



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

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**ON THE FOLLOWING MEASURE:**

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

**BEFORE THE:**

HOUSE COMMITTEE ON HEALTH

**DATE:** Friday, February 13, 2026

**TIME:** 9:00 a.m.

**LOCATION:** State Capitol, Room 329

**TESTIFIER(S):** Anne E. Lopez, Attorney General, or  
Philip D. Higdon, Administrator, Hawaii Criminal Justice Data  
Center

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Chair Takayama and Members of the Committee:

The Department of the Attorney General (Department) respectfully opposes this bill.

The purpose of this bill is to authorize applicants, operators, and third-party employers, rather than the Department of Health, to conduct background checks of employees and adult volunteers at healthcare facilities. The bill amends the definition of "background check" to include the submission of fingerprints.

The Federal Bureau of Investigation (FBI) Office of the General Counsel, Criminal Justice Information Law Unit (CJILU), reviews state statutes seeking access to FBI criminal history record information (CHRI), including fingerprinting, for licensing and employment purposes pursuant to Public Law 92-544. Any CHRI-related state statute must be approved by the FBI prior to its enactment. 28 CFR § 50.12(a). When developing statutes regulating fingerprinting for licensing and employment purposes, states may not authorize receipt of CHRI by a private entity. See FBI's Public Law 92-544 criteria at: <https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/public-law-92-544>.

If this bill is enacted, the Department's Hawaii Criminal Justice Data Center, Hawaii's designated state agency responsible for the administration and usage of the Criminal Justice Information Services programs operated by the FBI, must submit the

wording of the bill to the FBI CJILU, requesting review and approval before fingerprint-based background checks could be conducted in the State in accordance with the bill. However, the bill as written would likely not be approved by the FBI because it authorizes the receipt of the CHRI by a private entity. This is not allowed under the FBI's Public Law 92-544 criteria, which limit CHRI dissemination to "officials of state and local governments for purposes of employment and licensing." 28 CFR § 50.12(a).

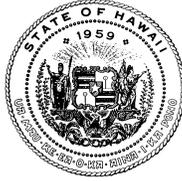
To comply with federal law and FBI CJILU requirements, **the bill must ensure that only a government agency (such as the Department of Health or its designee) conducts fingerprint-based background checks and receives CHRI.**

There are multiple provisions in the bill that appear to conflict with 28 CFR § 50.12(a) by authorizing private entities to conduct background checks that involve collecting or receiving CHRI and fingerprints:

1. Page 6, lines 11-12, deletes "the department or its designee" and replaces it with "applicants, operators, and third-party employers," thereby authorizing these private entities to conduct background checks.
2. Page 7, lines 1-2, deletes "the department or its designee" and replaces it with "applicants, operators, and third-party employers" regarding consent to conduct background checks.
3. Page 8, lines 4-8, authorizes applicants or operators to "obtain and ensure completion of the background checks required by this section, including background checks of any prospective direct patient access employee or adult volunteer retained after the applicant is issued a license or certification under this part[.]"
4. Page 9, lines 1-6, provides that a third-party employer is "responsible for obtaining and ensuring the completion of the background check required by this section."
5. Page 11, lines 19-21, through page 12, lines 1-3, deletes "from the department or its designee" regarding how an applicant or operator receives background check information, thereby allowing the applicant or operator to receive background check information directly.

For these reasons, we respectfully ask that this bill be held. Thank you for the opportunity to testify.

JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII'



KENNETH S. FINK, MD, MGA, MPH  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in OPPOSITION to HB2576  
RELATING TO BACKGROUND CHECKS.**

REPRESENTATIVE GREGG TAKAYAMA, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date and Time: FRI, February 13, 2026 @ 9:00 am

Room Number: 329

- 1 **Fiscal Implications:** There is no cost to the Department of Health (Department).
- 2 **Department Position:** The Department opposes this measure and offers comments and  
3 proposed amendments.
- 4 **Department Testimony:** The Office of Health Care Assurance (OHCA) provides the following  
5 testimony on behalf of the Department. Protecting the health and safety of Hawai'i residents is  
6 our highest priority. Every individual receiving care in our healthcare facilities deserves the  
7 assurance that those entrusted with their well-being have undergone the most rigorous and  
8 continuous screening available. For this reason, the Department opposes this measure relating  
9 to background checks.
- 10 Background checks, including one-time fingerprinting are critical to ensuring the health and  
11 safety of Hawai'i residents receiving care in any healthcare facility. Fingerprints are an essential  
12 component of a thorough background check and are required by the Centers for Medicare and  
13 Medicaid Services (CMS) for compliance with federal standards for long-term care and certain  
14 other healthcare facilities. Many states – including California, Colorado, Florida, Illinois, New  
15 York, Oregon, and Pennsylvania – require fingerprinting for healthcare facilities, and all states  
16 require it at least for long-term care facilities. OHCA currently has a process in place that  
17 supports compliance with state and federal requirements. Acute care hospitals and other

1 healthcare providers should not be held to a lesser standard than what is necessary to protect  
2 vulnerable populations.

3 There is currently limited access to entities authorized to conduct background checks, and any  
4 vendor performing fingerprinting must be approved by the Federal Bureau of Investigation  
5 (FBI). To our knowledge, there is only one approved in Hawai'i, and OHCA contracts with that  
6 vendor. We acknowledge that the requirement for a one-time fingerprint can create hardship  
7 for many providers and recognize that it is an unfunded mandate that protects patients.

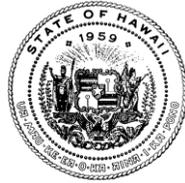
8 The Department supports participation in the FBI's Rap-Back program which provides an  
9 important safety benefit by notifying agencies of subsequent criminal activity. The Department  
10 would support public funding for this ongoing monitoring after initial fingerprinting, as is done  
11 in some other states.

12 Although the Department believes that statutory change is unnecessary because the current  
13 system safeguards patients, we acknowledge that some areas of the statute could be clarified.  
14 We have submitted a summary of our suggested amendments, including re-instating the phrase  
15 "the department or its designee" as the entity responsible for conducting background checks.  
16 The department remains committed to working collaboratively with the Healthcare Association  
17 of Hawai'i (HAH) to develop policy changes and guidelines that will assist providers in meeting  
18 these requirements more efficiently.

19 In closing, we urge the Legislature to maintain current standards that prioritize patient safety  
20 and uphold federal compliance. Weakening these safeguards would place vulnerable  
21 individuals at risk. The Department stands ready to partner with stakeholders to find practical  
22 operational solutions without compromising the health and well-being of Hawai'i's residents.

23 **Offered Amendments:** Please see attached.

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



**STATE OF HAWAII**  
**DEPARTMENT OF HEALTH**  
P. O. BOX 3378  
HONOLULU, HI 96801-3378  
doh.testimony@doh.hawaii.gov

In reply, please refer to:  
File:

## Summary of DOH'S Proposed Amendments to HB2576 Relating to Background Checks

Actual amendments to follow:

- Revert back to “the department or its designee” and remove “applicants, operators, and third-party employers” as being the entity responsible for conducting background checks.
- Adding a definition of what “designee” means.
- Clarifying that fingerprinting is required of all prospective employees and volunteers who have direct patient access and access to patient belongings.
- Clarifying that individuals employed by a third-party employer are not required to be fingerprinted by the department or its designee and that a third-party employer must certify in writing to a healthcare facility that the employee employed by the third-party employer has successfully completed a background check in compliance with the state requirements and that they will undergo subsequent background checks as is required.
- Revert back to the section regarding fees charged by the FBI and the HCJDC to perform criminal history record checks.
- Remove that an applicant, operator, or third-party employer may apply to register as a qualified entity under section 846-2.7(c) for the purposes of obtaining the background checks required by this section.



## Hawaii Medical Association

1360 South Beretania Street, Suite 200 • Honolulu, Hawaii 96814  
Phone: 808.536.7702 • Fax: 808.528.2376 • hawaiimedicalassociation.org

### HOUSE COMMITTEE ON HEALTH

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

Date: February 13, 2026  
From: Hawaii Medical Association (HMA)  
Elizabeth Ann Ignacio MD - Chair, HMA Public Policy Committee

**RE HB 2576** RELATING TO BACKGROUND CHECKS. Healthcare Facilities; Background Checks; Applicants; Operators; Third-Party Employers; Department of Health  
**Position: Comments**

This measure would authorize applicants, operators, and third-party employers, rather than the Department of Health, to conduct background checks of employees and adult volunteers at healthcare facilities.

HMA supports the intent of this measure to protect public safety. Criminal background checks (CBCs) and fingerprinting are required for Hawaii for medical licenses, specifically for physicians applying through the Interstate Medical Licensure Compact (IMLC). While historically not mandatory for all, recent legislation authorizes the Hawaii Medical Board to conduct these checks for compact participation. Additionally, applicants for medical licensure in Hawaii must disclose any convictions, and failure to do so truthfully will delay or prevent licensure.

Protecting patient safety is paramount. However the proposed procedural changes may be redundant with current law and administrative practices and could introduce unintended cost, delay, and operational complexity for providers and healthcare facilities. HMA requests clarification and alignment on specific background check operations with existing standards to support efficient, protective implementation without compromising patient safety.

Thank you for allowing the Hawaii Medical Association to provide comments on this measure.

### 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/>

#### 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



226 N Kuakini Street Honolulu Hawaii 96817

February 13, 2026 at 9:00 AM  
Conference Room 329

House Committee on Health

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

From: Stephanie Nadolny  
President and CEO  
Rehabilitation Hospital of the Pacific

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

The Rehabilitation Hospital of the Pacific (REHAB) is Hawaii's sole acute inpatient rehabilitation hospital. REHAB is dedicated to providing high-quality, comprehensive and innovative inpatient and outpatient rehabilitation services for individuals recovering from serious, life-altering injuries and illnesses.

Thank you for the opportunity to provide **testimony in support of this measure, with amendments**. Specifically, we are requesting that the fingerprinting requirement tied to facility licensure be removed. Our Hawaii hospitals, including REHAB, are deeply committed to patient safety and have extensive background check processes in place to protect vulnerable patients. Requiring fingerprinting as a condition of facility licensure is a significant additional cost to the healthcare system without any evidence that safety will be enhanced. We believe that requiring fingerprinting as a condition of facility licensure, rather than professional licensure, is a flawed policy.

As a licensed acute hospital, Medicare-certified Inpatient Rehabilitation Facility (IRF), and Joint Commission-accredited organization, REHAB adheres to rigorous, high-level background screening for all personnel—employees, contractors, students, and volunteers. We are deeply committed to patient safety and ensure full compliance with

all relevant laws and regulations. Our comprehensive, third-party background checks include the following:

- SSN Trace
- County Criminal Search
- Enhanced Nationwide Criminal Search
- DOJ Sex Offender Registry
- Employment Verification
- Education Verification
- FACIS Level III Check (Sanction Check)
- National Practitioner Database (NPDB)
- Primary Source State Licensure Verification

**We are confident that our current, successful screening process effectively identifies and filters out individuals who should not be working with vulnerable patients.**

Additionally, as a small hospital, REHAB works diligently to manage expenses to remain a sustainable resource for the people of Hawaii. Implementing another expensive, resource-intensive process within our already highly-regulated environment is neither needed nor prudent.

Thank you for your consideration as you weigh the merits of this measure. The hospitals and other healthcare organizations of Hawaii are dedicated to providing safe and secure environments for the people we serve.

Mahalo,

*Stephanie Nadolny*

Stephanie Nadolny  
President and CEO



**February 13, 2026 at 9:00 am**  
**Conference Room 329**

**House Committee on Health**

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

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

**Re: Testimony in Support with Amendments**  
**HB 2576, 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 of this measure, with amendments**. Specifically, we are requesting that the fingerprinting requirement tied to facility licensure be removed. Our members are deeply committed to patient safety and have extensive background check processes in place to protect vulnerable patients. Requiring fingerprinting as a condition of facility licensure is a material additional cost to the healthcare system without adding material additional safety; further, we believe that requiring fingerprinting as a condition of professional licensure, rather than facility licensure, is a more appropriate way to enforce this type of mandate.

First, we want to note that while FBI fingerprinting is often described as the "gold standard," it is not inherently superior to comprehensive name-based background checks for healthcare employers. Name-based checks can include multi-state criminal database searches, county-level court record reviews, national sex offender registry checks, abuse and neglect registry checks, OIG exclusion list screening and ongoing monitoring. These checks can also include unique identifiers such as social security numbers, birth dates, and previous addresses, which can catch the use of any previous identities or the use of aliases. These layered approaches are tailored to healthcare settings and are often more expansive and more frequently updated than a one-time fingerprint submission.

Second, we believe that if the legislature determines fingerprinting is appropriate, it should be made a condition of individual professional licensure, rather than imposed at the facility licensure level. This requirement is already in effect for nurses licensed in Hawaii. Regulating individuals through their licensing boards is cleaner, more consistent, and better aligned with existing oversight structures. Tying fingerprinting to facility licensure creates duplication, confusion, and administrative burden without clearly improving safety outcomes.

Healthcare employers have thousands of individuals across clinical and non-clinical roles working for them. This includes contractors, temporary staff, students, and volunteers. Imposing a fingerprinting mandate at the facility level—regardless of role, patient contact, or existing licensure requirements—creates logistical challenges that divert resources from patient care. It also creates compliance risks for facilities even when individual employees are otherwise properly screened and qualified.

Patient safety, compliance, and risk management are core concerns for our members, which is why they complete thorough screening requirements. If the goal is to ensure robust screening of healthcare workers, we believe the more appropriate path is to clarify and strengthen background check standards in a way that allows employers flexibility to use comprehensive, healthcare-specific screening tools. Fingerprinting, if required at all, should be addressed at the level of individual licensure, not facility licensure.

We would also note that we have been unable to find any federal law, rule, regulation, or condition of participation that requires any healthcare provider to be fingerprinted. We have reached out to national experts who have been unable to locate this requirement, including for nursing homes or critical access hospitals.

For these reasons, we respectfully request that this committee accept our amendments. We remain committed to ensuring patient safety while maintaining a regulatory framework that is clear, efficient, and appropriate for healthcare operations. Thank you for the opportunity to provide testimony.

## Proposed amendments:

SECTION 1. Section 321-15.2, Hawaii Revised Statutes, is amended to read as follows:

**"§321-15.2 Background checks.** (a) For the purposes of this section:

"Adults" means individuals aged eighteen years or older.

"Applicant" means a person or entity seeking licensure or certification to operate a healthcare facility. If the applicant is an entity, the term "applicant" shall also include its principals, directors, partners, managers, agents, and representatives to the extent that any of these individuals will have access to or contact with clients, their finances, assets, personal property, medical records, or individually identifiable information.

"Background check" means a review of records stored in state or national record repositories for history of abuse, neglect, threatened harm, or other maltreatment against children or adults, and for any criminal history, including:

- (1) Adult abuse perpetrator records by means of a search of the individual's name and birth date in the state adult protective services central registry of reported cases established in section 346-224;
- (2) Child abuse and neglect records by means of:

- (A) An initial name inquiry in the state child welfare record files;
  - (B) A subsequent child abuse confirmation history check for new hires and rehires; and
  - (C) An annual name inquiry into state child welfare record files;
- (3) Criminal history records [~~in accordance with section 846-2.7~~];
  - (4) Sex offender registry records;
  - (5) Certified nurse aide registry for information or findings pursuant to section 457A-3; and
  - (6) Adult abuse perpetrator records, child abuse and neglect records, criminal history records, sex offender registry records, and certified nurse aide registry records of another state where a prospective employee or adult volunteer previously resided.

A background check under this section shall consist of name-based inquiries and registry searches as authorized by law and shall not require fingerprint-based criminal history record checks or participation in any rap back program, unless expressly required by federal law.

"Conviction for a relevant crime" means any federal or state conviction for any relevant crime as defined in this section.

"Criminal history record [~~name inquiry~~]" means [~~a record check by name for~~] any federal or state conviction for any relevant crime as defined in this section.

"Department" means the department of health.

"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: physicians, nurses, nursing assistants, home health aides, therapists, activities personnel, and support staff (i.e., housekeeping, dietary, etc.) who have direct access to patients or patient belongings.

"Disqualifying information" means a conviction for a relevant crime or a finding of patient or resident abuse.

"Healthcare facility" means a facility, setting, or agency licensed or certified by the department of health that provides mental health or health care services or living accommodations to individuals, such as a skilled nursing facility, intermediate care facility, adult residential care home, expanded adult residential care home, assisted living facility, home health agency, home care agency, hospice, adult day health center, special treatment facility, therapeutic living program, intermediate care facility for individuals with intellectual

disabilities, hospital, rural health center, community care foster family home, home and community-based case management agency, adult day care center, developmental disabilities domiciliary home, adult foster home for individuals with developmental disabilities, community mental health center, and rehabilitation agency.

"Name inquiry" means a criminal history record check conducted by using the name and other identifying information of the individual, in lieu of a fingerprint check.

"Operator" means an individual or entity that is licensed or is seeking licensure to operate a healthcare facility and is responsible for the management and overall operations of that healthcare facility.

"Relevant crime" means:

(1) Any offense described in 42 United States Code §1320a-7 (section 1128(a) of the Social Security Act); or

(2) A crime of such a serious nature or circumstance that the department finds its perpetrator to pose a risk to the health, safety, or well-being of a patient or resident.

This includes but is not limited to murder, manslaughter, assault, sex offenses, domestic violence, theft or forgery, arson, kidnapping, or possession, use, sale, manufacture, or distribution of dangerous drugs or controlled substances.

(b) The department shall adopt rules pursuant to chapter 91 to ensure the reputable and responsible character of all prospective applicants, operators, direct patient access employees, and adult volunteers 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. These rules, among other things, shall specify how the department or its designee may conduct background checks in accordance with this section.

(c) All applicants and prospective operators shall:

- (1) Be subject to background checks; and
- (2) Provide consent to the department or its designee to conduct background checks.

(d) All prospective direct patient access employees and adult volunteers of healthcare facilities and, in the case of any healthcare facility operated in a private residence, all adults living in the home other than the clients shall:

- (1) Be subject to background checks in accordance with this section; and
- (2) Provide consent to the department or its designee to conduct background checks.

(e) The department or its designee shall obtain background check information in accordance with this section from an applicant or operator, on the applicant or operator, and on any

prospective employees of the applicant or operator including any new employee retained after the applicant is issued a license or certificate under this part, which shall include an annual name inquiry into state criminal history record files.

(f) The department may revoke or suspend a current license or certificate, impose penalties or fines, or deny an application for a license or certificate under rules adopted pursuant to chapter 91 if the applicant, operator, employee, or adult volunteer at the healthcare facility or, in the case of any healthcare facility operated in a private residence, any adult living in the home other than the client:

(1) Refuses to authorize the department or its designee to conduct a background check, **or** refuses to authorize the department or its designee to obtain background check record information for verification ~~[, or refuses consent to be fingerprinted]~~;

(2) Refuses or fails to submit to the department or its designee information required to perform a background check;

(3) Has any disqualifying information; or

(4) Has any background check information that the department finds may pose a risk to the health, safety, or welfare of the residents or patients of the healthcare facility.

(g) The fee charged ~~[by the Federal Bureau of Investigation and the Hawaii criminal justice data center]~~ to perform criminal history record checks may be passed on to all applicants, operators, direct patient access employees, and adult volunteers at the healthcare facility and, in the case of a facility operated in a private residence, all adults living in the home other than the clients.

(h) The department or its designee, in obtaining and relying upon the background check information, is presumed to be acting in good faith and shall be immune from civil liability for taking or recommending action based upon the background check information. The presumption of good faith may be rebutted upon a showing of proof by a preponderance of the evidence that the department or its designee relied upon information or opinion that it knew was false or misleading or that such reliance was not reasonable.

(i) Any applicant or operator who receives information from the department or its designee relating to a background check of a direct patient access employee or adult volunteer or, in the case of a healthcare facility operated in a private residence, an adult living in the home other than the clients, 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.

Background check record information shall be used exclusively by the department or its designee for the sole purpose of determining whether an applicant, operator, direct patient access employee, or adult volunteer 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 residents of a healthcare facility such that the health, safety, and welfare of the residents would not be at risk.

(j) 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.

SECTION 2. Section 846-2.7, Hawaii Revised Statutes, is amended by repealing subsection (b) (3):

“(b) Criminal history record checks may be conducted by:

- (1) The department of health or its designee on operators of adult foster homes for individuals with developmental disabilities or developmental disabilities domiciliary homes and their employees, as provided by section 321-15.2;

(2) The department of health or its designee on prospective employees, persons seeking to serve as providers, or subcontractors in positions that place them in direct contact with clients when providing non-witnessed direct mental health or health care services as provided by section 321-171.5;

~~[(3) The department of health or its designee on all applicants for licensure or certification for, operators for, [prospective employees, adult volunteers, and all adults, except adults in care, at healthcare facilities as defined in section 321-15.2;]~~

(4) The department of education on employees, prospective employees, and teacher trainees in any public school in positions that necessitate close proximity to children as provided by section 302A-601.5;

(5) The counties on employees and prospective employees who may be in positions that place them in close proximity to children in recreation or child care programs and services;

(6) The county liquor commissions on applicants for liquor licenses as provided by section 281-53.5;

(7) The county liquor commissions on employees and prospective employees involved in liquor administration, law enforcement, and liquor control investigations;

(8) The department of human services on operators and employees of child caring institutions, child placing organizations, and resource family homes as provided by section 346-17;

(9) The department of human services on prospective adoptive parents as established under section 346-19.7;

(10) The department of human services or its designee on applicants to operate child care facilities, household members of the applicant, prospective employees of the applicant, and new employees and household members of the provider after registration or licensure as provided by section 346-154, and persons subject to section 346-152.5;

(11) The department of human services on persons exempt pursuant to section 346-152 to be eligible to provide child care and receive child care subsidies as provided by section 346-152.5;

(12) The department of health on operators and employees of home and community-based case management agencies and operators and other adults, except for adults in care, residing in community care foster family homes as provided by section 321-15.2;

(13) The department of human services on staff members of the Hawaii youth correctional facility as provided by section 352-5.5;

(14) The department of human services on employees, prospective employees, and volunteers of contracted providers and subcontractors in positions that place them in close proximity to youth when providing services on behalf of the office or the Hawaii youth correctional facility as provided by section 352D-4.3;

(15) The judiciary on employees and applicants at detention and shelter facilities as provided by section 571-34;

(16) The department of corrections and rehabilitation on employees and prospective employees who are directly involved with the treatment and care of persons committed to a correctional facility as provided by section 353-1.5 and the department of law enforcement on employees and prospective employees whose duties involve or may involve the exercise of police powers including the power of arrest as provided by section 353C-5;

(17) The board of private detectives and guards on applicants for private detective or private guard licensure as provided by section 463-9;

(18) Private schools and designated organizations on employees and prospective employees who may be in positions that necessitate close proximity to children; provided that private schools and designated organizations receive only indications of the states from which the national criminal

history record information was provided pursuant to section 302C-1;

(19) The public library system on employees and prospective employees whose positions place them in close proximity to children as provided by section 302A-601.5;

(20) The State or any of its branches, political subdivisions, or agencies on applicants and employees holding a position that has the same type of contact with children, vulnerable adults, or persons committed to a correctional facility as other public employees who hold positions that are authorized by law to require criminal history record checks as a condition of employment as provided by section 78-2.7;

(21) The department of health on licensed adult day care center operators, employees, new employees, subcontracted service providers and their employees, and adult volunteers as provided by section 321-15.2;

(22) The department of human services on purchase of service contracted and subcontracted service providers and their employees and volunteers, as provided by sections 346-2.5 and 346-97;

(23) The department of human services on foster grandparent program, senior companion program, and respite companion program participants as provided by section 346-97;

(24) The department of human services on contracted and subcontracted service providers and their current and prospective employees that provide home and community-based services under section 1915(c) of the Social Security Act, title 42 United States Code section 1396n(c), or under any other applicable section or sections of the Social Security Act for the purposes of providing home and community-based services, as provided by section 346-97;

(25) The department of commerce and consumer affairs on proposed directors and executive officers of a bank, savings bank, savings and loan association, trust company, and depository financial services loan company as provided by section 412:3-201;

(26) The department of commerce and consumer affairs on proposed directors and executive officers of a nondepository financial services loan company as provided by section 412:3-301;

(27) The department of commerce and consumer affairs on the original chartering applicants and proposed executive officers of a credit union as provided by section 412:10-103;

(28) The department of commerce and consumer affairs on:

(A) Each principal of every non-corporate applicant for a money transmitter license;

(B) Each person who upon approval of an application by a corporate applicant for a money transmitter license will be a principal of the licensee; and

(C) Each person who upon approval of an application requesting approval of a proposed change in control of licensee will be a principal of the licensee, as provided by sections 489D-9 and 489D-15;

(29) The department of commerce and consumer affairs on applicants for licensure and persons licensed under title 24;

(30) The Hawaii health systems corporation on:

(A) Employees;

(B) Applicants seeking employment;

(C) Current or prospective members of the corporation board or regional system board; or

(D) Current or prospective volunteers, providers, or contractors,

in any of the corporation's health facilities as provided by section 323F-5.5;

(31) The department of commerce and consumer affairs on:

(A) An applicant for a mortgage loan originator license, or license renewal; and

(B) Each control person, executive officer, director, general partner, and managing member of an applicant

for a mortgage loan originator company license or license renewal, as provided by chapter 454F;

(32) The state public charter school commission or public charter schools on employees, teacher trainees, prospective employees, and prospective teacher trainees in any public charter school for any position that places them in close proximity to children, as provided in section 302D-33;

(33) The counties on prospective employees who work with children, vulnerable adults, or senior citizens in community-based programs;

(34) The counties on prospective employees for fire department positions that involve contact with children or vulnerable adults;

(35) The counties on prospective employees for emergency medical services positions that involve contact with children or vulnerable adults;

(36) The counties on prospective employees for emergency management positions and community volunteers whose responsibilities involve planning and executing homeland security measures including viewing, handling, and engaging in law enforcement or classified meetings and assisting vulnerable citizens during emergencies or crises;

(37) The State and counties on employees, prospective employees, volunteers, and contractors whose position

responsibilities require unescorted access to secured areas and equipment related to a traffic management center;

(38) The State and counties on employees and prospective employees whose positions involve the handling or use of firearms for other than law enforcement purposes;

(39) The State and counties on current and prospective systems analysts and others involved in an agency's information technology operation whose position responsibilities provide them with access to proprietary, confidential, or sensitive information;

(40) The department of commerce and consumer affairs on:

(A) Applicants for real estate appraiser licensure or certification as provided by chapter 466K;

(B) Each person who owns more than ten per cent of an appraisal management company who is applying for registration as an appraisal management company, as provided by section 466L-7; and

(C) Each of the controlling persons of an applicant for registration as an appraisal management company, as provided by section 466L-7;

(41) The department of health or its designee on all license applicants, licensees, employees, contractors, and prospective employees of medical cannabis dispensaries, and individuals permitted to enter and remain in medical

cannabis dispensary facilities as provided under sections 329D-15(a) (4) and 329D-16(a) (3);

(42) The department of commerce and consumer affairs on applicants for nurse licensure or license renewal, reactivation, or restoration as provided by sections 457-7, 457-8, 457-8.5, and 457-9;

(43) The county police departments on applicants for permits to acquire firearms pursuant to section 134-2, on individuals registering their firearms pursuant to section 134-3, and on applicants for new or renewed licenses to carry a pistol or revolver and ammunition pursuant to section 134-9;

(44) The department of commerce and consumer affairs on:

(A) Each of the controlling persons of the applicant for licensure as an escrow depository, and each of the officers, directors, and principals who will be in charge of the escrow depository's activities upon licensure; and

(B) Each of the controlling persons of an applicant for proposed change in control of an escrow depository licensee, and each of the officers, directors, and principals who will be in charge of the licensee's activities upon approval of the application, as provided by chapter 449;

(45) The department of taxation on current or prospective employees or contractors who have access to federal tax information in order to comply with requirements of federal law, regulation, or procedure, as provided by section 231-1.6;

(46) The department of labor and industrial relations on current or prospective employees or contractors who have access to federal tax information in order to comply with requirements of federal law, regulation, or procedure, as provided by section 383-110;

(47) The department of human services on current or prospective employees or contractors who have access to federal tax information in order to comply with requirements of federal law, regulation, or procedure, and on current or prospective employees, volunteers, contractors, or contractors' employees or volunteers, subcontractors, or subcontractors' employees or volunteers, whose position places or would place them in close proximity to minors, young adults, or vulnerable adults, as provided by section 346-2.5;

(48) The child support enforcement agency on current or prospective employees, or contractors who have access to federal tax information in order to comply with federal

law, regulation, or procedure, as provided by section 576D-11.5;

(49) The department of the attorney general on current or prospective employees or employees or agents of contractors who have access to federal tax information to comply with requirements of federal law, regulation, or procedure, as provided by section 28-17;

(50) The department of commerce and consumer affairs on each control person, executive officer, director, general partner, and managing member of an installment loan licensee, or an applicant for an installment loan license, as provided in chapter 480J;

(51) The University of Hawaii on current and prospective employees and contractors whose duties include ensuring the security of campus facilities and persons; and

(52) Any other organization, entity, or the State, its branches, political subdivisions, or agencies as may be authorized by state law.”

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect upon its approval.



## THE QUEEN'S HEALTH SYSTEMS

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

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

Date: February 13, 2026

Re: Support of HB2576 - 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, with amendments proposed by the Healthcare Association of Hawai'i. We share the Department of Health's interest in ensuring the safety of healthcare facilities. This 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 will provide much needed clarity of existing statute and streamline the background check requirements for applicants, operators, employees, and volunteers at healthcare facilities.

Queen's would additionally note that the Department's proposed fingerprinting policy impacts contracts and agreements that systems, like Queen's, already have in place for background checks. We implore the Department to meaningfully collaborate with stakeholders to find a mutually agreed to policy that balances their interest in safety and security with our system's existing policies and contracts. By doing so, the Department may find that we are able to leverage existing relationships that could save both our systems and the state valuable time and resources.

Thank you for considering our comments on this measure.

*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.*



February 12<sup>th</sup>, 2026

Senator Joy San Buenaventura  
Room 213, Hawaii State Capitol, 415 South Beretania Street  
Honolulu, HI 96813

Representative Jenna Takenouchi  
Room 333, Hawaii State Capitol, 415 South Beretania Street  
Honolulu, HI 96813

Dear Senator San Buenaventura and Representative Takenouchi,

**RE: PBSA Considerations for SB3207 and HB2576 Related to Background Screening**

On behalf of the Professional Background Screening Association (PBSA), we appreciate the opportunity to share our perspective on bills SB3207 and HB2576, which address the background screening requirements for people working or volunteering in healthcare facilities. PBSA represents more than 700 companies, ranging from small businesses to global enterprises, dedicated to providing safe workplaces, homes, and volunteer environments through compliant background screening.

We certainly agree that thorough background checks are critical in maintaining safe work and care environments and support the intent of these bills to ensure this is achieved by expanding background check requirements. However, we wanted to reach out to you today to dispel some myths about fingerprint-based background checks and respectfully ask that the bills instead require name-based checks which we know to be more accurate and complete.

A common misconception is that if a background check uses an individual's fingerprint as the basis to search, that check must be the most thorough search available – this is simply not accurate. For instance, in many states there are crimes, including drug-related offenses, where a person can be arrested and not have their fingerprints taken. Especially in healthcare environments, employers should be aware if a prospective employee or volunteer has any history of these types of offenses, and a fingerprint-based search would not return these records.

Another widely held belief is that fingerprint checks are more accurate than name-based checks. While those state repositories may be a good supplemental resource, they often do not have as accurate case information as the originating source or may not have some case information at all. In fact, a report by the National Consortium for Justice Information and Statistics<sup>1</sup> found that only 73% of all arrests have the final disposition recorded in state fingerprint databases.

PBSA member companies use an individual's name, address, social security number, driver's license number and other personal identifiers to conduct record checks directly from the source that houses the record information. With respect to criminal record searches, this generally means a search of records at

<sup>1</sup> [Goggins, B., DeBacco, D. \(2022\) Survey of State Criminal History Information Systems  
https://www.ojp.gov/pdffiles1/bjs/grants/309360.pdf](https://www.ojp.gov/pdffiles1/bjs/grants/309360.pdf)

the actual county court where a case was filed. By going to the originating source, these name-based searches ensure employers have access to the most complete and up-to-date information available.

Additionally, fingerprint checks are inherently more burdensome and invasive for job candidates to complete. Candidates must travel to a designated facility to submit their fingerprints (another piece of identity data which could become available to other state or federal agencies), which is often difficult for those who maintain employment during the job hunt. Beyond that, the additional monetary cost to the employer just to enable a search of records that is typically not as complete as a name-based search is simply not worth the extra time and expense.

PBSA and its members are eager to support thoughtful legislation that helps support the creation and maintenance of safe healthcare environments with background screening playing a critical role. We are available to participate in stakeholder sessions, , and share operational insights from the background screening profession to help ensure that laws such as these are clear, practical, and implementable.

Sincerely,  
Rory Bogdon  
PBSA State and Local Government Relations Director

A handwritten signature in black ink, appearing to read 'Rory Bogdon', is centered on a light gray rectangular background.

Friday, February 13, 2026, 9:00am  
Conference Room 329 & Video Conference

**House Committee on Health (HLT)**

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

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

**Re: HB 2576 – Testimony Supporting Intent and Requesting Amendments  
Relating To Background Checks**

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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 the intent of HB 2576 but has significant concerns regarding the bill's scope and operational feasibility. The measure requires applicants, operators, employees, and adult volunteers at healthcare facilities to undergo criminal, abuse, and fingerprint-based FBI background checks, and to submit these results to the Department of Health (DOH) as a condition of hospital licensure.

HPH currently conducts comprehensive background checks on the 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 undergo FBI fingerprinting of its employees for purposes of conducting background checks.** 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 the requirements under HB 2576 duplicate existing processes for that class of professionals and create unnecessary administrative burden with questionable marginal benefit to patient safety given current safeguards.

For physicians the requirement of FBI fingerprinting as part of background check would be a brand-new requirement for these health care professionals. The Hawai'i Medical Board does not currently require FBI fingerprinting as a condition of licensure which will make Hawaii one of the few states in the country requiring hospitals to subject current and prospective physicians to the requirement of FBI Fingerprinting as a condition of **hospital** licensure.

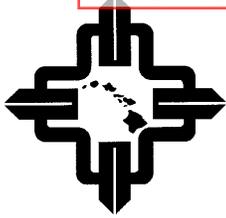
We are also concerned with the broad class of health care employees defined as “access to a patient “ which includes employees with only incidental or supervised patient contacts – such as cafeteria workers and security guards - to be subject to FBI fingerprinting. For HPH, this would compel hospitals to require FBI fingerprinting to approximately 2,200 non-licensed professionals who are employees, volunteers, contract workers, and student interns—significantly increasing administrative and financial burden.

We are also concerned with how this program could compel employment action that would violate Hawai'i Employment laws aimed to protect 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. While the bill references subsection (c) regarding look-back periods, it omits other critical subsections, potentially exposing employers to claims of discriminatory hiring practices.

Finally, we are concerned that this bill may inadvertently prevent workers qualified under Hawai'i laws entry into the healthcare workforce . The state vendor's contracted vendor utilizes an algorithm that flags certain petty misdemeanors as *automatically disqualifying without regard for look-back periods or job relevance*. This can delay hiring, divert resources from patient care, and adversely impact individuals who may be suitable candidates despite past, low-level offenses.

HPH aligns with and supports the amendments proposed by the Healthcare Association of Hawai'i (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 HEALTH SYSTEMS**

C O R P O R A T I O N

*"Quality Healthcare For All"*

**LATE**

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

February 13, 2026  
9:00 AM  
State Capitol  
Room 329 & Via Videoconference

**Testimony in Support with Amendments of HB 2576**  
**RELATING TO BACKGROUND CHECKS**

Authorizes applicants, operators, and third-party employers, rather than the Department of Health, to conduct background checks of employees and adult volunteers at healthcare facilities.

Edward N. Chu  
President & Chief Executive Officer  
Hawai'i Health Systems Corporation

On behalf of the Hawai'i Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony **in support with amendments to HB 2576**.

HHSC supports the position of the Healthcare Association of Hawai'i requesting that the fingerprinting requirements for health care workers tied to healthcare licensure be removed. HHSC shares a commitment to patient safety and compliance with rigorous background checks, as required by state and federal laws and regulations. HHSC has its own provision for Criminal history record checks codified in HRS323F-5.5. However, HHSC supports the amendments to this bill proposed by the Healthcare Association of Hawai'i. HHSC respectfully urges your support for this measure to ensure patient safety while maintaining a regulatory framework that is clear, efficient, and appropriate for healthcare operations.

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



Government Relations

Testimony of  
Jonathan Ching  
Head of Government Relations

**LATE**

Before:  
House Committee on Health  
The Honorable Gregg Takayama, Chair  
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair

February 13, 2026  
9:00 a.m.  
Conference Room 329  
Via Videoconference

**Re: HB 2576, Relating to Background Checks.**

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and committee members, thank you for this opportunity to provide testimony on HB 2576, which proposes to shift the responsibility of fingerprinting and background check requirements for healthcare employees from the Department of Health (DOH) or its designee to healthcare operators and employers.

**Kaiser Permanente Hawai'i SUPPORTS HB 2576 and requests AMENDMENTS.**

Kaiser Permanente Hawai'i has significant concerns with the current process for background checks and fingerprinting requirements mandated by DOH, which has the potential to unnecessarily disrupt our current operations, workforce, and exacerbate the shortage healthcare providers, impacting patient care. Although Kaiser Permanente Hawai'i has been part of conversations over the interim with other health systems to request clarity and guidance from DOH, we still do not have sufficient information to successfully adopt the process. HB 2576 and HAH's amendments maintain the intent of current law and offer practical solutions to the hurdles we currently face in adopting the law's requirements.

A few of our concerns with the current process include:

- **Scope of the DOH's designee's review lack detail.**
  - For example: §378-2.5(d) limits employers to the most recent seven-year period for felony convictions and the most recent five-year period of misdemeanor convictions. Per the current background check law, DOH is exempted from this limitation. Will DOH's designee adhere to the same look-back periods as us or will they utilize DOH's exemption from this requirement?

- **Potential conflict of law and litigation risks.**
  - If DOH's look-back periods are different from the ones we are required to follow, will DOH or its designee accept liability if an employee or prospective employee pursues legal action against us for discrimination since they are exempt from this law and we are not?
- **Potential lack of access to fingerprinting facilities.**
  - Many of our prospective employees, and a majority of our physicians, are from out-of-state and some move to Hawai'i a few days prior to their hire date. Being required to travel to access DOH's designee, in addition to not knowing how long this process will take, may deter a prospective employee from considering employment with us or any healthcare employer in Hawai'i.

Patient safety is of paramount importance to Kaiser Permanente Hawai'i, which is why we have established a robust screening process for all prospective employees. Our physicians, providers, and employees must pass an extensive criminal background check. Additionally, physicians, providers go through credentialing and privileging processes, which include verification of their education, training, experience, and malpractice history. We also have established policies to address a variety of issues that can arise from the various checks and ensure an efficient hiring process while ensuring patient safety.

We appreciate DOH's efforts thus far and understand the various challenges faced in establishing this process. We are committed to patient safety and look forward to continuing this discussion and working together to implement helpful safeguards.

**We support HB 2576 and concur with proposed amendments submitted by Healthcare Association of Hawai'i (HAH).**

Mahalo for the opportunity to testify on this important measure.

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

care@hawaiicarechoices.org  
www.hawaiicarechoices.org

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#### COMMITTEE ON HEALTH

Representative Gregg Takayama, Chair

Representative Sue L. Keohokapu-Loy, Vice Chair

**RE: Testimony in Support of HB 2576 with Amendments Proposed by  
Healthcare Association of Hawaii, Relating to Background Checks**

Hearing: Friday, February 13, 2026, at 9:00 a.m.

Dear Chair San Takayama, Vice Chair Keohokapu-Loy, and Members of the  
Committee:

Thank you for the opportunity to provide testimony in support of HB 2576, with  
amendments proposed by the Healthcare Association of Hawaii (HAH). Specifically,  
these amendments seek to remove the fingerprinting requirement tied to facility  
licensure.

Hawaii Care Choices is a nonprofit palliative and hospice care provider serving the Big  
Island community for over 40 years, and a member of HAH. Currently, the State  
mandates that hospice programs use the Fieldprint system for background checks and  
fingerprinting. This system presents considerable challenges, including:

- Operational and Administrative Issues: HR lacks visibility and control when results are delayed.
- Lack of Transparency and Due Process: Unclear "Red Light/Green Light" appeal timelines place an excessive burden on employees and HR.
- Absence of Meaningful Customer Support or Accountability: Fieldprint refers all inquiries to the State, and the State offers no clear point of contact for resolving Fieldprint-related issues.
- Redundant Fingerprint Requirements: Additional fingerprinting through Fieldprint for the same individual is duplicative and unnecessary. There is no evidence that the Fieldprint mandate provides additional safety beyond existing licensure safeguards.
- Overly Broad Applicability: Applies to all staff, regardless of role.
- Jurisdictional Concerns: The State does not license hospice programs in Hawaii. As federally regulated providers, hospices already comply with extensive CMS requirements.
- Financial and Administrative Impact: Places heavy administrative strain on understaffed hospice programs and shifts funds away from direct patient care and community services.
- Inefficient Data Access: Employers must rely on employees to retrieve and provide compliance information, increasing organizational risk.

In conclusion, eliminating fingerprinting requirements tied to facility licensure would reduce administrative and financial burdens, close oversight gaps, and allow critical resources to be redirected toward improving patient care.

Respectfully,

Brenda S. Ho, MS, RN  
Chief Executive Officer

Submitted 12/12/2026 12:10 P.M.

Testimony on HB 2576 (Relating to Background Checks) — Support with Suggested Amendments

**LATE**

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the House Committee on Health:

My name is Hannah Litt. I am an APRN and faculty member at the University of Hawai'i Maui College, and I oversee healthcare clearance requirements for nursing students placed in clinical settings. I submit this testimony in general support of HB 2576 because, while protection of patients is paramount, the current background check process is administratively burdensome and leaves temporary direct-care caregivers—particularly students and clinical faculty—in a persistent gray area. While I am employed at UH Maui College, I submit this testimony on my own behalf because I have not had time to consult with UH administration on this matter.

To be clear: I support background checks for any individual who has access to patients, their possessions, or their medical/financial records. My request is that the statute be amended to maximize clarity and secure verification so that the time and cost required to comply results in *meaningful* patient protection.

I respectfully request the Committee consider the following amendments or clarifications:

1. Define “adult volunteer” and clarify the fingerprinting exception.

HB 2576 creates a fingerprinting exception for “adult volunteers,” yet the term is not defined. Because this exemption has major implications, a definition is needed to avoid inconsistent interpretation across facilities and programs—particularly for individuals with direct patient access.

2. Add a category for “student” and “clinical faculty” (or “clinical trainee/supervisor”), and clarify classification.

Students and non-employee clinical faculty from many health disciplines may provide direct patient care and access protected health information across multiple facilities during training (nursing, medicine, respiratory therapy, and many others). The bill should clarify whether these temporary caregivers are intended to be treated as “adult volunteers” (potentially exempt from fingerprinting) or as individuals provided through a “third-party employer” arrangement (e.g., via educational affiliation agreements). Clear definitions would reduce variability across clinical sites and clarify responsibility for compliance. The current statute and HB 2576 both may leave educational institutions in the position of questioning whether background checks apply to students and instructors at all. Importantly, advanced students are not always under direct line-of-sight observation when performing tasks for which competency has already been established.

## BACKGROUND CHECK HB 2576 TESTIMONY HANNAH LITT 2/13/2026

3. Clarify whether accredited educational programs may function as “third-party employers” and/or register as qualified entities.

The bill contemplates that an applicant, operator, or third-party employer may register as a “qualified entity” under HRS §846-2.7(c) for purposes of obtaining required background checks. If the Legislature intends to streamline compliance for students and clinical faculty placed across multiple sites, explicitly recognizing accredited educational programs as eligible third-party employers/qualified entities would support centralized, reliable clearance processes thereby enhancing patient safety by increasing compliance, participation, and accountability (assuming this is the intent).

4. Clarify the schedule and scope of ongoing checks beyond the child welfare component in HB 2576.

As written, the only component explicitly described as annual/ongoing is the child abuse/neglect inquiry. It is otherwise unclear whether—and how often—other components (including criminal history checks and whether federal checks are repeated) are intended to recur after initial screening. Because the bill references HRS §846-2.7 (which includes federal checks), it would be helpful to clarify whether subsequent years require state-only name inquiries (such as eCrim), periodic fingerprint-based checks, ongoing notification programs, or another defined schedule—or whether ongoing checks beyond the child abuse/neglect (CAN) component are intended at all. (See Attachment B for an illustration of what can and cannot be determined from the bill as written.)

5. Ensure the process is secure, verifiable, and worth the investment.

The direct cost of fingerprinting is significant, and the administrative workload is substantial at scale. Large healthcare systems must track multiple cohorts (at the current schedule of initial, year-two, biennial cycles, and “recently moved from out of state” exceptions), onboard new staff into the correct schedule, and offboard departing staff. In addition, under the current practical workflow, results are provided only to the applicant, creating reliance on applicant-provided printouts/screenshots rather than secure verification by the entity responsible for compliance. If employees/employers are expected to shoulder these costs and staff time, the statute and rules should ensure the process cannot be easily falsified and provides real patient protection.

6. If a DOH/OHCA portal is still planned, allow educational program access for trainees placed across multiple sites.

The OHCA webpage has described an intent to develop a streamlined portal for submitting applications and accessing results. If this remains the plan, I respectfully request that accredited educational programs be authorized access for students and clinical faculty who rotate across multiple healthcare facilities. This would reduce duplication, improve verification, and strengthen patient safety. (Under the current system, educational programs are not licensed OHCA healthcare facilities and are limited to use of “generic code” workflows.)

7. Address accountability when facilities rely on third-party certifications.

HB 2576 permits facilities to rely on third-party employer certifications, which would be useful in the healthcare facility/educational organization relationship, but it remains unclear what accountability applies if a certification is

BACKGROUND CHECK HB 2576 TESTIMONY HANNAH LITT 2/13/2026

inaccurate or false. As a potential third-party entity in the educational context, I respectfully suggest the bill include an explicit enforcement mechanism applicable to third-party employers that certify compliance, so responsibility is aligned with the entity that is attesting.

8. Align “red” determinations and appeals with the statute’s disqualifying criteria.

In my experience, when Fieldprint has generated “red” determinations for students, the issues requiring appeal have not matched crimes specifically enumerated in the statute’s “relevant crime” examples. A very common example is a distant history of DUI, which does not appear to be listed, yet still triggers a “red/appeal” workflow. While I recognize the Department retains discretion to evaluate risk, the current process can create delays, confusion, and significant administrative burden for matters that ultimately do not appear disqualifying under the statute’s language. I respectfully request that statute or rule clarify what is truly disqualifying versus merely reviewable, with transparent criteria and a predictable review timeline. Additionally, if Fieldprint remains the vendor, I respectfully request that the appeal protocol posted by OHCA and the documents/steps Fieldprint requires be aligned, so applicants are not delayed by conflicting instructions.

9. Improve the reliability of required registry screening tools.

One required screen is the nurse aide registry. In practice, the public search function can produce false negatives when a name is not entered exactly as stored. I experienced a situation in which a student’s correct first and last name did not appear in the registry search, but the record appeared only after adding the student’s middle name—without changing first or last name. A required screening tool should reliably detect matches despite common name variations. If the State requires this database to be used as a screening tool, it should support broader matching and/or allow verification using unique identifiers rather than strict exact-name matching.

Mahalo for the opportunity to provide testimony and for your consideration of these comments and suggested amendments.

Respectfully,

A handwritten signature in cursive script that reads "Hannah Litt". The signature is written in dark ink and is positioned to the right of the typed name.

Hannah Litt, APRN

University of Hawai‘i Maui College (testifying in personal capacity)

BACKGROUND CHECK HB 2576 TESTIMONY HANNAH LITT 2/13/2026

**Attachment A.**

This is an example of the schedule for background checks as required by Chapter 11-106, Hawaii Administrative Rules, entitled "Background Checks" and clarified in an OHCA May 2024 letter.

A similar schedule would be applied in a healthcare organization with long-term employees.

<b>First Year Allied Health Program (ASN, PN, CNA, Instructors)</b>	<b>Second Year if still in program (ASN, PN, Instructors)</b>	<b>Every two years after first two years (Instructors, continuing students)</b>
<p><b>1</b> Fieldprint fingerprinting background check with Adult Protective Services (APS)/Child Abuse and Neglect (CAN) registries checks Use code <b>FPHawaiiDOHARCH \$68.00</b></p>	<p>Fieldprint Adult Protective Services (APS)/Child Abuse and Neglect (CAN) registries checks Use code <b>FPHawaiiDOHARCHAPS \$11.00</b>  <b>and</b>  eCrim check: <b>ecrim.ehawaii.gov \$17.00</b></p> <p><b>or</b></p> <p>Repeat fingerprinting using code <b>FPHawaiiDOHARCH \$68.00</b> if "recently" lived out of state</p>	<p>Fieldprint Adult Protective Services (APS)/Child Abuse and Neglect (CAN) registries checks Use code <b>FPHawaiiDOHARCHAPS \$11.00</b>  <b>and</b>  eCrim check <b>ecrim.ehawaii.gov \$17.00</b></p>
<p><b>2</b> Manual sex offender registry check (will be pulled by Health Center staff)</p>	<p>Manual sex offender registry check (will be pulled by Health Center staff)</p>	<p>Manual sex offender registry check (will be pulled by Health Center staff)</p>
<p><b>3</b> Manual certified nurse aide registry check (will be pulled by Health Center staff)</p>	<p>Manual certified nurse aide registry check (will be pulled by Health Center staff)</p>	<p>Manual certified nurse aide registry check (will be pulled by Health Center staff)</p>

See next page for best interpretation of scheduled checks from HB 2576 as written.

BACKGROUND CHECK HB 2576 TESTIMONY HANNAH LITT 2/13/2026

Attachment B: Best Interpretation of Scheduled Checks from HB 2576 as Written

Category	Statutory Structure	Fingerprinting/Other	APS Registry	CAN Registry	Sex Offender/Nurse Aide	How often
<b>Nursing/Medical/Etc. Student/Instructor (requested categories)</b>	?	Student? Instructor is licensed. Repeat?	?	Initial + annual	?	?
<b>Applicant</b>	DOH sets rules & applicant / operator must ensure compliance for covered persons.	Yes, unless person already fingerprinted as a condition of licensure. Repeat? Or Name-based	Initial. Repeat?	Initial + annual	Sex offender registry; CNA registry (as applicable). Repeat?	Initial; Annual child welfare name inquiry is stated, but mechanics for applicants are unclear.
<b>Prospective operator</b>	DOH sets rules & applicant / operator must ensure compliance for covered persons.	Yes, unless already fingerprinted for licensure. Repeat? Or Name-based	Initial. Repeat?	Initial + annual	Sex offender registry; CNA registry (as applicable). Repeat?	Initial; Annual child welfare name inquiry stated; otherwise not specified.
<b>Prospective direct patient access employee (this is the group nursing students most naturally fall into)</b>	DOH sets rules & applicant / operator must ensure compliance for covered persons. If provided via a third-party employer, they must complete checks before assignment; facility may rely on attestation, but are still responsible party.	Yes, unless already fingerprinted for licensure. Repeat? Or Name-based	Initial. Repeat?	Initial + annual	Sex offender registry; CNA registry (as applicable); plus other-state equivalents where previously resided (applies explicitly to prospective employees). Repeat?	Initial before assignment/access; Annual child welfare name inquiry; New hire/rehire child abuse confirmation check.
<b>Prospective adult volunteer</b>	Facility can't permit service unless completed	Fingerprints not required for adult volunteers <i>if all other reviews required by the section have been completed</i> . Does that mean name-based state and Federal?	Initial. Repeat?	Initial + annual.	Criminal history per §846-2.7; sex offender; CNA registry; other-state equivalents where volunteer previously resided. Repeat?	Initial before service; Annual child welfare name inquiry. Other recurrence not specified.
<b>Adult living in the home other than the client (private-residence facility)</b>	Covered category; applicant/operator must ensure background checks are completed per rules.	Yes (same general fingerprint rule and exceptions). Repeat? Or Name-based	Initial. Repeat?	Initial + annual	Criminal history per §846-2.7; sex offender registry; CNA registry (less likely relevant, but listed as part of "background check").	Initial; Annual child welfare name inquiry; otherwise not specified.

## BACKGROUND CHECK HB 2576 TESTIMONY HANNAH LITT 2/13/2026

### **Attachment C:**

Click here → [LINK TO BACKGROUND CHECK SLIDESHOW PDF](#) for full slideshow used to assist Nursing Programs to become compliant with OHCA Background Checks.

Selected Slides from this presentation attached after this page as an illustration.

# Background Checks

Fieldprint fingerprinting required for all healthcare facilities - and our students & instructors

Hannah Litt, APRN, CNM

UH Maui College

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### Why do our students & instructors need background checks?

- The Office of Health Care Assurance (OHCA), adopted [Chapter 11-106](#), Hawaii Administrative Rules (HAR), entitled "Background Checks", on February 3, 2019
- Requires **anyone** 18+ working, volunteering, or otherwise authorized to be in contact with patients or their belongings in any healthcare facility licensed to operate in Hawaii to have background checks (includes home-health care)
- Has to be done within five days of "hire," one year later, then every two years thereafter
- "OHCA selected Fieldprint as the department's designee, and background checks must be conducted through them."

### Background information for background checks

- Nursing programs have been doing background checks for years as part of the clearance requirements for our Clinical Placement sites (generally eCrim)
- This change represents a higher level of clearances that the health care facilities are required to meet, and thus our students & instructors are required to meet
- It is a statewide mandate, but the requirement is for healthcare facilities, so Universities were not notified directly. Many healthcare facilities are busy rolling out their own programs, and may only notify Universities as an afterthought at a late or inconvenient mid-semester interval.

## Overview

Students and instructors need to comply with fingerprinting with Fieldprint per OHCA requirements

- Slides will detail what this entails
- **Minor applicants are exempt until 18**
- Law passed 2019, and communicated to facilities 11/2023. Click [HERE](#) to see the letter sent by OHCA May 2024
- Most facilities just started instituting their own Fieldprint programs in Fall 2024
- Universities were not directly notified by OHCA.
- As of 10/2025, five of UHMC's clinical partner specify this requirement (some with multiple sites)

## Summary of Findings

Organizations that are not healthcare facilities still **cannot have their own Fieldprint codes** for OHCA background checks as of Spring 2026

- 5/2024 OHCA confirms students and instructors DO need to be checked
- **“Generic codes” can be used in these situations**
  - FPHawaiiDOHARCH for full background checks \$68.00
  - FPHawaiiDOHARCHAPS in subsequent years \$11.00 PLUS ecrim check \$17.00 (unless applicant recently moved to HI)

## Fieldprint Process

1. Student/instructor makes Fieldprint account and schedules appointment (often available same-day). Since a generic code is being used, the applicant will need to enter “Employer Information” and we recommend that the student enter school clearance department information here.
2. Student/instructor gets fingerprinted
3. Student/instructor is notified by email that results are available and logs into Fieldprint account to obtain results. This is usually within a week in our experience
4. Results determined by Fieldprint will either be “green” or “red” determination. Green is a pass. Red is not a pass and can be appealed.
5. Student/instructor takes a screenshot of these results and submits the screenshot by secure method to the school.

Click [HERE](#) for a copy of the instructions we give our Allied Health applicants as an example

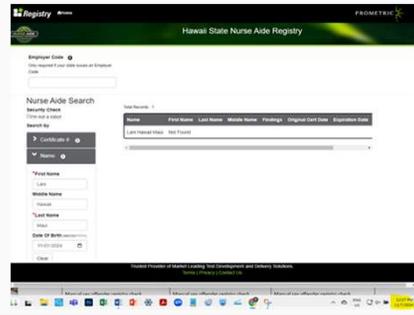
Sex Offender Registry - <https://sexoffenders.ehawaii.gov/sexoffender/welcome.html>  
This must be searched manually EVERY TIME. No report to download - screenshot  
Conduct widest possible search and include date in screenshot



## Nurse Aide Registry <https://registry.prometric.com/public/HI>

This must be searched every time “if applicable” - since nursing students and instructors may or may not have ever been nurse aides, we are checking all - no report - must take a screenshot - make sure it includes date and name/DOB searched and date of search.

Spring 2025 - Discovered name must be entered exactly as entered in database. For instance, if applicant was licensed (and then lost license) as Lani Hawaii (two first names), this person will not be found in the database unless searched for in that exact manner. This limits the database’s usefulness as an abuse history screening tool. I reported this to OHCA & DCCA and have not yet received a response.



## Concerns with OHCA Fieldprint resulting process

Examples of “green” result screenshots.



- Since results are only sent to the applicant, and these screenshots are easy to falsify, we are concerned about security of the process.
- The solution is in process - OHCA is building a “Hawaii Background Check System” site at which agencies will be able to see applicant’s background check results online without relying on the applicants to send unaltered screenshots. Expected to be ready for use early 2025, but delayed as of 10/2025. We hope non-healthcare facility agencies will also have access.

## Example of “Red Determination”

**Fieldprint**

**Fitness Determination**

You have received a red light determination. This page will be available for 30 days from the Fitness Determination date. Please print a copy of this page for your records. This result means that you have a criminal history record and/or registry check that prevents you from moving forward to the next step.

**Fitness Determination**

Fitness Determination Date: 7/3/2024  
Requesting Individual or Agency: Paradigm Pacific Staffing dba Reason Place  
Screening Performed: APS, CAN, Fingerprints  
Names Checked: [REDACTED]

**Results Panel**

Criminal History Record Check: [REDACTED] 2020  
DU + DE BLS/ATH: [REDACTED] 2019  
VANDALISM: [REDACTED] 2019

To print this page and save it for your records, please click Print.

If you do not agree with the fitness determination, you can file for an appeal. This is also called an exemption. You must file your appeal in writing no later than thirty (30) days of the Fitness Determination Date. You must fill out the DCCA form and attach all of the information indicated on the Checklist for Exemption Request. You must assure that the provider who you will be working for signs off on your request for exemption.

If you are applying for a job or work for a provider agency, or if you are applying for a state license or certificate as a healthcare facility, organization or agency, then complete the appeal form found on the DCCA/DCCA website and send your appeal to Fieldprint at the below address.

The DCCA/DCCA form may be found on the Department of Health.

(DOH) website (health.hawaii.gov)

Send your appeal to:

Fieldprint, Inc.  
Attn: Alexander Erlam  
12000 Commerce Parkway, Suite 100  
Mabont Laurel, NJ 08054

We will send you a decision in writing within 45 days of the appeal is received.

Department of Health  
Office of Health Care Assurance

Criminal History Record and Protective Services Central Registry Check Standards

**CHECKLIST FOR EXEMPTION REQUEST**

This checklist must be used to check off the inclusion of the appropriate documents and must accompany the documents submitted to the department's desktop for background checks. The exemption applicant should keep copies of all submitted documents for his/her records.

- Form DCCH 106E - Request for Exemption from Criminal Conviction Record and Abuse Victims Check System.**  
Must be completed and signed by individual requesting the exemption (applicant). A separate DCCH 106E must be submitted for EACH exemption being requested.
- Money order payable to Fieldprint for \$25.00**  
Must submit a money order or bank check payable to Fieldprint for \$25.00 in order for the exemption request to be processed. Do not send personal checks or cash as they will not be accepted.
- State Name Check Report from eCrim, if applicable**  
This is the State name check from Hawaii Criminal Justice Data Center (HCJDC), and it must include the conviction for which the exemption is being sought.
- Statement of Authenticity**  
This is a statement completed and signed by the applicant that certifies the Hawaii Criminal Justice Data Center report (eCrim) is a true and accurate copy.
- Letter from the Prospective State Licensed or Certified Provider**  
This letter will describe the individual's status as a prospective direct patient access employee. The letter must identify the individual and the direct contact position for which the applicant is being considered.
- Position Description**  
The position description must come from the prospective employer. It will help the review panel to determine the relationship of the conviction to the direct patient access position offered to the applicant.
- Evidence of Rehabilitation**  
Examples include letters from employers, letters confirming the termination of probation or parole, letters from a professional counselor or clergy with whom the applicant has a professional working relationship, letters indicating completion of self-help program, such as anger management, drug treatment, etc. Letters from relatives and friends are not evidence of rehabilitation.

## What an applicant must do to respond to red determination

See checklist on previous slide

- Make sure to fill out a separate form [OHCA Form 106E](#) for each crime requiring exemption
- Money order for \$25.00 payable to Fieldprint
- State Name Check Report ([eCrim](#)) should not be needed according to written instructions, but Fieldprint will not proceed with appeal unless it is included
- [Statement of Authenticity](#) also must be sent or Fieldprint will not proceed with appeal
- Letter from the Prospective State Licensed or Certified Provider—should be written by the nursing school representative who can speak to the student’s planned patient contact—see sample letter in next slide
- Position Description—we provide course descriptions that detail required patient contact hours
- Evidence of Rehabilitation—we find this is the most difficult to achieve. Especially for older offences, it can be difficult to obtain documents in a timely manner. For one student whose offence is 9 years old and out-of-state, we were successful with a faculty letter of character

More instructions available at [OHCA webpage](#)

However none of our “red” findings to date have been for one of the disqualifying crimes listed in HAR 11-106 (fraud, theft, abuse, or harm of another person)

It seems much likely that an appeal would be less likely to be successful if there was a history of a disqualifying crime.

## How can students on Lānaʻi or Molokaʻi get fingerprinted through Fieldprint?

The process is a bit convoluted.

The students need to register on the Fieldprint site in the same way other students do, using the FPHawaiiDOHARCH code, but instead of choosing a nearby location, they need to find a location on the mainland that does NOT have Livescan, accepts non-local residents, and does not charge an additional fee.

Once they choose a location like this, Fieldprint will send them a packet including fingerprinting cards they can take to their local Police Station. There is no obligation to keep an appointment at the mainland location. [Click this link](#) for an instruction form with detailed instructions for Lānaʻi and Molokaʻi including their additional fees.

We have spoken to both Police Stations, and they are familiar with Fieldprint and their processes.

The instructions in the link above also include a mainland location that works.

## Appendices

1. What is OHCA?
2. Where can I find out more about OHCA Background Checks?
3. How do we know the checks do NOT apply to minors?
4. How do we know that the checks DO apply to students?
5. Why must we do the checks with Fieldprint?
6. How do we know how often these checks have to be done?
7. What findings in a background check are disqualifying?
8. How do we know there are 5 days of leeway?

## I hope that was helpful

We have had several students with “red” determination findings be cleared upon appeal. None of these had “disqualifying” findings per HAR 11-106. It seems ANY criminal conviction is flagged as “red,” and only at appeal level is it determined whether the conviction is disqualifying.

Appeal meetings are held once weekly at OHCA offices.

If your student has a red finding, submit all materials to Fieldprint immediately, even if not actually required according to the stated rules. For instance, we have been told that students appealing an out-of-state finding must supply an eCrim report and an attestation to the report. Do not fight it. The report costs only \$17 and resisting will simply delay reversal of the “red” determination.

Feel free to contact me if you need support or have questions.

Hannah Litt