



Testimony Presented Before the  
Senate Committee on Health and Human Services  
Monday, March 30, 2026 at 1:07 P.M.  
Conference Room 225 and Videoconference  
by  
Laura Reichhardt, APRN, AGPCNP-BC  
Director, Hawai'i State Center for Nursing  
University of Hawai'i at Mānoa

COMMENTS on SCR 119/SR 112

Chair San Buenaventura, Vice Chair McKelvey, 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. As such, HSCN appreciates the guidance and resulting revisions made by the House Health Committee to the companion resolutions HCR105 and HR 97.

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.

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Our mandates address nursing workforce research, reporting on best practices and quality outcomes, and developing strategies for nursing recruitment and retention in Hawai'i. In 2025, HSCN received feedback from 15,532 nurses (LPN, RN, APRN) licensed in Hawai'i, supported over 3,000 nursing student clinical placements, nearly 650 new nurse residency and/or incumbent nurse specialty-to-practice transition efforts, and over 8,000 hours of continuing education hours to nurses.

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.

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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 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.

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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.

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	<a href="https://www.aacn.org/nursing-excellence/aacn-standards">https://www.aacn.org/nursing-excellence/aacn-standards</a>	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	<a href="https://www.ena.org/sites/default/files/2025-08/Staffing%20and%20Productivity%2">https://www.ena.org/sites/default/files/2025-08/Staffing%20and%20Productivity%2</a>	The use of nurse-to-patient ratios is not recommended.	10 item position including background and rationale	Yes

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				<a href="#">0in%20the%20Emergency%20Department%20Position%20Statement.pdf</a>			
<i>(3) Association of Women's Health, Obstetric and Neonatal Nurses;</i>	AWHONN's Staffing Standards	2010, updated in 2022	Both	<a href="https://www.awhonn.org/resources-and-information/published-resources/staffing-standards/">https://www.awhonn.org/resources-and-information/published-resources/staffing-standards/</a>	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	<a href="https://www.aspan.org/Portals/88/Clinical%20Practice/Practices%20Recommendations/Patient_Classification-ASPAN-2025Standards_in_PartFOUR.pdf?ver=GLNlDBG0Ktr9YVvH0EFOEA%3D%3D">https://www.aspan.org/Portals/88/Clinical%20Practice/Practices%20Recommendations/Patient_Classification-ASPAN-2025Standards_in_PartFOUR.pdf?ver=GLNlDBG0Ktr9YVvH0EFOEA%3D%3D</a>	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	<a href="https://www.aorn.org/docs/default-source/guidelines-resources/position-statements/personnel-staffing/posstat-staffingoncall-0721.pdf">https://www.aorn.org/docs/default-source/guidelines-resources/position-statements/personnel-staffing/posstat-staffingoncall-0721.pdf</a>	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	<a href="https://www.ons.org/sites/default/files/2022-11/Staffing%20of%20Ambulatory%20Treatment%20Centers.pdf">https://www.ons.org/sites/default/files/2022-11/Staffing%20of%20Ambulatory%20Treatment%20Centers.pdf</a>	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	<a href="https://amsn.org/Practice-Resources/Position-Statements/Staffing-Standards-for-Patient-Care">https://amsn.org/Practice-Resources/Position-Statements/Staffing-Standards-for-Patient-Care</a>	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	<a href="https://www.apna.org/news/staffing-inpatient-units/">https://www.apna.org/news/staffing-inpatient-units/</a>	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 <a href="https://www.pedsnurses.org/assets/docs/Engage/Position-Statements/SafeStaffing.2022.Final.pdf">https://www.pedsnurses.org/assets/docs/Engage/Position-Statements/SafeStaffing.2022.Final.pdf</a> 2024 <a href="https://spn.memberclicks.net/assets/docs/Engage/Position-Statements/SPN%20Position%20Statement_Safe%20Patient%204.24.pdf">https://spn.memberclicks.net/assets/docs/Engage/Position-Statements/SPN%20Position%20Statement_Safe%20Patient%204.24.pdf</a>	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	<a href="https://www.annanurse.org/wp-content/uploads/2025/04/nurseStaffing.pdf">https://www.annanurse.org/wp-content/uploads/2025/04/nurseStaffing.pdf</a>  <a href="https://www.annanurse.org/wp-content/uploads/2025/04/nnjfF23Bednarski1.pdf">https://www.annanurse.org/wp-content/uploads/2025/04/nnjfF23Bednarski1.pdf</a>	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	<a href="https://cdn2.hubspot.net/hubfs/4850206/PNS3E_ePDF.pdf">https://cdn2.hubspot.net/hubfs/4850206/PNS3E_ePDF.pdf</a>	Any nursing care delivery system must provide the necessary nursing resources. Lists Principles	<a href="https://www.nursingworld.org/globalassets/practiceandpolicy/nurse-staffing/staffing-principles-infographic.pdf">https://www.nursingworld.org/globalassets/practiceandpolicy/nurse-staffing/staffing-principles-infographic.pdf</a>	No

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(12) National Association of Neonatal Nurses	RN Staffing in the NICU	2021	Both	<a href="https://nann.org/wp-content/uploads/2025/04/updated_RN_nicu_staffing-ad7.pdf">https://nann.org/wp-content/uploads/2025/04/updated_RN_nicu_staffing-ad7.pdf</a>	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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**In Strong Support of SR 112/SCR 119 Requesting the Hawaii State Center for Nursing to Conduct a Study Compiling Recommended Safe Patient Staffing Ratios.**

Aloha Chair San Buenaventura, Vice Chair McKelvey and Committee Members from the Senate Committee on Health and Human Services,

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. I have worked as a nurse for thirty-three years and continue to provide bedside care in various acute care facilities.

Over the last 6 years, we have heard nurses across the state express the need for staffing ratios in the acute care settings and we began the process of passing a bill to address this need.

The last two years we were joined by Hawaii Nurses and Healthcare Professionals (HNHP), United Nurses Association of California/Union of Health Care Professionals (UNAC/UHCP), and the Hawaii State Chapter of American Nurses Association. The coalition of these groups of nurses in Hawaii brought a larger perspective and understanding of the problem.

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 into the workforce. We hope that with this Study, 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 (both new and present workforce) and providing clarity to why this has been a priority for Nurses in Hawaii.

By passing this resolution, we hope that it could also be a template for other areas like long term care home facilities, dialysis centers, and other healthcare facilities beyond the acute care setting.

Thank you for the opportunity to testify in **strong support** of SR 112/SCR 119

Sincerely,

*Rosalee Agas-Yuu*

Rosalee Agas-Yuu

President, Hawai'i Nurses' Association, OPEIU Local 50



**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



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

March 29, 2026

Senator Joy San Buenaventura, Chair  
Senator Angus McKelvey, Vice Chair  
Senate Members of the Committee on Health and Human Services

**Subject:** SR112/SCR119 REQUESTING THE HAWAII STATE CENTER FOR NURSING TO CONDUCT A STUDY COMPILING RECOMMENDED SAFE PATIENT STAFFING RATIOS.

Aloha Chair San Buenaventura, Vice Chair McKelvey and Honorable Senate Committee members,

On behalf of 1300 registered nurses, nurse practitioners, and healthcare workers working at Kaiser Hawai'i, I am writing this in **STRONG SUPPORT of resolutions, SR112 and SCR119**. As a frontline registered nurse for over 34 years at Kaiser and current President of HNHP for the past 4 years I have felt personally the impact and also have heard from our members of the increased pressure and staffing shortages that affect the quality of care they are able to provide to our valuable patients. Our nurses work throughout all of the major Hawaiian islands where Kaiser provides care.

Healthcare workers regularly have the difficult challenge prioritizing who, how and when our patients receive timely quality care based on the patient load they have each been assigned. Crisis situations are occurring more frequently and with less resources available to administer the high quality care response needed by our patients in the facilities. The situation of staffing shortages 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.

In medical terminology, "patient acuity refers to the severity of a hospitalized patient's illness and the level of attention or service he or she will need from professional staff. The levels of patient acuity equate to the number of hours needed for nursing staff to care for the patient." Hospital leaders have admitted that the types of patients and their severity have increased. The patients that were previously hospitalized are now seen as outpatients or sent home and given home treatment protocols to follow. So only the sickest of the sick are now in the hospitals and the increased workload is weighing heavily on the staff nurses, especially since patient to staff ratios have only increased over the past 15 years as a cost-saving measure.

Much research in the area of **safe patient staffing ratios** has been done over the years, and one study showed the correlation between lower patient to nurse staffing ratios to improved patient compliance with treatment plans, lower rates of infections, improved pain management, and fewer medication errors. This leads to better patient health, fewer readmissions, reduced financial penalties for hospitals

and improved working conditions for nurses.

Another study of 87 hospitals over a one-year span showed that if these hospitals had used four-to-one patient ratios, they could have avoided nearly 1,600 deaths. Safe patient staffing ratios save lives!

Our nurses in Hawai'i hospitals have long rung the alarm bell on concerns over hospitals putting profits before patient care as unsafe patient staffing ratios put the welfare of our patients at risk. Despite these concerns, nurses come to work putting our best selves forward knowing full well that we will not be able to spend enough time with each of our patients. Patients are waiting too long for care, preventable complications are occurring, and experienced nurses are leaving the profession far too early due to overwhelming workloads and the resulting "burnout".

I have personally been a patient and endured the long wait times for a nurse to answer my call light when I needed assistance. The wait times for pain medicine, needing to use the bathroom, IV pumps "alarming" for what seemed hours are but a few of the situations that I endured, knowing that my fellow colleagues were busy taking care of other patients. As often as I could, I insisted that my husband stay with me to assist with these and other situations since he could go out to the nursing station if the need was immediate. Otherwise, I "trained" him on how to help me including which buttons to "silence" the machines if necessary.

But I could only do this because as a nurse I could participate in directing someone to help me. Can you imagine how many others are unable to do the same because the nursing staff are too busy taking care of their patient assignments due to the high patient acuity and workload?

I have also on more than one occasion felt the need to help my family member or friend who was recovering in the hospital due to the inability of the nurses to meet the workload they had been assigned. I assisted with toileting (including placing and removing the bedpan and cleaning them up), seeking out the nurse if the vital sign monitor displayed a blood pressure or pulse that needed to have an intervention, or if my loved one complained of pain and needed repositioning or pain medications. I have more often than not had to advocate or help care for my loved one since the primary nurse was extremely busy with another patient or emergency and unable to meet my family's needs. This is a daily and frequent occurrence for many patients, not a rare example in the hospital.

I have heard more "code blue" or "rapid response team" calls in the halls of the hospital over the past 5 years than in my previous 25+ years. These overhead calls signify an "ominous" event with potentially poor clinical outcomes for the patients. They are also indicative of events that could have possibly been prevented if the nurse had been able to spend more time with their patients instead of the current maximum of 8-12 minutes per hour they currently have to provide care.

At least 15 states have safe patient-to-nurse ratio laws or regulations governing safe staffing. Hawai'i deserves no less, and I urge the implementation of a state-wide safe patient staffing standard. The resolution before your Committee will show the people and health care workers of Hawai'i the deep concern our legislators have to move in the direction of safe patient staffing standards by having the Hawai'i State Center for Nursing be the platform for the data in Hawai'i.

I wish to express my deep concern for the conditions that our nurses and healthcare workers in Hawai'i 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 SR112 and SCR 119 to support safe patient staffing here in Hawai'i.

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 Hawai'i.

Sincerely,

*Terilyn Carvalho Luke, BSN, RN*

President

Hawaii Nurses & Healthcare Professionals (HNHP)



**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 Senate Committee on Health and Human Services

Testimony by  
Hawaii Government Employees Association

March 30, 2026

**S.C.R.119/S.R.112– 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 S.C.R.119/S.R.112**, 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 S.C.R.119/S.R.112.**

We appreciate your consideration of our testimony in support of S.C.R.119/S.R.112.

Respectfully submitted,

Randy Perreira  
Executive Director

**SR-112**

Submitted on: 3/29/2026 10:10:20 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Octavia Price	Testifying for Kaiser Permanente Hawaii	Support	Written Testimony Only

Comments:

Aloha,

I have been an RN for almost 10 years, caring for the people of Hawaii Island, Oahu and visitors to our state. I have worked in long-term care, home health, hospice, and acute care in hospital on a medical/surgical unit, pediatric unit, COVID unit and the emergency department. A consistent issue in all of these areas, is short-staffing and unsafe nursing ratios. While I could give endless examples of when I experienced shifts with unsafe nursing ratios and/or poor staffing, I would like to remind the readers of this testimony that these concerns are not new and they are not exclusive to myself nor to our state. I could go on about how unsafe staffing and nursing ratios have always been a challenge resulting in staff burnout, injury, medication errors and other safety risks, as well as delay in care, but these stories have been told and heard before. Please think about the next time you are in hospital, the next time your loved one is in hospital, and how much the care provided could be affected should nursing ratios and staffing be inadequate. Please know that nurses are frustrated not being able to provide the care we want and know we are capable of. Please help us to make these unsafe practices a thing of the past, and allow us to provide the most optimal care to our communities.

Respectfully,

Octavia Price, RN

**SR-112**

Submitted on: 3/29/2026 9:40:49 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Marissa Jacobs	Testifying for HNHP	Support	Written Testimony Only

Comments:

Aloha. I was born and raised here in Hawaii and attended UH Manoa where I obtained my BSN in 2006. I am in my 20th year working as an RN in the inpatient/acute care hospital setting. Year in and year out, we are told to do more with less as Nurses. We are put into unsafe situations on every shift--because Hospitals are watching their supposed budget. Patients are getting sicker and Nurses are on the verge of leaving the profession altogether because of a lack of support. It is apparent that Hospitals are not putting patient care first and will not prioritize safe staffing guidelines unless they are forced to by law. Contrary to what is portrayed in the media--safe staffing ratios are created to promote excellent and safe care of patients (not just the minimum or sub-par) and does not eliminate flexibility. It mandates that the appropriate "core" of Nurses are hired in each department and that Charge Nurses will not be reprimanded for making decisions re: the number of Nurses needed to work on each shift--like calling in a Nurse to work from standby when patient census or acuity increases. States like California have safe staffing ratios in place, which protect not only patients but also staff. Please take the first step in improving our healthcare here in the Islands by approving this study to be done on safe staffing ratios. Think of your parent, aunty, uncle, grandparent, spouse, sibling, cousin, child or friend and the care standards you know they deserve. Mahalo.

**SR-112**

Submitted on: 3/29/2026 12:24:33 PM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Leticia Calles	Individual	Support	In Person

Comments:

Dear Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

My name is Leticia Calles. I hold a master’s in nursing with an emphasis in quality and patient safety, and I have specialized in cardiac nursing for 20 years. I strongly support SR112 and SCR119. Thank you for the opportunity to testify.

The evidence is clear and overwhelming: unsafe nurse staffing harms patients. Numerous studies link inadequate nurse-to-patient ratios to higher mortality, increased infections, higher readmission rates, and longer hospital stays. Safe staffing is evidence-based and supported by leading professional and accrediting organizations, though it is often not prioritized. Hospital administrators must stop framing safe staffing as a cost burden and end the practice of using chronic understaffing as a cost-containment strategy. Hospital organizations must be held accountable through clear enforcement mechanisms.

Over the last two years I have seen committees defer or vote down safe staffing bills, telling nurses that these protections belong at the bargaining table. Recently, nurses have gained staffing ratios in union contracts. However, voluntary compliance has been insufficient. Patient safety and provider well-being must be prioritized over financial margins.

To protect patient outcomes and healthcare quality, I respectfully urge policymakers to pass and enforce safe staffing laws, mandate public reporting of staffing compliance, and impose meaningful penalties for violations. Strong policy action is essential to prioritize patient safety over financial gains.

Most large hospitals in Hawai‘i and across the nation are nonprofit organizations. However, financial surpluses often fund administrative costs, such as executive compensation, rather than vital staffing, improvements in patient care and equipment, or community health needs.

Thank you for considering my testimony. Your leadership on safe staffing will improve healthcare for patients, nurses, and the people of Hawai‘i.

Sincerely,

Leticia Calles MSN, RN, RCIS, CV-BC

**SR-112**

Submitted on: 3/29/2026 1:02:22 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Pohai	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 SCR119 and SR112. 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 Hawai'i'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 Hawai'i State Center for Nursing. Patient safety is a high nursing priority, and we need to have the Hawai'i 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 Hawai'i State Center for Nursing conduct a study for Safe Patient Staffing and 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

Aloha,

My name is Cailee, and I am an Emergency Room nurse here in Hawai'i. I love what I do, but I wrote this testimony because the conditions we are working in are no longer safe, and what is happening at the bedside demands your attention.

There are shifts where I am responsible for a critically ill, ICU-level patient who should be receiving 1:1 care, while also caring for additional ER patients- with no cap, no ceiling, and no limit to keep patients safe. We can continue to receive patients regardless of how overwhelmed we already are. This is not safe for anyone. It forces me to make impossible choices, who gets my attention first, who has to wait, and who might deteriorate while I am tied up with another patient.

We try to lean on our team members for support, but they are overwhelmed and drowning themselves. There is no safety net. And this is how harm happens. Not only does this put patients at risk, it puts my nursing license at risk. We are expected to perform at a high level in conditions that make safe care impossible. No amount of skill, experience, or dedication can compensate for being spread this thin.

Nursing is known as the most trusted profession but we are being placed in situations where we cannot uphold that trust. These are not minor delays or inconveniences. These are human lives. These are mothers, fathers, children, grandparents, people who are depending on us in their most vulnerable moments. When we are spread too thin, patient care is compromised and the consequences can be devastating.

Most shifts, I come to work scared. Not because I don't know how to do my job but because I know I cannot do it safely under these conditions. I cannot provide excellent care. I cannot be present with my patients. I cannot catch everything when I am responsible for too much. And that is a dangerous place for both patients and nurses.

We cannot fix this alone. We need you, our lawmakers, to step in and support safe staffing ratios that protect patients and protect nurses.

We are not asking for luxury, we are asking for safety. We are asking for the ability to do our jobs the way we were trained to do them. Help us keep our communities safe. Help us care for our patients the way they deserve. Help us be safe at work. Because without safe staffing, patients are at risk. And we should not have to wait for something worse to happen before change is made.

Mahalo for your time and consideration.

**SR-112**

Submitted on: 3/29/2026 7:29:40 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Leighton Nino	Individual	Support	Written Testimony Only

Comments:

My name is Leighton Nino. I am a lifelong resident of Kaimuki and have been a nurse for eight years. I am writing in strong support of SCR119/SR112.

As an ER nurse at Kaiser Moanalua Medical Center, I see firsthand how staffing levels directly impact patient safety and recovery. Inadequate staffing has significantly decreased department efficiency. Inadequate staffing/patient ratios, combined with frequent sick calls and high patient volumes, consistently pushes our department beyond safe operating limits.

On a daily basis, I personally manage five to six patients while also supporting my coworkers with their workloads. When I am caring for a critical patient—such as someone in cardiac arrest, experiencing a stroke, or in septic shock—they require my full attention. Consequently, my other patients and their families are often left waiting for basic needs, such as assistance to the bathroom or timely pain medication. Safe patient staffing ratios are vital for protecting both Hawaii’s patients and the nursing profession.

Thank you for the opportunity to provide testimony and for your continued service to our community.

**SR-112**

Submitted on: 3/29/2026 10:46:31 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ashli-Danielle Abreu	Individual	Support	Written Testimony Only

Comments:

Hi esteemed panel of senators,

I'm writing to you not just as a constituent, but as an ER nurse who spends long shifts at the bedside of patients during some of the most vulnerable moments of their lives.

The emergency room is unpredictable by nature, but what shouldn't be unpredictable is whether patients receive safe, attentive care. Lately, staffing levels have made that harder than it should ever be. When one nurse is responsible for too many patients at once, it's not just stressful—it's unsafe. It means less time to catch subtle changes, delays in care, and a higher risk of mistakes, even when we're doing everything we can to prevent them.

We don't want to cut corners. We don't want to feel like we're choosing who gets our attention first when everyone needs it. We became nurses to care fully, not fractionally.

Safe staffing ratios aren't about convenience—they're about patient safety, outcomes, and dignity. They also protect the nurses who are trying to stay in this profession without burning out or breaking down.

I love what I do, and I'm proud to serve my community. I just want to be able to do it safely, for every patient who comes through our doors.

I hope you'll support legislation that ensures safe nurse-to-patient staffing ratios. It truly makes a life-saving difference.

Thank you for your time and for listening to those of us on the front lines.

Warmly,

Ashli

**SR-112**

Submitted on: 3/29/2026 11:03:58 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Sarah Fenner	Individual	Support	Written Testimony Only

Comments:

I am a nurse at Kaiser Moanalua in the Emergrncy Department. I am writing to stress the importance of safe nurse to patient ratios. Working as a nurse in the emergency department, we currently do not have any policies or laws in place that limit the number of patients a nurse is required to take. This is a dangerous practice for both the patients as well as the nurses. It leaves nurses stretched thin with unrealistic expectations in what is safe when treating our patients. It also leads to burn out of good nurses because we feel we cannot keep up with the overwhelming amount of work with no support. Recently I worked where my patient load as a nurse was 6+ with acutely ill patients that required more care than only me as one nurse can provide. I caused delays in care because I have to constantly triage every task that needs to be done on what needs to be done most urgently or emergently. It is unsafe for my patients to have only one nurse stretched between so many patients. Additionally when patients deteriorate they require more resources from me and I cannot often leave their bedside for hours to care for my other patients further delaying care. We need to be sure to staff our department safely so that nurses are not taking in unsafe workloads and putting patients in danger.

**SR-112**

Submitted on: 3/29/2026 11:11:04 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Emily Kraus	Individual	Support	Written Testimony Only

Comments:

My name is Emily and I am a nurse that works in multiple departments in a hospital facility. I support this bill for safe patient ratios. We struggle with unsafe patient ratios daily, 24hrs a day as the hospital does not close. When patient's needs get delayed because we cannot be in two places at the same time, everyone suffers. We shouldn't have to live with the guilt and extra stress that comes along with an already highly demanding job, emotionally and physically. This patient ratio law is long overdue for Hawaii. We can do better for this island chain.

Thank You

**SR-112**

Submitted on: 3/29/2026 11:21:35 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jaren Chun	Individual	Support	Written Testimony Only

Comments:

I am a Kaiser emergency room nurse. I have been for the last 20 years and I am in support of this bill. We need safe patient ratios to safely. Take care of patience and staff. We need safe ratios for better care for your famiky members And community members ! The safer we are the safer it is for you and the community the better care we can give!! There's no reason why we shouldn't follow already said standard nursing guidelines for safe practice. I don't feel that big business should be able to control the amount of patience we see versus the medical institutions that foresee patient care and safety. I am a direct f Front line Nurse and we need safety ratios better ratios for emergency rooms and all tips in their across-the-board. Thank you.

**SR-112**

Submitted on: 3/29/2026 11:54:52 AM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kristen Nii-Jensen	Individual	Support	Written Testimony Only

Comments:

Chair, Vice Chair, and Members of the Senate,

I want to begin with a moment that is not hypothetical—it is routine.

You walk onto the unit and are immediately met with five competing needs:

One patient is trying to get out of bed and needs help to the restroom, another is telling you they are having difficulty breathing, a family member is asking to speak with you about their loved one’s condition, another patient is frustrated they’ve been waiting over 30 minutes for a cup of ice water, and finally a fifth cannot wait for you any longer and is getting out of bed despite being injured and has fallen.

All of them need you, all of them deserve you, but you are only one nurse. This is the reality for hospital nurses every day; caring for five, sometimes six or even seven patients at once.

Hospitals often respond that they simply do not have the funding to support safe staffing ratios. But we have a real-world example that proves otherwise.

In California, safe staffing ratios have been mandated for over two decades. During that time, hospitals did not collapse, they adapted and continued to thrive. Systems like Kaiser Permanente report billions in annual revenue while operating under these staffing requirements in states like California and Oregon. The argument that safe staffing is financially impossible is not supported by evidence.

More importantly, the outcomes in California speak for themselves. According to National Nurses United, safe staffing ratios have been associated with:

- Improved patient outcomes
- Reduced mortality rates
- Lower nurse burnout and turnover
- Increased job satisfaction and workforce stability

These are measurable, documented improvements in both patient safety and system performance. These same concerns we hear today, that ratios are too expensive, too rigid, and

too disruptive, were raised over 25 years ago in California. They were wrong then, and the data shows they are wrong now.

The reality is if I have five patients I can dedicate, at most, about 12 minutes per patient per hour.

That 12 minutes includes:

- Walking to the medication room
- Retrieving supplies
- Coordinating care
- Administering medications
- Providing comfort
- Monitoring for life-threatening changes

Do you believe 12 minutes is enough to ensure safe, dignified, and effective care? I ask you to consider both perspectives, imagine you are the patient, now, imagine you are the nurse. Because safe staffing is not about convenience, it is about safety, dignity, and outcomes.

I want to end where I began, with a patient.

Imagine sitting in a hospital bed, unable to move, waiting...waiting for help that does not come in time. And, when someone finally arrives, you are in tears because you have been forced to sit in your own waste. Now imagine being the nurse who has to walk into that room. There is no excuse you can give that makes that patient feel better. And, despite what some may think, it affects us deeply. We carry that with us, in fact, I carry that with me everyday I work.

Please keep this in mind as you consider SCR 119 / SCR 112, the Safe Patient Staffing Ratio Study.

Thank you for your time and consideration.

Respectfully,

Kristen Nii-Jensen RN



**LATE**

March 30, 2026

To: The COMMITTEE ON HEALTH AND HUMAN SERVICES  
Senator Joy A. San Buenaventura, Chair; and,  
Senator Angus L.K. McKelvey, Vice Chair

**RE: TESTIMONY IN STRONG SUPPORT OF SR112 / SCR119**

*REQUESTING THE HAWAII STATE CENTER FOR NURSING TO CONDUCT A STUDY COMPILING RECOMMENDED SAFE PATIENT STAFFING RATIOS.*

Aloha Chair San Buenaventura, Vice Chair McKelvey, and Members of the Committee,

On behalf of the **Hawaii Nurses and Healthcare Professionals (HNHP)**, I am writing in **strong support** of SR112 and SCR119. These resolutions represent a critical step toward ensuring the safety of our patients and the sustainability of our healthcare workforce.

As we testified regarding the House companion measures last week, the current healthcare landscape in Hawai'i demands a data-driven approach to staffing. For too long, our frontline nurses and healthcare workers have voiced concerns regarding the correlation between staffing levels and patient outcomes. By requesting the Hawaii State Center for Nursing to conduct a formal study on safe patient staffing ratios, we are choosing to base future policy on rigorous local data and national best practices.

**The Hawaii Nurses and Healthcare Professionals believe this study will:**

- **Enhance Patient Safety:** Establish clear, evidence-based benchmarks that reduce the risk of adverse events and improve the quality of care.
- **Support Workforce Retention:** Address one of the primary drivers of nurse burnout by identifying sustainable workload standards.
- **Provide Objective Clarity:** Allow all stakeholders—hospitals, healthcare workers, and policymakers—to work from a shared set of recommendations tailored to Hawai'i's unique needs.

We were encouraged by the unanimous support these measures received in the House, and we urge this Committee to continue that progress.

HNHP stands ready to serve as a resource for the Hawaii State Center for Nursing throughout this process. We respectfully ask for your **PASSAGE** of SR112 and SCR119.

Mahalo for the opportunity to testify.

**Kekoa McClellan** For Hawaii Nurses and Healthcare Professionals (HNHP)

Me ka ha'aha'a,



Kekoa McClellan  
Principal, The McClellan Group  
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1.808.393.7937



**LATE**

**SR-112**

Submitted on: 3/29/2026 5:42:14 PM

Testimony for HHS on 3/30/2026 1:07:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Tani-Ann ida	Individual	Oppose	Written Testimony Only

Comments:

Thank you for considering my testimony. As an RN of 34 years experience, I oppose any duplication of effort and cost for work done by the Hawaii State Center for Nursing, as the important work of calculating safe hospital staffing levels has already been done by the various professional Nursing Associations who are the most familiar with these needs. I believe this is a waste of local resources that could be put to better use assisting Nurses across our careers with a variety of issues. Thank you.