From: Jones, Wendy [JonesW@dop.hawaii.edu]
Sent: Thursday, February 04, 2010 8:18 PM
To: Sen. David Ige
Cc: joshuaboothgreen@yahoo.com

LATE

Dear Chair Ige and Senator Green,

I am a 2nd year resident in pediatrics and psychiatry employed by Hawaii Residency Programs, Inc. I am not currently licensed but am eligible to be licensed and would get my permanent license if SB 2207 were to pass. I would like to voice my support in favor of SB 2207. I think that this bill allows many advantages: 1) more access for underserved areas thus benefiting our neighbor islands; 2) it offers an opportunity for residents to be able to volunteer and serve the community which is something many are interested in now but under our current laws we are not allowed to even volunteer; 3) it allows Hawaii to be competitive in attracting future physicians to its residency programs. Since moonlighting is something that most residencies allow, Hawaii currently is at a disadvantage for recruitment. By passing this bill Hawaii residency programs would be more competitive nationally, and Hawaii would benefit by attracting talented and dedicated physicians to Hawaii

Also I would like to request that the committee defer a vote on this bill until the Hawaii Medical Board has met and other stakeholders have had an opportunity to weigh in on this matter.

Wendy Jones, MD

LATE

From: Lawrence Genen [mailto:drgenen@gmail.com]
Sent: Thursday, February 04, 2010 3:57 PM
To: Sen. David Ige
Cc: Senator Josh Green
Subject: SB 2207

Hi Chair Ige and Senator Green,

I wanted to thank you again for allowing me to submit testimony yesterday regarding SB 2207, related to medical residency. I am not entirely familiar with the legislative process but wanted to request that you consider deferring the vote on this bill until at least after February 11th when the Hawaii Medical Board will have had an opportunity to meet and discuss this bill. Additionally I believe the additional time will provide the ACGME to provide a formal statement directly to your committee regarding this bill.

I really hope you will consider providing additional time to hear from interested stakeholders. Thank you very much for your time and consideration of this matter.

I apologize if you got this email twice.

Lawrence Genen MD, MBA
310.972.0001

LATE

February 5, 2010

The Honorable Senator David Y. Ige

Chair, Senate Committee on Health

Twenty-fifth Legislature, 2010

RE: SB 2207 – RELATING TO MEDICAL RESIDENCY

Dear Chair Ige and Members of the Senate Committee on Health:

My name is Danny Takanishi and I am providing **testimony in opposition to SB 2207**. By way of background, I am Associate Professor and Chair of the Department of Surgery, John A. Burns School of Medicine; Program Director of the General Surgery Residency Training Program in Hawaii; Chair of the Hawaii Medical Board; and I Chair a Residency Review Committee under the governance of the Accreditation Council for Graduate Medical Education (ACGME). I am providing testimony from the sole perspective of a Residency Training Program Director. My remarks must not be misconstrued to be a reflection or representation of the policies and philosophy of the University of Hawaii, the Hawaii Medical Board, or the ACGME. The Dean of the John A. Burns School of Medicine, the Designated Institutional Official and CEO of the Hawaii Residency Programs, Inc., and the Executive Director of the Hawaii Medical Board have all provided prior written testimony on this Bill.

I think it is important to point out that the duty hour restrictions imposed by the ACGME was in large part driven by concerns that were public-driven. On the heels of the Libby Zion case the media blitz that followed spurred the public's concern about receiving care in teaching hospitals from "sleep-deprived Residents". Specifically, the public demanded that they deserved quality care that was patient-focused, with patient safety being an inalienable right. No health care provider would disagree with this philosophy. However, to this end, the public demanded that only rested Residents in training care for them. Although there were no rigorous studies that clearly demonstrated that fatigue and sleep deprivation were directly linked to poorer Resident performance and an increase in adverse patient care events, the United States Congress began to formulate legislation that would restrict Resident duty hours. The ACGME, in response to this initiative, essentially took the proposed Federal legislation and implemented it in 2003, resulting in the duty hour restrictions in place today. **The Committee should be made aware that prior to the implementation of these duty hour restrictions, no studies had been done to determine the impact on either patient safety or on Resident education.**

As it stands, each minute that a Resident spends on "internal" moonlighting (clarified in previous testimony by others) is counted towards the 80 hour work week cap on Resident education. The time available for Resident education has already been significantly diminished in order to fulfill the duty hour accreditation requirement. **If SB 2207 becomes law, I am very concerned that for those Residents who do moonlight, the time available for their structured educational curriculum will be further diminished, beyond the decrease that already occurred with the institution of the duty hour restrictions.** I believe that the spirit of the duty hour restrictions was to also provide Residents with

time to read, acquire improved knowledge bases, and pursue other scholarly endeavors (such as research) that enhances their education, while providing time for rest and a more balanced lifestyle, to create a more well-rounded physician. Thus, this provides rationale for the ACGME requirement that any internal moonlighting must be considered part of the 80 hour work week limit.

The Committee should also be aware that **Residents employed under the Hawaii Residency Programs, Inc., are paid at the 75th percentile**, based on the COTH report (which provides annual national statistics of Resident salaries). This is in acknowledgment of Hawaii's high cost of living. In this context, a first level Resident ("Intern", or PGY-1) is paid $48,352 (for the 2009-2010 academic year); a third level Resident (PGY-3) is paid $51,218, and a PGY-6 Resident (also called a Fellow) is currently paid $58,687. This is in addition to full benefits.

Lastly, there are a number of on-going **national initiatives** that will likely have significant impact on how Residents are trained:

- The first is the recent Institute of Medicine (IOM) recommendations on duty hours, put forth in December 2008. The IOM was charged by the United States Congress to formulate recommendations for duty hour limits, based again, on public pressure. The ACGME and other stakeholders (Resident training programs, for example) were given 24 months to formulate a response and an action plan to address the IOM recommendations. Amongst a number of recommendations by the IOM, 2 were directly related to moonlighting:

  1. Both internal and external moonlighting must be counted towards the 80 hour work week limit;

  2. Requiring the Sponsoring Institutions to include provisions in resident contracts that residents must receive permission from the Program Director to moonlight, and resident performance will be monitored to ensure no adverse effects from moonlighting.

- There is also a MEDPAC proposal ("Report to the Congress: Improving Incentives in the Medicare Program", June 2009) recommending a number of areas to be targeted for reforming medical education as a key component in transforming the nation's health care delivery system. Medicare is the largest financial supporter of graduate medical education (Residency training and education) in the United States. The areas being targeted include: Resident program curricula; Linking delivery systems to medical education incentives; Structuring medical education subsidies to produce the professionals needed; and Enlisting other payers to contribute explicitly to medical education.

Considering that health care reform holds such a central and prominent position for both the Congressional and Executive branches of our Federal Government, with a number of entities commissioned (such as the IOM and MEDPAC) to assist in this process, it is exceedingly likely that Resident education and training will be impacted. To what degree, is unclear at present. This being the case, the most reasonable and responsible approach is to, at the very least, defer any legislation that will affect Resident education locally, that may not be aligned with the direction being taken on the national level. I should also highlight that, to my knowledge, there is no State of the Union which legislates moonlighting for Residents in training.

Thank you again for the opportunity to provide testimony in **opposition of SB 2207**.

Sincerely yours,

D. Takanishi Jr., MD, FACS

Danny M. Takanishi, Jr., M.D., F.A.C.S.