

LATE

Testimony of the Board of Nursing

**Before the
House Committee on Health
and
House Committee on Human Services and Homelessness
Wednesday, March 25, 2026
9:30 a.m.**

**On the following measures:
H.C.R. 105 / H.R. 97, RELATING TO REQUESTING THE HAWAII STATE CENTER
FOR NURSING TO CONDUCT A STUDY COMPILING RECOMMENDED SAFE
PATIENT STAFFING RATIOS**

Chair Takayama, Chair Marten, and Members of the Committees:

My name is Amy Chin, and I am the Executive Officer of the Hawai'i Board of Nursing (Board). The Board offers comments on these two measures.

The purpose of these measures is to examine and compare nursing standards and frameworks. The Board appreciates the Legislature's continued attention to nursing workforce conditions and to the important question of how different staffing standards are defined, compared, and used in policymaking.

The Board emphasizes that regulated staffing ratios are not the same as professional association staffing recommendations, strategies, or ratio guidance, and that this distinction is critical. Regulated ratios are legal requirements, adopted through statute or rule and establish enforceable minimums. In contrast, professional association recommendations are typically developed within broader clinical frameworks that may reference ratios but also incorporate factors such as patient acuity, nurse competency, skill mix, workload, patient population, unit design, and available support staff. These are qualitatively different tools, developed for different purposes, and they should not be treated as interchangeable.

Because of this distinction, the Board has concerns with any approach that combines enacted regulatory requirements and professional association recommendations into a single, undifferentiated dashboard or side-by-side display without clear qualifiers. Presenting them together in this manner may unintentionally imply equivalency where none exists and may also oversimplify professional guidance

that was never intended to function as stand-alone numeric ratios. In many cases, a professional organization's guidance is embedded within a broader staffing framework and loses essential meaning when removed from its explanatory context.

The Board further notes that nursing practice spans multiple specialties and care environments. Staffing approaches in acute care, emergency services, perioperative care, psychiatric settings, public health, long-term care, ambulatory care, and education are not necessarily grounded in the same assumptions. Some specialties support ratio-based approaches, while others explicitly favor acuity-based or workload-based models. Any report or review requested by the Legislature should acknowledge these differences and avoid suggesting that a single staffing construct can be uniformly applied across all nursing settings.

If the Legislature chooses to advance this effort, the Board encourages an approach that clearly separates regulated staffing ratios from professional association staffing recommendations. One practical option would be to organize information into distinct categories such as: (1) enacted statutory or regulatory staffing requirements, and (2) professional association recommendations, strategies, or frameworks. The Board also suggests an even more appropriate approach may be to develop a repository or reference list of primary source materials from nursing organizations, rather than compressing complex and nuanced guidance into simplified formats that risk misinterpretation.

The Board supports informed policymaking grounded in evidence and recognizes the complexity of nursing care delivery. Any legislative review of staffing standards should preserve the distinction between enforceable legal mandates and professional guidance developed to support clinical decision-making and workforce planning. Maintaining this distinction will help ensure that the Legislature, employers, unions, nurses, and the public operate from an accurate understanding of the nature, purpose, and limitations of each type of document.

Thank you for the opportunity to testify on these two bills.



Testimony Presented Before the
House Committee on Health
Wednesday, March 25, 2026 at 9:30 A.M.
Conference Room 329 and Videoconference
By
Laura Reichhardt, APRN, AGPCNP-BC
Director, Hawai'i State Center for Nursing
University of Hawai'i at Mānoa

COMMENTS on HCR 105/HR 97

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the Committee:

The Hawai'i State Center for Nursing (HSCN) provides comments and seeks clarification on this report. While this report and dashboard address an important topic, HSCN notes that existing contemporary studies have completed some of this requested work, that there are nuances in the recommendations which make dashboarding impractical, and that there are qualitative differences between professional staffing recommendations and regulated requirements. Rather, HSCN requests the Legislature's consideration of amending the resolution to instead request that the report creates a repository of links to nursing professional organizations' staffing recommendations. This repository, which can be used as a reference by the Legislature, would ensure that the detailed considerations are not inadvertently summarized, that the different types of strategies are distinct, and that the risk of conflating different tactics (e.g. regulation vs. professional association recommendations) is remediated.

The Hawai'i State Center for Nursing was established by the Hawai'i State Legislature in 2003 "to address nursing workforce issues" (Act 198). The Hawai'i State Center for Nursing is established in laws under Chapter 304A, The University of Hawai'i System, and under Chapter 457, The Nurse Practice Act. The Center's mission is to collaborate on fostering workplace conditions that support nurses to remain in a fulfilling profession. Our vision is a thriving Hawai'i nursing workforce.

The mission of the Hawai'i State Center for Nursing is to collaborate on fostering workplace conditions that support nurses to remain in a fulfilling profession.



In 2021, HSCN started a *Wellbeing as a Factor of Nursing Recruitment and Retention* initiative. This initiative convened partners in nursing across the state, and used HSCN research, local knowledge on the state of the nursing profession, and national recommendations to identify priorities. Healthy Work Environment was one of the strategies prioritized. At that time, the National Nurse Staffing Think Tank (2022) recommended that “nursing organizations should investigate evidence related to scope of practice and minimum safe staffing levels for patients in their specialty.” In 2022, many of the organizations did not have initial recommendations related to staffing ratios published (see table). This is a relatively novel exercise in establishing nursing models of care.

This resolution and referenced bills list organizations which have statements related to hospital unit staffing standards. HSCN notes that there are other specialties in nursing including public health nursing, long-term care nursing, case managers, hospice, nursing management, and nurse educators (both faculty and clinical nurse educators). These additional nursing specialties are beyond the scope of the efforts identified in House Bill No. 1865 (2026) and Senate Bill No. 2763 (2026). However, high quality performance opportunities, leveraged by safe staffing standards for these specialties directly impact hospital-based bedside nursing care. It is unclear whether the scope of this report is limited to hospital-based bedside nursing care or addresses all nursing practice. Further, HSCN seeks guidance as to whether this requested report is limited to registered nurses, per House Bill No. 1865 (2026) and Senate Bill No. 2763 (2026) language, or does it include other license categories such as Licensed Practical Nursing and Advanced Practice Registered Nursing.

While HSCN welcomes the opportunity to compile the information related to staffing standards, a review of the standards for acute care focused specialty areas alone found inconsistencies which will make the request at odds with the intent of the recommendations. Namely, while some organizations have provided ratios, most do this in conjunction with complex strategies and recommendations that contextualize and deepen the value and importance of the ratios. Consolidating the standards has the real potential to undermine the intent of the standards, which is

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to provide deep, evidence-based recommendations that are, in whole, meant to be considered. Furthermore, while some organizations have endorsed ratios, others recommend acuity or workload-based staffing, and others use population-based staffing assignments. Rather than a dashboard, creating a repository of links, which can be used as a reference by the Legislature and the general public including organizations engaged in nursing workforce planning such as nursing employers and unions, further ensures that the detailed considerations are not inadvertently summarized.

As it relates to regulated nurse staffing in other states, authorities, countries, or professional associations, HSCN seeks clarification whether the focus of this report is related to regulation or professional practice recommendations, as these are qualitatively different. The Center is concerned that by putting recommended standards and enacted regulation in one report, in the form of a dashboard, it may invite the risk of conflating professional practice recommendations with regulatory requirements. For instance, the California law enacting ratios pre-dated many of the nursing organization recommendations by nearly 20 years, therefore it's legislative minimum staffing ratios are based on different methodology. However, if California's ratios are placed in the same dashboard as nursing professional associations, the unique and foundational differences may be difficult to glean.

In addition, while other countries do in fact have unique staffing standards, key variables like nationalized healthcare, proportion of total workforce allocated to healthcare and/or nursing, financing of healthcare, and education design make international comparisons more complex than a dashboard format and single interim session timeline entails.

Finally, HSCN notes that the Legislative Reference Bureau completed a study (Report 1, 2024) titled "A Time For Triage" which completed both a matrix review of nurse staffing regulation as well as a detailed summary of each state's laws. Further, nurse researcher Dr. Nancy Blake published a similar study "Specialty Guidelines for Appropriate Staffing" in the journal *AACN Advanced Critical Care* in December 2025.

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HSCN prides itself in facilitating deep dialogue that supports nursing, today and in the future, as this is a necessary component of strategy development. Thank you for your consideration of HSCN's contributions to nursing in Hawai'i and to this conversation. We look forward to your additional guidance as it relates to this request.

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Organization	Standards	Year	Ratio or Strategy	Website	Statement	Brief description	Referenced in Blake Article?
<i>(1) American Association of Critical-Care Nurses;</i>	Adult Progressive Care	2025	Both	https://www.aacn.org/nursing-excellence/aacn-standards	AACN Standards for Appropriate Staffing establishes seven standards intended to improve some of the many processes that affect appropriate registered nurse staffing.	7 strategies, when used together, facilitate standard 7 which is ratios in a 44-page document	Yes
	Adult Critical Care	2024					
	Pediatrics	2026 (pending)					
<i>(2) Emergency Nurses Association;</i>	Staffing and Productivity in the Emergency Department	1987, updated 2021	Recommends against ratio	https://www.ena.org/sites/default/files/2025-08/Staffing%20and%20Productivity%2	The use of nurse-to-patient ratios is not recommended.	10 item position including background and rationale	Yes

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<i>(3) Association of Women's Health, Obstetric and Neonatal Nurses;</i>	AWHONN's Staffing Standards	2010, updated in 2022	Both	https://www.awhonn.org/resources-and-information/published-resources/staffing-standards/	A detailed background and rationale for each of the standard nurse-to-patient ratios	2-page table as well as 214 pages of rationale	Yes
<i>(4) American Society of PeriAnesthesia Nurses;</i>	Practice Recommendation Patient Classification/ Staffing Recommendations	2018, updated 2023	Both	https://www.aspan.org/Portals/88/Clinical%20Practice/Practices%20Recommendations/Patient_Classification-ASPAN-2025Standards_in_PartFOUR.pdf?ver=GLNlDBG0Ktr9YVvH0EFOEA%3D%3D	Staffing should reflect patient acuity, nursing competence, and skill mix.	8-page summary including 5 pages of rationale to describe when and how to use ratios	No

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<i>(5) Association of periOperative Registered Nurses;</i>	AORN Position Statement on Perioperative Safe Staffing and On-Call Practices	2021	Both	https://www.aorn.org/docs/default-source/guidelines-resources/position-statements/personnel-staffing/posstat-staffingoncall-0721.pdf	Provides a framework for developing a staffing plan	16-page document with 3 pages of tables for staffing	Yes
<i>(6) Oncology Nursing Society;</i>	Staffing of Ambulatory Treatment Centers	2022	Both	https://www.ons.org/sites/default/files/2022-11/Staffing%20of%20Ambulatory%20Treatment%20Centers.pdf	No standard staffing model or nurse–patient ratio currently exists.	2-page document with positions	
<i>(7) Academy of Medical-Surgical Nurses;</i>	Staffing Standards for Patient Care		Strategy, Recommends against ratio	https://amsn.org/Practice-Resources/Position-Statements/Staffing-Standards-for-Patient-Care	Patient care assignments should be made based on the nurse's ability rather than predetermined	Brief statement with 2 positions.	Yes

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					or fixed patient-to-nurse ratios.		
<i>(8) American Psychiatric Nurses Association;</i>	APNA Position: Staffing Inpatient Psychiatric Units	2023	Strategy, Recommends against ratio	https://www.apna.org/news/staffing-inpatient-units/	Resist endorsing or defining any single staffing model.	Brief statement with 7 recommendations.	Yes
<i>(9) Society of Pediatric Nurses; and</i>	Safe Staffing for Pediatric Patients	2022	Both	2022 https://www.pedsnurses.org/assets/docs/Engage/Position-Statements/SafeStaffing.2022.Final.pdf 2024 https://spn.memberclicks.net/assets/docs/Engage/Position-Statements/SPN%20Position%20Statement_Safe%20Patient%204.24.pdf	Update in 2024 provides staffing ratios, changing position and provides rationale	4-page document with 1 page of recommendations (strategy and ratio)	Yes

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<i>(10) American Nephrology Nurses Association; and</i>	Nurse Staffing	2011, updated 2025	Strategy	https://www.annanurse.org/wp-content/uploads/2025/04/nurseStaffing.pdf https://www.annanurse.org/wp-content/uploads/2025/04/nnjfF23BednarSKI.pdf	Additional research is needed related to nurse to patient ratios	2-page rationale document	No
<i>(11) American Nursing Association</i>	Principles for Nurse Staffing	2019	Strategy	https://cdn2.hubspot.net/hubfs/4850206/PNS3E_ePDF.pdf	Any nursing care delivery system must provide the necessary nursing resources. Lists Principles	https://www.nursingworld.org/globalassets/practiceandpolicy/nurse-staffing/staffing-principles-infographic.pdf	No

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(12) National Association of Neonatal Nurses	RN Staffing in the NICU	2021	Both	https://nann.org/wp-content/uploads/2025/04/updated_RN_nicu_staffing-ad7.pdf	It is clear that staffing rates matter.	14-page position paper with 7 recommendations	No
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Additional Reference Documents:

Blake, N. (2025). Specialty Guidelines for Appropriate Staffing. AACN Advanced Critical Care, 36(4), 396–400. <https://doi.org/10.4037/aacnacc2025209>

Partners for Nurse Staffing Think Tank. (2022). Nurse staffing think tank: Priority topics and recommendations. American Nurses Association. <https://www.nursingworld.org/globalassets/practiceandpolicy/nurse-staffing/nurse-staffing-think-tank-recommendation.pdf>

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Testimony Presented Before the House Committees on Health and Human Services & Homelessness.

HEARING: Wednesday March 25, 2026, 9:30 A.M. in Room 329, State Capitol.

HCR105/HR97 Requesting the Hawaii State Center for Nursing to conduct a study compiling recommended safe patient staffing ratios.

Chair Representative Gregg Takayama, Vice Chair Representative Sue L. Keohokapu-Lee Loy, members of the House Committee on Health, and Chair Representative Lisa Marten, Vice Chair Ikaika Olds, members of the House Committee on Human Services & Homelessness, thank you for providing this opportunity for nurses to testify on this matter of critical importance to the patients we care for.

Hawai'i-American Nurses Association (Hawai'i- ANA) is the professional association for over 17,000 registered nurses who live and work in Hawai'i. Our mission is to advocate for the improvement of the healthcare system in the communities where we live and work. **We stand in strong support of this resolution** that will continue the work to ensure every patient in Hawai'i hospitals receives optimal nursing care delivered by a stable, thriving nursing workforce.

Hawai'i-ANA respectfully asks the Committees to work with the stakeholders to amend and adopt this resolution in order to continue the deep dialogue, facilitated by the Hawai'i State Center for Nursing, that supports strategy development for meeting this goal. Hawai'i-ANA thanks your committees for its commitment to the people of Hawai'i in supporting the local healthcare workforce.



Contact information for Hawai'i – American Nurses Association:
Chair of Advocacy Committee: Linda Beechinor, DNP, APRN, FNP-BC
President: Denise Cohen, PhD, APRN, FNP-BC

Executive Director: Elizabeth Kahakua, RN, BSN
phone (808) 779-3001 500 Lunalilo Home Road, #27-E, Honolulu HI 96825



HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

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

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

Testimony by

Hawaii Government Employees Association

March 25, 2026

H.C.R.105/H.R.97– REQUESTING THE HAWAII STATE CENTER FOR NURSING TO CONDUCT A STUDY COMPILING RECOMMENDED SAFE PATIENT STAFFING RATIOS

The **Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO** supports the **purpose and intent of H.C.R.105/H.R.97**, which is to request that the Hawaii State Center for Nursing conduct a study to compile a comprehensive list of recommended safe patient staffing ratios for various hospital units and health care settings.

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

It is our sincere hope and expectation that the results of such a study will reflect the wide and varied working conditions that exist in health care facilities, hospitals, and mental health facilities. We also hope that such a study will aid our legislators in taking decisive action to remedy the health and safety issues that such a study will inevitably identify. Finally, we hope that such a study will lead to passage of legislation that will establish minimum safe nurse-to-patient staffing ratios for hospitals and public health centers that operate in the public sector that are based on patient census, needs, and acuity. Such legislation is necessary to guarantee the health and safety of both registered professional nurses and their patients. This study offers a start. It is also likely to improve the health and safety outcomes for health care professionals and their patients in the interim because it will provide employers with “fair warning” of probable staffing requirements well ahead of the implementation of any legislation. This gives them time to properly hire and promote staff at their respective hospitals and facilities in anticipation of passage of such a statute. This is a net benefit to the entire community. The sooner it happens, the better.

Accordingly, **the Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO supports H.C.R.105/H.R.97.**

We appreciate your consideration of our testimony in support of H.C.R.105/H.R.97.

Respectfully submitted,

Randy Perreira
Executive Director



Terilyn Carvalho Luke
President
Michelle Apo
Vice President
Wolfgang Tarnowski
Treasurer
Madeleine Patoc
Secretary

March 24, 2026

Rep. Gregg Takayama, Chair Committee on Health
Rep. Sue L. Keohokapu-Lee Loy, Vice Chair Committee on Health
Rep. Lisa Marten, Chair Committee on Human Services and Homelessness
Rep. Ikaika Olds, Vice Chair Committee on Human Services and Homelessness

Subject: HR97/HCR105 REQUESTING THE HAWAII STATE CENTER FOR NURSING TO CONDUCT A STUDY COMPILING RECOMMENDED SAFE PATIENT STAFFING RATIOS.

Aloha Chairs Takayama and Marten and Vice Chairs Keohokapu-Lee Loy and Olds,

On behalf of over 1200 registered nurses, nurse practitioners, and healthcare workers working at Kaiser Hawaii, I am writing this in STRONG SUPPORT of resolutions, HR97 and HCR 105. As a frontline registered nurse for over 34 years and current President of HNHP for the past 4 years I have felt the increased pressure and staffing shortages that impact the quality of care healthcare workers are able to provided to our valuable patients.

Healthcare workers regularly have the difficult challenge prioritizing who, how and when our patients get timely quality care. Crisis situations are occurring more frequently and with less resources available to administer the high quality response and care occurring in our facilities. Recently I saw approximately 20 new crash carts in a hallway and asked a fellow RN why there were so many. Her response was that there we a shortage of crash carts available so more needed to be ordered. Please note that every floor/department has a fully stocked crash cart and it is checked every day. They are changed out anytime they are opened and utilized during a crisis situation (e.g."code blue" or rapid response). This indicates that there are more crisis situations occurring and the outcome resulting from that incident are unclear. However, the situation of staffing shortages definitely directly impacts the potential outcome of that patient as well as the care of the other patients on that floor whenever staff are pulled to these crisis episodes.

I wish to express my deep concern for the conditions that our nurses and healthcare workers in Hawaii and the country are currently dealing with to save lives and care for those in need of their expertise. I implore your committees to approve resolutions HR97 and HCR 105 to support safe patient staffing here in Hawaii.

Thank you all for your time, attention and support in moving these resolutions forward. Mahalo for your dedication to a safer, stronger healthcare system for all of Hawaii.

Sincerely,

Terilyn Carvalho Luke, BSN, RN
President
Hawaii Nurses and Healthcare Professionals (HNHP))

HR-97

Submitted on: 3/23/2026 5:33:03 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Thomas H Joslyn	Individual	Support	Written Testimony Only

Comments:

I am in support off this bill and hope you pass it. The HCFN will do an excellent job in providing needed information. Thanks for your consideration.

HR-97

Submitted on: 3/23/2026 11:46:27 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Anne Scharnhorst	Individual	Oppose	Written Testimony Only

Comments:

The issue of nurse staffing is far more complex than a study can outline. Many organizations use some strategy to figure out safe staffing and there are publications across the US that address it. A one size fits all strategy will definitely not work so the request for one study will likely not yeild the results that will help state healthcare oprganization, and nurses themselves, address safe staffing.

A different, multi tiered, collaborative startegey is needed.

HR-97

Submitted on: 3/23/2026 1:45:14 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Gregory A Jardon	Individual	Support	Written Testimony Only

Comments:

I have been a nurse for nearly 19 years now. And over these past eight or nine years, I have watched a dramatic change in the hospitals bringing in patients with higher and higher acuity. At the same time, the nurses that are available to take care of these patients have less and less years of knowledge. Nurses tend to start working in an acute field. And then as soon as they can transfer to an easier field, they quickly change to a clinic for such. I have a passion for working with high acuity, but your average nurse gets burned out very quickly due to the incredible high demand of sick patients. And number of patients that one must take care of. To make matters worse, we are often shorthanded of both nursing AIDS. Hospital secretaries and fellow nurses as well. But the patients keep coming. We are told that we must work harder for less. On a regular basis. While these words are not exactly stated, they are very much inferred with lower raises, higher acuity and less accelerary services. Available as the hospitals continue to take away and take away more and more. I was recently injured, or I ruptured a tendon on my thumb. It seems so small just a thumb but even after being out of work 44 months, I am still constantly having pain to my thumb. Where the tendon was ruptured. This happened because a patient was confused. And in order to prevent him from falling down, I put myself in harm's way. While I did prevent the patient from harming himself, I did cause harm to myself. We were denied a 1 to 1 sitter to assist this patient and help to keep him calm. We were also denied making it so the nurse would have a lower ratio of patients in order to take care of this patient in a more appropriate way. Due to higher cubicity and low staffing as usual. I beg that you pass this bill allow nurses to do their job in a way that they will not get burned out in the first year or two and go running to a clinic. For easy work.

Testimony in Support of HR97 and HCR105
House Committees on Health
Hearing Date: March 25, 2026 at 9:30 am

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

Hi, my name is Destry Segawa, and I am a Registered Nurse at Kaiser Hospital. I am submitting this testimony in STRONG SUPPORT of HR97 and HCR105. These measures are the first step toward establishing safe patient staffing ratios which will improve patient outcomes, protect our community (including our ohana), and support the nursing profession.

As we all know, the healthcare industry is constantly changing and evolving. Our patients are getting sicker and sicker. The demands on us are increasing. Over the 16.5 years I have been a nurse (and a family member of someone in the hospital), I have seen so many patients not receive the care they deserve. Nurses are spread so thin that they (we) don't have time to do basic hygiene care with (our) patients, like oral care (brushing teeth) or giving them a bath every day. Patients are having to wait 30 min to receive pain meds or go to the restroom because we are taking care of another patient (or two) who may be "crashing" or in a critical state. Patients are falling and getting injured because there aren't enough staff to attend to all of the call lights. Charge nurses are doing two jobs, like working as a Monitor Tech (for tele/cardiac monitored units) at the same time, so they are unable to help when a code or RRT (rapid response team) is called. This could result in delayed response time for necessary CPR and/or meds which could mean life vs death. These examples are just a few of the hundreds (even thousands) of deficiencies that occur in our Hawaii hospitals every day.

Could we do better? Yes. How? We (nurses/healthcare providers/healthcare workers) are burnt out. We are exhausted. We advocate for our patients and make life-saving decisions everyday/constantly, but we don't have the support needed. We do our best with what we are provided, but sometimes our best just isn't enough. We need safe patient staffing ratios, or we will continue to be set up for failure. We deserve better. Our families deserve better. By supporting House Resolution 97 (HR 97) and House Concurrent Resolution 105 (HCR105), we will have improved patient outcomes and ensure healthcare workers can provide the level of care our communities, our Ohana, deserve.

Thank you for your time and consideration.

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

HR-97

Submitted on: 3/24/2026 8:20:12 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Pohai Keliikipi	Individual	Support	Written Testimony Only

Comments:

My name is Pohai Keliikipi. Born and raised on Oahu, I have been a registered nurse here for over 25 years.

I'm providing testimony because I strongly support HR97 and HCR105. As a nurse on the front line, I see firsthand how staffing levels directly impact the safety and recovery of our patients.

The resolutions are a vital step toward protecting both Hawaii's patients and the nursing profession's delivery of care.

Staffing ratios matter because of what actually happens on hospital floors every day.

Several times a week, hospitals move nurses around to handle patient demand—especially when the emergency room is full and patients are waiting for beds. On the surface, that sounds reasonable. But here's what it looks like in practice:

A nurse starts their shift with a full group of patients—typically 4 to 5 people they are responsible for. They receive a detailed handoff from the previous nurse and begin assessing patients, giving medications, and carrying out treatments.

Then, just a few hours into the shift, that nurse may suddenly be told to leave their unit and go work somewhere else.

Before they leave, all of their patients have to be quickly reassigned to other nurses. Those nurses now have more patients than they were originally assigned. The transferring nurse then goes to a new unit and is often given a full assignment of new patients there.

This creates a chain reaction of disruption:

- Patients are handed off multiple times in a short period
- Nurses are caring for patients they just met, without full familiarity
- Assessments and treatments are delayed or rushed
- Documentation and communication suffer
- Patients lose rest because of repeated interruptions
- Important changes in a patient's condition are more likely to be missed

Even nurses on the receiving unit recognize this is unsafe, so they may try to redistribute patients to protect safety—but that further disrupts care across another entire unit in the hospital.

All of this is happening while hospitals are also operating with fewer support staff, like aides who help with basic but essential patient care.

In simple terms:

When nurses are constantly being moved and overloaded, care becomes fragmented and less safe. Patients are not getting consistent, attentive care from a nurse who knows them well—and that directly increases the risk of harm.

The nursing profession now has many young nurses, new grads, and travel nurses. Our professional license renewal includes dues to the Hawaii State Center for Nursing. Patient safety is a high nursing priority, and we need to have the Hawaii State Center for Nursing's support. These resolutions benefit all patients, nurses, and employers.

Throughout my career, I have seen supportive administrators and managers, but they do retire or leave for family or other job opportunities. Having the Hawaii State Center for Nursing conduct a study Safe Patient Staffing compiling recommended safe patient staffing ratios will establish the safety of our patients' delivery of care.

Thank you all for your time and support of these resolutions.

Sincerely,

Pohaikealoha Keliikipi, RN BSN

March 24, 2026

Subject: STRONG SUPPORT for HCR 105

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

My name is Madeleine Patoc, and I am writing in **strong support of HCR 105**.

HCR 105 represents an important step toward strengthening our healthcare system and supporting the frontline workers who sustain it all day, every day. Across Hawai'i, healthcare professionals—including nurses and respiratory therapists—are facing increasing workloads, staffing shortages, and rising levels of both physical and emotional burnout. These challenges not only impact workers, but also directly affect patient care and outcomes.

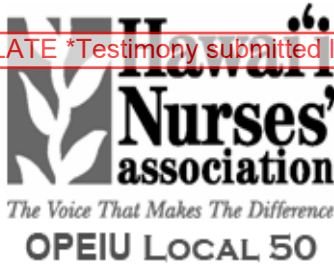
This resolution acknowledges the need to address these ongoing issues and move toward meaningful solutions. By advancing HCR 105, the Legislature demonstrates a commitment to improving working conditions, promoting workforce retention, and ensuring that patients across our state receive safe, high-quality care.

Investing in our healthcare workforce is essential for the long-term stability of Hawai'i's healthcare system. I have seen many that have moved away from the islands in hopes of finding better working conditions and/or work opportunities. When we support frontline workers, we strengthen the entire continuum of care—from hospitals to communities.

I respectfully urge you to pass HCR 105 and continue prioritizing policies that protect both healthcare workers and the patients we serve.

Mahalo for the opportunity to testify.

Sincerely,
Madeleine Patoc, RN



President

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In Strong Support of HR 97/HCR 105 Requesting the Hawaii State Center for Nursing to Conduct a Study Compiling Recommended Safe Patient Staffing Ratios.

Aloha Chair Takayama, Vice Chair Keohokapu-Lee and Committee Members from the House Committee on Health,

My name is Rosalee Agas-Yuu, and I am the President of Hawai'i Nurses' Association, OPEIU Local 50 and a registered nurse in Hawai'i.

This year we heard the concerns of our legislators about safe staffing ratios and learned what resources are currently in place for the Nurses of Hawaii. The Hawaii State Center for Nursing has shown strong support in the recruitment of nurses in the current workforce and we hope that there will be a deeper connection with the current nurses at the bedside on how we can retain our workforce in Hawaii. The Safe Patient Staffing Ratios is important to those nurses currently working at the bedside in acute care facilities. Let this be the next step toward keeping our nurses at the bedside and providing clarity to why this has been a priority for Nurses in Hawaii.

By passing this resolution, it could be a template for other areas like long term care home facilities, dialysis centers, and other healthcare facilities beyond the acute care that is the focus

Thank you for the opportunity to testify in strong support of HR 97/HCR 105.

Sincerely,

Rosalee Agas-Yuu

Rosalee Agas-Yuu

President

Hawai'i Nurses' Association, OPEIU Local 50

Name of addressee

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LATE

HR-97

Submitted on: 3/24/2026 3:27:23 PM

Testimony for HLT on 3/25/2026 9:30:00 AM

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

Comments:

I am a registered nurse and an emergency room nurse the front line worker and this is my 20th year as an emergency room nurse. I feel it is imperative For the safety of patients as well as staff to have patient ratios. I work in a facility where we do not have ratios in the emergency department and that is not only risky but dangerous. It directly impacts the patient's care and welfare as well as all of those who visit emergency departments as well as need nursing In all forms of nursing. I have personally been asking about safe ratios for years as well as other safety issues. Please help us as nurses and Frontline workers be safer to help, protect and safeguard the communities and the public. Nurses are the hands of the medical field that are with you when you're at your lowest sickest and sometimes the end of your life please help support us so that we can safely support you. Would you want to be lying in a bed and understaffed department asking For help, but the nurse is too busy being overworked and overloaded in a busy department or do you want safe patient ratios and nurses there to help attend to your needs to make sure you're fed well ambulated to the restroom as well as your other medical needs like watching Your vitals and your cardiac rhythms, as well as your lab trends and making sure you make it to Your diagnostic testing as well.. nurse is also the ones that help with your discharge planning and facilitate your care even out of the hospital so I urge you to help us have safe patient ratios and I'm I'm asking for. It's just the standards that are already in place in many other states across the country as well as in the world, even if we followed ENA standards and other standard set for by governing bodies and nursing bodies, and I would be glad to assist and help institute ratios and good suggestions. I want to urge the state and the legislature to be in support of safe nursing ratios for all of us. Please feel free to reach out or contact me and my phone number and I will be glad to do what I can. I'm also hopefully will try to attend to give verbal testimony being a nurse who's been injured on the job assaulted by patients threatened. I'm still there helping serve the community and my people. I hope you representatives will help. Serve us as well. Thank you for your time and your efforts and I really appreciate this

LATE

HR-97

Submitted on: 3/25/2026 5:11:10 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Michelle Paik Page	Individual	Support	Written Testimony Only

Comments:

Aloha Members of the Committee,

My name is Michelle Paik Page, and I am writing today as a member of an ‘ohana who has sat at the bedside of a loved one in our Hawai‘i hospitals.

When someone in your family becomes a patient, everything changes.

In Hawai‘i, we don’t just “visit,” we stay, we watch, we care, we advocate. Because that is our kuleana. We take care of our own.

But what we are seeing more and more is that families are having to carry responsibilities that should already be safely held within the healthcare system.

We are noticing the delays.

We are feeling the gaps.

We are witnessing the strain.

I have sat there and watched my loved one wait for help too long. Watched call lights stay on. Watched nurses moving as fast as they can, but clearly stretched beyond what is safe.

And in those moments, I felt that something is not right. My loved one is in danger.

Not because people don’t care, but because the system is asking too few to do too much.

It is wrong that we, as family members have to:

- Keep track of medications
- Repeat requests
- Stay at the bedside longer than we should have to
- Watch closely, just in case something is missed

That is not how care in Hawai‘i should feel. Our healthcare system should reflect our values; care, respect, presence, and dignity.

Instead, we are experiencing a healthcare system where:

- Response times are slower
- Care feels rushed or delayed
- Safety feels uncertain

And it is hard not to feel that somewhere along the way, priorities have shifted.

Because from where we sit as families, it can feel like efficiency and financial pressures are beginning to outweigh patient-centered care.

Nurse tell me, there isn't a shortage of nurses; there are a shortage of nurses that want to work where it is so dangerous that providing care has become a hazard. They are getting hurt, burned out, and cannot morally provide care in a system that does not care about patients.

But for us, there is no "bottom line" when it comes to our loved ones.

Our only bottom line is their safety.

Testimony already shared describes delays in care, nurses being spread too thin, and patients waiting for even basic needs. I have experienced this; it is not an abstract idea.

We feel it. Every single day at the bedside.

We feel the worry.

We feel the responsibility.

We feel the erosion of what should be a protected space of healing.

HR 97 / HCR 105 matters because it begins to bring this back into balance.

It acknowledges that safe staffing is not just about numbers; it is about:

- Protecting patients
- Supporting nurses
- Honoring the trust families place in the system

Because in Hawai'i, when one person is sick, the whole 'ohana is affected.

And at some point, every one of us will be in that chair next to someone we love hoping they are safe, hoping someone will come when they call.

We should never have to question that.

I respectfully urge you to support HR 97 / HCR 105 and take this important step toward restoring safety, trust, and the true spirit of care in Hawai'i.

Mahalo for your time, your leadership, and your commitment to our communities.

Respectfully submitted,

Dr. Michelle Paik Page

HR-97

Submitted on: 3/25/2026 7:55:50 AM

Testimony for HLT on 3/25/2026 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Rachel Tjoeng	Individual	Support	In Person

Comments:

Aloha kākou--

My name is Rachel Tjoeng, and I am a former bedside nurse. I strongly support this resolution to request that the Hawai‘i State Center for Nursing undertake a study on safe nurse to patient ratios, and I would urge them to start with our acute care facilities where nurses are burning out due to extremely high workloads. To meaningfully address nursing shortage and burnout, we must address how many patients each nurse is caring for. Studies show that for each additional patient added to a nurse assignment, the mortality increases. Protecting patients means protecting nurses with safe patient ratios that allow them to observe and intervene before the patient has an adverse event. More technology cannot act as a substitute for human assessment and intervention.

In closing, I urge you to support this resolution and provide the Hawai‘i State Center for Nursing with all the necessary resources to undertake a study that weighs nurse voices speaking for their patients more heavily than institutional administrator voices who have no background in bedside nursing, even if they have RN behind their name.

Mahalo,

Rachel Tjoeng, BSN, MA