
A BILL FOR AN ACT

RELATING TO LABOR STANDARDS AT HEALTH CARE FACILITIES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the health and
2 safety of the State's residents depend on ensuring that
3 registered nurses are supported in providing high-quality,
4 patient-centered care. Adequate patient-nurse staffing ratios
5 are critical to achieving this goal, as they directly impact
6 patient safety, reduce nurse burnout, and promote nurse
7 retention in the workforce. The legislature recognizes that
8 improving patient-to-nurse ratios leads to better patient
9 outcomes, enhanced care quality, and a more sustainable health
10 care system. By establishing minimum patient-to-nurse staffing
11 ratios and requiring hospitals to implement and adhere to
12 enforceable staffing plans, the State can protect its health
13 care workforce, reduce turnover, and ensure that patients
14 receive the safe, timely care they deserve.

15 Accordingly, the purpose of this Act is to:

- 16 (1) Establish minimum registered nurse staffing standards
17 for hospitals;



1 "Director" means the director of labor and industrial
2 relations.

3 "Health care personnel" includes registered nurses, nurse
4 aides, respiratory therapists, dialysis technicians, and
5 dialysis nurses to whom minimum staffing levels apply pursuant
6 to section -11.

7 "Hospital" means a hospital regulated by the department of
8 health pursuant to section 321-11(10) and licensed pursuant to
9 section 321-14.5.

10 "Hospital registered nurse staffing committee" or "staffing
11 committee" means the committee established by a hospital under
12 section -21.

13 "Nursing and ancillary health care personnel" means a
14 person who is providing direct care or supportive services to
15 patients but is not a physician licensed under chapter 453; a
16 physician assistant licensed under chapter 453; or an advanced
17 practice registered nurse licensed under chapter 457, unless the
18 person is working as a registered nurse who provides direct care
19 to patients.

20 "Patient care unit" means any unit or area of a hospital
21 that provides patient care.



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1 "Reasonable efforts" means that the hospital exhausts and
2 documents all of the following but is unable to obtain staffing
3 coverage:

4 (1) Seeks individuals to volunteer to work extra time from
5 all available qualified staff who are working;

6 (2) Contracts qualified employees who have made themselves
7 available to work extra time;

8 (3) Seeks the use of per diem staff; and

9 (4) Seeks personnel from a contracted temporary agency:

10 (A) To the extent this staffing is permitted by law
11 or an applicable collective bargaining agreement;
12 and

13 (B) When the hospital regularly uses a contracted
14 temporary agency.

15 "Registered nurse" means a "nurse", as defined in
16 section 457-2, who provides direct care to patients.

17 "Skill mix" means the experience of, and number and
18 relative percentages of, nursing and ancillary health personnel.

19 "Unforeseeable emergent circumstances" means:

20 (1) Any unforeseen national, state, or county emergency;

21 or



1 (2) When a hospital's disaster plan is activated.

2 § -2 **Rules.** The department shall adopt rules pursuant
3 to chapter 91 to effectuate the purposes of this chapter.

4 **PART II. MINIMUM STAFFING STANDARDS**

5 § -11 **Minimum registered nurse staffing standards.** (a)

6 A hospital shall comply with the minimum staffing standards
7 established in this section; provided that a charge nurse shall
8 not be included as part of the patient-to-nurse staffing ratio.

9 (b) Registered nurses shall not be assigned more patients
10 than the following for any shift:

11 (1) For an emergency department:

12 (A) One direct care registered nurse to no more than
13 one trauma or critical care patient;

14 (B) One direct care registered nurse to an average of
15 no more than four patients over a twelve-hour
16 shift; and

17 (C) One direct care registered nurse to no more than
18 five patients at one time;

19 (2) For an intensive care unit, such as a critical care
20 unit, special care unit, coronary care unit, pediatric



1 intensive care, neonatal intensive care, neurological
2 critical care unit, or burn unit:

3 (A) One registered nurse to two patients or one
4 registered nurse to one patient, depending on the
5 stability of the patient as assessed by the
6 registered nurse on the unit;

7 (3) For labor and delivery: one direct care registered
8 nurse to no more than:

9 (A) Two patients if the patients are not in active
10 labor or experiencing complications; and

11 (B) One patient if the patient is in active labor or
12 in any stage of labor and is experiencing
13 complications;

14 (4) For postpartum, antepartum, and well-baby nursery:

15 One registered nurse to six patients in postpartum,
16 antepartum, and well-baby nursery; provided that the
17 mother and the baby shall be each counted as separate
18 patients for purposes of this paragraph;

19 (5) For an operating room: One registered nurse to one
20 patient;

21 (6) For oncology: One registered nurse to four patients;



- 1 (7) For a post-anesthesia care unit: One registered nurse
2 to two patients;
- 3 (8) For a progressive care unit, intensive specialty care
4 unit, or stepdown unit: One registered nurse to three
5 patients;
- 6 (9) For a medical-surgical unit: One registered nurse to
7 four patients;
- 8 (10) For a telemetry unit: One registered nurse to three
9 patients;
- 10 (11) For a psychiatric unit: One registered nurse to four
11 patients; provided that staffing may be adjusted
12 during high patient acuity in scenarios including but
13 not limited to:
- 14 (A) A patient who is on 1:1 observation;
- 15 (B) A patient who is in an acute-manic phase;
- 16 (C) A patient who is volatile; or
- 17 (D) A patient who is physically compromised;
- 18 (12) For pediatrics: One registered nurse to three
19 patients; and
- 20 (13) For inpatient hemodialysis: One registered nurse to
21 one patient.



1 (c) The personnel assignment limits established in this
2 section:

3 (1) Are based on the type of care provided in these
4 patient care units, regardless of the specific name or
5 reference by the hospital for these units; and

6 (2) Represent the maximum number of patients to which a
7 registered nurse may be assigned at any time during a
8 shift.

9 (d) A hospital shall not average the number of patients
10 and the total number of registered nurses assigned to patients
11 in a patient care unit during any one shift or over any period
12 of time in order to meet the personnel assignment limits
13 established in this section.

14 (e) Nothing in this section precludes a hospital from
15 assigning fewer patients to registered nurses than the limits
16 established in this section; provided that a hospital shall not
17 reduce the nurse aide-to-patient ratio it currently utilizes to
18 staff its units based on the registered nurse-to-patient ratio
19 established by this section or in any collective bargaining
20 agreement.



1 (f) The personnel assignment limits established in this
2 section shall not decrease any existing registered nurse-to-
3 patient staffing levels:

4 (1) In effect pursuant to a collective bargaining
5 agreement; or

6 (2) Established under a hospital's staffing plan, except
7 by a majority vote of the staffing committee.

8 (g) Registered nurses shall not be assigned to a patient
9 care unit or clinical area unless those nurses have first
10 received orientation in that clinical area sufficient to provide
11 competent care to patients in that area and have demonstrated
12 current competence in providing care in that area.

13 (h) The department shall enforce compliance with this
14 section under section -28 or part IV of this chapter, as
15 appropriate.

16 § -12 **Variances.** (a) The department may grant a
17 variance from the minimum registered nurse staffing standards of
18 section -11 if the department determines there is good cause
19 for doing so.



1 (b) A hospital may seek a variance from the minimum
2 registered nurse staffing standards by submitting a written
3 application to the department. The application shall contain:

4 (1) A justification that establishes good cause for the
5 variance and for not complying with minimum registered
6 nurse staffing standards;

7 (2) The alternative minimum registered nurse staffing
8 standards that will be imposed;

9 (3) The group of employees for whom the variance is
10 sought;

11 (4) Evidence that infeasibility and the underlying data
12 supporting the claim of infeasibility were discussed
13 at least twice by the hospital's registered nurse
14 staffing committee and a statement from the staffing
15 committee where consensus exists or statements where
16 there is dispute; and

17 (5) Evidence that ten working days prior to its request
18 for a variance, the hospital provided to the involved
19 employees and, if applicable, to their union
20 representatives, the following:

21 (A) A copy of the written request for a variance;



1 (B) Information about the right of the involved
2 employees and, if applicable, their union
3 representatives, to be heard by the department
4 during the variance application review process;

5 (C) Information about the process by which involved
6 employees and, if applicable, their union
7 representatives, may make a written request to
8 the director for reconsideration, subject to the
9 provisions established in subsection (g); and

10 (D) The department's address and phone number, or
11 other contact information.

12 (c) The department shall allow the hospital, any involved
13 employees and, if applicable, their union representatives, the
14 opportunity for oral or written presentation during the variance
15 application review process if warranted under the circumstances.

16 (d) No later than fifteen days after the date on which the
17 department received the application for a variance, the
18 department shall issue a written decision either granting or
19 denying the variance. The department may extend the fifteen-day
20 time period by providing advance written notice to the hospital
21 and, if applicable, the union representatives of any involved



1 employees, setting forth a reasonable justification for an
2 extension of the fifteen-day time period, and specifying the
3 duration of the extension, which shall be no more than an
4 additional fifteen days. The hospital shall provide involved
5 employees with notice of any extension.

6 (e) Variances shall be granted if the department
7 determines that there is good cause for allowing a hospital to
8 not comply with the minimum staffing standards in
9 section -11. The variance order shall state the following:

- 10 (1) The alternative minimum registered nurse staffing
11 standards approved in the variance;
12 (2) The basis for a finding of good cause;
13 (3) The group of employees impacted; and
14 (4) The period of time for which the variance will be
15 valid, not to exceed thirty days from the date of
16 issuance.

17 (f) Upon making a determination for issuance of a
18 variance, the department shall provide notification in writing
19 to the hospital and, if applicable, the union representatives of
20 any involved employees. If the variance is denied, the written
21 notification shall include a stated basis for the denial.



1 (g) A hospital, involved employee, and, if applicable,
2 their union representative, may file with the director a request
3 for reconsideration within five days after receiving notice of
4 the variance determination. The request for reconsideration
5 shall set forth the grounds upon which the request is being
6 made. If reasonable grounds exist, the director may grant a
7 review and, to the extent deemed appropriate, afford all
8 interested parties an opportunity to be heard. If the director
9 grants a review, the written decision of the department shall
10 remain in place until the reconsideration process is complete,
11 which shall be no more than ten days after the date the request
12 for reconsideration is filed with the department.

13 (h) Unless subject to the reconsideration process, the
14 director may revoke or terminate the variance order at any time
15 after giving the hospital at least five days' notice before
16 revoking or terminating the order.

17 (i) Where immediate action is necessary pending further
18 review by the department, the department may issue a temporary
19 variance. The temporary variance shall remain valid until the
20 department determines whether good cause exists for issuing a
21 variance. A hospital need not meet the requirement in



1 subsection (b) (4) in order to be granted a temporary variance.
2 If a temporary variance is approved, the department must issue
3 the temporary variance within the fifteen-day period set forth
4 in subsection (d) and the temporary variance shall be part of
5 the thirty-day variance period set forth in subsection (e) (4).
6 No extension for the temporary variance shall be permitted.

7 (j) If a hospital obtains a variance under this section,
8 the hospital shall provide the involved employees with
9 information about the minimum registered nurse staffing
10 standards that apply within five days of receiving notification
11 of variance approval from the department. A hospital shall make
12 this information readily available to all employees.

13 (k) The director may adopt rules to establish additional
14 variance eligibility criteria.

15 (l) As used in this section, "good cause" means situations
16 where a hospital can establish that compliance with the minimum
17 registered nurse staffing standards is not feasible, and that
18 granting a variance does not have a significant harmful effect
19 on the health, safety, and welfare of the involved employees and
20 patients.

21 **PART III. REGISTERED NURSE STAFFING PLANS FOR HOSPITALS**



1 § -21 Hospital registered nurse staffing committee;

2 **membership.** (a) No later than September 1, 2025, each hospital
3 shall establish a hospital registered nurse staffing committee.

4 (b) A majority of members of a hospital registered nurse
5 staffing committee shall be registered nurses who are
6 nonsupervisory, nonmanagerial, and currently providing direct
7 patient care. The selection of the nursing personnel shall be
8 appointed by the registered nurses' collective bargaining
9 representative or representatives if there is one or more at the
10 hospital. If there is no collective bargaining representative,
11 the members of the hospital registered nurse staffing committee
12 shall be nursing personnel providing direct patient care and
13 shall be selected by their peers.

14 (c) The remaining members of the staffing committee shall
15 be determined by the hospital administration and shall include
16 the chief financial officer, chief nursing officer, and patient
17 care unit directors or managers, or their designees.

18 (d) A hospital registered nursing staffing committee shall
19 have two co-chairs to be appointed as follows:



1 (1) One co-chair who is registered nurse, to be selected
2 by the registered nurses on the staffing committee;
3 and

4 (2) One co-chair who is not a registered nurse, to be
5 selected by the hospital administration.

6 (e) A majority of members of the hospital registered nurse
7 staffing committee shall constitute a quorum to do business.

8 (f) Participation in the hospital registered nurse
9 staffing committee by a hospital employee shall be on scheduled
10 work time and compensated at the appropriate rate of pay.
11 Members of the staffing committee shall be relieved of all other
12 work duties during meetings of the committee. Additional
13 staffing relief shall be provided if necessary to ensure members
14 are able to attend staffing committee meetings.

15 § -22 Registered nurse staffing plan; staffing committee
16 responsibilities. (a) The primary responsibilities of the
17 hospital registered nurse staffing committee shall include:

18 (1) Development and oversight of an annual patient care
19 unit and shift-based staffing plan, in accordance with
20 the minimum staffing standards established in
21 section -11 and based on the needs of patients, to



1 be used as the primary means to ensure that the
2 hospital is sufficiently staffed to meet the safety
3 and health care needs for all patients and health care
4 providers;

5 (2) Semiannual review of the staffing plan against the
6 ability to meet the staffing standards established by
7 section -11, patient need, and known evidence-based
8 staffing information, including the nursing sensitive
9 quality indicators collected by the hospital; and

10 (3) Review, assessment, and response to staffing
11 variations or complaints presented to the committee.

12 (b) The staffing committee shall use a uniform format or
13 form, created by the department in consultation with
14 stakeholders from hospitals and labor organizations, when
15 submitting the annual staffing plan. The uniform format or form
16 shall provide space to include the factors in paragraphs (1)
17 through (10) and allow patients and the public to clearly
18 understand and compare staffing patterns and actual levels of
19 staffing across facilities. Hospitals may include a description
20 of additional resources available to support unit-level patient
21 care and a description of the hospital, including the size and



1 type of facility. Factors to be considered in the development
2 of the staffing plan shall include:

3 (1) Census, including total numbers of patients on the
4 unit on each shift and activity such as patient
5 discharges, admissions, and transfers;

6 (2) Level of acuity of all patients and nature of the care
7 to be delivered on each shift, as well as patient
8 type;

9 (3) Skill mix;

10 (4) Level of experience and specialty certification or
11 training of nursing personnel providing care;

12 (5) National standards, if applicable;

13 (6) Ensuring patient's access to care;

14 (7) The need for specialized or intensive equipment;

15 (8) The architecture and geography of the patient care
16 unit, including but not limited to placement of
17 patient rooms, treatment areas, nursing stations,
18 medication preparation areas, and equipment;

19 (9) Availability of other non-registered nurse personnel
20 supporting nursing services on the unit;



1 (10) Ability to comply with the terms of an applicable
2 collective bargaining agreement, if any, and relevant
3 state and federal laws and rules, including those
4 regarding meals and rest breaks and use of overtime
5 and on-call shifts; and

6 (11) Hospital finances and resources.

7 (c) The registered nurse staffing plan shall not diminish
8 other standards contained in federal or state law and rules or
9 the terms of an applicable collective bargaining agreement.

10 (d) The committee shall produce a written, hospital-wide
11 registered nurse staffing plan annually. The registered nurse
12 staffing plan shall be adopted by a majority of members of the
13 hospital registered nurse staffing committee. If a quorum of
14 members present at a meeting comprises an unequal number of
15 registered nurse members and non-registered nurse members
16 appointed by the hospital administration, a vote shall be taken
17 with a majority of the registered nurse members and a minority
18 of the non-registered nurse members voting. If this staffing
19 plan is not adopted by consensus of the hospital registered
20 nurse staffing committee, the prior annual registered nurse
21 staffing plan shall remain in effect and the hospital shall be



1 subject to daily fines of \$5,000 until the adoption of a new
2 annual registered nurse staffing plan by consensus of the
3 committee; provided that the following hospitals shall be
4 subject to daily fines of \$100 until the adoption of a new
5 annual staffing plan by consensus of the committee:

6 (1) Hospitals certified by the Centers for Medicare and
7 Medicaid Services as critical access hospitals;

8 (2) Hospitals having fewer than twenty-five acute care
9 beds in operation; and

10 (3) Hospitals certified by the Centers for Medicare and
11 Medicaid Services as sole community hospitals that:

12 (A) Have less than one hundred acute care licensed
13 beds;

14 (B) Have a level III adult trauma service designation
15 from the department of health; and

16 (C) Are owned and operated by the State.

17 (e) The chief executive officer of the hospital shall
18 provide feedback to the hospital registered nurse staffing
19 committee on a semiannual basis, prior to the staffing
20 committee's semiannual review and adoption of an annual staffing
21 plan. The feedback shall:



1 (1) Identify those elements of the staffing plan the chief
2 executive officer requests changes to, if any; and

3 (2) Provide a status report on the implementation of the
4 staffing plan, including nursing sensitive quality
5 indicators collected by the hospital, patient surveys,
6 and recruitment and retention efforts.

7 (f) Beginning July 1, 2026, each hospital shall submit its
8 staffing plan to the department. Thereafter, each hospital
9 shall submit its staffing plan to the department on an annual
10 basis and at any time that the plan is updated.

11 § -23 Registered nurse staffing plan; implementation;
12 complaints. (a) Beginning July 1, 2026, each hospital shall
13 implement the registered nurse staffing plan and assign
14 personnel to each patient care unit in accordance with the plan.

15 (b) A registered nurse, collective bargaining
16 representative, patient, or other person may report to the
17 staffing committee any variations where the registered nurse in
18 a patient care unit is not in accordance with the adopted
19 registered nurse staffing plan and may make a complaint to the
20 staffing committee based on the variations.



1 (c) Shift-to-shift adjustments in staffing levels required
2 by the staffing plan may be made by the appropriate hospital
3 personnel overseeing patient care operations. If a person who
4 is covered by a registered nurse staffing plan on a patient care
5 unit objects to a shift-to-shift adjustment, the person may
6 submit the complaint to the staffing committee.

7 (d) Hospital registered nurse staffing committees shall
8 develop a process to examine and respond to data submitted under
9 subsections (b) and (c), including the ability to determine if a
10 specific complaint is resolved or dismiss a complaint based on
11 unsubstantiated data. All complaints submitted to the hospital
12 registered nurse staffing committee shall be reviewed,
13 regardless of what format the complainant uses to submit the
14 complaint.

15 § -24 **Notice.** Each hospital shall post, in a public
16 area on each patient care unit, the registered nurse staffing
17 plan and the staffing schedule for that shift on that unit, as
18 well as the relevant clinical staffing for that shift. The
19 staffing plan and current staffing levels shall also be made
20 available to patients and visitors upon request.



1 § -25 **Retaliation prohibited.** A hospital shall not
2 discipline, take any adverse employment action, retaliate
3 against, or engage in any form of intimidation against:

4 (1) An employee for performing any duties or
5 responsibilities in connection with the staffing
6 committee;

7 (2) An employee, patient, or other individual who notifies
8 the staffing committee or the hospital administration
9 of that person's concerns regarding nursing or
10 ancillary health care personnel staffing; or

11 (3) A registered nurse who refuses to work overtime.

12 § -26 **Critical access hospitals.** This part is not
13 intended to create unreasonable burdens on critical access
14 hospitals designated pursuant to title 42 United States Code
15 section 1395i-4. Critical access hospitals may develop flexible
16 approaches to accomplish the requirements of this section
17 including but not limited to having hospital registered nurse
18 staffing committees work by video conference, telephone, or
19 electronic mail.



1 § -27 Charter; filing requirements. The hospital
2 registered nurse staffing committee shall file with the
3 department a charter that shall include:

4 (1) Roles, responsibilities, and processes by which the
5 staffing committee functions, including processes to
6 ensure adequate quorum and ability of committee
7 members to attend;

8 (2) A schedule for monthly meetings, with more frequent
9 meetings as needed, that ensures committee members
10 have thirty days' notice of meetings;

11 (3) Processes for reviewing all staffing complaints,
12 noting the date received as well as initial,
13 contingent, and final disposition of complaints and a
14 corrective action plan, where applicable;

15 (4) Processes for resolving all complaints within ninety
16 days of receipt, or longer with a majority approval of
17 the staffing committee, and ensuring a complainant
18 receives a letter stating the outcome of the
19 complaint;



1 (5) Processes for attendance by any employee, and a labor
2 representative if requested by the employee, who is
3 involved in a complaint;

4 (6) Processes for the staffing committee to conduct
5 quarterly reviews of staff turnover rates, including
6 new hire turnover rates during the first year of
7 employment and hospital plans regarding workforce
8 development;

9 (7) Standards for the staffing committee's approval of
10 meeting documentation, including meeting minutes,
11 attendance, and actions taken; and

12 (8) Policies for retention of meeting documentation for a
13 minimum of three years; provided that the policy shall
14 be consistent with each hospital's document retention
15 policies.

16 § -28 **Department investigations.** (a) The department
17 shall investigate a complaint submitted under this section for
18 alleged violations of this part following receipt of a complaint
19 with documented evidence of failure to:

20 (1) Form or establish a hospital registered nurse staffing
21 committee;



- 1 (2) Conduct a semiannual review of a staffing plan;
- 2 (3) Submit a staffing plan on an annual basis and any
- 3 updates; or
- 4 (4) Follow the personnel assignments in a patient care
- 5 unit in violation of section -11 or
- 6 section -23(a), or shift-to-shift adjustments in
- 7 staffing levels in violation of section -23(c).

8 (b) After an investigation conducted pursuant to
9 subsection (a), if the department determines that there has been
10 a violation, the department shall require the hospital to submit
11 a corrective plan of action within thirty days of the
12 presentation of findings from the department to the hospital.

13 (c) Hospitals shall not be found in violation of
14 section -11 or section -23(a) if the department
15 determines, following an investigation, that:

- 16 (1) There were unforeseeable emergent circumstances; or
- 17 (2) The hospital, after consultation with the hospital
- 18 registered nurse staffing committee, documents that
- 19 the hospital has made reasonable efforts to obtain and
- 20 retain staffing to meet required personnel assignments
- 21 but has been unable to do so.



1 (d) No later than thirty days after a hospital deviates
2 from its staffing plan as adopted by the hospital registered
3 nurse staffing committee, the hospital incident command shall
4 report to the staffing committee an assessment of the staffing
5 needs arising from the unforeseeable emergent circumstance and
6 the hospital's plan to address those identified staffing needs.
7 Upon receipt of the report, the staffing committee shall convene
8 to develop a contingency staffing plan to address the needs
9 arising from the unforeseeable emergent circumstance. The
10 hospital's deviation from its staffing plan may not be in effect
11 for more than ninety days without the approval of the staffing
12 committee.

13 (e) If a hospital fails to submit, or submits but fails to
14 follow, a corrective plan of action in response to a violation
15 or violations found by the department based on a complaint filed
16 pursuant to subsection (a), the department may impose, for all
17 violations asserted against a hospital at any time, a civil
18 penalty of \$5,000 per day; provided that the fine shall be \$100
19 per day for hospitals:

20 (1) Certified by the Centers for Medicare and Medicaid
21 Services as critical access hospitals;



1 (2) Having fewer than twenty-five acute care beds in
2 operation; and

3 (3) Certified by the Centers for Medicare and Medicaid
4 Services as sole community hospitals that:

5 (A) Have less than one hundred fifty acute care
6 licensed beds;

7 (B) Have a level III adult trauma service designation
8 from the department of health; and

9 (C) Are owned and operated by the State.

10 Civil penalties shall apply until the hospital submits a
11 corrective plan of action that has been approved by the
12 department and follows the corrective plan of action for ninety
13 days. Once the approved corrective action plan has been
14 followed by the hospital for ninety days, the department may
15 reduce the accumulated fine. The fine shall continue to
16 accumulate until the ninety days has passed.

17 (f) The department shall:

18 (1) Maintain for public inspection records of any civil
19 penalties and administrative actions imposed on
20 hospitals under this section; and

21 (2) Report violations of this section on its website.



1 (g) Nothing in this section shall be construed to preclude
2 the ability to otherwise submit a complaint to the department
3 for failure to follow this chapter.

4 § -29 Review of staffing plans by the department. (a)

5 The department shall review each staffing plan submitted by a
6 hospital pursuant to section -23(f) to ensure it is received
7 by the appropriate deadline and is completed on the department-
8 issued staffing plan form.

9 (b) A hospital shall complete all portions of the staffing
10 plan form issued by the department. The department may
11 determine that a hospital has failed to timely submit its
12 staffing plan if the staffing plan form is incomplete.

13 (c) Failure to submit the registered nurse staffing plan
14 or registered nurse staffing committee charter by the
15 appropriate deadline shall be a violation punishable by a civil
16 penalty of \$25,000 issued by the department.

17 (d) The department shall post on its website:

18 (1) Hospital registered nurse staffing plans;

19 (2) Hospital registered nurse staffing committee charters;

20 and

21 (3) Violations of this section.



1 mailing can be tracked, or the delivery can be confirmed, to the
2 hospital's and complainant's last known addresses.

3 (e) If the department's investigation finds that the
4 complainant's allegation cannot be substantiated, the department
5 shall issue a closure letter to the complainant and the hospital
6 detailing that finding.

7 (f) If the department finds a violation of this chapter,
8 the department shall order the hospital to pay the department a
9 civil penalty. Except as provided otherwise in this chapter,
10 the maximum civil penalty shall be:

11 (1) \$1,000 for each violation for the first three
12 violations;

13 (2) \$2,500 for a fourth violation; and

14 (3) \$5,000 for each subsequent violation.

15 (g) At any time, the department may waive or reduce a
16 civil penalty assessed under this section if the director
17 determines that the hospital has taken corrective action to
18 resolve the violation.

19 § -32 Appeals. (a) A person aggrieved by a citation
20 and notice of assessment by the department under this chapter
21 may appeal the citation and notice of assessment to the director



1 by filing a notice of appeal with the director within thirty
2 days of the department's issuance of the citation and notice of
3 assessment. A citation and notice of assessment not appealed
4 within thirty days shall be final and binding, and shall not
5 subject to further appeal.

6 (b) A notice of appeal filed with the director under this
7 section shall stay the effectiveness of the citation and notice
8 of assessment pending final review of the appeal by the
9 director.

10 (c) Upon receipt of a notice of appeal, the director shall
11 assign the hearing to a hearings officer to conduct a hearing
12 and issue an initial order. The hearing and review procedures
13 shall be conducted in accordance with chapter 91. Upon appeal,
14 the citation and notice of assessment shall be subject to a de
15 novo review by a hearings officer. Any party who seeks to
16 challenge an initial order shall file a petition for
17 administrative review with the director within thirty days after
18 service of the initial order. The director shall conduct
19 administrative review in accordance with chapter 91.



1 (d) The director shall issue all final orders after appeal
2 of the initial order. The final order of the director is
3 subject to judicial review in accordance with chapter 91.

4 (e) Orders that are not appealed within the time period
5 specified in this section and chapter 91 shall be final and
6 binding and shall not be subject to further appeal.

7 (f) A hospital that fails to allow adequate inspection of
8 records in an investigation by the department under this chapter
9 within a reasonable time period shall not use those records in
10 any appeal under this section to challenge the correctness of
11 any determination by the department of the penalty assessed."

12 SECTION 3. There is appropriated out of the general
13 revenues of the State of Hawaii the sum of \$ or so
14 much thereof as may be necessary for fiscal year 2025-2026 and
15 the same sum or so much thereof as may be necessary for fiscal
16 year 2026-2027 to implement and enforce section 2 of this Act.

17 The sums appropriated shall be expended by the department
18 of labor and industrial relations for the purposes of this Act.

19 SECTION 4. This Act does not affect rights and duties that
20 matured, penalties that were incurred, and proceedings that were
21 begun before its effective date.



H.B. NO. 1244

Report Title:

DLIR; Registered Nurses; Hospitals; Staffing Requirements

Description:

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.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

