Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Health
and
House Committee on Intrastate Commerce
Tuesday, February 5, 2019
8:30 a.m.
State Capitol, Conference Room 329

On the following measure:
H.B. 1363, RELATING TO NURSES

Chair Mizuno, Chair Ohno, and Members of the Committees:

My name is Daria A. Loy-Goto, and I am the Complaints and Enforcement Officer for the Department of Commerce and Consumer Affairs’ Regulated Industries Complaints Office (RICO). RICO offers enforcement-related comments on this bill.

The purpose of this bill is to require the State of Hawaii to join the Nurse Licensure Compact (Compact) as a party state. Under the Compact, a nurse who is licensed by the nurse’s respective home state would be permitted to practice in a party state under a multi-state license.

The measure uses the term “cease and desist actions” in relation to an adverse action taken against a nurse. However, Hawaii Revised Statutes (HRS) chapter 457 does not use this term and instead uses “disciplinary action” (see HRS section 457-12.5) in relation to summary suspension actions taken by the Board of Nursing.
Accordingly, the inclusion of this term would create confusion about which procedure would apply to a particular case.

Additionally, the definition of “current significant investigative information” on page 4, line 15 to page 5, line 4 relates to information that is not groundless and, if proved true, would constitute more than a “minor infraction.” It is not clear what “minor infraction” is meant to encompass, as that term is not defined. Further, page 5, lines 8-9 of the bill defines “home state” as “the party state which is the nurse’s primary state of residence.” However, “primary state of residence” is not defined within the Compact and is used throughout Article IV of the Compact as having a separate meaning from “home state.” Thus, “primary state of residence” appears to have its own separate legal significance, which may impact enforcement based upon jurisdictional issues.

Finally, since it appears that multi-state privilege holders will not be required to pay license fees or compliance resolution fund fees as provided for under Hawaii Administrative Rules section 16-53-27, RICO is concerned that this bill does not provide an adequate mechanism for multi-state privilege holders to provide for the costs associated with complaints handling and enforcement. While page 16, lines 1-4 of the bill allows the state to recover prosecution costs, this language is inconsistent with that on page 15, lines 10-14, which requires the party state to pay for costs, fees, and expenses relating to subpoena enforcement. Moreover, as the Committee may be aware, the majority of complaints RICO receives does not warrant formal legal action but still requires complaint intake and investigation. The bill as drafted would not allow RICO to recover these costs. Instead, the costs would be borne by DCCA’s other licensees.

RICO defers to the Board of Nursing for the administration and implementation of this measure.

Thank you for the opportunity to testify on this bill.
Testimony of the Board of Nursing

Before the
House Committee on Health
and
House Committee on Intrastate Commerce

Tuesday, February 5, 2019
8:30 a.m.
State Capitol, Conference Room 329

On the following measure:
H.B. 1363, RELATING TO NURSES

Chair Mizuno, Chair Ohno, and Members of the Committees:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board offers comments on this bill.

The purpose of this bill is to require the State’s participation in the multi-state Nurse Licensure Compact (NLC), which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state.

The Board remains concerned that the NLC language cannot be amended to address Hawaii’s specific requirements to ensure consumer protection and patient safety. Some of the Board’s concerns include:

1. Inconsistent renewal requirements. For example, the Board requires mandatory continued competency to renew a license. Many NLC participating states do not have this same requirement.

2. It is unclear whether the Board may take disciplinary action against a multistate licensed nurse, as that nurse would not hold a license issued by the Board.

3. A multistate licensed nurse does not have to apply for or notify the Board that the nurse is practicing in this state. Thus, the Board is unclear how this will impact Hawaii’s nursing workforce needs. The Board and the Hawaii State Center for Nursing work collaboratively to address the nursing workforce to meet the needs of Hawaii residents.

4. It is unclear what the fiscal impact will be on the Board and the Department of Commerce and Consumer Affairs. Some states that have
enacted the NLC have had to increase their license fees to compensate for their loss of revenue. The Board would like to ensure that its current licensees are not negatively impacted by a possible increase in fees to join the NLC.

Currently, 31 states have enacted the NLC legislation. Eight states, including Hawaii, have pending legislation to join the NLC (Washington, Illinois, Michigan, Indiana, New Jersey, Massachusetts, and Michigan).

The Board urges this committee to not pass this bill at this time. Instead, the Board would like the opportunity to continue monitoring possible changes to the NLC, which may provide the Board with the ability to reconsider joining the NLC.

Thank you for the opportunity to testify on this bill.
HB 1363 – RELATING TO NURSES

Chairs Mizuno and Ohno, Vice Chairs B. Kobayashi and D. Kobayashi, and members of the House Committees on Health and Intrastate Commerce:

Thank you for this opportunity to provide comments related to HB 1363 that aims to require state participation in the multi-state Nurse Licensure Compact.

The measure will allow a nurse who is licensed by a “home state” to practice under a multi-state licensure privilege in each compact state. This measure, if enacted, will enable nurses licensed in other states participating in the Nurse License Compact, to enter Hawai‘i and practice nursing using their “home state” license.

We take no position on the current version of the bill but offer the following comments for your consideration:

- The Hawai‘i State Center for Nursing’s 2017 Nursing Workforce Supply Report, documents that our state nursing workforce is one of the most highly educated in the nation with 72% of nurses holding a bachelor’s degree or higher whereas the national average is 54%. This high rate of baccalaureate nursing degree academic preparation is in response to the Institute of Medicine’s call for at least 80% of all RNs to hold a bachelor’s degree in nursing or higher as a benchmark to achieve a nursing workforce that is highly educated, embraces a culture of professional development and lifelong learning, and is well equipped to take care of the increasingly challenging healthcare needs of patients, and deliver care in an highly complex health care system.

- H.R.S. §457-9.2 and §457-9.3 requires continuing competency activities for nurses starting with the license period that begins in July 2017. This was the culmination of five years of work by the legislatively mandated Continuing
Education Joint Advisory Council that determined continuing competency should be a requirement for nursing license renewal. Eighty-seven percent (87%) of states that require continuing competency report holding lesser thresholds to meet their requirements than that of the Hawai‘i Board of Nursing.

- In 2003, the Legislature passed H.B. 422 H.D. 2, S.D. 2, C.D. 1 which was passed into law with Act 198, SLH 2003 and established the Hawai‘i State Center for Nursing. The Center is mandated to proactively address nursing workforce planning including assessments of the current nursing workforce supply (practicing nurses in Hawai‘i) that is critical for healthcare planning and policy.

- Recent Center findings indicate that the number of active and employed nurses across our island state is representative of each county’s overall population. From this, we gather that nurses are well distributed and contributing to the care needs of the communities where they live and serve. Should the Nurse License Compact be enacted, the ability to assess and analyze the presence of the current, available nursing workforce, including demographics, location of care, or setting, specialty and role of the nurse, will be diminished. This will compromise critical state healthcare workforce planning efforts.

- There is no nationally identified approach to addressing state nursing workforce supply and demand in a state with the Nurse License Compact.

Thank you for the opportunity to provide comments.
**HB-1363**  
Submitted on: 2/1/2019 4:33:49 PM  
Testimony for HLT on 2/5/2019 8:30:00 AM

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Comments:
HB-1363
Submitted on: 2/2/2019 9:14:18 PM
Testimony for HLT on 2/5/2019 8:30:00 AM

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Comments:
February 5, 2019

The Honorable John M. Mizuno  
House Committee on Health

The Honorable Takashi Ohno  
House Committee on Intrastate Commerce

HB 1363  
RELATING TO THE ENHANCED NURSE LICENSURE COMPACT

Chairs Mizuno and Ohno, and Members of the Committees:

On behalf of the U.S. Department of Defense, I am writing to submit testimony in support of the policy changes expressed in HB 1363, a bill that addresses licensing issues affecting our service members and their families.

My name is Kelli May Douglas and I am the Southwest Regional Liaison for the Defense-State Liaison Office, operating under the direction of Under Secretary of Defense for Personnel and Readiness, and the Deputy Assistant Secretary for Military Community and Family Policy. Our mission is to be a resource to state policymakers as they work to address quality of life issues of military families.

Licensure issues for both our transitioning military members and their spouses have been a priority for the Department for several years. States are now considering licensure compacts for several occupations. Our office is working with states to approve four occupational licensure compacts in 2019. Along with the Enhanced Nurse Licensure Compact (eNLC), we are assisting with the Interjurisdictional Compact for Psychology (PSYPACT), Interstate Compact for Emergency Medical Services (REPLICA) and the Physical Therapy Licensure Compact (PTLC).

Occupational licensure compacts provide consistent rules that allow licensed members to work in other states through “privilege to practice policies” or to more easily transfer their license to a new state. Benefits of interstate compacts include:

- Common understanding of standards.
- Mechanisms for states to share authority and responsibility to oversee occupational practice.
- “Privilege to practice” policies that allow members in compact states to work in other compact states.
- Improved methods for allowing endorsements when members need to transfer a license, primarily based upon changing legal residence.
- Tele-practice opportunities using technology to work across state boundaries.

ENLC - The enhanced Nurse Licensure Compact (NLC) increases access to care while maintaining public protection at the state level. ENLC, an updated version of the NLC, allows for registered nurses (RNs) and licensed practical/vocational nurses (LPN/VNs) to have one multistate license, with the privilege to practice in their home state and other NLC states. Twenty-nine states have joined the eNLC to date. Specific benefits of the eNLC include the following:
• Enables nurses to practice in person or provide telehealth nursing services to patients located across the country without having to obtain additional licenses.
• Allows nurses to quickly cross state borders and provide vital services in the event of a disaster.
• Facilitates telenursing and online nursing education.
• All states that participate in the enhanced NLC conduct federal criminal background checks to determine eligibility for a multistate license.
• The NLC has uniform licensure requirements so that all states can be confident the nurses practicing within the NLC have met a set of minimum requirements, regardless of the home state in which they are licensed.

As our military members and their families move from state to state, the ability for them to obtain licenses in order to gain employment and progress on their chosen career paths is very important. Interstate compacts such as the eNLC serve to relieve one of the many stressors of a military move.

In closing, let me say that we are grateful for the tremendous efforts that Hawaii has historically made to support our military members and their families. We appreciate the opportunity to support the policy reflected in HB 1363. Thank you for taking the time in consideration of this issue. Please feel free to contact me with any questions you might have.

Kelli May Douglas  
Southwest Regional Liaison (CA, HI, AZ, NV, UT)  
Defense-State Liaison Office  
DoD, Military Community & Family Policy  
571-265-0075
The Thirtieth Legislature, State of Hawaii
House of Representatives
Committee on Health
Committee on Intrastate Commerce

Testimony by
Hawaii Government Employees Association

February 5, 2019

H.B. 1363 — RELATING TO NURSES

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO submits comments on the purpose and intent of H.B. 1363.

As drafted, H.B. 1363 requires state participation in the multi-state Nurse Licensure Compact which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state. Because there may be differences in training, standards and background checks for each party state, there are concerns on the impact this would have not only on nurses as professionals, but also on the patients as to the level of care they receive.

Thank you for the opportunity to provide comments on the intent of H.B. 1363.

Respectfully submitted,

Randy Perreira
Executive Director