

Konrad Jackson

From: Amber Bridgeman <amberaroni907@gmail.com>
Sent: Thursday, March 26, 2026 9:43 PM
To: Senate Labor and Commerce; House Labor and Commerce; Board, Nursing (CED sponsored)
Subject: Support for HB 131 and SB 124

Good afternoon, my name is Amber Bridgeman, and I am a registered nurse at Alaska Regional Hospital. I am a UAA bachelor graduate, and I have strong beliefs to protect Alaska nurses and our community.

Chair Bjorkman, Vice Chair Merrick, and members of the committee, I have been a bedside nurse in Alaska for the last two years. I am opposed to the nurse licensure compact. Please reach out if you have any questions regarding where I stand.

Thank you for your time,
Amber Bridgeman, BSN RN
(907)-441-0007

Konrad Jackson

From: Jenny Leonelli <genaleo@hotmail.com>
Sent: Friday, March 27, 2026 8:52 AM
To: Senate Labor and Commerce
Subject: Testimony for Senate Bill 124

Chair Bjorkman, Vice Chair Merrick, and members of the committee, thank you for your time today. My name is Jenny Leonelli. I worked as a registered nurse at Fairbanks Memorial Hospital for 21 years. I no longer work at FMH due to concerns about patient and employee safety, along with an environment that discourages reporting safety issues. In addition to my personal experience, I would like to share research on why nurses stay—and why they leave the bedside.

The Nurse Licensure Compact is often discussed as a potential tool to help address nursing shortages and reduce onboarding delays. At the same time, available data shows that working conditions play a significant role in nurses' decisions to leave the profession. The 2024 National Nursing Workforce Survey, which studied over 40,000 nurses, found that the most common reasons for leaving are understaffing, unsafe workloads, and burnout. These factors are closely related to retention and the ability to maintain stable, experienced care teams.

A cross-sectional study published this year surveyed over 4,000 nurses who had recently left hospital staff positions. The findings show that improving staffing is the most effective way to bring nurses back to the bedside. This aligns with multiple studies over the past decade, examining tens of thousands of nurses, which consistently find that nurses leave when conditions become unsafe and return when staffing and safety improve.

While licensure portability may support workforce mobility, it does not directly address staffing levels, burnout, or workplace safety. It may help redistribute the existing workforce, but it does not expand it, particularly when nurses continue to leave for the reasons already described.

If the goal is to strengthen the nursing workforce and support patient care at the bedside, evidence suggests that focusing on retention, safe staffing, and sustainable working conditions may have the greatest impact.

Thank you for your time and consideration. I will also submit my testimony and supporting research i have referenced by email.

1. Smiley RA et al. *The 2024 National Nursing Workforce Survey*. Journal of Nursing Regulation. 2025;16(1 Suppl):S1-S88. doi: 10.1016/S2155-8256(25)00047-X.

2. Lasater KB, McHugh MD, Muir KJ. Organizational Factors to Reattract Nurses to Hospital Employment. *JAMA Netw Open*. 2026;9(2):e2556570. doi:10.1001/jamanetworkopen.2025.56570

3. Muir KJ, Porat-Dahlerbruch J, Nikpour J, Leep-Lazar K, Lasater KB. Top Factors in Nurses Ending Health Care Employment Between 2018 and 2021. *JAMA Netw Open*. 2024;7(4):e244121. doi:10.1001/jamanetworkopen.2024.4121

4. Aiken LH, Lasater KB, Sloane DM, Pogue CA, Fitzpatrick Rosenbaum KE, Muir KJ, McHugh MD; US Clinician Wellbeing Study Consortium. Physician and Nurse Well-Being and Preferred Interventions to Address Burnout

in Hospital Practice: Factors Associated With Turnover, Outcomes, and Patient Safety. JAMA Health Forum. 2023 Jul 7;4(7):e231809. doi: 10.1001/jamahealthforum.2023.1809. PMID: 37418269; PMCID: PMC10329209.

Konrad Jackson

From: Jori Nicholson <jorinicholsonrn@gmail.com>
Sent: Friday, March 27, 2026 8:37 AM
To: Senate Labor and Commerce
Subject: Nurse Licensing Compact
Attachments: Nurse Licensee Data Overview - February 2026 Data.pdf

Good Morning.

My name is Jori Nicholson, I am a nurse employed at PeaceHealth in Ketchikan. I'd like to raise a practical concern about the impact of the adoption of the NLC on state licensing fees.

The Alaska Nurses Association recently produced a report based on publicly available licensing data from the Alaska Board of Nursing. Our report found that 45% of nurses licensed in Alaska have residence in the state. This leaves 54% of nurses licensed in Alaska with residences out of state.

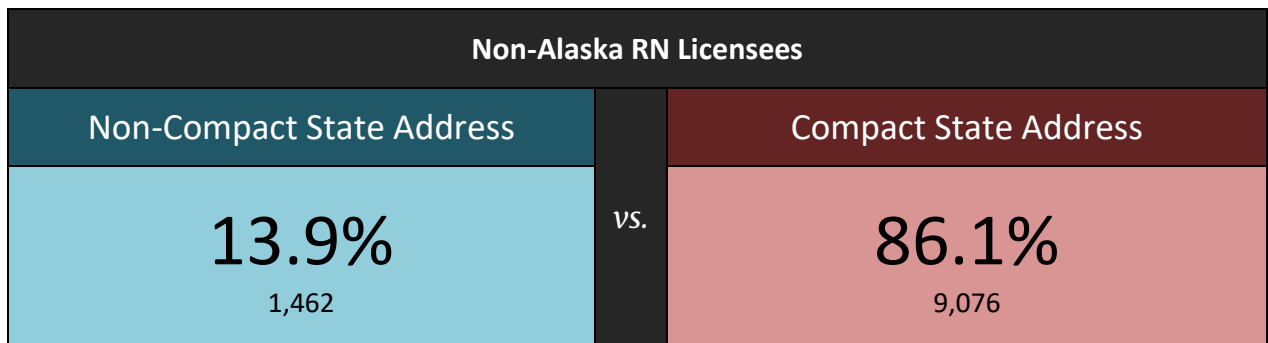
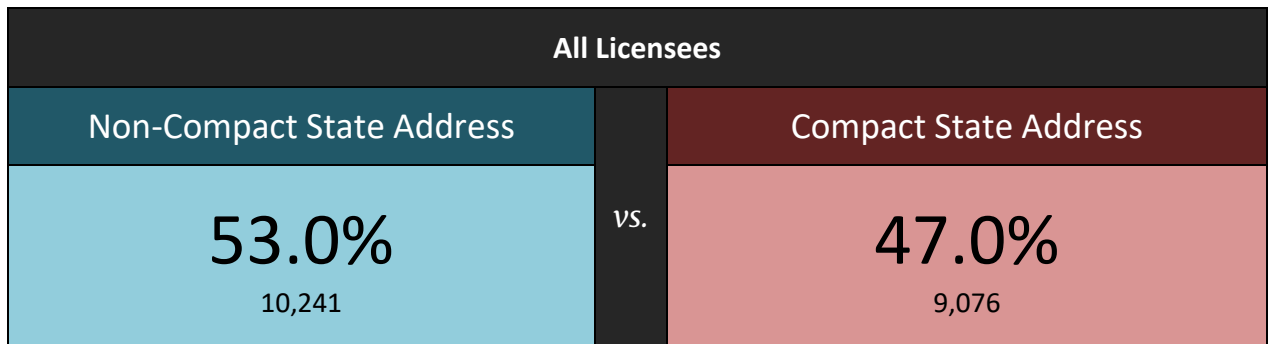
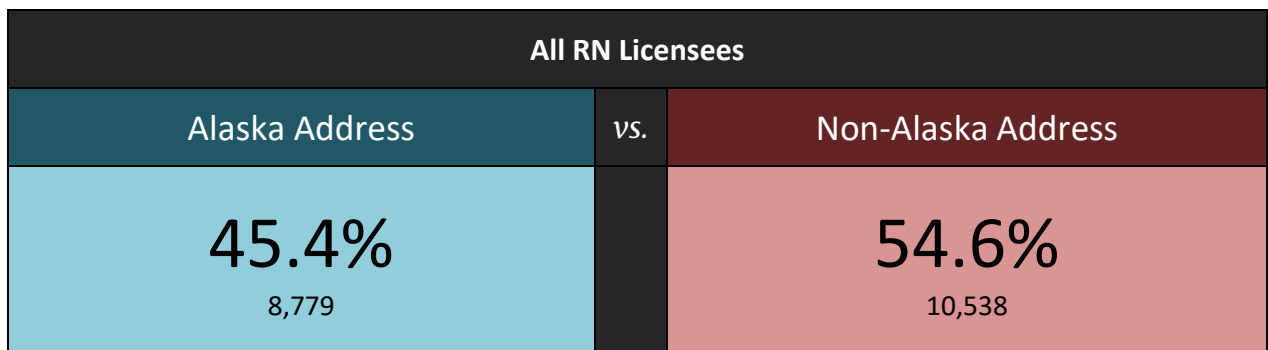
Importantly, about 9,000 of the nurses with non-Alaskan addresses live in Compact states. This amounts to 47% of all of the state's licensed nurses. If Alaska joins the Nurse Licensure Compact, those 9,000 nurses would have the opportunity to *no longer* pay for an Alaska license through the Alaska Board of Nursing.

I ask the committee to consider what happens to the Board of Nursing revenue when almost half of licensed nurses no longer need to license through the state of Alaska. I urge the committee to consider what happens to the licensing fees for the remaining nurses licensed in Alaska when the Board's operating costs inevitably increase. Who makes up the difference? The most likely outcome is increased licensing fees for the remaining Alaska-based nurses.

It is critical for our state licensing agencies to be fully funded. The Board of Nursing uses these fees to verify who is working in our state. They are upholding a standard of licensure for the safety of our community members. Thank you for your consideration.

Jori Nicholson

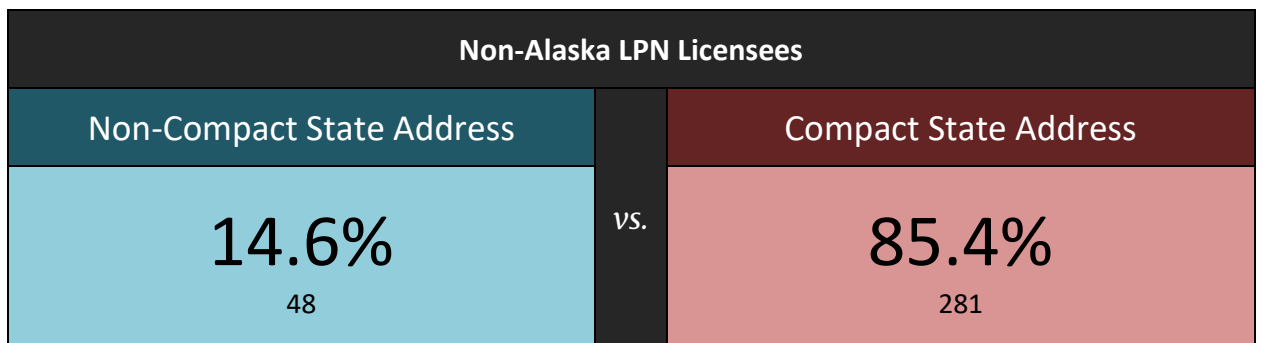
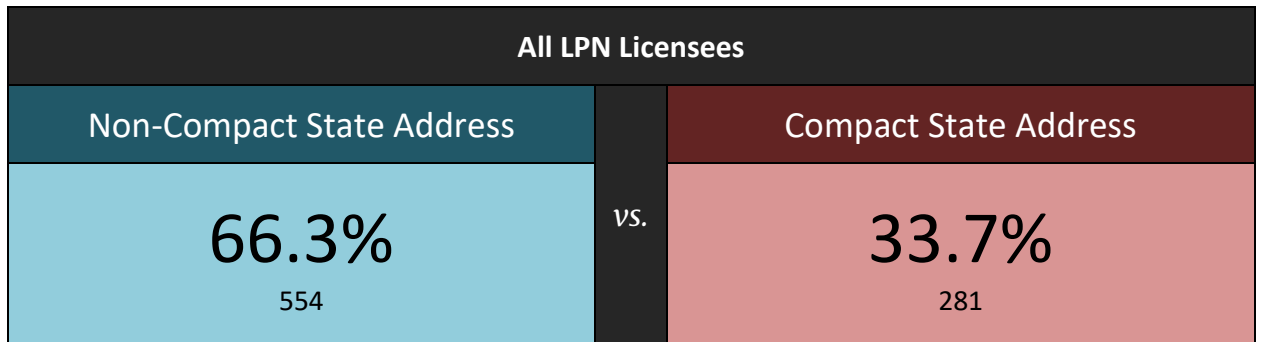
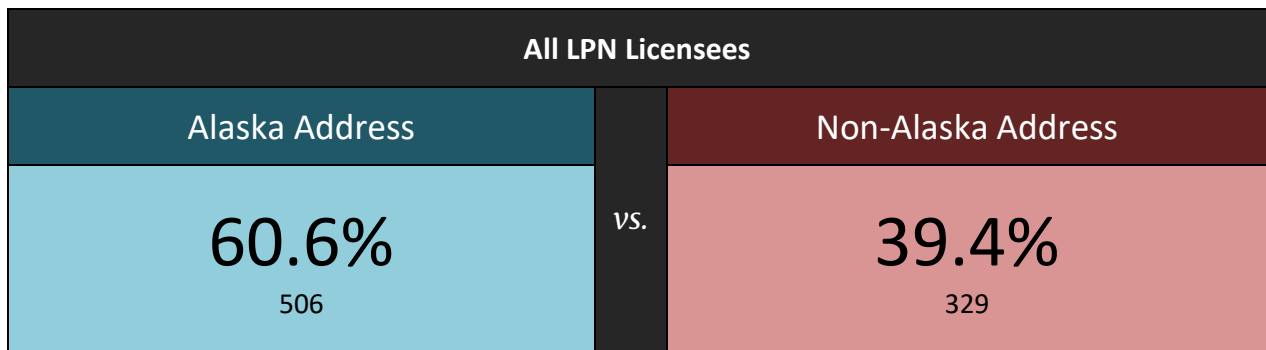
RN Licensees February 2026 Alaska Board of Nursing			
	Compact State [†] Address	Non-Compact Address	Total
Alaska Address	0	8,779	8,779
Non-Alaska Address	9,076	1,462	10,538
Total	9,076	10,241	19,317*



**Total does not include 12 RN Licensees with no address data. Total does not include 3,033 APRNs who must also hold RN licenses. Total does not include 151 Temporary RN Permits.*

[†]States that had enacted NLC legislation as of March 10, 2026.

LPN Licensees February 2026 Alaska Board of Nursing			
	Compact State [†] Address	Non-Compact Address	Total
Alaska Address	0	506	506
Non-Alaska Address	281	48	329
Total	281	554	835



**Total does not include 23 LPNs who also hold RN licenses. Total does not include 6 Temporary LPN Permits.*

†States that had enacted NLC legislation as of March 10, 2026.

Konrad Jackson

From: Kimberly Barnes <kimberly_barnes@yahoo.com>
Sent: Friday, March 27, 2026 7:33 AM
To: Senate Labor and Commerce; House Labor and Commerce
Cc: BoardofNursing@Alaska.Gov; Rep. Rebecca Himschoot; Sen. Bert Stedman
Subject: Support for HB 131 and SB 124

My name is Kimberly Barnes, NP, and I am a Family Nurse Practitioner practicing in Craig, Alaska. I am writing to express my strong support for HB 131 and SB 124, which would enable our state to join the Nurse Licensure Compact (NLC).

Joining the Nurse Licensure Compact would allow qualified nurses to hold one multistate license and practice in all participating compact states. This policy has become increasingly important as health care delivery evolves, particularly with the expansion of telehealth and the ongoing challenges of workforce shortages in rural and underserved communities.

As a clinician serving a rural population, I see firsthand how workforce flexibility directly impacts patient access to care. Compact participation would:

- Improve access to care in rural and remote communities by allowing nurses to practice across state lines without unnecessary administrative delays.
- Support telehealth services, ensuring patients can receive timely care from qualified nurses regardless of geographic barriers.
- Strengthen emergency and disaster response capacity by enabling rapid deployment of licensed nurses during public health emergencies.
- Reduce administrative burden and redundant licensure costs, allowing nurses to focus more fully on patient care.

During the COVID-19 pandemic, many states temporarily allowed cross-state practice to meet urgent care needs. The Nurse Licensure Compact offers a permanent, structured solution that maintains public protection while improving workforce mobility.

Joining the compact would not lower professional standards. Nurses must meet uniform licensure requirements and are still required to follow the practice laws of the state in which the patient is located. Instead, the compact modernizes licensure to better reflect how health care is delivered today.

For a state like ours, where geographic distance and workforce recruitment are persistent challenges, adoption of the Nurse Licensure Compact is a practical and forward-thinking policy decision that supports both patients and providers.

I respectfully urge you to support HB 131 and SB 124 and vote in favor of joining the Nurse Licensure Compact. I would welcome the opportunity to discuss how this legislation would positively impact our community.

Thank you for your time and your service to our state.

Sincerely,

Kimberly Barnes, APRN, NP-C, AGACNP-BC
Family and Acute Care Nurse Practitioner
PeaceHealth
Craig, AK 99921
Phone: 907-826-3257
Sent from my iPhone

Konrad Jackson

From: Madison Eckhart <madison@aknurse.org>
Sent: Friday, March 27, 2026 8:02 AM
To: Senate Labor and Commerce
Subject: Opposition to SB 124 NLC
Attachments: Registered Nurse Supply Adequacy 2026.pdf

To the Senate Labor and Commerce Committee:

My name is Madison Eckhart and I have been a nurse in Alaska for seven years. I am also the Legislative Chair for the Alaska Nurses Association.

The Alaska Nurses Association produced a report comparing Compact and Non-Compact states and their nurse supply adequacy according to up-to-date federal labor data. Adequacy is based on the supply versus demand of nurses in individual states as reported by the National Center for Health Workforce and Analysis projection dashboard.¹

Nine states remain that have NOT joined the Compact.² Of those nine states, five of them have reported nurse supply adequacy over 100% for 2026. This includes Alaska. Interestingly, all ten states with the lowest supply adequacy are members of the NLC.¹

The NLC has NOT made a meaningful impact on the supply of nurses anywhere in the country despite twenty-six years since its inception. Alaska already has an overabundance of nurses licensed in the state. What we do NOT have is an overabundance of nurses willing to work in facilities with unsafe staffing.

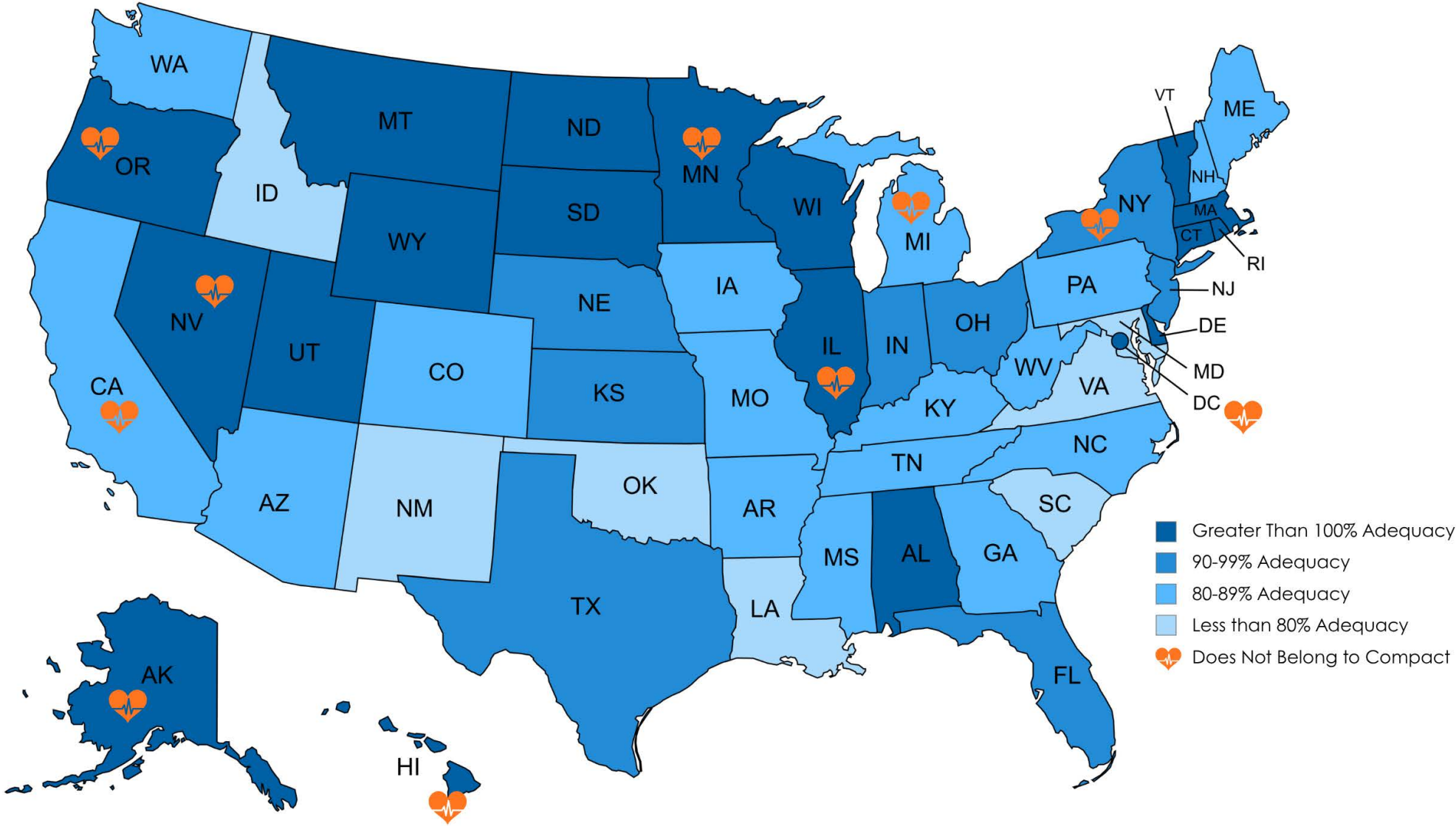
Nurses across Alaska are serving in healthcare facilities which operate with the minimum number of nurses for patient care. We are managing ever-increasing workloads then carrying the burden of deciding which patients are more deserving of our fractured time and attention. Meanwhile, hospitals maintain little accountability for their staffing reductions and subsequent degradation in quality patient care. Licensure portability is not a solution to this problem. If we want better outcomes for patients, we must focus on the conditions inside our hospitals—not policies that have already failed to deliver elsewhere.

I thank the committee for your time and consideration today. Attached is my referenced report titled "Registered Nurse Supply Adequacy 2026" produced by the Alaska Nurses Association.

References

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Workforce Projections. [Online dashboard] June 2025. Available from: <https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections>
2. National Council of State Boards of Nursing. *Nurse Licensure Compact (NLC) Map*. Revised September 6 2023. Available from: https://www.ncsbn.org/public-files/NLC_Map.pdf

Registered Nurse Supply Adequacy by State, 2026



Source: Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Data accessed March 2026 and represents projections of labor supply this year. Available at <https://bhw.hrsa.gov/data-research/review-health-workforce-research>.

Registered Nurse Supply Adequacy by State, 2026

Member States Nurse Licensure Compact	
STATE	SUPPLY ADEQUACY
Wyoming	203%
Vermont	138%
South Dakota	119%
North Dakota	118%
Connecticut	114%
Alabama	111%
Massachusetts	111%
Rhode Island	109%
Delaware	107%
Utah	106%
Wisconsin	106%
Montana	103%
Ohio	99%
Indiana	95%
New Jersey	95%
Texas	94%
Florida	93%
Nebraska	92%
Kansas	90%
Maine	89%
Georgia	88%
Mississippi	88%
Missouri	87%
Washington	87%
Arkansas	86%
New Hampshire	86%
Tennessee	86%
North Carolina	84%
Pennsylvania	84%
Arizona	83%
Kentucky	82%
West Virginia	81%
Colorado	80%
Iowa	80%
South Carolina	79%
Maryland	77%
Louisiana	75%
New Mexico	74%
Oklahoma	72%
Virginia	70%
Idaho	65%

NON-Member States Nurse Licensure Compact	
STATE	SUPPLY ADEQUACY
District of Columbia	174%
Alaska	146%
Hawaii	133%
Illinois	108%
Minnesota	108%
Oregon	104%
Nevada	101%
New York	97%
California	87%
Michigan	84%

41 states are members of the Nurse Licensure Compact.

9 states + D.C. are not part of the Compact.

10/10

states with the lowest supply adequacy are Compact States.

29% of Compact States have an adequate supply of Registered Nurses in 2026.

Of the 41 Compact States, 12 have 100% or greater supply adequacy.

70% of Non-Compact States have an adequate supply of Registered Nurses in 2026.

Of the 9 Non-Compact States + D.C., 7 have 100% or greater supply adequacy.

Konrad Jackson

From: Singleton Wendi <Wendi.Singleton@hcahealthcare.com>
Sent: Friday, March 27, 2026 9:52 AM
To: Senate Labor and Commerce; Senate Labor and Commerce; House Labor and Commerce
Subject: FW: Support for HB 131 and SB 124

From: Singleton Wendi <Wendi.Singleton@hcahealthcare.com>
Sent: Friday, March 27, 2026 9:50 AM
To: House.Labor.And.Commerce@akleg.gov; Senate.Labor.And.Commerce@akleg.gov; boardofnursing@alaska.gov
Subject: Support for HB 131 and SB 124

Please consider passing the nursing compact bill. I have been a nurse for 25 years and have been in Alaska since 2019. When I was moving up here, it took 3 months to get my license. Our nursing shortage here is felt more profoundly than in the lower 48 due to our location. With the nationwide shortage, more and more nurses are turning to traveling, and they often rule out Alaska due to not only the cost, but the process. If we were in the compact, that would open a few doors to at least get a little more contract help. With the constant influx of military, some of the spouses simply choose not to work rather than go through the hassle of applying for an AK license. Especially with the military being so transient, many nurses forgo working in nursing while they are here to avoid the extra cost of another license. By making us a compact state, they could immediately start working while their spouses are stationed here. Our healthcare is suffering due to many factors, but this is one thing we could control.

Please consider finally passing this bill. Thank you.

Wendi Singleton, RN

Manager, Quality Risk Management

Employee Health Nurse

Wendi.Singleton@HCAHealthcare.com

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