



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2026**

ON THE FOLLOWING MEASURE:

H.B. NO. 2576, H.D. 2, RELATING TO BACKGROUND CHECKS.

BEFORE THE:

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

DATE: Wednesday, March 18, 2026 **TIME:** 1:00 p.m.

LOCATION: State Capitol, Room 225

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Susan K. Yonemura, Assistant Administrator, Hawaii Criminal
Justice Data Center

Chair San Buenaventura and Members of the Committee:

The Department of the Attorney General (Department) respectfully provides the following comments.

This bill would revise the background check requirements applicable to applicants, operators, employees, and adult volunteers at healthcare facilities licensed or certified by the Department of Health (DOH). The bill replaces the existing definition of "background check" with new definitions and requirements for "fingerprint-based background checks" and "name-based background checks," and authorizes hospitals licensed by DOH to conduct certain name-based background checks.

As mentioned in prior testimony, under Public Law 92-544, the Federal Bureau of Investigation (FBI) must review and approve any state statute that seeks access to FBI criminal history record information (CHRI) for licensing and employment purposes. See 28 C.F.R. § 50.12(a). If this bill is enacted, the Department's Hawaii Criminal Justice Data Center (HCJDC), the state agency responsible for administering FBI Criminal Justice Information Services programs, would be required to submit the amended statute to the FBI's Criminal Justice Information Law Unit for review and approval before fingerprint-based background checks could be conducted under the amended statutory authority.

As currently drafted, the bill introduces new terminology that may require review to ensure compliance with federal requirements. For example, the bill on page 3, line 13, replaces the existing term "direct patient access employee" with the term "direct patient access worker." The FBI requires that statutes authorizing fingerprint-based background checks clearly identify the category of individuals subject to those checks. If the statutory wording is considered overly broad or insufficiently defined, the FBI may decline to approve it.

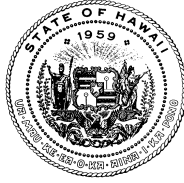
The State has previously encountered this issue. In 2021, the Legislature enacted Act 35, Session Laws of Hawaii 2021, codified as section 846-2.7(b)(49), Hawaii Revised Statutes, authorizing "agents of contractors" from the Department to access fingerprint-based background checks. However, the FBI determined that the term "agents of contractors" did not sufficiently identify the category of persons subject to fingerprint-based background checks because it was overly broad and not defined in statute. As a result, the statute required revision before the FBI approved the wording. See Act 83, Session Laws of Hawaii 2025. Similarly, replacing "employee" with the broader term "worker" may require further clarification to ensure that the category of individuals subject to fingerprint-based background checks remains clearly defined for federal approval purposes.

The bill, on page 7, lines 3-9, also adds a definition for "third-party employer" and allows an applicant or operator to rely on written certification from a third-party employer that the required background checks have been completed. While the provision does not appear to change the category of individuals subject to fingerprint-based background checks or authorize third-party employers to conduct fingerprint-based background checks, the provision introduces a new process involving private entities in verifying the completion of checks that involve FBI CHRI. Because the amended statute must be reviewed and approved by the FBI, it is unclear whether this certification process would satisfy federal requirements.

If the FBI does not approve the amended statutory provisions, DOH would be unable to obtain FBI criminal history record information for fingerprint-based background checks required for healthcare facilities it licenses or certifies.

If the Committee wishes to advance this bill, the Department recommends retaining the existing term and definition of "direct patient access employee," which has already been approved by the FBI, and deleting provisions relating to "third-party employer" to avoid uncertainty regarding federal approval requirements.

Thank you for considering our comments.



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Testimony COMMENTING on HB2576, HD2
RELATING TO BACKGROUND CHECKS

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Hearing Date and Time: WED., March 18, 2026 at 1:00 PM

Room Number: 225

- 1 **Fiscal Implications:** There is no cost to the Department of Health (Department).
- 2 **Department Position:** The Department offers comments on this measure relating to
- 3 background checks for licensed healthcare facilities.
- 4 **Department Testimony:** The Office of Health Care Assurance (OHCA) provides the following
- 5 testimony on behalf of the Department. We are supportive of most of the amendments
- 6 recommended by the Healthcare Association of Hawaii (HAH), and we appreciate the
- 7 collaborative work to ensure alignment with federal requirements.
- 8 The Department is unable to support HAH's proposed amendment to broaden the exemption
- 9 from fingerprint-based background checks to include individuals who are credentialed by a
- 10 hospital but working in another licensed setting. The Department notes that individuals who
- 11 have already completed a federal fingerprint-based background check through another
- 12 employer would meet the Department's requirements. The Department respectfully asks that
- 13 Section 2, Subsection (c), paragraph (2) on page 8, lines 7-14 remain as it is currently written in
- 14 HB2576, HD 2.

1 Additionally, we wish to highlight our continuing concern regarding the uncertainty of formal
2 FBI approval of the revised statutory language. As the Committee is aware, the FBI must review
3 and approve the amended statute for Hawai'i to continue to access national fingerprint-based
4 criminal history record information for licensed healthcare facilities.

5 If the FBI does not approve the proposed statutory amendments, the State would lose the
6 ability to conduct any fingerprint-based background checks for ALL healthcare facilities until the
7 statutory language is revised again, resubmitted to the FBI, and subsequently approved. This
8 interruption would have significant operational impacts on healthcare facilities, delay the
9 onboarding of essential workers, and impede our ability to ensure patient safety.

10 We respectfully request that this risk be considered as the measure moves forward and that
11 clarity and compliance with FBI requirements remain a priority to avoid any disruption to
12 fingerprinting authority.

13 **Offered Amendments:** We support the majority of the proposed amendments referenced in
14 HAH's testimony. However, we are unable to support the amendment that would exempt
15 individuals credentialed by a hospital who have not undergone a fingerprint background check
16 from the fingerprinting requirement described on page 1 of this testimony, which applies to
17 healthcare facilities other than hospitals.

18 Thank you for the opportunity to testify on this measure.



March 18, 2026 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Angus L.K. McKelvey

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

Re: **Testimony in Support with Amendments**
HB 2576 HD 2, Relating to Background Checks

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 over 30,000 people statewide.

Thank you for the opportunity to provide testimony **in support, with amendments** on this measure. Protecting vulnerable individuals is a core responsibility for every healthcare provider, and comprehensive background checks are already a standard part of hiring and onboarding processes. Facilities routinely conduct robust name-based screenings that include multi-state criminal database searches, county-level court record reviews, sex offender registry checks, abuse and neglect registry checks, OIG exclusion list screening, and the use of unique identifiers to detect aliases or prior identities. These layered tools are designed specifically for healthcare settings and are meaningful safeguards.

We understand DOH's perspective that fingerprinting should be required for employees working in home- and residential-based settings. We recognize that the risk profile in those settings can differ from that of hospitals and understand DOH's interest in retaining fingerprinting requirements for facilities outside the hospital setting based on those distinctions.

We would, however, suggest several amendments that would address concerns identified by the Hawaii Criminal Justice Data Center and DOH while alleviating some burden on providers and maintaining high standards of review. The amendments are summarized below and subsequently listed in full:

1. In our conversation with the Hawaii Criminal Justice Data Center, several proposed changes within this bill created potential ambiguity about whether private entities would collect fingerprints and receive criminal history record information, which could affect OHCA's existing ability to conduct fingerprinting. Our amendments to two definitions, subsection (g), and subsection (k) are meant to address those concerns.
2. We recommend exempting individuals who have already been credentialed by an acute care hospital from additional fingerprinting requirements at other licensed facilities. Physicians, nurse practitioners and other clinicians undergo a rigorous hospital credentialing process that includes comprehensive background checks, verification of licensure, and review of professional history to ensure patient safety and accountability. Because many of these providers practice across multiple settings—such as rounding in skilled nursing or performing procedures at ambulatory surgical centers—requiring additional fingerprinting at each site would create unnecessary duplication without providing meaningful additional protection for patients.
3. We also recommend that the biennial name-based background check requirement exclude out-of-state record searches for individuals who have not lived or worked outside of Hawaii since their previous background check. If an individual has remained continuously in the state, repeating out-of-state searches provides minimal additional safety benefit while creating significant costs for providers. Limiting these searches to situations where an individual has lived or worked outside the state would maintain appropriate safeguards while reducing unnecessary administrative and financial burdens.

We remain committed to working collaboratively with DOH to find a balanced solution—one that maintains strong protections for patients while ensuring that regulatory requirements are practical and appropriately tailored to different care settings. We believe the amendments in this bill will provide some relief for our members regarding current fingerprinting requirements and look forward to working more with DOH to ensure that the process works effectively going forward.

Thank you for the opportunity to testify on this important measure.

Proposed amendments:

Amend Section 2, subsection (a) on page 3 line 13 to page 4 line 5 to restore the word employee, rather than worker. We would also request that all references to worker be replaced with the word employee throughout the remainder of the bill:

"Direct patient access employee" means any individual, including a volunteer, who has access to a patient or resident

of a healthcare facility, or any provider through employment or through an agreement or contract with such a facility or provider. [~~Such individuals include but are not limited to:~~]

"Direct patient access employee" includes but is not limited to physicians, nurses, nursing assistants, home health aides, therapists, activities personnel, and support staff (i.e., housekeeping, dietary, etc.), as well as volunteers, who have direct access to patients or patient belongings. "Direct patient access employee" does not include individuals whose duties do not involve the provision of health care services or direct physical contact with patients and whose access to patients or patient belongings is incidental, limited, or supervised.

Amend Section 2, subsection (a) on page 7 lines 3-9 to remove the phrase "or other arrangement" to tighten up the definition:

"Third-party employer" means any person or entity other than the applicant or operator that employs, contracts with, provides through an educational affiliation agreement, or otherwise retains an individual who provides services at a healthcare facility pursuant to a contract, subcontract, or agreement, [~~or other arrangement,~~] including a staffing agency, contractor, or subcontractor.

Amend Section 2, subsection (g) on page 10 line 15 to page 11 line 8 to ensure that the measure cannot be interpreted to read as if a third-party employer can access the raw data from a

fingerprint-based background check. This amendment is meant to ensure that no entity is in violation of federal law and promotes the use of approved channelers by any entity, including a third-party employer:

(g) An applicant or operator may satisfy the requirements of this section with respect to a prospective direct patient access ~~employee [worker]~~ of a third-party employer ~~if the third-party employer attests in writing that the requirements of this section have been met.~~ The applicant or operator shall provide this information to the department upon request.

Amend Section 2, subsection (k) on page 13 line 11 to page 14 line 13 to clarify that any information related to a fingerprint-based background check is used appropriately and in accordance with federal laws:

(k) Any information obtained pursuant to this section shall be used exclusively by the department or its designee for the sole purpose of determining whether an applicant, operator, or direct patient access employee at a healthcare facility, or, in the case of a facility operated in a private residence, any adult living in the home other than the clients is suitable for working or living in close proximity to patients or residents of a healthcare facility such that the health, safety, and welfare of the patients or residents would not be at risk.

Any applicant or operator who received information from the department or its designee pursuant to this section is presumed to be acting in good faith and shall be immune from civil liability for reasonably taking or recommending action based

upon the department's recommendation or direction. Nothing in this section shall affect rights, obligations, remedies, liabilities, or standards of proof under chapters 368 and 378.

Amend Section 2, Subsection (c), paragraph (2) on page 8 lines 7-14 to exempt individuals who are credentialed by a hospital from the fingerprinting requirement:

(2) ~~[Provide consent to the department or its designee to conduct background checks.]~~ An initial name-based background check; provided that a fingerprint-based background check shall not be required for *individuals, including students, who:*

- (iii) Will ~~[will]~~ be working or volunteering at a hospital licensed under section 321-14.5;
- (iii) Are credentialed by a hospital licensed under section 321-14.5; or ~~[and]~~
- (iii) Have ~~[individuals who have]~~ submitted fingerprints as a condition of their licensure.

Amend Section 2, Subsection (d) on page 9, lines 10-15 to ensure that duplicative national background checks are not required:

~~(f)]~~ (d) All operators and direct patient access employee of a healthcare facility, and, in the case of any healthcare facility operated in a private residence, all adults living in the home other than the clients shall provide consent to the department or its designee to conduct and shall undergo a name-based background check biennially; *provided that a check of out-*

of-state records shall not be required if the individual has not lived or been employed outside the State since the individual's last background check.

Wednesday, March 18, 2026, 1:00 pm
Conference Room 225 & Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair

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

**Re: HB 2576, HD2 – Testimony In Support and Requesting Amendments
Relating To Background Checks**

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

HPH supports HB 2576, HD2 which requires prospective applicants, operators, employees, and adult volunteers at healthcare facilities to undergo initial background checks which include criminal history, abuse, and neglect, and to submit these results to the Department of Health (DOH) upon request as a condition of licensure. While HB 2576, HD2 represents a consensus reached by the DOH, Healthcare Association of Hawai'i (HAH), hospitals and community partners, we believe the additional amendments suggested by the Healthcare Association of Hawai'i (HAH) would eliminate duplication of background check processes and enhance the efficacy of performing background checks for all providers. Accordingly, HPH requests that your committee adopt the amendments suggested by HAH.

HPH currently conducts comprehensive background checks on more than 7,500 employees, including statewide and federal criminal history searches, credential and education verification, and license-related disciplinary reviews through a long-standing, trusted vendor. These background checks do not utilize fingerprints and instead utilize an individual's social security number, legal names and aliases to meet federal program participation requirements and accreditation standards, including Joint Commission requirements.

There are no Federal statutes or regulations requiring hospitals to subject any of its employees to FBI fingerprinting for purposes of conducting background checks. As such, HB 2576, HD2 is consistent with federal law. Some states require fingerprinting as a condition of professional licensure. For example, in Hawaii licensed

health professionals such as APRNs, RNs, LPNs, and security guards—are already required to submit fingerprints to the Department of Commerce and Consumer Affairs. For those licensed professionals in our workforce, requiring fingerprints would duplicate existing processes for that class of professionals and create unnecessary administrative burdens with questionable marginal benefit to patient safety given current safeguards.

Additionally, as an employer, HPH is cognizant of Hawai'i Employment laws aimed at protecting employees from discriminatory hiring practices. Under HRS §378-2.5, employers are limited on how far back they may inquire into and consider conviction records. Employers are additionally required to ensure that any conviction is rationally related to job duties. The state's contracted vendor utilizes an algorithm that flags certain petty misdemeanors as *automatically disqualifying without regard for look-back periods or job relevance*. Moreover, FBI fingerprint checks reveal all forms of an individual's criminal history, including arrest records which employers are prohibited from considering, as opposed to being limited to actual convictions. Thus, the name-based background checks that have been conducted by HPH without incident for years are by far more reliable and are in compliance with Hawai'i Employment laws.

Many of our providers practice across multiple settings. For example, a physician may perform certain procedures in our hospitals as well as ambulatory surgical centers and may also conduct rounds on patients at a skilled facility. *Requiring these same providers to undergo separate fingerprinting each time they practice in another licensed setting would create duplicative administrative burdens without meaningfully enhancing safety, given that their qualifications and background have already been thoroughly vetted through HPH's credentialing process.* Health care providers at HPH go through extensive credentialing before they are permitted to practice at any of our facilities, including ambulatory surgical centers. Those providers include doctors of medicine and osteopathy, dentists, podiatrists and clinical psychologists, and APRNs who are licensed and recognized by the Board of Nursing. Allied health professionals employed by HPH must also submit to the credentialing process. Allied health professionals include certified ophthalmologists, certified registered nurse anesthetists, certified nurse specialists, licensed clinical social workers, licensed mental health counselors, nurse practitioners, optometrists and physician assistants.

A cumbersome, broad-based fingerprinting process may inadvertently prevent workers qualified under Hawai'i laws entry into the healthcare workforce . This can delay hiring, divert resources from patient care, and adversely impact individuals who may be suitable candidates.

Thank you for the opportunity to provide testimony.

Testimony of
Jonathan Ching
Head of Government Relations

Before:
Senate Committee on Health and Human Services
The Honorable Joy A. San Buenaventura, Chair
The Honorable Angus L.K. McKelvey, Vice Chair

March 18, 2026
1:00 p.m.
Conference Room 225
Via Videoconference

Re: HB 2576, HD2 Relating to Background Checks.

Chair San Buenaventura, Vice Chair McKelvey, and committee members, thank you for this opportunity to provide testimony on HB 2576, HD2, which clarifies and streamlines background check requirements for applicants, operators, employees, and volunteers at healthcare facilities.

Kaiser Permanente Hawai‘i SUPPORTS HB 2576, HD2 and AMENDMENTS offered by HAH.

Kaiser Permanente Hawai‘i appreciates the dialogue and continued efforts by the Healthcare Association of Hawaii (HAH) and the Department of Health (DOH) on this bill, and strongly supports HAH’s amendments offered in their testimony.

As this committee is aware, Kaiser Permanente Hawai‘i is concerned with the potential impact current background check requirements can have on our operations and workforce and believes these requirements to be unduly burdensome. Patient safety is of paramount importance to Kaiser Permanente Hawai‘i, which is why we have a robust screening process for all prospective employees, and we appreciate that these well-established processes are recognized in HB 2576, HD2.

Kaiser Permanente Hawai‘i supports HAH’s proposed amendments, which **further refine HB 2576, HD2 by removing redundancies in the background check process:**

Exempting individuals who are credentialed by a licensed hospital from fingerprinting requirements

Credentialing allows an individual to practice medicine in a specific facility. This process includes primary-source verification of an individual’s education, training, malpractice history,

and more. In addition to this process, individuals who work in a hospital licensed under HRS 321-14.5 will be required to undergo a name-based background check, as required by HB 2576, HD2. This proposed amendment is sensible because the results provided by fingerprinting such providers are unlikely to differ from what is found through name-based background checks and the credentialing process.

Not requiring review of out-of-state records for individuals who have not lived or been employed out of the State since their last background check

If an individual lived in or had been employed in another state prior to seeking employment in Hawai'i, HB 2576 HD2 requires the review of out-of-state records as part of their initial background check. If the individual did not hold employment or lived elsewhere since their initial background check, there is no reason to review the same out-of-state records again during the individual's biennial background check. Doing so may result in an unnecessary expense that may be absorbed by the individual.

Kaiser Permanente Hawai'i is committed to patient safety. We appreciate the engagement by DOH and HAH on these meaningful changes to current background check requirements and the opportunity to be part of this discussion.

Mahalo for this opportunity to testify on this important measure.

SURGICARE OF HAWAII

500 Ala Moana Blvd. Tower 1, Suite 1B Honolulu, HI 96813

Wednesday, March 18, 2026, 1:00 pm
Conference Room 225 & Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair
Senator Angus McKelvey, Vice Chair

From: Brandy Kirstein, DNP, MBA, FNP-C, APRN
Administrator, Surgicare of Hawai'i
Hawai'i Pacific Health

Re: **HB 2576, HD2 – Testimony in Support and Requesting Amendments
Relating To Background Checks**

My name is Brandy Kirstein, and I am the administrator of Surgicare of Hawai'i (SOH). Surgicare is a multispecialty for-profit ambulatory surgery center which is accredited by AAHC, with five operating rooms and two procedure rooms. Originally opened in 1983, the facility is managed by Hawai'i Pacific Health (HPH). At SOH we provide care to 25-40 patients per day.

SOH supports HB 2576, HD2 which requires applicants, operators, employees, and adult volunteers at healthcare facilities to undergo background checks which include criminal history, abuse, and neglect, and to submit these results to the Department of Health (DOH) upon request as a condition of licensure. While HB 2576, HD2 represents a consensus reached by the DOH, Healthcare Association of Hawai'i (HAH), hospitals and community partners, we believe the additional amendments suggested by the Healthcare Association of Hawai'i (HAH) would eliminate duplication of background check processes and enhance the efficacy of performing background checks for all providers. Accordingly, Surgicare requests that your committee adopt the amendments suggested by HAH.

We would like to add that our physicians who provide care at our facility are not employed by us. Our physicians are employed by HPH and go through the same rigorous background checks and credentialing as do our 70-75 employees and health care providers who are similarly employed and who undergo similar background checks. These background checks do not utilize fingerprints and instead utilize an individual's social security number, legal names and aliases to meet federal program participation requirements and accreditation standards. Additionally, we require drug testing. Thus, it would be duplicative and unnecessary for Surgicare to conduct additional background checks on the providers and staff at our facility.

We also note that in Hawai'i licensed health professionals such as APRNs, RNs, LPNs, and security guards are already required to submit fingerprints to the Department of Commerce and Consumer Affairs as a condition of professional licensure. For these licensed professionals on our staff, the requirements under HB 2576 duplicate existing processes and create unnecessary administrative burdens with questionable marginal benefit to patient safety given current safeguards.

As Surgicare works with more than 170 physicians who use multiple facilities, it would be burdensome for those physicians to be subject to background check requirements at every facility. For example, a physician may perform certain procedures at SOH or another ambulatory facility and may also conduct rounds on patients at a skilled facility. Requiring these same providers to undergo separate fingerprinting each time they practice in another licensed setting would create duplicative administrative burdens without meaningfully enhancing safety, given that their qualifications and background have already been thoroughly vetted through HPH's credentialing process. Health care providers employed by HPH go through extensive credentialing before they are permitted to practice at any of our facilities, including ambulatory surgical centers. Those providers include doctors of medicine and osteopathy, dentists, podiatrists and clinical psychologists, and APRNs who are licensed and recognized by the Board of Nursing. Allied health professionals employed by HPH must also submit to the credentialing process. Allied health professionals include certified ocularists, certified registered nurse anesthetists, certified nurse specialists, licensed clinical social workers, licensed mental health counselors, nurse practitioners, optometrists and physician assistants.

We are also concerned that the utilization of the state's contracted vendor may result in outcomes that do not conform with what is required under Hawaii employment law under HRS 371-2.6 to prevent discriminatory hiring practices. Per HRS 371-2.6 an employer may only consider an individual's criminal conviction *if the conviction bears a rational relationship to the duties and responsibilities of the position and protected look back periods state in statute.* However it is our understanding that the state's contracted vendor utilizes an algorithm that flags certain petty misdemeanors as automatically disqualifying without regard for those protected look-back periods (7 years for felonies and 5 years for misdemeanors), job relevance and potentially in some cases where a conviction of a crime has not occurred but the individual has only been arrested and fingerprinted. In these instances, it is our concern that the state's contracted vendor's algorithm may adversely impact on individuals who may be suitable candidates despite past, low-level offenses.

SOH therefore aligns with and supports the amendments proposed by the HAH. For these reasons, we respectfully urge the committee to keep this measure alive to allow us to continue our dialogue with DOH.

Thank you for the opportunity to provide testimony.



Hawaii Medical Association

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SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, Vice Chair

Date: March 18, 2026

From: Hawaii Medical Association (HMA)

Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

RE HB 2576 HD2 RELATING TO BACKGROUND CHECKS. Healthcare Facilities; Background Checks; Applicants; Operators; Third-Party Employers

Position: Support with comments

This measure would clarify and streamline background check requirements for healthcare facility applicants, operators, and direct patient access workers. Effective 7/1/3000. (HD2)

HMA supports this measure as amended to protect public safety. Criminal background checks (CBCs) are required for Hawaii for medical licenses. While historically not mandatory for all, recent legislation authorizes the Hawaii Medical Board to conduct these checks for compact participation. Applicants for medical licensure in Hawaii must disclose any convictions, and failure to do so truthfully will delay or prevent licensure.

HMA also supports additional amendments by the Healthcare Association of Hawaii (HAH) recommending that individuals who have been credentialed by an acute care hospital also be excluded from the fingerprinting requirement at any facility. Physicians with privileges at an acute care facility already undergo a rigorous credentialing and privileging process at hospitals that includes extensive background checks, verification of licensure, review of professional history, among other reviews. This process is designed specifically to ensure patient safety and professional accountability. Requiring these same clinicians to undergo separate fingerprinting each time they practice in another licensed setting would create duplicative administrative burdens without meaningfully enhancing patient safety.

Protecting patient safety is paramount. HMA appreciates the progress on this measure for clarification and alignment on specific background check operations. The revised bill maintains reasonable background review processes that safeguard vulnerable individuals while avoiding unnecessary duplication or administrative burden.

Thank you for allowing the Hawaii Medical Association to testify in support of this measure.

2026 Hawaii Medical Association Public Policy Coordination Team

Elizabeth A Ignacio, MD, Chair • Robert Carlisle, MD, Vice Chair • Christina Marzo, MD, Vice Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

2026 Hawaii Medical Association Officers

Nadine Tenn-Salle, MD, President • Jerald Garcia, MD, President Elect • Elizabeth Ann Ignacio, MD, • Immediate Past President
Laeton Pang, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

REFERENCES AND QUICK LINKS

Hawai'i Medical Board. *Department of Commerce and Consumer Affairs, Professional and Vocational Licensing Division*, State of Hawai'i, <https://cca.hawaii.gov/pvl/boards/medical/>

Interstate Medical Licensure Compact. *Interstate Medical Licensure Compact Commission*, <https://imlcc.com/>

2024 Hawaii Medical Association Officers

Elizabeth Ann Ignacio, MD, President • Nadine Tenn-Salle, MD, President Elect • Angela Pratt, MD, Immediate Past President
Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2024 Hawaii Medical Association Public Policy Coordination Team

Beth England, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

March 17, 2026

Senate Committee on Health and Human Services
Chair Joy A. San Buenaventura
Vice Chair Angus L.K. McKelvey
Members of the Committee

Re: HB 2576 HD 2 – Relating to Background Checks – Support

Aloha kākou!

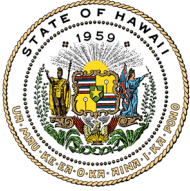
LeadingAge Pacific West is pleased to support House Bill 2576 HD 2 which would clarify the background check requirement process for employees, applicants and volunteers working in health care settings in Hawaii.

LeadingAge Pacific West advocates for quality, mission-driven housing, care and services for older adults. Our nonprofit members include providers of affordable senior housing, residential care facilities for the elderly (assisted living), life plan communities, skilled nursing care, home and community-based services, home health and hospice care.

The current background process is arduous and time-consuming for employers. It is important to ensure the safety of residents living in our member communities; it is also imperative that changes are made to the current process to support recruitment and retention of a high-quality caregiver and clinical workforce. HB 2576 HD 2 provides a much-needed first step to expedite the process by allowing health care employers to utilize additional background check vendors to conduct background checks in Hawaii. In addition, we support the latest amendments to the bill that allow for one-time finger printing and eliminates duplicate finger printing requirements for clinical and professional licensure. While we believe additional changes to the overall process would be helpful, this measure is a step in the right direction.

For these reasons, LeadingAge Pacific West is pleased to support HB 2576 HD 2 and urges you pass the measure.

Sincerely,
Amber King
Vice President, Legislative Affairs



HAWAI‘I CIVIL RIGHTS COMMISSION

KOMIKINA PONO KIWILA O HAWAI‘I

830 PUNCHBOWL STREET, ROOM 411, HONOLULU, HI 96813 · PHONE: (808) 586-8636 · FAX: (808) 586-8655 · TDD: (808) 586-8692

DATE: Wednesday, March 18, 2026
TIME: 1:00 PM
PLACE: VIA VIDEOCONFERENCE
Conference Room
225 State Capitol
415 South Beretania Street

To:

[COMMITTEE ON HEALTH AND HUMAN SERVICES](#)

Sen. Joy A. San Buenaventura, Chair

Sen. Angus L.K. McKelvey, Vice Chair

LATE

From: Marcus L. Kawatachi, Executive Director of the Hawai‘i Civil Rights Commission
and HCRC Staff

Re: HB 2576 HD2 Relating to Background Checks

HCRC Staff Comments

While the Commissioners of the Hawai‘i Civil Rights Commission (HCRC) have not yet had the opportunity to meet and take an official position on H.B. 2576 HD2, HCRC staff provide the following comments. The HCRC carries out the Hawai‘i constitutional mandate that no person shall be discriminated against in the exercise of their civil rights. Art. I, Sec. 5. HCRC has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment (Chapter 378, Part I, HRS), housing (Chapter 515, HRS), public accommodations (Chapter 489, HRS), and access to state and state-funded services (HRS § 368-1.5).

The HCRC's staff comments concern the proposed language of HRS § 321-15.2(h): "Any use of background check information to make an employment

decision based on conviction record information shall comply with the requirements of section 378-2.5(c), including any applicable limitation on the consideration of conviction record information."

We assert that the state's employment discrimination law, including but not limited to HRS §378-2.5, already encompasses a wide range of employment-related decisions and would continue to do so whether or not the proposed language is added. However, we do not object to the language, as it makes the coverage of HRS §378-2.5 explicit and may therefore provide clarity to the public.

The analysis of whether a covered employment action violates the state's employment discrimination law requires an individualized assessment of the relevant facts. With a practice or policy applied to a group of individuals to make employment decisions, a violation could be found if the practice or policy is either discriminatory on its face, or if it is applied in a discriminatory manner. HRS §378-2.5 provides detailed information specifically relating to employment decisions based on conviction record information, including subsection (c) that is cited in the proposed language. Moreover, subsection (d) describes specific employers, including but not limited to the Department of Health, that under certain circumstances may be exempted from HRS §378-2.5 but subject to the restrictions of other HRS sections. HCRC staff do not interpret H.B. 2576 HD2 to change employers' obligations under any section of existing state employment law under the jurisdiction of the HCRC. Thank you for the opportunity to provide these comments.



LATE

Wednesday, March 18, 2026, 1:00 pm

Conference Room 225 & Video Conference

Senate Committee on Health and Human Services

To: Senator Joy San Buenaventura, Chair

Senator Angus McKelvey, Vice Chair

From: Ronald Walker, MBA, RN Clinical Director of Eye Surgery Center of Hawaii

Re: **HB 2576, HD2 – Testimony in Support and Requesting Amendments Relating to Background Checks**

Dear Chair San Buenaventura and Vice Chair McKelvey,

The Eye Surgery Center of Hawaii, an AAAHC-accredited ambulatory surgery center specializing in ophthalmologic procedures, strongly supports HB 2576, HD2.

The measure requires applicants, operators, employees, and adult volunteers at healthcare facilities to undergo background checks which include criminal history, abuse, and neglect, and to submit these results to the Department of Health upon request as a condition of licensure.

As an ophthalmology-focused ASC, we prioritize patient safety in high-volume, same-day surgeries such as cataracts, glaucoma, and retina procedures. However, the bill's requirements duplicate existing safeguards:

- Our ophthalmologists and licensed staff (RNs, APRNs, LPNs) already undergo fingerprint-based screening through the Department of Commerce and Consumer Affairs.
- All personnel complete comprehensive criminal history reviews (using name, aliases, and Social Security number) and drug testing to meet federal, accreditation, and facility standards.

Many of our ophthalmologists practice at both hospitals and our ASC. Requiring additional facility-specific background checks would be unnecessary, duplicative, and more expensive without meaningfully enhancing patient safety.

We respectfully urge the Committee to pass the measure and support ongoing collaboration with the Department of Health to address these concerns.

Thank you for your consideration.

Respectfully submitted,

Ronald Walker



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

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

Date: March 18, 2026

Re: Support of HB2576 HD2 - Relating to Background Checks.

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

Queen's appreciates the opportunity to provide testimony in support of HB2576 HD2, which clarifies and streamlines background check requirements for healthcare facility applicants, operators, and direct patient access workers. We share the Department of Health's interest in ensuring the safety of healthcare facilities; which is why we adhere to stringent background checks that meet state, federal, and industry standards – including those required by CMS and The Joint Commission. HB2576 HD2 will provide much needed clarity of existing statute and streamline the background check requirements for applicants, operators, employees, and volunteers at healthcare facilities.

We support the proposed amendments put forth by the Healthcare Association of Hawai'i. Thank you for hearing this important measure and for allowing Queen's to provide testimony in support.

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.