

## **Information and Recommendations Related to Hawai'i's Consideration of the Nurse Licensure Compact**

**REVISED (2/1/2023)**

### **I. Introduction**

#### A. Purpose of this document is to:

1. Provide information about the purpose and function of the Nurse Licensure Compact
2. Review available data that informs the likelihood that Hawai'i's membership in the NLC would improve current or future nursing workforce shortages, license processing times, or licensing-related and hiring delays.
3. Describe the financial and other costs associated with Hawai'i's membership in the NLC and the extent to which those costs are justified by the likely benefits of membership.
4. Make recommendations related to Hawai'i's membership in the NLC and reducing licensing-related hiring delays.

#### B. Topics Addressed in this Document:

1. [Purpose and goals of the NLC](#)
2. [How the NLC works](#)
3. [Comparison of the NLC with licensure by endorsement](#)
4. [Primary benefits and beneficiaries of the NLC](#)
5. [Financial impact of joining the NLC to states and individual nurses](#)
6. [Data related to:](#)
  - a) [The number of jurisdictions in the NLC](#)
  - b) [The number of nurses with a multistate license and how they use their multistate privilege](#)
  - c) [The relationship between NLC membership and states' nursing workforce shortages](#)
  - d) [The relationship between NLC membership and states' typical license processing times](#)
  - e) [The relationship between NLC membership and licensing-related hiring delays](#)
7. [Alternatives to the NLC for reducing average license processing times](#)
8. [Conclusions and Recommendations](#)

## **II. Purpose of the Nurse Licensure Compact**

- A. The goal of the NLC is to enable greater mobility of the nursing workforce and to improve states' access to nursing care by eliminating geographic practice boundaries between jurisdictions with similar licensing requirements and nursing regulation.
- B. Without the NLC, nurses must be licensed to practice in whatever jurisdiction their patient is located. For nurses whose work involves crossing physical or virtual (e.g., telehealth) borders to practice, a nurse must have a single state license in each jurisdiction where they practice.
- C. In the NLC, an eligible nurse who has a primary residential address in a jurisdiction that is an NLC member and who holds a multistate license may practice in all states within the NLC under a single license.
- D. The reasonableness of the NLC is predicated on the fact that minimum requirements for RN licensure and the scope of RN practice are extremely similar across jurisdictions whose Boards of Nursing (BONs) are members of the National Council of State Boards of Nursing (NCSBN).

## **III. How the Nurse Licensure Compact Works**

- A. A State Must Join the NLC
  - 1. Joining the NLC requires a change to a state's Nurse Practice Act. Nurse Practice Acts are codified into state law so states must pass legislation to join the NLC.
  - 2. Once a state passes legislation that permits their membership into the NLC, the state's BON and licensing office must make whatever operational changes are necessary to implement the NLC which include but are not limited to:
    - a) developing a fee schedule to accommodate both single-state and multistate licenses;
    - b) modifying the application to include a multistate option,
    - c) training staff to screen applicants for eligibility for multistate licensure; and
    - d) developing plans for conducting investigations of nurses' unprofessional conduct, sharing information with other jurisdictions, and imposing appropriate sanctions against nurses' privilege to practice.
  - 3. States must pay initial and annual member fees to the National Council of State Boards of Nursing.

B. Nurses Must Be Eligible for Multistate Licensure

1. Nurses are ineligible for a multistate license if they have engaged in an action that resulted in the encumbrance of a nursing license, they are currently enrolled and participating in an alternative to discipline program, or they have committed a misdemeanor or felony offense related to the practice of nursing.
2. Nurses who are ineligible for multistate licensure or who do not want a multistate license may be eligible for a single-state license in an NLC jurisdiction.
3. A nurse who holds a multistate license in any NLC jurisdiction may not hold a single- or multistate license in any other NLC jurisdiction.

C. Nurses with a Multistate License May Practice in Any NLC Jurisdiction

1. A nurse who holds a multi-state license in any jurisdiction in the NLC may practice in accordance with the nurse practice acts in all other jurisdictions in the NLC with a single multistate license.
2. Nurses practicing in a remote jurisdiction under their multistate license are not required to notify the BON of their presence in the remote jurisdiction.

D. Nurses Who Engage in Unprofessional Conduct are Subject to Investigation and Discipline in the Remote State and the Home State

1. Disciplinary Jurisdictions
  - a) Only the NLC jurisdiction that issued a nurse's multistate license (also called the "home state") has the legal authority to take disciplinary action against a nurse's license. If the home state encumbers a nurse's multistate license (e.g., probation, suspension, or revocation), that nurse will lose all multistate privileges and will be required to have a single-state license in each jurisdiction in which they want to practice.
  - b) Remote states (all NLC jurisdictions other than the home state) have the legal authority to take disciplinary action against a nurse's privilege to practice in their jurisdiction. A disciplinary action taken against the privilege to practice in a remote state does NOT revoke a nurse's multistate privilege nor does it limit the nurse's privilege to practice in any other NLC jurisdiction. The nurse may continue to practice in all other NLC jurisdictions that have not limited their privilege to practice unless the home state encumbers the license.
  - c) Delays in the initiation, completion, or reporting of investigations to NURSYS (NCSBN's database of all nurses licensed in participating jurisdictions) may allow a nurse who has engaged in unprofessional conduct and is under investigation to leave one NLC jurisdiction to

practice in another. [See a recent news story](#)<sup>1</sup> about such a case in Tennessee.

## 2. Investigational Responsibilities

- a) If a nurse with a multistate license engages in unprofessional conduct in the home state:
  - (1) The home state is responsible for investigating the unprofessional conduct and determining what, if any, disciplinary action is appropriate.
  - (2) If the violation was sufficiently severe that the home state encumbers the nurse's license, the nurse will lose all multistate practice privileges.
  - (3) If the nurse continues to practice in any NLC jurisdiction after the revocation of their multistate privilege and has not obtained a single-state license in that jurisdiction, that nurse would be practicing without a license and thus subject to any associated disciplinary action.
- b) If a nurse with a multistate license engages in unprofessional conduct in a remote state:
  - (1) The remote state is responsible for conducting the investigation into the allegation of unprofessional practice.
  - (2) If the preliminary findings of the investigation determine that the unprofessional practice poses a serious risk to public safety, the BON in the remote state should enter a note in NURSYS to alert all other members of the NLC that a nurse with multistate practice privileges is under investigation. The note will not, however, advise a jurisdiction if that nurse is in their state.
  - (3) Upon completion of the investigation, should the remote state determine that the unprofessional practice was severe enough to restrict the nurses' ability to practice nursing, the remote state may issue a cease-and-desist order which will restrict the nurse's privilege to practice in that jurisdiction.
  - (4) The disciplinary action will be recorded in both NURSYS and the National Practitioner Databank which will enable other jurisdictions, including the home state to take appropriate disciplinary action against the nurse's privilege or license.

E. For more information, see the [Final Rules by the Interstate Commission of Nurse Licensure Compact Administrators](#)<sup>2</sup>, the [NLC Uniform Licensure Requirements for a Multistate License](#)<sup>3</sup> and [Nurse Licensure Compact Fast Facts](#)<sup>4</sup>

## **IV. How the Nurse Licensure Compact Compares to Licensure by Endorsement**

### **A. Similarities**

1. Both acknowledge that the requirements for nurse licensure and the scope of nursing practice are highly similar across all NCSBN member jurisdictions.
2. Both expedite the licensure process by preventing nurses who have already been vetted as competent to practice in one jurisdiction from having to meet initial licensure requirements (generally submitting transcripts and taking and passing the NCLEX) in all jurisdictions in which they wish to practice.
3. Both allow individual states to use disciplinary action in another jurisdiction as a basis to discipline a nurse which may include revoking the nurse's right to practice in their jurisdiction.

### **B. Differences**

1. Licensure by Endorsement requires that all individuals who wish to practice nursing in a given jurisdiction be reviewed and approved by that jurisdiction. The NLC removes the right for state BONs to vet individual nurses with multistate licenses prior to working in their jurisdiction.
2. The NLC's rules are determined by the Interstate Commission of Nurse Licensure Compact Administrators rather than individual state legislatures. This limits states' autonomy to establish unique requirements for licensure (e.g., disqualification on the basis of certain criminal convictions, continuing education requirements).
3. The NLC prevents states from knowing the size of their nursing workforces by:
  - a) precluding states from requiring nurses working under their multistate privilege from disclosing their presence in the state<sup>5</sup> and
  - b) making it impossible for states to collect workforce data via licensure or other surveys (e.g., Hawai'i's Nursing Workforce Supply Survey) for nurses who are practicing but not licensed in their jurisdiction.

## **V. Who Benefits from the Nurse Licensure Compact**

- A. The primary benefit of the NLC is to individual nurses as it allows nurses to practice in multiple jurisdictions without having to meet the licensing requirements and paying licensing fees in all states where they wish to practice. Nurses who are most likely to benefit from having multistate practice privileges [are nurses who](#):
  1. Work primarily as travel nurses.
  2. Provide remote monitoring or other forms of telehealth to patients in multiple states.

3. Work for insurance providers who may have to work with patients in multiple states.
  4. Work for companies that provide nursing care in multiple states, such as in the case of home health companies near state borders who have clients on either side of the border.
  5. Live near a state border, especially where it is common for residents to travel across the border for many reasons including accessing healthcare.
- B. Employers may benefit from a jurisdiction's membership in the NLC by being able to hire nurses without the challenge of lengthy licensing delays.
1. In 2021, the [median RN endorsement application processing time nationally was 49 days](#)<sup>6</sup>.
  2. As of January, 2023, the Hawai'i BON's website indicates that "[application processing time is generally 45-60 business days from receipt of a complete application](#)<sup>7</sup>." As the average month has 20 business days, 45-60 business days translates to 2.25 to 3 months. Applications with deficiencies (missing information; require review by the full BON) will take longer.
- C. It is unclear what benefit, if any, states are likely to experience as a result of joining the NLC because:
1. The financial impact of paying to initiate and maintain membership in the NLC, lost license revenues, investigating nurses licensed in other states, and operational and training modifications are justifiable only if NLC membership yields benefits such as alleviating workforce shortages, decreasing licensing processing times, or improving patient safety. There are no data to suggest that NLC membership improves any of these (see [Section VII below for available data](#)).
  2. Because states cannot change the NLC's established eligibility criteria for multistate licensure, nurses who do not want to fulfill additional licensure requirements for single-state licenses (e.g., Hawai'i's Continuing Competency requirement, see [HRS 457-9.2](#)<sup>8</sup>) may opt for a multistate license even if they do not plan to practice in other NLC jurisdictions. This, in turn, undermines states' ability to enforce more rigorous (re)licensure requirements than is permitted by the NLC.
  3. Because the NLC enables easier geographic distribution of the nation's workforce, member states risk losing their workforces to other jurisdictions. Hawai'i runs the risk that its [large proportion of new graduate RNs who are dissatisfied with their jobs](#)<sup>9</sup> might obtain multistate licenses as a way to increase their access to preferable jobs in other states. As a result, Hawai'i could experience increased out-migration of locally educated nurses.

4. Nursing labor unions are generally opposed to the NLC. As labor unions represent the collective interests of their members, unions' stated positions are the best information available about nurses' support of the NLC.
  - a) Nationally, labor unions have expressed opposition to joining the NLC
    - (1) Arguments against joining the NLC include [employers being more easily able to replace unionized nurses in the event of a strike](#), variability in continuing education requirements, and loss of regulatory control over nurses practicing in their jurisdictions<sup>10</sup>.
    - (2) Opposition by nursing labor unions in [Illinois](#)<sup>11</sup>, [Rhode Island](#)<sup>12</sup>, [Massachusetts](#)<sup>13</sup>, [Minnesota](#)<sup>14</sup> and [Washington](#)<sup>5</sup> have contributed to failed legislation to join the NLC in these states.
    - (3) [California, Oregon, Washington, Nevada](#)<sup>10</sup>, New York, and Michigan all have strong labor unions in several industries and none of these states have passed legislation to join the NLC.
  - b) Locally, most nursing unions have not commented on joining the NLC. Unions that have commented publicly on NLC membership have expressed concern.
    - (1) [In February 2023](#)<sup>15</sup>, the president of the Hawai'i Nurses Association expressed concern about possible unintended consequences of joining the NLC and that it would be preferable for the Department of Commerce and Consumer Affairs (DCCA) to resume issuing temporary permits as a way to address licensing delays as a barrier to hiring.
    - (2) [In February 2019](#)<sup>16</sup>, the Hawai'i Government Employees Association provided written testimony to the legislature indicating concerns with variability in NLC states' "training, standards, and background checks" and that those differences bring about "concerns about . . . the level of care that [patients] receive."
    - (3) Three other labor unions representing nurses in Hawai'i have not publicly commented in support or opposition to the NLC.

## VI. Financial Impact of Joining the NLC

### A. Financial Impact to Member States

1. The National Council of State Boards of Nursing charges member jurisdictions [\\$6,000 per year](#)<sup>17</sup> to join and maintain membership in the NLC.
2. NCSBN provided an analysis to the Hawai'i BON that estimated it would lose approximately \$1M in license fee revenue upon joining the NLC. Though the Center for Nursing is not privy to the details of that financial analysis, it assumes the analysis estimates the number of nurses who would be unable to renew a Hawai'i nursing license because they already hold a multistate license from another NLC jurisdiction.
  - a) \$1M is the cumulative loss to the Professional and Vocational Licensing (PVL) Division of the Department of Commerce and Consumer Affairs (DCCA), the Regulated Industries Complaints Office (RICO) which is the investigative branch of DCCA, and the Hawai'i State Center for Nursing.
  - b) Based on license renewal fees in 2021, DCCA's share of lost license revenue would be an estimated \$770,200.
3. Allegations of unprofessional conduct against a nurse working under their multistate privilege in a remote state are investigated by the remote state despite not receiving license fee revenue to fund such investigations.
  - a) In [written testimony submitted to the legislature in 2019](#)<sup>18</sup>, RICO expressed concern that many disciplinary investigations do not result in legal action leaving RICO no mechanism by which to recover the costs of investigations.
  - b) If legislation were revised to allow RICO to a mechanism to recoup investigation costs, any disciplinary action that restricts or revokes a nurse's ability to practice may result in the nurse being financially unable to pay investigation costs.

### B. Financial Impact to Nurses

1. Nurses who hold licenses in multiple NLC jurisdictions are likely to save money by holding a multistate license. Though many states charge higher fees for multistate licenses, nurses will save money by not having to pay multiple states' license fees.
2. There is no data source that compares single state license fees prior to and after joining the NLC so it is unclear whether or to what extent the nurses who opt for single-state licenses are generally financially impacted by states' NLC membership.



## VII. NLC by the Numbers

### A. How many jurisdictions are in the NLC?

1. [As of December 2022, 39 states and territories have passed legislation to enact the NLC](#)<sup>19</sup>.
2. Of these, four have not yet implemented the NLC and cannot issue multistate licenses until implementation is complete.
3. The 16 NCSBN member jurisdictions that have not passed legislation to join the compact include California and New York, the first and fourth most populous states in the country and whose license counts [account for 16.5% of all RN licenses held in NCSBN member jurisdictions](#)<sup>20</sup>.
4. Illinois, home of NCSBN's headquarters, is not a member of the NLC.

### B. How many nurses have a multistate license?

1. As of 2020, [24% of all RNs nationally hold a multistate license](#)<sup>21</sup> (see Table 21). Current estimates indicate that there are more than [4.4 million RNs in the United States](#)<sup>20</sup>, which means that nearly 1.1 million nurses have a multistate license and the privilege to practice in all 39 jurisdictions in the NLC.
2. Among nurses who hold a multistate license, the largest share [use their license to practice nursing across a physical or virtual border from the state where they are a primary resident](#)<sup>21</sup> (see Table 22). Specifically:
  - a) Physical cross-border practice = 33% (not applicable to Hawai'i given our geographic isolation)
  - b) Delivery of nursing care via telehealth = 16%
  - c) Distance education (i.e., faculty for students or at a school located in another jurisdiction) = 8%
3. Other uses of multistate licenses include:
  - a) Travel nursing = 4%
  - b) Disaster support = 3%
  - c) Other use = 20%
4. 24% of nurses with a multistate license do not use their privilege.

### C. To what extent has the NLC relieved nursing shortages in member states?

1. Despite NCSBN's contention that one benefit of the NLC is that it ["expands access to nursing services across the country"](#)<sup>22</sup>, [there is no evidence to suggest that states' have greater access to nurses or nursing care following NLC membership](#)<sup>23</sup>.

2. States in the NLC have been unable to devise a method of accurately estimating the number of nurses in their workforces who are working under their multistate privilege. This is due to at least two key factors:
  - a) BONs have been prohibited from requiring nurses to declare their employment in a remote state. As a result, BONs cannot estimate the number of nurses working in their jurisdiction under another state's license.
  - b) Labor data do not include information about whether a permanent position is filled by a person with a primary residential address in another state. As a result, NLC states' job counts do not reflect the impact of out of state nurses on their workforces.
  
3. Though there is no reliable method for estimating the actual size of the nursing workforces in NLC states, available workforce projections do not indicate that NLC membership decreases a state's likelihood of having a future nursing shortage.
  - a) [A 2019 study by Juraschek et al<sup>24</sup>](#) found that all but two states will have nursing workforce shortages in 2030. States whose shortages or shortage ratios that are predicted to worsen the most by 2030 include California, Texas, Florida, Wyoming, New Mexico, Arizona, and Nevada. Of these, only California and Nevada are not in the NLC.
  - b) [The Health Resources and Services Administration's 2035 projections<sup>25</sup>](#) find that the 10 states with the largest expected nursing workforce shortages in 2035 will be Washington (26%), Georgia (21%), California (18%), Oregon (16%), Michigan (15%), Idaho (15%), Louisiana (13%), North Carolina (13%), New Jersey (12%), and South Carolina (11%). Of these, six (Georgia, Idaho, Louisiana, North Carolina, New Jersey and South Carolina) are members of the NLC.
  
4. The NLC does not add nurses to the workforce but rather permits the geographic redistribution of the existing workforce.
  - a) There is a national nursing workforce shortage. An insufficient number of nurses throughout the country will not improve any state's access to an interstate workforce.
    - (1) By 2025, the country is expected to have a shortage of between [78,000<sup>25</sup>](#) and [500,000<sup>26</sup>](#) RNs.
    - (2) [Nurses under the age of 40 are leaving the nursing workforce<sup>27</sup>](#) at unexpectedly high rates which, combined with an aging population that will need more care, will result in a worsening of the national shortage for many years in the future.
  - b) Hawai'i's membership in the NLC is unlikely to increase the number of out-of-state job candidates to which local employers have access.

- (1) As of [September 2022, more than 31,600 individuals held active Hawai'i RN licenses](#)<sup>28</sup>. Of these, about 14,800 (47%) have a primary residential location outside of Hawai'i. These nurses are currently eligible to work in the state but choose to live elsewhere. Employers could hire these nurses without licensing delays, but doing so would require identifying, locating, recruiting, and compensating them well enough to persuade them to move to Hawai'i.
  - (2) Joining the NLC would increase the number of nurses who are eligible to work in Hawai'i but will not provide a mechanism to identify or recruit them into the state.
- c) The elimination of licensing-related hiring barriers during the pandemic did not resolve employers' recruitment challenges.
- (1) For much of the nearly three years between March 2022 and January 2023, Hawai'i had [pandemic-related emergency proclamations](#)<sup>29</sup> or [staffing shortage-related emergency rules](#)<sup>30</sup> that permitted eligible nurses to practice in Hawai'i without a Hawai'i license. These rules effectively eliminated all hiring barriers stemming from licensing delays.
  - (2) Despite the removal of licensure as a barrier to hiring, healthcare employers across the state have reported having difficulty hiring both travel and permanent nurses due to a shortage of applicants.

D. To what extent could NLC membership expedite the hiring of travel nurses and out-of-state candidates to Hawai'i?

1. Data provided to the Center in January 2023 by ProLink, an Ohio-based nursing staffing agency that provides about half of the travel nurses employed in Hawai'i, indicates that about 40% of the travel nurses that the agency has contracted to facilities in Hawai'i do not have a multistate license. Notwithstanding emergency license waivers, Hawai'i's membership in the NLC would not expedite hiring or eliminate the need for these nurses to hold a single-state Hawai'i license to practice in the state.
2. Employers have reported challenges in recruiting out-of-state candidates to open positions because of licensing delays. The Center is currently endeavoring to quantify the number of recent out-of-state candidates who have valid multistate licenses. Until the Center can obtain these data, the potential impact of NLC membership on alleviating these hiring delays is unknown.

- E. To what extent does joining the NLC reduce licensing burden or improve license processing times?
1. The improvement of license processing times would ease delays in hiring of new graduate nurses, nurses who are not residents of NLC jurisdictions, and nurses who are residents of NLC jurisdictions but who do not hold a multistate license.
  2. An article published by [NPR in March 2022](#)<sup>6</sup> examined the average nurse license processing times for 32 states.
    - a) For the 29 states that provided data, the median processing time for applications for licensure by endorsement was 49 days. Among states in the NLC, 27% reported a median endorsement application processing time longer than 49 days. Among non-NLC states, 28% reported median endorsement application processing times longer than 49 days. These data suggest that NLC states are no more likely to have a shorter endorsement application processing times than non-NLC states.
    - b) For the 29 states that provided data, the median processing time for applications for licensure by examination was 83 days. Among states in the NLC (n=21), 33% reported median examination application processing times longer than 83 days. Among non-NLC states (n=7), 57% reported median examination application processing times longer than 83 days. These data suggest that NLC states are more likely to have shorter examination application processing times than non-NLC states.
  3. NPR's data do not provide conclusive evidence that NLC membership shortens median license processing times. Non-NLC states are no more likely to have endorsement application processing times above the national median than NLC states. Although non-NLC states are more likely to have examination application processing times longer than the national median, the national median of 83 days suggests licensing capacity issues in both NLC and non-NLC states.

## **VIII. Alternatives to the NLC to Reduce License-Related Barriers to Hiring**

### **A. Temporary permits**

1. Existing Hawai'i nursing regulation ([HRS 457-7\(b\)\(2\)](#)<sup>8</sup>; [HAR 16-89-22](#)<sup>31</sup>) provides for the issuance of temporary permits to individuals who are eligible for and apply for licensure by endorsement. Prior to the pandemic, PVL typically issued temporary permits within three days. Once a nurse has a temporary permit, they are legally permitted to work in Hawai'i while their application is being processed.
2. During the pandemic, due to remote work, staffing shortages, and the perception that temporary permits were being "abused" by applicants who

did not have job offers contingent upon licensure, PVL's administration suspended issuing temporary permits. PVL's administration maintains that they do not have the capacity to process temporary permits and has not provided an anticipated date by which the issuance of temporary permits will resume.

3. By resuming the issuance of temporary permits, the licensing delays that affect employers' ability to recruit nurses from out of state would be mitigated without any of the costs associated with joining the NLC. As such, resuming the issuance of temporary permits is a more directly effective and less costly means of addressing employers' primary objective for joining the NLC.

B. Improving operational efficiency by transitioning to a proper online application form

1. PVL processes all nursing applications on paper. Though there is an option to submit an "online application" on the BON's website, that process involves downloading a pdf file, completing it, and then electronically submitting it (rather than sending it by mail) to PVL for processing. Upon receipt of the electronic application, Licensing Branch staff members print each application for review.
2. During the application review process, Licensing Branch staff members contact applicants whose applications are deficient. Deficient applications include those with unanswered questions, responses to questions that are inconsistent with other information (e.g., criminal background checks), or require the submission of additional documentation.
3. Online submission forms can be coded to require additional documents or prompt applicants to confirm their responses before the application is submitted. By preventing applicants from submitting incomplete applications, Licensing Branch staff can focus on following up on issues that legitimately affect applicants' eligibility for licensure thereby expediting the processing of all applications.

## IX. Conclusions

### A. Given that:

1. The NLC Uniform Licensure Requirements are less rigorous than some states' single-state licensure requirements which will create a loophole for nurses who do not want to meet the higher licensing standard;
  2. Multistate licensure will increase the ease with which Hawai'i nurses may leave the state to pursue jobs in states with preferable job opportunities or a lower cost of living;
  3. Joining the NLC will prohibit accurate measuring of the Hawai'i nursing workforce;
  4. There is no compelling evidence to suggest joining the NLC will alleviate current or future nursing workforce shortages;
  5. There is no compelling evidence to suggest that joining the NLC will shorten license processing times;
  6. Nurses' primary use of their multistate privilege is physical cross-border practice which is impossible in Hawai'i due to our geographic isolation,
  7. Joining the NLC will cost DCCA an estimated \$700,000 in lost license revenue in the first year, an annual cost of \$6,000 in NLC membership dues, and an unknown amount in unrecouped costs of investigating nurses who will not pay license fees to practice in Hawai'i;
  8. There already exist regulatory provisions in Hawai'i for temporary permits which are not currently being used despite the fact that they resolve hiring delays related to licensing processing times,
  9. Operational improvements at PVL including the implementation of an online application form will reduce workload and improve license processing times without the costs associated with joining the NLC,
- B. There is no compelling evidence to suggest that Hawai'i will experience any meaningful short- or long-term benefits as a result of joining the NLC. There is, however, risk of diluting the impact of the state's Continuing Competency requirement and an increase in the outmigration of locally educated new graduates. These risks come at the cost of more than \$1M in lost license fee revenue, investigation costs, and NLC membership fees.

## X. Recommendations

- A. In order alleviate employers' inability to hire due to licensing delays and support PVL in managing a high volume of nursing applications on an ongoing basis without the risks and financial costs associated with joining the NLC, **we recommend the following:**
1. Hawai'i does not join the NLC in an attempt to remove licensing delays as a barrier to hiring,
  2. Hawai'i should reinstate the issuance of temporary permits, and
  3. Hawai'i should allocate funds to improve operational efficiency at PVL.

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