to Hawaii for their first nursing license. Further, if a nurse who started working in the state using their MSL from another state become a state resident, the rules of the NLC require them to change their license to a Hawai'i license.

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

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

⁴ Smiley, R. A., Allgeyer, R. L., Shobo, Y., Lyons, K. C., Letourneau, R., Zhong, E., Kaminski-Ozturk, N., & Alexander, M. (2023). The 2022 National Nursing Workforce Survey. *Journal of Nursing Regulation*, 14(1), S1–S90. [https://doi.org/10.1016/S2155-8256\(23\)00047-9](https://doi.org/10.1016/S2155-8256(23)00047-9)

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

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

Impact on License Revenue

NCSBN estimates that by joining the NLC, approximately 8,000 nurses currently licensed in Hawai'i will no longer need a Hawai'i license due to their ability to use their current MSL from their resident state. PVL, RICO, and HSCN's operating budgets would be impacted by the loss of license fee revenues from these 8,000 nurses. Cost remediation efforts are needed. HSCN estimates that if 30% of nurses who reside in the state apply for an MSL, a \$190 MSL fee on top of the regular \$196 license fees will result in a relatively cost-neutral outcome for these three agencies. From this projection of an \$190 MSL fee, HSCN would need to receive 31% (\$59) of the MSL license fee in order for Hawai'i's membership in the NLC to have a neutral financial impact on the organization. HSCN would be able to sustain staff, research efforts, nursing professional development, and programs that support recruitment and retention of nurses in Hawai'i at the current level. Delayed issuing of Hawai'i MSL or no MSL fees allocated to HSCN will result in significant revenue loss, therefore the Hawai'i State Center for Nursing does not recommend a partial-implementation scenario in which Hawai'i accepts out-of-state nurses using MSLs issued by other states while delaying the issuance of Hawai'i MSLs. The implementation date as written, with the state to grant permission-to-practice for out-of-state MSL licenses as well as issue MSL licenses, is the implementation strategy preferred by HSCN.

Additional Supportive Strategies for a Robust Nursing Workforce

Recognizing that the minority of the nation's nurses utilize MSLs, the SCR 112 working group identified that additional efforts are necessary to support the stabilization of the nursing workforce and ensure access to a broader population of nurses, as needed. HSCN agrees with the findings of the SCR 112 working group and underscores that these strategies must occur concurrently with the adoption of the NLC. These strategies include:

- Ensuring timely implementation of Temporary Permits issued by the BON for non-NLC nurses applying for licensure in Hawai'i;
- Ensuring the full staffing necessary to support the functions of the DCCA licensing division, BON, and RICO;
- Standardizing Emergency Proclamation language related to nurse license waivers to ensure license reporting for all nurses employed under a waiver during emergencies;
- Ensuring nursing education capacity in Hawai'i to facilitate nursing career opportunities to local residents;
- Requiring employers to report information about MSL nurses employed in the state. Louisiana, Guam, and Washington State have working models for these reporting requirements. This measure uses Washington State's model for reporting requirements.

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

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

this moment in time, many strategies are needed to stabilize and reform nursing so that we both have the right number of nurses needed, but also that individual nurses experience wellbeing during their working hours.

Implementation

The SCR 112 working group identified a number of conforming and enabling amendments that are likely needed to ensure the NLC can be operational. The HSCN defers to DCCA and within it, RICO and PVL, for any needed conforming and enabling amendments.

Finally, HSCN would like to thank the Legislature for the opportunity to engage in a detailed inquiry into the feasibility of implementing the NLC through SCR 112. The working group was deeply committed to the process and delivered an in-depth study.⁶ Thank you for the opportunity to both convene the study and working group, and to provide testimony in support with additional comments, at this time.

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

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

Testimony of
Jonathan Ching
Government Relations Director

Before:
House Committee on Consumer Protection & Commerce
The Honorable Mark M Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair

February 14, 2024
2:00 p.m.
Conference Room 329 & Via Videoconference

Re: HB 2415, HD1, Relating to The Nurse Licensure Compact.

Chair Nakashima, Vice Chair Sayama, and committee members, thank you for this opportunity to provide testimony on HB 2415, HD1, which allows the Governor to enter the State into the multi-state Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state, effective 1/1/2026.

Kaiser Permanente Hawai'i SUPPORTS HB 2415, HD1.

Kaiser Permanente is one of the nation's largest not-for-profit health plans, serving 12.6 million members nationwide, and more than 274,000 members in Hawai'i. In Hawai'i, more than 4,200 dedicated employees and more than 650 Hawai'i Permanente Medical Group physicians and advanced practice providers work in our integrated health system to provide our members with coordinated care and coverage. Kaiser Permanente Hawai'i has more than 19 medical facilities, including our award-winning Moanalua Medical Center. We continue to provide high-quality coordinated care for our members and deliver on our commitment to improve the health of our members and the 1.4 million people living in the communities we serve.

Kaiser Permanente supports the State of Hawai'i joining the 41 other states and two territories that have joined the Nurse Licensure Compact, as it will streamline the licensing process for nurses who want to practice in multiple states, while still maintaining quality and safety.

We know the legislature is aware that one of the biggest issues facing Hawaii's healthcare industry is the severe shortage of healthcare providers. The Healthcare Association of Hawaii's 2022 Healthcare Workforce Initiative (HWI) survey found that there were nearly 4,000 vacant positions for non-physician, patient-facing jobs. Of those, nearly a quarter of openings were for registered nurses in settings like hospitals, nursing homes, home health agencies, hospices, assisted living facilities, and community health centers. The need for these workers more than doubled between

2019 and 2022, driven largely by the need for more healthcare as the population ages and burnout due to the pandemic.

We know that allowing the Governor to enter the State into the multi-state Nurse Licensure Compact, via HB 2415, HD1, is not the panacea that will solve our workforce shortage; however, like the enactment of Act 112, Session Laws of Hawaii 2023, which adopts the Interstate Medical Licensure Compact, to the Nurse Licensure Compact will help alleviate the workforce shortages our state faces. As you know, this is even more acute in the neighboring islands and rural areas.

Passage of HB 2415, HD1 would allow Kaiser Permanente to extend the reach of our valuable nurses and further leverage telehealth services. Allowing nurses to hold a multi-state license provides greater flexibility to increase access to care including, through telehealth, access to care in rural and underserved areas.

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

Feb. 14, 2024, 2 p.m.
Hawaii State Capitol
Conference Room 329 and Videoconference

To: House Committee on Consumer Protection & Commerce
Rep. Mark M. Nakashima, Chair
Rep. Jackson D. Sayama, Vice-Chair

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

COMMENTS IN SUPPORT OF HB2415 HD1 — RELATING TO THE NURSE LICENSURE COMPACT

Aloha Chair Nakashima, Vice-Chair Sayama and Committee Members,

The Grassroot Institute of Hawaii would like to offer its support for [HB2415 HD1](#), which would enter Hawaii into the interstate Nurse Licensure Compact.

Currently, 41 states and two territories are NLC members.¹ By joining the NLC, Hawaii would allow nurses holding a multi-state license to seamlessly transition to working in Hawaii without the need to obtain an additional license.

If this bill is enacted, the Legislature will be taking an important step toward addressing Hawaii's nursing shortage — a problem that has existed for years and has become an obstacle to healthcare access in our state.

It is well established that Hawaii is suffering from a shortage of vital healthcare workers, especially nurses. A 2021 report from the Hawaii State Center for Nursing estimated that the state has 300 to 400 fewer nurses than needed to meet demand.² Research since 2021 has indicated that nearly one-fourth of Hawaii's nurses have been considering leaving the workforce, largely due to the stresses caused by the COVID-19 crisis.³

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The interstate compact approach outlined in this bill, HB2415, would streamline Hawaii's licensing process for nurses, whereby registered nurses from participating states can practice in Hawaii without facing time-consuming, costly and redundant regulatory hurdles.

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

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

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii



Wednesday, February 14, 2024 at 2:00 pm
Conference Room 329

House Committee on Consumer Protection and Commerce

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

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

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

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

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

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

Largest Need Professions

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



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

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

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

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

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

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

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

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

The legislature and the agencies are currently considering multiple ways of resolving the barriers to licensure—we are open to all solutions, although we do believe joining the NLC will add a benefit to current Hawaii nurses who would like to apply for and receive an MSL. We believe that, while it would require some changing of processes, it would allow a systemic change to the system rather than a patchwork solution. Further, we would ask that more clarification be sought, and details provided, on the fiscal impacts of the NLC compared to other licensure options, and ways that the licensing division needs to be supported in terms of personnel and funding to ensure that all healthcare professionals are able to be efficiently and swiftly licensed.

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



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

"Quality Healthcare For All"

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Representative Mark M. Nakashima, Chair
Representative Jackson D. Sayama, Vice-Chair

February 14, 2024
2:00 pm
Hawaii State Capitol
Room 329 & Via Videoconference

HB 2415, HD1

RELATING TO THE NURSE LICENSURE COMPACT

Allows the Governor to enter the State into the multistate Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state, effective 1/1/2026. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multistate license issued by the State. Effective 7/1/3000.

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

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony on **HB 2415, HD1**.

HHSC's rural hospitals are well-recognized to be challenged by the trifecta of shortages in financial resources, facility bed space, and dire workforce needs. HHSC regions work diligently to try to fill our nursing vacancies. Nurses willing to travel to serve to our regions have been helpful to fill the gaps so we can continue to provide the healthcare services our community needs. Nursing Licensure Compact is recognized as a tool that our hospitals could use to help with a problem that we know has no singular solution.

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



1011 Waiuanue Avenue
Hilo, Hawaii 96720-2019
Phone: (808) 969-1733
Fax: (808) 961-7397

care@hawaiicarechoices.org
www.hawaiicarechoices.org

BOARD OF DIRECTORS

President

Karen T. Maedo

Vice President

Christine Takahashi

Secretary

Kerri Okamura

Treasurer

David Kurohara

MEMBERS

Brenda Camacho, MD
Chuck Erskine
Dean Fuke
Edwin M. Montell, MD
Lisa Rantz
Rabbi Rachel Short
Audrey N. Takamine
Gail Uejo
Lehua M. Veincent
Thomas Yeh

Medical Director

Lynda Dolan, MD

Chief Executive Officer

Brenda S. Ho, MS, RN

Director of Human

Resources & Accounting
Shirley S. Dellinger, MHRM

Director of Clinical Services

Jeanene Helene Andrew,
MSN, RN

Director of Organizational

Excellence & Advancement
Lori Jordan, BA, ACHE

ADVISORY COUNCIL

Haidee Abe
Sidney Fuke
David Hammes
William A. Hartman, MD
Jane Y. Iida
Robert D. Irvine, MD
Jeracah Lawless
Reverend Junshin Miyazaki
Karen A. Moriuchi
Margaret Shiba
Claire Shigeoka
Kevin Wilcox, MD

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Representative Mark M. Nakashima, Chair
Representative Jackson D. Sayama, Vice Chair

RE: **TESTIMONY IN SUPPORT OF HB 2415 HD1**
RELATING TO THE NURSE LICENSURE COMPACT
Hearing: Wednesday, February 14, 2024

Dear Chair Nakashima, Vice Chair Sayama and Members of the Committee:

Thank you for the opportunity to provide testimony in **SUPPORT** of HB 2415 HD1 allowing the Governor to enter the State into the multi-state Nurse Licensure Compact (NLC), which will expand access to nursing care and nurse mobility across the United States.

An inadequate workforce can lead to challenges and gaps in healthcare provision and ultimately a disruption in care. Hawai'i Care Choices recognizes the critical need for nurses across all sectors of our health care industry, and care for the seriously ill is no exception. The NLC has, for nearly 30 years, enabled nurses the ability to practice in any compact state without obtaining and maintaining multiple licenses. This removes a burdensome expense for organizations that employ nurses, increases access to nursing services, and is a benefit in time of crisis. Today's healthcare requires a mobile workforce, whether responding to provider shortages or assisting during times of disaster.

Hawai'i Care Choices is a nonprofit, tax-exempt charitable organization, which exists to provide a continuum of quality and specialized care for seniors or for patients facing a serious and/or life-limiting illness, and their loved ones who care for them. In addition, our organization is committed to providing the community-at-large with bereavement support and grief counseling.

Affordability and the realities of retaining nurses in rural communities are still issues that must be addressed in partnership with many other stakeholders and policy-makers. However, the Compact may help to address staffing shortages and ease recruitment of nurses, especially for specialty care that may be hard to access otherwise. Again, we offer this testimony in **SUPPORT** of HB 2415 HD1 as we believe it will help increase access to quality health care and the capacity of Hawai'i's health care system.

Sincerely,

Brenda S. Ho, MS, RN
Chief Executive Officer



**SUPPORT OF HB 2415, HD1
RELATING TO THE NURSE LICENSURE COMPACT**

House Committee on Consumer Protection & Commerce
The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair

Wednesday, February 14, 2024 at 2:00 PM
Conference Room 329 & Videoconference
415 South Beretania Street

Aloha Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

The Hawaii Military Affairs Council ("MAC") supports HB 2415, HD1 which allows the Governor to enter the State into the multi-state Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state.

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

One of the challenges military families face is the ability of military spouses to find employment when they move to another state because their professional license was obtained elsewhere. Requiring them to obtain a license is a time-consuming process. The ability for military spouses to transfer their license is important to career sustainability and their families' financial stability. In response to this, the Legislature passed Act 18, SLH 2021 to establish a streamlined pathway for temporary professional licensure of a military spouse provided certain requirements are met. In this report, it is quoted, "Military spouse nurses move to a new state, and due to the ability to practice under their MSL, may start working right away."¹

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



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

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

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

Thank you for the opportunity to offer testimony in support.

February 14, 2024

To: Chair Nakashima, Vice Chair Sayama, and Members of the House Committee

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: February 14, 2024; 2:00 p.m./Conference Room 329 & Videoconference

Re: Testimony in support of HB 2415 HD1 – Relating to the Nurse Licensure Compact

The Hawaii Association of Health Plans (HAHP) respectfully supports HB 2415 HD1, allowing our Governor to enter Hawaii into the Multistate Nurse Licensure Compact. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

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

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

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

Thank you for the opportunity to testify in support of HB 2415 HD1.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair
Members, House Committee on Consumer Protection & Commerce

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

Date: February 14, 2024

Re: Support for HB2415 HD1 – Relating to the Nurse Licensure Compact

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity to provide testimony in support of HB2415 HD1, which would allow the Governor to enter the State into the multi-state Nurse Licensure Compact and join 41 states and territories who are current Compact members. Queen's and others have, and will continue to, invest in our local nursing workforce but, the reality is that we cannot meet the demands before us without diversifying our workforce strategies; joining the NLC is one strategy that has been employed safely and effectively to allow states to be nimbler in attracting and retaining nurse professionals.

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

Safety is as important for the Compact states as it is for facilities employing nurses in Hawaii. The COVID19 pandemic provided a case in point that showed how we can manage a diverse nursing population safely and effectively. At the height of the pandemic, while under the Public Health Emergency (PHE), Queen's was utilizing over 300 out-of-state, licensed, nurses - including those with a multi-state license. We reported these employees to the state and implemented rigorous safety, security, and licensure reviews into our hiring policies and procedures; throughout the pandemic to today, we have continued to refine those polices to ensure the best nurses are caring for our patients. We feel those experiences were successful and informative and that is why we support provisions in the current bill requiring facilities, like Queen's, to report on a regular basis those in

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.

our system practicing with a multi-state license. This has been successful in other states, including Washington state.

Equally important is the recognition that a segment of our population is, and always will be, transient (military, temporary deployments, etc.). NLC provides us another way to potentially take advantage of some portion of transient healthcare professionals while they are residing in our state. Removing barriers to safely practice nursing in our state should be the goal of the public and private sectors. It has been our experience that when recruiting new nurses (either transient and/or looking to permanently relocate) to our state, even the smallest barriers can make all the difference.

Queen's investment in our local workforce is considerable – we are investing in health academies on Oahu and the Big Island, contributing to the work that HAH is spearheading to bring healthcare intensive classrooms into our public school system, hosting public school class visits to our campuses, expanding nurse residency programs in our system, supporting teaching fellowships, and much more. We are committed to growing our local workforce – and we will continue to do so; however, it is still not enough to meet our workforce needs. Simply put, we must take advantage of the safe and reliable options available to ensure we have trained nursing professionals delivering care to our community. Entering the NLC is one proven and safe tool that can address this.

It is also worth noting that in October 2023 the Interstate Commission of Nurse Licensure Compact Administrators adopted an amended rule that changed the residency requirement for multi-state licensees. The new rule (effective January 2, 2024) reads:

402(2) A multistate licensee who changes primary state of residence to another party state shall apply for a multistate license in the new party state within 60 days.

This amended rule should allay some concerns that our state will not have a full accounting of multi-state licensees practicing in Hawaii.

Finally, Queen's is in the process of masterplan buildouts at our Manamana (Punchbowl) and West campuses – expanding bed capacities to meet the needs of our statewide community and offering new employment opportunities; as such we must look at ways to make more efficient and safer to attract and hire qualified nurses. Entering the NLC is an immediate option before policymakers that will influence the ability of our healthcare systems to recruit and retain such nurses.

The Queen's Health System strongly supports HB2415 HD1 and humbly asks you to pass this measure.



February 14, 2024

The Honorable Mark M. Nakashima, Chair
The Honorable Jackson D. Sayama, Vice Chair
House Committee on Consumer Protection & Commerce

Re: HB 2415 HD1 – Relating to The Nurse Licensure Compact

Dear Chair Nakashima, Vice Chair Sayama, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of HB 2415 HD1 which will allow the Governor to enter the State into the multistate Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state and allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multi-state license issued by the State.

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

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

Thank you for the opportunity to testify in support of HB 2415 HD1.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

HB-2415-HD-1

Submitted on: 2/13/2024 1:53:16 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Judy Donovan	West Hawaii Region, Kona Community Hospital	Support	Written Testimony Only

Comments:

House Committee on Consumer Protection and Commerce

To: Chair Mark M. Nakashima

Vice Chair Jackson D. Sayama

From: Judy Donovan

West Hawaii Region Strategic Planning & Marketing Dir.

Kona Community Hospital and Kohala Hospital

Re: Testimony in Strong Support

HB 2415 HD 1, Relating to the Nurse Licensure Compact

On behalf of the West Hawaii Region Board of Directors and Senior Leadership Team, thank you for the opportunity to present testimony in **strong support** of Hawaii joining the Nurse Licensure Compact (NLC). Currently, 41 states and two territories have availed themselves of this nearly 30-year-old option to make their processes more efficient support the recruitment of nurses, all while following strict guidelines to ensure public safety and protection.

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

To combat this crisis, we need effective tools to ensure the expeditious and nimble hiring of nursing staff. We believe that the NLC is one of the tools that will help us to address critical areas of shortage, whether it be through the use of temporary workers or as a part of recruitment to our Hawaii healthcare facilities.

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

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

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

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

Thank you for the opportunity to testify,

Judy Donovan

Hawai'i Association of Professional Nurses (HAPN)



To: The Honorable Representative Nakashima, Chair of the
House Committee on Consumer Protection & Commerce

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB2415 HD1 – Relating to the Nurse Licensure Compact

Hearing: February 12, 2024, 2:00p.m.

LATE

Aloha Representative Nakashima, Chair; Representative Sayama, Vice Chair; and Committee Members

We address you today with an urgent and respectful request to halt the progression of HB2415 HD1. This bill, which endorses Hawaii's entry into the Nurse Licensure Compact (NLC), poses a critical risk to the high standard of care we uphold for our patients and threatens the solidarity of our nursing workforce. After thorough consideration, we have identified significant concerns regarding the NLC's compatibility with Hawaii's rigorous standards for nursing licensure and public safety. We must consider the broader implications of this decision, particularly in light of the recent unsettling revelations of Operation Nightingale and its exposure of the NLC's shortcomings. <https://oig.hhs.gov/newsroom/media-materials/nightingale/>

Our primary duty as a profession is to safeguard the health and welfare of Hawaii's residents, as is the duty of the House Committee on Consumer Protection & Commerce. This duty compels us to scrutinize any changes to our licensure process that could compromise the quality of care provided in our state.

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

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

Advocates for the NLC argue that it includes sufficient protections against the practice of incompetent or unethical nurses. However, the issues we've highlighted demonstrate significant and ongoing gaps in the NLC's ability to uphold the high standards of nursing care that Hawaii demands. Our state's current licensure process, while with its challenges, significantly surpasses the NLC in protecting the public from potential harm.

The passage of this bill not only risks our patients' safety but also threatens to undermine the collective voice of our nursing workforce, whose advocacy for fair conditions is vital for maintaining the quality of care. The stability and unity of our nursing unions are paramount, and we must not let this bill erode the foundations of our professional community.

With the highest respect for the responsibilities of your esteemed committee, we urge you to act swiftly and decisively to oppose HB2415 HD1. We plead with you to preserve the integrity of Hawaii's healthcare system and to protect the rights and welfare of both our patients and nurses. The urgency of this matter cannot be overstated, and we trust in your commitment to the health and well-being of our state.

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

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

Respectfully,
Dr. Jeremy Creekmore, APRN
HAPN President

LATE

HB-2415-HD-1

Submitted on: 2/13/2024 5:53:22 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Diane E Hale	HHSC West Hawaii Region	Support	Written Testimony Only

Comments:

House Committee on Consumer Protection and Commerce

To: Chair Mark M. Nakashima

Vice Chair Jackson D. Sayama

From: Diane Hale MSN Ed RN

West Hawaii Region Chief Nurse Executive

Kona Community Hospital

Kohala Hospital

Re: Testimony in Strong Support

HB 2415 HD 1, Relating to the Nurse Licensure Compact

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

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

To combat this crisis, we need effective tools to ensure the expeditious and nimble hiring of nursing staff. We believe that the NLC is one of the tools that will help us to address critical

areas of shortage, whether it be through the use of temporary workers or as a part of recruitment to our Hawaii healthcare facilities.

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

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

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

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

Thank you for the opportunity to testify,

Diane Hale

HB-2415-HD-1

Submitted on: 2/12/2024 9:34:16 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

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

Comments:

Dear Sir/Ma'am, I am in support of the Nurse Compact act. I hold RN licensure and APRN licensure in 4 states. When I relocated to Hawaii and bought a home, my previously held RN licensure in my home state of Idaho with reciprocity through the compact to Utah were changed to single state RN licenses because I bought a home in Hawaii and Hawaii is not in the compact.

During the covid pandemic, licensure was delayed due to closures, working from home, delaying RN's who could practice in the state. Other states allowed RN's with other state licenses in the United states to practice under emergency declaration. It was also difficulty to get fingerprinted for licensure during the pandemic. I applied for California licensure and paid for a mobile fingerprinter to come to my home and fingerprint me on the trunk of her car because businesses were closed and no one was allowed to go into individual homes. I am in favor of Hawaii joining the Nursing Compact for licensure. It would allow me to reinstate my home licenses as well.

Jennifer A Cook DNP, CNM, FNPc

HB-2415-HD-1

Submitted on: 2/13/2024 9:46:54 AM

Testimony for CPC on 2/14/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Katherine F Davis	Individual	Oppose	Written Testimony Only

Comments:

I oppose this bill.

HB-2415-HD-1

Submitted on: 2/13/2024 1:12:17 PM

Testimony for CPC on 2/14/2024 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kate Thompson	Individual	Oppose	Written Testimony Only

Comments:

Dear Committee Chairs and Committee Members in the House of Representatives.

As a Registered Nurse in the State of Hawai'i, I OPPOSE HB2425 relating to a Nurse Licensure Compact.

I stand with the Hawai'i-American Nurses Association in opposition to HB2415.

There seems to be a belief that nurses from the mainland are somehow better than nurses in Hawai'i. This is simply not true.

We need to make sure that nurses who are Hawai'i residents have the first opportunities for the nursing positions being offered.

Nurses who went to school in Hawai'i and live in Hawai'i are, for the most part, excellent nurses who are dedicated to their communities and provide a stable long-term workforce.

Allowing nurses to come to Hawai'i through this 'compact arrangement' will destabilize the nursing profession in Hawaii, in the long run.

We need to take better care of the nurses we have.

- 1) **Hire the newly licensed** Registered Nurses and Licensed Practical Nurses who attended Nursing programs in Hawai'i, as soon as possible after graduation.
- 2) Do not make the newly licensed nurses work as Nurse Aides for very long, perhaps a maximum of three months. The new graduates need to work in the roles they went to school for, namely the RN and LPN positions.
- 3) After hiring the newly licensed nurses, and after about 6 months of 'general nursing' let the nurses with the capacity and interest, move into the needed specialty areas such as NICU.

There is a serious problem of not knowing if the nurses who want to come to Hawaii to work are safe if they come in via the compact.

1) Due to the important principle, 'innocent until proven guilty' the complaints against nurses are not 'researchable' for quite some time after complaints are filed.

Quote from the Board of Nursing testimony on this bill, dated February 7, 2024

"Board is concerned that the NLC will not provide a comparable level of vetting to Hawaii's current approach to nurse licensure. Because the NLC relies on each member state consistently and correctly evaluating nurses for eligibility for multistate licensure, an oversight on the part of any member state could result in an unqualified nurse practicing in Hawaii."

2) It might take 1 to 3 years for a RICO type investigation to be complete, in the State that the nurse is licensed in.

3) We need to protect Hawai'i Residents from nurses with pending 'professional licensing issues', by making all nurses apply for a Hawaii Nursing License using the current standard Board of Nursing application process.

Thank you for considering my testimony opposing HB 2415.

Kate Thompson R.N., M.S.N.