

STAND. COM. REP. NO.

1030

Honolulu, Hawaii

MAR 27 2009

RE: H.B. No. 1362
H.D. 1
S.D. 1

Honorable Colleen Hanabusa
President of the Senate
Twenty-Fifth State Legislature
Regular Session of 2009
State of Hawaii

Madam:

Your Committee on Health, to which was referred H.B. No. 1362, H.D. 1, entitled:

"A BILL FOR AN ACT RELATING TO GENETIC COUNSELORS,"

begs leave to report as follows:

The purpose of this measure is to establish a licensure program for genetic counselors within the Department of Commerce and Consumer Affairs to ensure that individuals seeking genetic counseling receive the highest degree of quality services and professional conduct from licensed genetic counselors. The measure also provides penalties for non-compliance.

Your Committee received testimony in support of this measure from Kapiolani Medical Center and the Kapiolani Neonatal Intensive Care Unit Team. Testimony in opposition to this measure was submitted by the Department of Commerce and Consumer Affairs.

Written testimony presented to the Committee may be reviewed on the Legislature's website.

Your Committee finds that genetic counselors are a vital part of the health care team that provides care to individuals throughout their lifespan. Although, a sunrise review was conducted by the Auditor, your Committee finds that the market for genetic counseling is increasing and this measure should move forward in order to protect the public from persons who are unauthorized and untrained to perform these services and to ensure



that genetic counseling services are provided by highly trained professionals.

Your Committee further finds that the Department of Health is in the best position to license genetic counselors. The operating costs would be less for the Department of Health than for the Department of Commerce and Consumer Affairs because the Department of Health has an existing genetics program which has been in effect for fifteen years. In addition, the Department of Health currently licenses other health professionals, such as radiology technicians, dieticians, clinical laboratory directors, medical technologists, clinical laboratory specialists, cytotechnologists, and medical laboratory technicians, because of its specialized expertise.

Accordingly, your Committee has amended this measure by:

- (1) Replacing the Department of Commerce and Consumer Affairs with the Department of Health; and
- (2) Changing the effective date to July 1, 2009.

As affirmed by the record of votes of the members of your Committee on Health that is attached to this report, your Committee is in accord with the intent and purpose of H.B. No. 1362, H.D. 1, as amended herein, and recommends that it pass Second Reading in the form attached hereto as H.B. No. 1362, H.D. 1, S.D. 1, and be referred to the Committee on Commerce and Consumer Protection.

Respectfully submitted on
behalf of the members of the
Committee on Health,



DAVID Y. IGE, Chair



The Senate
 Twenty-Fifth Legislature
 State of Hawaii

Record of Votes
Committee on Health
HTH

Bill / Resolution No.:* HB 1362 HD1	Committee Referral: HTH, CPN	Date: 3 / 23 / 09		
<input type="checkbox"/> The committee is reconsidering its previous decision on this measure. If so, then the previous decision was to: _____				
The Recommendation is: <input type="checkbox"/> Pass, unamended 2312 <input checked="" type="checkbox"/> Pass, with amendments 2311 <input type="checkbox"/> Hold 2310 <input type="checkbox"/> Recommit 2313				
Members	Aye	Aye (WR)	Nay	Excused
IGE, David Y. (C)	✓			
GREEN, M.D., Josh (VC)	✓			
BAKER, Rosalyn H.	✓			
ESPERO, Will	✓			
NISHIHARA, Clarence K.	✓			
HEMMINGS, Fred				✓
TOTAL	5	0	0	1
Recommendation: <input checked="" type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted				
Chair's or Designee's Signature:				
Distribution: Original Yellow Pink Goldenrod File with Committee Report Clerk's Office Drafting Agency Committee File Copy				

*Only one measure per Record of Votes

A BILL FOR AN ACT

RELATING TO GENETIC COUNSELORS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The purpose of this Act is to:
2 (1) Safeguard the public health, safety, and welfare;
3 (2) Protect those seeking genetic counseling services from
4 incompetent and unscrupulous persons, and persons
5 unauthorized to perform these services;
6 (3) Assure the highest degree of professional conduct on
7 the part of genetic counselors; and
8 (4) Assure the availability of high quality genetic
9 counseling services,
10 by regulating individuals offering genetic counseling services.

11 SECTION 2. The Hawaii Revised Statutes is amended by
12 adding a new chapter to be appropriately designated and to read
13 as follows:

14 **"CHAPTER**

15 **GENETIC COUNSELORS**

16 § -1 **Definitions.** As used in this chapter, unless the
17 context requires otherwise:

1 "Active candidate status" means an individual who has
2 documentation of eligibility to take the American Board of
3 Genetic Counseling or its equivalent certification examinations.

4 "Board certified" means an individual who has passed the
5 American Board of Genetic Counseling certification examination
6 and remains actively certified by American Board of Genetic
7 Counseling or its equivalent.

8 "Department" means the department of health.

9 "Director" means the director of health.

10 "Genetic counselor" means a person licensed under this
11 chapter who engages in genetic counseling practice.

12 "Genetic counseling practice" means the rendering of
13 professional counseling services based on specialized education
14 and training to individuals, families, or groups for
15 compensation, monetary or otherwise. These counseling services
16 include the communication process which deals with the human
17 problems associated with the occurrence, or the risk of
18 occurrence, of a genetic disorder. "Genetic counseling
19 practice" includes:

20 (1) Obtaining and interpreting individual, family,
21 medical, developmental, and reproductive histories;

- 1 (2) Determining the mode of inheritance and risk of
2 transmission of genetic conditions and birth defects;
- 3 (3) Discussing the inheritance, features, natural history,
4 means of diagnosis, and management of these
5 conditions;
- 6 (4) Identifying, coordinating, interpreting, and
7 explaining genetic laboratory tests and other
8 diagnostic studies;
- 9 (5) Assessing psychological factors, and recognizing
10 social, educational, and cultural issues related to
11 having or being at risk for genetic conditions;
- 12 (6) Evaluating the client's or family's responses to the
13 genetic condition or risk of having the genetic
14 condition, and providing client-centered counseling
15 and anticipatory guidance;
- 16 (7) Communicating information to their clients in an
17 understandable manner;
- 18 (8) Facilitating informed decision making about testing,
19 treatment, and management;
- 20 (9) Identifying and effectively using community resources
21 that provide medical, educational, financial, and
22 psychosocial support and advocacy; and

1 (10) Providing accurate written documentation of medical,
2 genetic, and counseling information for families and
3 health care professionals.

4 "Licensed genetic counselor" means an individual who holds
5 a license in good standing to practice genetic counseling under
6 this chapter.

7 § -2 **Genetic counseling licensure program.** There is
8 established a genetic counseling licensure program within the
9 department to be administered by the director.

10 § -3 **Powers and duties of the director.** In addition to
11 any other powers and duties authorized by law, the director
12 shall have the following powers and duties:

13 (1) Examine and approve the qualifications of all
14 applicants under this chapter and issue a license to
15 each successful applicant granting permission to use
16 the title of "licensed genetic counselor" or "genetic
17 counselor" in this state pursuant to this chapter and
18 the rules adopted pursuant thereto;

19 (2) Adopt, amend, or repeal rules pursuant to chapter 91
20 as the director finds necessary to carry out this
21 chapter;

1 (3) Administer, coordinate, and enforce this chapter and
2 rules adopted pursuant thereto;

3 (4) Discipline a licensed genetic counselor for any cause
4 described by this chapter or for any violation of the
5 rules, and refuse to license an individual for failure
6 to meet licensure requirements or for any cause that
7 would be grounds for disciplining a licensed genetic
8 counselor; and

9 (5) Work with the department of health's genetics program
10 to assist with the implementation of this chapter and
11 the rules adopted pursuant thereto.

12 § -4 **Licensure required.** No individual shall purport to
13 be a licensed genetic counselor or use the letters "L.G.C." in
14 connection with the individual's name, or use any words or
15 symbols indicating or tending to indicate that the individual is
16 a licensed genetic counselor without meeting the applicable
17 requirements and holding a license as set forth in this chapter.

18 § -5 **Exemptions.** (a) This chapter does not prohibit
19 any persons legally regulated in this state by any other law
20 from engaging in the practice for which they are authorized as
21 long as they do not represent themselves by the title of
22 "genetic counselor" or "licensed genetic counselor." This

1 chapter shall not prohibit the practice of nonregulated
2 professions whose practitioners are engaged in the delivery of
3 human services as long as these practitioners do not represent
4 themselves as or use the title of "genetic counselor" or
5 "licensed genetic counselor."

6 (b) Nothing in this chapter shall be construed to limit
7 the activities and services of:

8 (1) A student, intern, resident, or fellow in genetics or
9 genetic counseling seeking to fulfill educational
10 requirements to qualify for a license under this
11 chapter if those activities and services constitute a
12 part of the student's supervised course of study;

13 (2) An individual seeking to fulfill the post-degree
14 practice requirements to qualify for licensing under
15 this chapter, as long as the activities and services
16 are supervised by a licensed genetic counselor or
17 physician. A student, intern, resident, or fellow
18 shall be designated by the title "intern," "resident,"
19 "fellow," or any other designation of trainee status;
20 or

21 (3) An American Board of Genetic Counseling or an American
22 Board of Medical Genetics certified genetic counselor

1 who is brought into the state as a consultant to train
2 health care providers within the state. Nothing
3 contained in this subsection shall be construed to
4 permit students, interns, residents, fellows, or
5 consultants to offer their services as genetic
6 counselors or geneticists to any other person.

7 (c) Nothing in this chapter shall be construed to prevent
8 a physician licensed to practice medicine in this state or
9 intern, fellow, or resident from performing genetic counseling
10 within the persons scope of practice the person is not in any
11 manner held out to the public as a "genetic counselor" or
12 "licensed genetic counselor."

13 (d) Nothing in this chapter shall be construed to prevent
14 any licensed nurse in this state from performing genetic
15 counseling within the nurse's scope of practice the nurse is not
16 in any manner held out to the public as a "genetic counselor" or
17 "licensed genetic counselor".

18 (e) Nothing in this chapter shall be construed to prevent
19 any licensed social worker, licensed psychologist, or licensed
20 marriage and family therapist from practicing professional
21 counseling in this state provided that person is not in any
22 manner held out to the public as a "genetic counselor" or

1 "licensed genetic counselor" and does not hold out the person's
2 services as being genetic counseling.

3 § -6 **Licensure requirements.** The director shall adopt
4 rules as deemed necessary for the licensure of genetic
5 counselors to protect public health and safety and may consider
6 the following factors as evidence in determining whether an
7 applicant is qualified to be licensed:

8 (1) Board-certification by the American Board of Genetic
9 Counseling or its equivalent; and

10 (2) A report of any disciplinary action or rejection of
11 license applications or renewals relating to genetic
12 counseling practice taken against the applicant in
13 another jurisdiction.

14 § -7 **Provisional license.** (a) The director shall
15 grant, upon application and payment of proper fees, provisional
16 licensure to an individual who, at the time of application, is
17 documented to have active candidate status by the American Board
18 of Genetic Counseling or its equivalent.

19 (b) Individuals with provisional licenses shall meet the
20 requirements for full licenses within the first two available
21 American Board of Genetic Counseling or its equivalent Board

1 examination cycles next following the filing of an application
2 for provisional licensure.

3 § -8 **Licensure by endorsement.** The director shall
4 grant, upon application and payment of proper fees, licensure to
5 an individual who, at the time of application, holds a valid
6 license as a genetic counselor issued by another state,
7 territory, or jurisdiction if the requirements for that
8 certification or license are equal to, or greater than, the
9 requirements of this chapter.

10 § -9 **Issuance of license.** The director shall issue a
11 license to any individual who meets the requirements of this
12 chapter, upon payment of the prescribed fees.

13 § -10 **Renewal of license.** (a) Every licensee or
14 provisional licensee under this chapter shall renew their
15 license annually on or before June 30, with the first renewal
16 deadline occurring on July 1, 2010. Failure to renew a license
17 shall result in a forfeiture of the license. Licenses that have
18 been so forfeited may be restored within one year of the
19 expiration date upon payment of renewal and penalty fees.
20 Failure to restore a forfeited license within one year of the
21 date of its expiration shall result in the automatic termination

1 of the license, and relicensure may require the individual to
2 apply as a new applicant.

3 (b) Proof of maintenance of American Board of Genetic
4 Counseling or its equivalent board certification shall be
5 required for license renewal.

6 (c) Proof of continued active candidate status shall be
7 required for provisional license renewal.

8 § -11 **Application for licensure.** (a) Application for a
9 license shall be made on an application form to be furnished by
10 the department. An applicant shall provide the following
11 information:

- 12 (1) The applicant's legal name;
- 13 (2) The applicant's current residence and business mailing
14 addresses and phone numbers;
- 15 (3) The applicant's social security number;
- 16 (4) The date and place of any conviction of a penal crime
17 directly related to the profession or vocation in
18 which the applicant is applying for licensure, unless
19 the conviction has been expunged or annulled, or is
20 otherwise precluded from consideration by section
21 831-3.1;

1 (5) Proof that the applicant is a United States citizen, a
2 United States national, or an alien authorized to work
3 in the United States;

4 (6) Disclosure of similar licensure in any state or
5 territory;

6 (7) Disclosure of disciplinary action by any state or
7 territory against any license held by the applicant;
8 and

9 (8) Any other information the licensing authority may
10 require to investigate the applicant's qualifications
11 for licensure.

12 (b) Failure to provide the above information and pay the
13 required fees shall be grounds to deny the application for
14 licensure.

15 § -12 Fees; disposition. (a) Application, examination,
16 reexamination, license, renewal, late renewal penalty, inactive,
17 and other reasonable and necessary fees relating to
18 administration of this chapter shall be as provided in rules
19 adopted by the director pursuant to chapter 91.

20 (b) Fees assessed shall defray all costs to be incurred by
21 the director to support the operation of the genetic counselor
22 licensure program.

1 § -13 Revocation, suspension, denial, or condition of
2 licenses; fines. In addition to any other acts or conditions
3 provided by law, the director may refuse to renew, reinstate, or
4 restore, or may deny, revoke, suspend, fine, or condition in any
5 manner any license for any one or more of the following acts or
6 conditions on the part of the applicant or licensed genetic
7 counselor:

8 (1) Conviction by a court of competent jurisdiction of a
9 crime that the director has determined to be of a
10 nature that renders the individual convicted unfit to
11 practice genetic counseling;

12 (2) Failure to report in writing to the director any
13 disciplinary decision or rejection of license
14 application or renewal related to genetic practice
15 issued against the licensed genetic counselor or the
16 applicant in any jurisdiction within thirty days of
17 the disciplinary decision or within twenty days of
18 licensure;

19 (3) Violation of recognized ethical standards for genetic
20 counselors as set by the National Society of Genetic
21 Counselors;

- 1 (4) Use of fraud, deception, or misrepresentation in
2 obtaining a license;
- 3 (5) Revocation, suspension, or other disciplinary action
4 by another state, territory, federal agency, or
5 country against the licensed genetic counselor or
6 applicant for any reason provided under this section;
7 or
- 8 (6) Other just and sufficient cause that renders an
9 individual unfit to practice genetic counseling.

10 § **-14 Hearings; appeals.** The director shall establish a
11 hearing and appeals process for persons to appeal their
12 revocation, suspension, denial, or condition of license.

13 § **-15 Prohibited acts; penalties.** (a) No individual
14 shall:

- 15 (1) Use in connection with the person's name any
16 designation tending to imply that the individual is a
17 licensed genetic counselor unless the individual is
18 duly licensed and authorized under this chapter; or
- 19 (2) Make a representation that the individual is a
20 licensed genetic counselor during the time the
21 person's license issued under this chapter is

1 forfeited, inactive, terminated, suspended, or
2 revoked.

3 (b) Any individual who violates this section shall be
4 subject to a fine of not more than \$1,000 and each day's
5 violation shall be deemed a separate offense.

6 § **-16 Rules.** The department may adopt rules under
7 chapter 91 as necessary for the purposes of this Act."

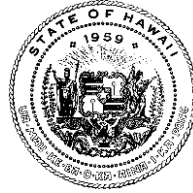
8 SECTION 3. This Act shall take effect on July 1, 2009.

Report Title:

Genetic Counselors

Description:

Establishes the genetic counseling licensure program within department of health. Requires licensure in order to use the title of "licensed genetic counselor". Provides exemptions from licensure requirements. (SD1)



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

Senate Committee on Commerce and Consumer Protection

H.B. 1362, H.D. 1, S.D. 1, Relating to Genetic Counselors

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

April 2, 2009, 10 a.m.

1 **Department's Position:** The Department of Health (DOH) opposes this measure. Licensure of genetic
2 counselors is unnecessary since genetic counselors in Hawai'i undergo board certification by the
3 American Board of Genetic Counselors (ABGC).

4 **Fiscal Implications:** Costs to the DOH will include staff and operating expenses for a licensing
5 program.

6 **Purpose and Justification:** This measure seeks to establish a genetic counselor licensing program
7 within the Department of Health. A similar bill, S.B. 1085, SD 1, was passed in the 2008 legislative
8 session. The Department did not support the bill, and the Governor vetoed the measure for reasons
9 including that the State Auditor conducted a sunrise analysis of a similar bill in 2006 and concluded,
10 among other things, that licensing of genetic counselors was not necessary and that such licensing did
11 not meet the criteria for regulation under the Hawai'i Regulatory Reform Act.

12 The Department of Health respects the finding of the State Auditor and therefore does not
13 support this bill.

14 Thank you for the opportunity to testify on this measure.



Thursday – April 2, 2009
Conference Room 229
10:00am

The Senate Committee on Consumer Protection & Commerce

To: Senator Rosalyn H. Baker, Chair
Senator David Y. Ige, Vice Chair

From: Ken Nakamura, MD - Chief Medical Officer
Kapi'olani Medical Specialists

Professor of Pediatrics/Neonatology Division
UH John A. Burns School of Medicine

**RE: Testimony in Strong Support of HB 1362 HD 1 SD1
Relating to Genetic Counselors**

My name is Ken Nakamura, MD and I am the Chief Medical Officer for Kapi'olani Medical Specialists and Professor of Pediatrics, Neonatology Division at the University of Hawaii John A. Burns School of Medicine. The Kapi'olani Medical Specialists are an affiliate of Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic.

I am writing in **strong support of HB 1362 HD1 SD1** which would establish licensing and regulatory requirements for the practice of genetic counselors. Genetic counselors are frequently the primary providers of genetic information and counseling to pregnant women whose babies are at risk for birth defects and other genetic conditions. They are also the primary provider of genetic risk assessment for men and women with cancer or a significant family history of cancer. Genetic counselors also assist in the evaluation and management of children and adults with heritable conditions. Medical geneticists and genetic counselors work together much like other physicians work with nurses.

HB 1362 HD 1 SD 1 will provide many benefits. First, it will ensure that genetic counselors practicing in Hawaii will have the training and knowledge to provide the best care to these families at a difficult time in their lives – when dealing with a sick infant and contemplating the impact on future reproductive and health care decisions. Second, it would provide the first step towards enabling genetic counselors to bill for their services from third party insurers. Third, licensure will help attract genetic counselors to practice in Hawaii as there are currently not enough trained genetic physicians to provide all genetic services and counseling.

Because of the invaluable work that genetic counselors provide I ask that you pass HB 1362 HD 1 SD 1 from this committee. Thank you for the opportunity to testify.

Committee on Commerce and Consumer Protection

HB 1362, HD1, Relating to Professional Licensure of Genetic Counselors
Thursday April 2nd at 10am
State Capitol Building 229

To the Honorable Senator Baker, Senator Ige, and committee members

My name is Kirsty McWalter and I am a board-certified pediatric genetic counselor who works for the Hawai'i Department of Health Genetics Program. My testimony does not represent the view of the Department of Health as I am not providing testimony in an official capacity.

I support the bill relating to professional licensure for genetic counselors. I believe that it is important for genetic counselors who meet the training and certification standards set forth by our professional organization (the American Board of Genetic Counseling) to be recognized as licensed genetic counselors because:

- (1) this will protect the public from harm potentially caused by inadequately trained practitioners;
- (2) this will allow adequately trained genetic counselors to be readily identified by the public and by other healthcare professionals;
- (3) an increased awareness of genetic counselors as licensed practitioners will lead to an increase in referrals to licensed genetic counselors and, thus, an increase in the number of families who have access to genetic counseling.

Licensure is an important step towards allowing the public to determine who can provide accurate information about genetic risks and testing and making sure genetic counselors can move towards being reimbursed for the important services they provide.

I also favor the oversight of genetic counselor licensure to be within the Department of Health Genetics Program. The cost associated with placing oversight within the Department of Consumer Protection is prohibitive not only to the individual genetic counselor obtaining licensure, but also for the department itself, who has to staff the oversight. The Department of Health Genetics Program is an established entity with years of experience in clinical genetics service provision, legislation activities, and public health genetics. Given that the number of genetic counselors in the state of Hawai'i is so small (less than 15), the oversight of licensing for these professionals would fit seamlessly into the DOH Genetics Program's current responsibilities.

In Fall 2005, I co-authored a paper published in *The Journal of Allied Health* (Christianson CA, McWalter KM, Steinberg Warren N. Assessment of Allied Health Graduates' Preparation to Integrate Genetic Knowledge and Skills Into Clinical Practice. *Journal of*

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Friday March 20th 2009 at 3pm

Allied Health. Fall 2005 (34):3; 138-144.). We surveyed recent graduates from allied health programs (audiology, physical therapy, speech-language pathology, nutrition sciences, and medical imaging technology) to determine the amount of genetics education they received during training, the genetics activities they perform in clinic, and their confidence in their ability to perform those genetics activities.

Overall, 78% of respondents rated the amount of genetic knowledge or skills they received during their training program as marginal or none. Keeping this statistic in mind, it is interesting to note that 61.2% of respondents reported that they elicit genetic family histories from their patients. Furthermore, of this group, only 51% reported that they had a high confidence in their ability to perform this task. These numbers are concerning, particularly if patients believe that they are receiving genetic counseling from someone with genetics knowledge and skills training.

Eliciting a patient's family history is an essential component of genetic counseling; it allows the healthcare professional to identify the presence of heritable conditions within a family, provide recurrence risk figures, explain appropriate inheritance patterns, and discuss available genetic tests or screening recommendations. In an ideal world, I believe that the family history would be elicited by a licensed genetic counselor, physician, or genetics nurse specialist. However, there is a shortage of genetics professionals nationwide, particularly given the increasing numbers of genetics tests and amounts of genetics information available to consumers. If and when allied health professionals elicit family history information, I believe that it is important for those practitioners to recognize that there are licensed genetic counselors available for referrals in cases when a genetic condition is identified or when the healthcare practitioner does not have adequate training to interpret the family history.

As a pediatric genetic counselor, I work with children and their families affected by or at risk for genetic conditions. On numerous occasions, patients have thanked me for the time I have spent counseling them as to the implications of their family history and the options available to them. Most significantly, a number of patients and their families have expressed their satisfaction with the comprehensive genetic counseling they received from a genetic counselor, as opposed to the limited time that they were able to spend with another healthcare provider. Genetic counselors are not physicians and do not have the oppressive time demands that physicians have. I am able to spend more time with families and ensure that their questions and concerns have been addressed to their satisfaction. Many times, once a physician has left the room, the patient has asked follow-up questions or expressed concerns that may not have been voiced within the time constraints of a physician's visit. Genetic counselors provide a valuable service and are trained exclusively to provide genetic counseling; based on personal feedback from families and patients, I believe that genetic counselors should be licensed.

The results of the study cited above, coupled with my personal experiences as a pediatric genetic counselor, underlie my personal commitment to pursuing licensure for genetic counselors in Hawai'i. Patients have the right to be protected from harm potentially caused by incorrect or missing information provided by healthcare practitioners not trained to provide

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genetic counseling. Furthermore, it would be beneficial for healthcare practitioners to be aware of licensed genetic counselors, who perform the task of genetic counseling exclusively, so as to aid in their referrals of appropriate patients. This would help to ensure that healthcare practitioners, particularly those in allied health fields who have received marginal genetics training, recognize and refer to licensed genetic counselors rather than provide inadequate genetic counseling themselves.

I urge the Committee to pass this resolution. Thank you for the opportunity to testify.

Kirsty McWalter. M.S., C.G.C.

2006 Saint Louis Drive

Honolulu, HI 96816

(808) 371-1239

Senate Committee on Commerce and Consumer Protection

H.B. 1362, H.D. 1, S.D. 1 RELATING TO GENETIC COUNSELORS

Thursday, April 2, 2009, 10:00am

To the Honorable Rosalyn Baker, the Honorable David Ige, and Members of the Senate Committee on Commerce and Consumer Protection:

My name is Lianne Hasegawa, and I am a board-certified pediatric genetic counselor with the Hawai'i Department of Health Genetics Program. However, I am not testifying in my official capacity and am instead providing testimony as a private citizen.

I strongly support H.B. 1362, H.D. 1, S.D. 1 which establishes guidelines for licensure of genetic counselors to ensure professional and quality services for public safety and welfare.

With the completion of the Human Genome Project in 2003, genetics has fast become an important part of the health care field. Our knowledge about genetics and its application to the medical community is also rapidly increasing. Disease-causing genetic mutations are constantly being classified, and improvements in biomedical techniques result in the rising number of genetic tests available to patients and their families. However, these rapid advances often present a challenge to practicing healthcare providers who must keep up with the array of topics related to medical genetics.

The difficulty of maintaining up-to-date knowledge about genetics is aptly shown in a 2000 needs assessment conducted by the Department of Health Genetics Program. The assessment found that approximately 30% of surveyed Hawai'i physicians had not received any continuing education about genetics within the past year. In addition, family practitioners and internists, who were least likely to have attended a continuing education event on genetics, were self-described as being unlikely to incorporate genetics into their practices.

In contrast, genetic counselors certified by the American Board of Genetic Counselors (ABGC) are required to obtain at least 250 hours of continuing education in the field of genetics within 10 years of receiving their certification. Most counselors obtain many more than the minimal continuing education in order to keep up-to-date with the changing genetic information. As a result, genetic counselors are often more knowledgeable than primary care physicians regarding genetic risks for disease and current genetic testing techniques. This is shown in two separate, but related studies comparing the genetic risk assessment of obstetricians and genetic counselors:

- Cohn and colleagues (1996) found that, when compared to obstetricians, genetic counselors discovered an additional 35.6% of patients at risk for significant genetic disease based on family history.
- Similar results were obtained by Koscica and colleagues (2001) who showed that, through family history alone, genetic counselors found an additional 38.0% of patients at risk for significant genetic conditions based as compared to obstetricians.

Genetic counselors are important additions to the health care team. Licensing of genetic counselors would ensure that patients receive optimal services and would protect them from receiving genetic information from providers who lack appropriate knowledge and training. Indeed, communication of

genetic information, especially as related to personal or familial risk for disease, can often affect a patient's psychological well-being as well as their decisions regarding medical management, reproductive options, or treatment. In a 2005 study published in the *Archives of Internal Medicine*, Gurmankin and colleagues found that poor risk communication by inadequately trained health care professionals increased patients' perceptions of their risk for breast cancer above their actual risk. Patients' anxiety levels consequently increased which led them to make different, and potentially worse, medical decisions such as prophylactic mastectomies. Licensure would ensure that genetic counselors receive the training necessary to avoid such issues.

On a personal note, I was born with a genetic birth defect called a cleft lip and palate. Although my lip and palate were surgically repaired before my second birthday, I was left with a noticeable scar on my upper lip that left me open to questions from curious friends, teasing from thoughtless children, and doubts about my appearance and self-worth. I used to view my birth defect as a curse inflicted on me by God or Fate, and I constantly wondered why this had happened to me. Despite the fact that I saw many healthcare providers including plastic surgeons, speech pathologists, and otolaryngologists, none of them could offer me an answer to my question. Far from helping me increase my self confidence, one physician actually suggested that I not have children when I grew up to avoid the "hassle" of caring for a child who might be born with the same birth defect that I had. His offhand remark retains the same sting that it did twenty years ago. It was only after I entered a master's program to become a genetic counselor at the age of 23 that I finally came to terms with my feelings, forgave the physician, and began to accept myself.

I know from firsthand experience that learning of and living with a genetic condition is an emotionally trying time most for families. I also know that interacting with healthcare professionals who lack the skills necessary to provide support during this important period can have long-lasting emotional effects. Genetic counselors are uniquely trained to provide psychosocial support to families as they come to terms with their diagnosis while having the medical knowledge necessary to accurately answer any questions. Licensure would ensure a family's ability to identify genetic counselors who are appropriately trained, and avoid the emotional distress caused by providers who lack the skills to support and inform.

The studies cited above, along with my personal experiences living with a genetic birth defect, are the basis of my dedication to licensure for genetic counselors. Licensure would protect patients and families from harm caused by receiving incorrect information or inappropriate counseling. Licensure would also allow healthcare providers, particularly those with limited genetics knowledge and psychosocial training, to recognize and refer to licensed genetic counselors.

Thank for you for your time in considering my testimony in support of H.B. 1362, H.D. 1, S.D. 1.

Lianne Hasegawa, M.S., C.G.C.
Certified Genetic Counselor
94-443 Keaoopua Street, #116
Mililani, HI 96789
808-623-5505

Senate Committee on Commerce and Consumer Protection
HB 1362, HD1, SD1 RELATING TO GENETIC COUNSELORS
Thursday, April 2nd, 2009 at 10:00 am
State Capitol Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair; David Y. Ige, Vice Chair; and members of the Committee on Commerce and Consumer Protection:

I strongly support **HB 1362 HD1**, relating to professional licensure of genetic counselors. Genetic counselors are health professionals with specialized graduate degrees and experience in the areas of medical genetics and counseling. They are board certified by the National Board of Genetic Counseling. Genetic counselors work as members of a health care team, providing information and support to families who have members with birth defects or genetic disorders and to families who may be at risk for a variety of inherited conditions. They serve as patient advocates and educators for other health care professionals and for the general public.

As a prior employee of the Department of Health Genetics Program, I believe that the Department of Health has the expertise and staff to sustain a licensure program for genetic counselors. Hawai'i is one of the few states that has a Genetics Program with board certified genetic counselors working in the program. No state general fund money is used to fund the program staff. Administration of the licensure would be almost cost neutral since the staff already exists and there are not a large number of genetic counselors in the state. For example, Utah has 14 genetic counselors and Oklahoma has 11 genetic counselors in their states. The license fee charged is approximately \$150 per year which covers all the operating expenses for their programs.

There are over one hundred health providers and health care administrators from the community who have provided their signature in support of Licensure for genetic counselors in Hawaii. This is evidenced by the testimonies submitted for your Committee's hearing. Genetic counselors are the primary source in Hawai'i to assist patients and their physicians who have questions about indications for genetic testing, validity of testing, reliability of laboratories providing genetic testing, and interpretation of genetic test results. The recent explosion of direct to consumer genetic testing truly underscores the need for the public to be able to recognize who is qualified to provide genetic counseling services and to interpret genetic test results.

Thank you for allowing me the opportunity to provide testimony in support of **HB 1362 HD1**.

Linda Cheng, MS, CGC
Genetic Counselor

From: Matt White [mfwhite5@gmail.com] on behalf of Matt White [matt@anewway.org]
Sent: Tuesday, March 31, 2009 8:51 PM
To: CPN Testimony
Subject: Testimony Regarding HB 1362 For Senate Committee on Commerce and Consumer Protection on 04/02/09 at 10:00am

Testimony of
Matthew White, CTO
Kahala Code Factory
1617 South Beretania St. #1102
Honolulu, HI 96826

State of Hawaii
Senate Committee on Commerce and Consumer Protection

HB 1362, HD1, SD1 RELATING TO GENETIC COUNSELORS Thursday, April 2nd, 2009 at 10:00 am State Capitol Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair; David Y. Ige, Vice Chair; and members of the Committee on Commerce and Consumer Protection:

Thank you for the opportunity to provide testimony on HB 1362, which establishes a licensure program for genetic counselors. I offer my testimony as a registered Hawaii voter, and I strongly support the passage of HB 1362 for the following reasons:

I am a potential consumer of genetic testing. I have a family history of Huntington's Disease with a high risk of inheriting this condition. It is an adult onset degenerative genetic condition leading to uncontrolled movements, loss of intellectual faculties, and emotional disturbance.

With the current pace of genetic discovery and technology, I want to have confidence in the services regarding my potential disorder.

Licensure for genetic counselors will enable me to easily recognize qualified genetics professionals who provide these services.

The explosion of Direct-to-Consumer (DTC) genetic tests since the State Auditor's Sunrise Report presents a major risk for harm to the public if misinterpreted or used inappropriately. Contrary to the report's conclusion, the emergence of DTC genetic tests makes identification of and access to quality-assured genetic counseling services absolutely critical. In addition, prior testimony has referred to other instances of harm to the consumer that could be addressed in part by regulating this profession.

A mechanism must be established to remove a genetic counselor's right to practice if he/she is found to be incompetent or unscrupulous. Genetic counselors are involved in ethically charged areas of reproductive and medical decision-making. Ensuring ethical and competent practice is a safeguard against discriminatory or otherwise improper and damaging use of genetic information. State regulation of genetic counseling specialists should not be the only approach to protecting consumers from, but it should certainly be one prong of consumer protection.

Presuming consumers are not savvy enough to understand the additional quality control that comes with conferring a state license is to give consumers too little credit.

There is no sustainable insurance reimbursement for genetic counseling services in Hawaii, despite multiple efforts by the genetics community to collaborate with government and third party insurers. There is a new billing code that could be used to obtain fair reimbursement

for genetic counseling services from insurers, but only if the profession becomes licensed. Hawaii is facing the loss of healthcare providers and specialists at an alarming rate. We do not want to lose access to this specialty service when we should be seeing increased access for outer islands and other underserved populations.

>From the explosion of direct-to-consumer genetic tests to the exodus of healthcare specialty providers from Hawaii, we need to take multiple approaches to consumer protection. Licensure is one needed approach to ensure access to quality specialty genetic counseling services in our state.

Sincerely,

Matthew White

State of Hawaii
Senate Committee on Commerce and Consumer Protection

HB 1362, HD1, SD1 RELATING TO GENETIC COUNSELORS
Thursday, April 2nd, 2009 at 10:00 am
State Capitol Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair; David Y. Ige, Vice Chair; and members of the Committee on Commerce and Consumer Protection:

Thank you for the opportunity to provide testimony on HB 1362, HD1, SD1. **We strongly support the passage of this bill, which establishes a licensure program for genetic counselors.**

Newborns in the neonatal intensive care unit are diagnosed with genetic conditions on a weekly basis. Genetic counselors are an asset to our families as they often become the primary source of genetic information and counseling after our newborns are discharged from the hospital. They're a vital part to our health care team and we are in full support of their endeavor to establish licensure.

Sincerely,

Kapiolani Neonatal Intensive Care Unit Team

1. Daniel T. Murai, MD (808) 983-8387
2. Lynn M. Iwamoto, MD (808) 983-8670
3. Sheree Kuo, MD (808) 983-8387
4. Jerome Lee, MD (808) 983-8387
5. Charles Neal, MD (808) 983-8670
6. Randy Taniguchi (808) 983-8673
7. Jon Izumiasumi (808) 983-8629
8. Sheree Cambra, RN (808) 554-7372
9. Jennifer Ryan, RN (808) 232-1010
10. Kathleen Brown, RN (808) 373-9755
11. Iyouri Oshiro, RN (808) 221-9003
12. Kristin Iriguchi, RN (808) 345-2499
13. Susan Kau, Nurse Level V (808) 226-1407
14. Christina Houson, RN (808) 923-1086
15. Jennifer Marsh, RN (808) 330-1494
16. Laura Fujimoto, RN (808) 983-8673
17. Cory Clemens, RN (808) 277-2023
18. Jaime Kobashigawa, RN (808) 387-6906
19. Kathryn Kirley, RN (808) 271-5754
20. Mari Goo, RN (808) 387-2402
21. Stephanie Hoe, RN (808) 753-5531
22. Corri-Ann Fujikawa, RN (808) 387-8875
23. Dianalynn Ching, RN (808) 383-3041
24. Sherveen Batts, MD (808) 721-4834
25. Derek Ching, MD (808) 733-5111
26. Kathy Parra, RT (808) 230-4090
27. Kenneth Ash, MD (808) 983-8670

**State of Hawaii
Senate Committee on Commerce and Consumer Protection**

HB 1362, HD1, SD1 RELATING TO GENETIC COUNSELORS

Thursday, April 2nd, 2009 at 10:00 am
State Capitol Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair; David Y. Ige, Vice Chair; and members of the Committee on Commerce and Consumer Protection:

Thank you for the opportunity to submit testimony in strong support of HB 1362, HD1, SD1 which establishes a licensure program for genetic counselors.

Every day, more genetic tests are being offered by providers and marketed directly to the consumer (Direct-to-Consumer Testing). The public may not understand the consequences of the testing and will need to be able to find trained professionals to help them decide what tests may give them useful information and help them understand the test results. Licensure provides the ability to remove a genetic counselor's right to practice if he/she is found to be incompetent. Ensuring ethical and competent practice is a safeguard against improper use of genetic information. With no state regulation, incompetent genetic counselors cannot be restricted from practicing. This leaves families in Hawai'i vulnerable to physical and psychological harms.

Most genetic counselors in Hawai'i are not reimbursed for their services, making it difficult for hospitals and clinics to support these services. Neighbor island families who have the least access to subspecialty health services may receive inaccurate or no genetic counseling leading to unnecessary genetic tests, or they may not be given access to testing. Licensure would be the first step towards genetic counselor reimbursement, making genetic counseling more affordable while ensuring quality health services are accessible to the public.

From the explosion of direct-to-consumer genetic testing to the issues surrounding accessible health care services in Hawai'i, licensure is needed to ensure access to quality specialty genetic counseling services in our state.

Sincerely,

Elaine White, M.S.
Certified Genetic Counselor
Kapiolani Medical Specialists
808-973-3404

Tammy Stumbaugh, M.S.
Certified Genetic Counselor
Fetal Diagnostic Institute of the Pacific
808-945-2282

Sarah Scollon, M.S.
Certified Genetic Counselor
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Arthur Yu, M.S.
Certified Genetic Counselor
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Melissa Ortiz, M.S.
Genetic Counselor
Fetal Diagnostic Institute of the Pacific
808-983-6470

Jennifer Maclean, M.S.
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State of Hawaii
Senate Committee on Commerce and Consumer Protection

HB 1362, HD1, SD1 RELATING TO GENETIC COUNSELORS

Thursday, April 2nd, 2009 at 10:00 am

State Capitol Conference Room 229

To the Honorable Senator Rosalynn H. Baker, Chair; David Y. Ige, Vice Chair; and members of the Committee on Commerce and Consumer Protection:

Thank you for the opportunity to provide testimony on HB 1362, HD1, SD1, which establishes a licensure program for genetic counselors. I offer my testimony as a physician Medical Geneticist, and I strongly support the passage of HB 1362, HD1, SD1.

As a medical geneticist, a physician who works closely with genetic counselors on a daily basis, **I strongly support HB 1362, HD1, SD1 relating to the professional licensure of genetic counselors.** Genetic counselors are a vital part of the healthcare team that provides care to individuals throughout the lifespan. Genetic counselors are frequently the primary providers of genetic information and counseling to pregnant women whose babies are at risk for birth defects and other genetic conditions. They are also the primary provider of genetic risk assessment for men and women with cancer or a significant family history of cancer. Genetic counselors also assist me as I evaluate and manage children and adults with heritable conditions.

Licensure would protect the public by ensuring that genetic counseling is provided only by individuals with the high level of training and certification that genetic counselors possess. Board-certified genetic counselors have a Master's Degree in Genetic Counseling which includes the science of genetics, psychosocial, legal and ethical aspects of genetics, and extensive supervised direct patient contact. They are certified by the American Board of Genetic Counseling or the American Board of Medical Genetics. They are required to maintain their certification and excellence in the rapidly changing field of human genetics by continuing education credits. **The licensure of genetic counselors does not restrict any physician from providing counseling to their patients regarding hereditary diseases or risk factors, but a physician would not categorize himself or herself as a "genetic counselor" or "licensed genetic counselor" but instead as a physician and bill and expect reimbursement, as for any other type of medical office visit or consultation.**

The ability for the public to identify an appropriately trained genetic counselor is increasingly important because of the explosion of direct-to-consumer (DTC) marketing of genetic testing. During the time that licensure of genetic counselors in Hawaii has been studied, a special report was commissioned by the U.S. Senate Special Committee on Aging regarding DTC marketing of genetic testing. Sen. Gordon Smith from Oregon noted during this hearing, **"I am deeply disturbed by the GAO's finding that consumers are being misled and exploited."**

Licensed genetic counselors are crucial as the primary source to assist patients and their physicians who have questions about indications for genetic testing, validity of testing, reliability of laboratories providing genetic testing, and interpretation of genetic test results. Even when

RELATING TO GENETIC COUNSELORS

HB 1362

Page 2

Laurie H. Seaver, MD

genetic tests are medically indicated, there is abundant documentation of the lack of genetic knowledge in non-genetics health care providers at all levels who often do not understand the indications, benefits, limits and risks of genetic testing, nor do they know how to interpret the results. Genetic counselors are crucial members of our health care team to assist physicians and patients with information and counseling before and after genetic testing.

In recognition of the value of genetic counseling in the practice of medicine, the AMA has recently approved a CPT® (Current Procedural Terminology) code for Genetic Counseling. These codes can only be used by licensed health professionals. Licensure of genetic counselors is necessary in order for genetic counselors to bill for their services. Currently, hospitals or clinics have to subsidize this cost, which places these positions at risk with every budget cycle. We are all aware of the health care crisis in Hawaii, and that hospitals are increasingly abandoning such "non-billable", but yet vital, health care services. Licensure ensures the sustainability of genetic counselors in our hospitals; with licensure, Hawaii will likely lose genetic counselors to states that have licensure and where their services can thus be recognized and sustained within the healthcare setting.

Licensure of genetic counselors has the potential to reduce healthcare costs since genetic counselors are reimbursed at a lower rate than physicians. Further, there are not enough trained genetic physicians to provide all genetic services and counseling necessary in Hawaii. **Genetic counselors are currently providing vital prenatal and cancer genetic counseling on the neighbor islands, where there are no other genetic service providers except for my outreach clinics (only one clinic day a month rotating to different islands).**

I believe that the responsibility of licensure of genetic counselors should be in the Department of Health Genetics Program where they have the expertise and manpower to oversee the program for the less than 20 genetic counselors in Hawaii. The fees paid by the genetic counselors seeking licensure should cover the cost of such a licensure program for the State of Hawaii. For example, the states of Utah and Oklahoma have a similar number of genetic counselors who pay approximately \$150 per year for licensure.

I hope that the State of Hawaii joins several other states that have passed Genetic Counselor Licensing bills, and several other states that are currently poised to pass similar legislation. These states are leaders in recognizing the importance and complexity of the genetic contribution to health and human disease and the need for highly qualified health care providers.

Laurie H. Seaver, MD

19 Ilikupono St.

Kailua, HI 96734

254-1819

Senate Committee on Commerce and Consumer Protections**HB1362, HD1, SD1 (SSCR1030)
RELATING TO GENETIC COUNSELORS**

Thursday, April 2, 2009
10:00am

To the Honorable Chair Rosalyn H. Baker, Vice Chair David Y. Ige, and Members of the Senate Committee on Commerce and Consumer Protections:

I support HB 1362, HD1, SD1 (SSCR1030) relating to the professional licensure of Genetic Counselors in the State of Hawaii.

I am a Genetic Counselor who has been working in the State of Hawaii for nearly seven years. I am in strong support of Genetic Counselor licensure. I believe that licensure will not only assist in recognition and reimbursement of our profession, but also ensure high level quality services to the people of Hawaii, and efficient use of health care dollars.

My initial interest in, and attraction to, the field of Genetic Counseling stemmed from what I viewed as an opportunity to work with and serve various individuals who have, or are at risk for, rare conditions that may have a genetic basis. My goal was (and still is) to make a difference in the lives of these individuals and families - by educating them, helping them with difficult decisions, and providing them with emotional support.

Through my time to date as a Genetic Counselor, I have learned that the field of Genetic Counseling is far broader than I had first envisioned. Conditions with a genetic component, I have learned, are far from rare. In fact, many common conditions, including cancer, heart disease and diabetes, have genetic components. What this means is that many individuals and families benefit from consultation with a Genetic Counselor - not just the rare few as I had first thought.

Medicine is a booming field: developments and new discoveries are coming out at faster and faster rates. And certainly, within the field of medicine, genetics is one of the most rapidly growing areas. As a result, more and more people will be impacted by genetics. Unfortunately, what also comes with exciting developments is the potential for misuse or misinterpretation of genetic information. Thus, it is crucial that a standard be set so that the people of Hawaii will be ensured accurate information from the highly trained and motivated professionals that Genetic Counselors are. In addition, licensure will help to ensure the security of this profession, and move away from its vulnerability due current lack of billing for our services. It is vital that Genetic Counselors be available to serve the current and upcoming needs of our population.

Genetic Counselor licensure will support the high quality and qualifications of Genetic Counselors, and will ensure high level quality services to our population, and efficient use of health care dollars.

Thank you for the opportunity to provide testimony in support of HB 1362, HD1, SD1 (SSCR1030).



Allison Taylor Shykowski, MS, CGC
Certified Genetic Counselor
Honolulu, HI

Senate Committee on Commerce and Consumer Protection
HB 1362, HD1, SD1 RELATING TO GENETIC COUNSELORS
Thursday, April 2nd, 2009 at 10:00 am
State Capitol Conference Room 229

To the Honorable Senator Rosalyn H. Baker, Chair; David Y. Ige, Vice Chair; and members of the Committee on Commerce and Consumer Protection:

I strongly support **HB 1362 HD1**, relating to professional licensure of genetic counselors. Genetic counselors work as members of a health care team, providing information and support to families who have members with birth defects or genetic disorders and to families who may be at risk for a variety of inherited conditions.

Heightened public awareness, coupled with scientific advances in adult disorders and reproductive technologies, have increased the demand for genetic counselors. Genetic counselors are the primary source in Hawai'i to assist patients and their physicians who have questions about indications for genetic testing, validity of testing, reliability of laboratories providing genetic testing, and interpretation of genetic test results. The recent explosion of direct to consumer genetic testing truly underscores the need for the public to be able to recognize who is qualified to provide genetic counseling services and to interpret genetic test results.

Thank you for allowing me the opportunity to provide testimony in support of **HB 1362 HD1**.

NAME (SIGNATURES ON FILE)	TITLE
Acoba, Jared, MD	Physician, Oncology
Aeby, Tod, MD	Physician, Obstetrics/Gynecology
Akaka, Gerard K, MD	Vice President, Medical Affairs Chief Medical Officer
Ayabe, Ronald, MD	Physician, Obstetrics/Gynecology
Bakhshi, Tiki, MD	Physician, Obstetrics/Gynecology Tripler Army Medical Center
Bales, Denny, MD	Physician, Cardiology
Behjati, K, MD	Physician, Nuclear Medicine
Berenberg, Jeffrey L, MD	Chief, Hematology/Oncology Services Tripler Army Medical Center
Berlinger, Anne	Diagnostic Medical Sonographer

Testimony in support of HB 1362 HD1.

For a copy of signatures on file, contact Linda Cheng (doublehelix2000@hotmail.com)

Boyle, KJ, MD	Physician, Obstetrics/Gynecology Tripler Army Medical Center
Brown, Vincent, MD	Physician, Radiation Oncology
Bryant-Greenwood, Peter, MD	Pathologist, Hawaii Pathologists Laboratory Director, Molecular Diagnostics Vice Chair, Department of Pathology, John A. Burns School of Medicine (JABSOM)
Cadman, Ed, MD	Former Dean, John A. Burns School of Medicine (JABSOM)
Camara Jr., Edward	Patient
Castillo, Marisia	Oncology Data Registry
Chadwick, Darlena, RN, MSN	Vice President, Oncology, Women's Health & Professional Services
Chen , Bruce, MD	Physician, Maternal Fetal Medicine
Chen, Chao, MD	Physician, Obstetrics/Gynecology
Cho, Jonathan, MD	Physician, Medical Oncology Cancer Research Center of Hawaii
Chong, Clayton, MD	Physician, Medical Oncology
Coel, Marc, MD	Physician, Radiology
Dao, Franklin, MD	Physician, Obstetrics/Gynecology
DeMare, Paul, MD	Physician, Radiation Oncology
Doi, Deanne	Oncology Conference Coordinator
Emura, Steven, MD	Assistant Professor, John A. Burns School of Medicine, Department of Obstetrics, Gynecology and Women's Health
Fischberg, Daniel, MD	Physician, Palliative Care
Fujita, Nathan, MD	Physician, Obstetrics/Gynecology
Furuike, Alvin, MD	Physician, Pulmonology
Gloeb, Jay, MD	Physician, Maternal Fetal Medicine
Goldstein, Norman, MD	Physician, Dermatology
Grace, Nalani	Medical Student

Halford, Peter, MD	Physician, Surgery
Hemmings, Daphne, MD	General Surgeon & Assistant Professor Medicine/Surgery
Hew, Denise, MD	Physician, Obstetrics/Gynecology
Higuchi, Carl, MD	Physician, Medical Oncology
Hill, Christina, MD	Physician, Maternal Fetal Medicine
Hirata, Blyth, RN	Registered Nurse
Hirata, Greigh, MD	Physician, Maternal Fetal Medicine
Huddleston, Christine	Sonographer (Obstetrics and Gynecology)
Humphrey, Terri	Diagnostic Medical Sonographer
Humphreys, Melissa	Diagnostic Medical Sonographer
Huynh, Thanh, MD	Physician, Radiation Oncology
Ihara, Karla	Clinical Operations Manager
Ishihara-Wong, Debra	Director, Oncology
Kaaihue, Michelle	Patient Navigator Associate
Kawahara, Kaye, MD	Physician, Medical Oncology
Kelleher, Tim, RN	Registered Nurse
Kelsey, Constance, MA	Contract Coordinator, Revenue Management
Kessel, Bruce, MD	Physician, Gynecology
Kimbell, Jennifer, PhD	Research Development
Scott Kuwada, MD	Professor of Medicine John A. Burns School of Medicine (JABSOM)
Kwee, Sandi, MD	Medical Staff Physician
Lakey, Terry	Sonographer (Obstetrics and Gynecology)
Lau, Lorrin, MD	Physician, Obstetrics/Gynecology

Lau, Melanie, MD	Physician, Gynecology
Lederer, John, MD	Physician, Radiation Oncology
Lisehora, George, MD	Physician, Surgery
London, Eris	Nurse Practitioner, Women's Health
Loui, William, MD	Physician, Hematology-Oncology
Lum, Chris, MD	Physician, Director of Dermatopathology
Ma, Adrienne	Medical Student
Magee, Maggie	Registered Nurse
Masterson, Jan	Diagnostic Medical Sonographer
Matsuo, Alison	Manager, Cancer Center
McClendon, Leslie	Diagnostic Medical Sonographer
Montero, Winston, MD	Resident Physician
Moon, Scott, MD	Physician, Radiation Oncology
Moreland, Mindy	Diagnostic Medical Sonographer
Morita, Shane, MD	Physician, Surgical Oncology
Morris, Paul, MD	Physician, Surgery
Murunaka, Wanda, MD	Registered Nurse
Nakano, Gordon, MD	Physician, Hematology-Oncology
Nakasone, Ken, MD	Physician, Obstetrics/Gynecology
Ng, Karen, RN	Registered Nurse
Nishi, Steven, MD	Physician, Obstetrics/Gynecology
Nishioka, Jocelyn	Oncology Patient Navigator
Ohtani, Robb, MD	Physician, Obstetrics/Gynecology

Onizuka, Lisa	Sonographer
Pang, Laeton, MD	Physician, Radiation Oncology
Pierce, Brian, MD	Physician, Maternal Fetal Medicine
Raddcliffe, Christine	Registered Nurse
Sardinha, Darlene	Administrative Secretary, Cancer Center
Sato, Norman, MD	Physician, Obstetrics/Gynecology
Sato, Renee, MD	Physician, Obstetrics/Gynecology
Seaver, Laurie, MD	Physician, Medical Geneticist
Shaeffer, David, MD	Physician, Surgery
Shimizu, David, MD	Physician, Pathology
Silva, Jana, MD	Physician, Maternal Fetal Medicine
Stary, Creed, MD, PhD	Resident Physician
Sweeney, Henry, MS	Clinical Research
Takanishi, Danny, MD	Physician, Surgical Oncology
Tauchi-Nishi, Pamela, MD	Physician, Associate Director of Pathology
Teruya, Thomas, MD	Physician, Obstetrics/Gynecology
Thompson, Diane, MD	Medical Director, The Queen's Medical Center Women's Health Center
Tokairin, Donn, MD	Physician, Obstetrics/Gynecology
Tom, James, MD	Physician, Clinical Research Associate
Tsai, Lynette, MD	Physician, Obstetrics/Gynecology
Tsukenjo, Melissa	Sonographer (Obstetrics and Gynecology)
Varcadipane, Joseph C, MD	Resident Physician
Wakai, Coolidge S, MD	Physician, Cardiovascular Diseases

Warren, Mika, MD	Physician, Pathology
Weaver, A Michelle	Data Oncology Registry
Weinrich, Brooke	Diagnostic Medical Sonographer
Wilburn, Andrea	Oncology Patient Navigator
Wing, Adrienne, MD	Physician, Internal Medicine
Wong, Grace, MD	Physician, Obstetrics/Gynecology
Woodruff, Kelley, MD	Physician, Hematology-Oncology
Yamada, Stacy	Clinical Dietician
Yamashiro, Charles, MD	Physician, Radiation Oncology
Yoshino, Harry, MD	Physician, Obstetrics/Gynecology
Yost, Fredrick, MD	Physician, Surgery
Zhang, Lei, MD, PhD	Resident Physician