



**Testimony Presented Before the House of Representatives
Committee on Health**

HEARING: Thursday April 23, 2026 at 8:45 A.M.

PLACE: Room 430 State Capitol and via videoconference

SCR59,SD1 (HSCR2178-26) REQUESTING THE GOVERNOR TO ESTABLISH PROCEDURES TO AUTHORIZE CERTAIN HEALTH CARE PROFESSIONALS TO ENGAGE IN THE PRACTICE OF THEIR RESPECTIVE PROFESSIONS IN THE STATE WITHOUT A HAWAII-ISSUED LICENSE DURING A STATE OF EMERGENCY.

Chair Representative Gregg Takayama, Vice-Chair Representative Sue L. Keohokapu-Loy, and members of the House Committee on Health, thank you for the opportunity to testify **in strong support of this resolution.**

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. This resolution has evolved to include all the important aspects for healthcare professionals from other states and territories to respond immediately to emergency declarations in Hawai'i, as they are needed. We are so grateful for the legislators' understanding of the dire need for this measure, to support healthcare throughout emergency situations in Hawai'i .

Hawai'i-ANA respectfully asks the Committee to move this resolution forward in the legislative process, to enhance Hawaii's disaster response capabilities by codifying streamlined emergency licensure flexibilities to enable the swift mobilization of qualified healthcare professionals. This measure reflects policy already enacted in more than twenty states and represents a prudent modernization of Hawai'i's emergency response framework.

Historically, Hawai'i has relied on gubernatorial proclamations and emergency actions to enable healthcare professionals licensed in other states to practice in our

state during emergencies. That approach has created avoidable delays and coordination gaps with partners such as the American Red Cross and the military. SCR59,SD1 (HSCR2178-26) modernizes our readiness by making emergency licensure flexibility automatic and immediate. Safety guardrails are built in, requiring healthcare practitioners to hold a state license and be affiliated with recognized response/healthcare entities such as our own healthcare facilities, the American Red Cross, FEMA, or military medical units who have vetted them for their work. It also requires a registry through the Department of Health, providing transparency and accountability during volunteer deployments.

Hawai'i-ANA thanks your committee for its commitment to the people of Hawai'i in supporting efforts to improve our emergency response capabilities, to the benefit of all Hawai'i residents. Thank you for the opportunity to testify in support of this measure.



Contact information for Hawai'i – American Nurses Association:

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April 23, 2026, 8:45 am
Conference Room 430

House Committee on Health

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

**From: Ms. BJ Bartleson, MS, RN, NEA-BC, FAONL
President-Elect Hawai'i Organization of Nurse Leaders, HONL
An Independent Chapter of the American Organization of Nurse Leaders**

**RE: TESTIMONY IN STRONG SUPPORT OF SCR 59, SD 1 -RELATING TO
EMERGENCY HEALTHCARE LICENSURE WAIVERS**

Nurse leaders across Hawai'i have lived the reality of workforce shortages during COVID-19, wildfires, and other system surges. In these moments, delays in accessing qualified, licensed providers directly impact patient care, staff safety, and system capacity.

SCR 59 is a prudent and strategic step. It allows Hawai'i to thoughtfully evaluate emergency licensure pathways while ensuring patient safety, regulatory integrity, and operational feasibility. Rather than rushing into statute, this approach builds the evidence and consensus needed to implement a solution that works in practice—not just on paper.

From a nursing leadership perspective, any future framework must:

- Ensure rapid but rigorous credential verification
- Align with licensing board authority and scope of practice
- Provide clear, actionable processes for healthcare organizations during emergencies

Importantly, nurse leaders are uniquely positioned at the intersection of policy and operations. We see where systems succeed and where they fail in real time.

HONL stands ready to assist with next steps. We can:

- Participate in stakeholder working groups or advisory efforts
- Provide frontline operational insight from hospitals and care systems across the state
- Help evaluate feasibility, implementation barriers, and workforce impact
- Support development of practical, nurse-informed recommendations for future legislation

Our goal is to help co-design a solution that is safe, efficient, and truly responsive to Hawai'i's needs during emergencies.

Mahalo for the opportunity to testify, and we respectfully urge you to pass SCR 59.

**State Capitol, Room 430
415 South Beretania Street
Honolulu, Hawai'i 96813**

RE: SUPPORT — SCR 59

Aloha Chair Rep. Gregg Takayama and Members of the Committee,

My name is Denise Cohen, President of Hawai'i-ANA and a proud Red Cross volunteer. I respectfully submit testimony in strong **SUPPORT** of **SCR 59**.

During the recent Kona Low, I served as Health Services Manager for the Red Cross, overseeing six part-time nurses deployed across O'ahu, Maui, and Hawai'i Island. Several shelters experienced significant physical and mental health needs, and we did not have sufficient personnel to meet demand. Based on this experience, I respectfully request your support for this resolution with the following amendments recommended by the Red Cross:

I. Broaden the Definition of Mental Health Professionals

The current language references “mental health counselors” as the authorized category of practitioners. We respectfully urge the Committee to broaden this designation. In practice, the Red Cross deploys a range of licensed professionals, including clinical social workers, marriage and family therapists, school counselors, and psychologists—disciplines not always captured under the “counselor” label.

While the phrase “other health care professionals designated by the Department of Health” may allow for inclusion, relying on future designation introduces ambiguity that could delay rapid deployment during emergencies. We recommend either:

- Enumerating specific disciplines; or
- Replacing “mental health counselors” with the broader term “mental health professionals.”

II. Streamline Deployment Without Individual State Registration Requirements

Requiring individual deployed workers to register on a state portal prior to or upon deployment may create administrative burdens and delay critical response efforts. The Red Cross maintains a robust internal credentialing system that verifies licensure status, ensures licenses are unencumbered, and confirms eligibility before deployment.

We recommend allowing recognized emergency response organizations to deploy pre-vetted health care workers upon a declaration of emergency, with the organization serving as the responsible credentialing authority, rather than requiring duplicative individual registration.

III. Expand Eligibility to Qualified Nonprofit Response Organizations

SCR 59 is more restrictive than frameworks such as the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), which allows practitioners affiliated with qualified volunteer organizations to provide services. While the Red Cross is explicitly recognized, disaster response

often involves collaboration with other nonprofit and VOAD partners that provide essential health services.

We recommend including language that allows any qualified nonprofit emergency response organization—based on criteria established by the Governor or Department of Health—to serve as an eligible deploying entity.

IV. Align Practice Authority with the Duration of the Emergency Declaration

SCR 59 limits emergency practice authority to 60 days or the termination of the emergency declaration, whichever occurs first. While 60 days may suffice for many incidents, larger-scale disasters may require longer response periods.

We recommend allowing practice authority to remain in effect for the full duration of the emergency declaration. This approach ensures continuity, reduces administrative burden, and aligns with the state’s determination of when the emergency has concluded.

The Hawai‘i-American Nurses Association strongly supports the goals of SCR 59 and commends Representative Takayama for advancing this important measure. Hawai‘i will continue to face disasters requiring rapid, coordinated deployment of qualified health professionals. With the amendments outlined above, SCR 59 can provide greater clarity, flexibility, and equity across disciplines.

Mahalo for the opportunity to testify and for your continued commitment to strengthening Hawai‘i’s emergency preparedness.

Sincerely,
Denise Cohen, PhD, APRN, RN, FNP-BC
President, Hawai‘i-ANA
Red Cross Pacific Island Regions Disaster Health Services Manager