

**PRESENTATION OF THE  
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON  
CONSUMER PROTECTION AND COMMERCE

TWENTY-SEVENTH LEGISLATURE  
Regular Session of 2014

Monday, February 24, 2014  
2:10 p.m.

**TESTIMONY ON HOUSE BILL NO. 1880, H.D. 1, RELATING TO PODIATRISTS.**

TO THE HONORABLE ANGUS L.K. MCKELVEY, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Constance Cabral, and I am one of the Executive Officers of the Hawaii Medical Board ("Board"). The Board has no objections to this bill.

Thank you for the opportunity to provide testimony on House Bill No. 1880, H.D. 1, Relating to Podiatrists.



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February 12, 2014

The Honorable Della Au Belatti, Chair  
House Committee on Health  
Hawaii State Capitol, Room 331  
Honolulu, HI 96813

The Honorable Angus L.K. McKelvey, Chair  
House Committee on Consumer Protection & Commerce  
Hawaii State Capitol, Room 320  
Honolulu, HI 96813

*RE: Support for HB 1880 and HB 1882*

Dear Representatives Belatti and McKelvey:

On behalf of the American Podiatric Medical Association (APMA) and our member podiatrists, I write this letter in support of HB 1880 and HB 1882. APMA is the premier professional organization representing the vast majority of the estimated 15,000 doctors of podiatric medicine, also known as podiatrists, in the country. APMA supports modernizing Hawaii's podiatric scope of practice law as it will ensure the legal authority to practice podiatric medicine and surgery in Hawaii is commensurate with the education, training, and experience of doctors of podiatric medicine.

APMA defines podiatric medicine as the profession of health sciences concerned with diagnosing and treating conditions affecting the human foot, ankle, and their governing and related structures, including the local manifestations of systemic conditions, by all appropriate systems and means. Podiatrists are specialists educated and trained to address conditions affecting the lower extremity and are recognized as physicians in the majority of states and by the federal government. Given its specialization, podiatric medicine is to the foot and ankle what ophthalmology is to the eye or cardiology is to the heart.

### **I. Education and Training for Doctors of Podiatric Medicine**

Similar to allopathic medical training, the education, training and experience of doctors of podiatric medicine include four years of undergraduate work, followed by four years in an accredited podiatric medical school. Following graduation, podiatric medical doctors complete a three-year residency in an approved hospital-based program. Additionally, like our MD colleagues, some podiatrists complete fellowships for additional training in a specialty area. The significant difference between education training models of allopathic doctors and podiatric medical doctors is that podiatric medical education begins to focus on the specialty area earlier on in the educational process.

According to the American Medical Association's Health Care Careers Directory, "Colleges of podiatric medicine offer a core curriculum similar to that in other schools of medicine." Podiatric medical college is a four-year program with the first two years focused on the basic medical sciences and the second two years focused on clinical medical education. The

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first two years of education at podiatric medical colleges are devoted to medical sciences including, but not limited to, gross and microscopic anatomy, biochemistry, pathology, microbiology, physiology, and pharmacology. During the third and fourth years, students engage in clinical education based in accredited hospitals, clinics, and private practice settings. During these third-and-fourth-year rotations, students are afforded intense medical and surgical training related to the human body with emphasis on the lower extremity.”

With earlier exposure to the specialty occurring in the colleges of podiatric medicine, graduates are well prepared for the more intensely focused clinical training provided in their subsequent podiatric residency program. Following graduation from podiatric medical college, doctors of podiatric medicine participate in a hospital-based three-year comprehensive podiatric medicine and surgery residency program. During residency, podiatrists receive advanced training in general medicine and surgery and participate in clinical rotations in anesthesiology, internal medicine, pathology, radiology, emergency medicine, and orthopedic and general surgery as well as elective rotations. Throughout residency training, emphasis is placed on diagnosing and managing patients with lower extremity pathology. Importantly, podiatric medical residency training programs have incorporated training in the treatment of the ankle since the 1970s.

Much of the opposing commentary gives the false impression that a broadly trained orthopedic surgeon, by virtue of the number of years in residency and fellowship, has received superior training to that of specifically trained, board-certified podiatric surgeons. Unlike orthopedic residency training that does not universally require a commitment to the surgical management of the foot and ankle, podiatric residency programs approved by the Council on Podiatric Medical Education (CPME) must meet minimum requirements for training that include hundreds of patient diagnoses, foot and ankle procedures, and disease management experience. CPME, recognized by the United States Department of Education, is the accrediting entity analogous to the Accreditation Council for Graduate Medical Education (ACGME).

Podiatrists work collaboratively with their MD and DO colleagues in diagnosis and treatment, while also working together to effectively educate patients on the importance of healthy lifestyles, diabetes, and other issues affecting the lower extremity. Many orthopedic surgeons recognize the value of care by podiatrists. Kaiser San Rafael Medical Center Orthopedic Surgeons Alex Prescott, MD and John Safanda, MD stated in their letters to Hawaii legislators that they “have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency.” These orthopedic surgeons support this legislation because it “allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they been trained.” In fact, medical specialists in endocrinology, vascular surgery, rheumatology, and geriatrics routinely refer patients to podiatrists.

## **II. Specialty Board Certification**

Board certification indicates that a podiatrist has demonstrated a cognitive knowledge of a special area of practice. CPME, through the Joint Committee on the Recognition of Specialty

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Boards (JCRSB), is responsible for monitoring specialty certifying boards in podiatric medicine. JCRSB recognition of certifying boards is analogous to the American Board of Medical Specialties in its recognition of more than 20 specialty boards in allopathic medicine.

CPME recognizes two certifying boards: the American Board of Podiatric Medicine and the American Board of Podiatric Surgery. The American Board of Podiatric Medicine offers certification in podiatric medicine. The American Board of Podiatric Surgery (ABPS) offers certification in foot surgery and certification in reconstructive rearfoot/ankle surgery. Hospitals and third party payers regularly verify the credentials of ABPM and ABPS board-qualified and board-certified podiatrists.

### **III. Podiatric Scope of Practice**

Podiatrists are recognized by all 50 states, the federal government, and national accrediting agencies as independent health-care practitioners who are permitted to provide medical and surgical care within their scope of practice. Every state has a podiatric scope of practice statute and regulatory entity that oversees the practice of podiatric medicine. 45 states and the District of Columbia authorize surgical treatment at or above the ankle in the scope of practice for podiatrists. Of the 46 jurisdictions, only three states—Maryland, Tennessee, and Utah—limit surgical treatment of some ankle fractures. Furthermore, of those 46 jurisdictions, only Hawaii prohibits podiatrists to perform surgical treatment of all ankle fractures. By prohibiting the treatment of ankle fractures, Hawaii's podiatric scope of practice statute clearly does not reflect the education, training, and experience of podiatric physicians.

Furthermore, APMA believes that scope of practice should operate as a ceiling, not a floor. The scope of practice should never be the lowest common denominator for a medical profession or specialty; rather, it should represent the maximum level to which a medical professional can provide patient care. The degree to which podiatrists practice their specialty must be demonstrated by the individual's requisite education, training, and experience. Just as allopathic and osteopathic doctors exercise medical and ethical judgment about their practices, doctors of podiatric medicine are required to do the same.

Similar to their orthopedic and other MD and DO colleagues, podiatric physicians must obtain hospital privileges to surgically treat ankle fractures. A hip and knee orthopedist, or other broadly trained orthopedists, would not be granted hospital privileges to surgically treat ankle fractures, and podiatric physicians and surgeons should be held to the same standard. Those podiatric physician and surgeons that can demonstrate the requisite education, training, and experience should be privileged by their hospital.

### **IV. Residency Requirements**

APMA also supports HB 1882. This legislation requires that DPMs complete at least a two-year residency prior to application for licensure. While MD and DO colleagues are only

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required to complete at least a one-year residency prior to licensure<sup>1</sup>, Hawaii podiatrists support HB 1882 to ensure a higher standard for newly licensed podiatrists.

## V. Value of Care by Podiatrists

Our health-care system increasingly requires the skills of podiatrists because we play a critical role in treating lower extremity complications related to diabetes, obesity and other chronic conditions. Take diabetes as an example: The early-warning signs of diabetes are often found in manifestation of complications in the lower extremity. As such, podiatrists are frequently the first health-care provider to detect, treat, and therefore significantly prevent or reduce complications, such as lower limb amputations.

According to the CDC, nearly 26 million Americans live with diabetes. Diabetes is the leading cause of non-traumatic lower-limb amputation; however, amputations can be prevented. Two peer-reviewed published studies evaluated care by podiatrists for patients with diabetes and demonstrated that compared to other health-care professionals, podiatrists are best equipped to treat lower extremity complications from diabetes, prevent amputations, reduce hospitalizations and provide savings to our health-care delivery systems.

A study conducted by Thomson Reuters Healthcare and published in the *Journal of the American Podiatric Medical Association* compared outcomes of care for patients with diabetes treated by podiatrists versus outcomes of care provided by other physicians. The study estimated that \$10.5 billion in savings over three years can be realized if every at-risk patient with diabetes sees a podiatrist at least one time in a year preceding the onset of an ulceration. The value of podiatrists in treating and preventing complications from diabetes was supported by an independent study conducted by Duke University and published in *Health Services Research*, which found that Medicare-eligible patients with diabetes were less likely to experience a lower extremity amputation if a podiatrist was a member of the patient care team, and patients with severe lower extremity complications who only saw a podiatrist experienced a lower risk of amputation compared with patients who did not see a podiatrist.

The current Hawaii scope of practice can adversely affect podiatrists' ability to provide timely care to their patients. For example, when an individual has diabetic neuropathy, the ankle joint may break down and become deformed secondary to Charcot neuroarthropathy. This disorder, if severe enough and not receiving proper treatment which may include surgery, can eventually lead to a lower-leg amputation. Podiatrists in Hawaii are prohibited by the law from treating some conditions that manifest from the foot to the ankle. This restriction is not because podiatrists lack the medical expertise or judgment, but because the condition has crossed the anatomical border. With your support and passage of HB 1880 and HB 1882 these barriers for patients to receive timely and quality care from podiatrists will be removed.

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<sup>1</sup> HRS § 453-4 (2013).

American Podiatric  
Medical Association, Inc.

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APMA urges support for HB 1880 and HB 1882 because Hawaii health-care consumers will reap the benefits of increased access to quality health care when the legal authority to practice podiatric medicine is consistent with our education, training, and experience.

APMA welcomes the opportunity to serve as a resource. For more information on the podiatric medical profession, contact Associate Director for APMA Center for Professional Advocacy Chad Appel, JD, at [clappel@apma.org](mailto:clappel@apma.org) or 301-581-9230.

Finally, APMA looks forward to holding its 2014 Annual Scientific Meeting in Honolulu from July 24 to 27. The 2008 Annual Scientific Meeting in Hawaii was such a success that podiatrists and their families are eager to return. APMA's Annual Scientific Meeting is the premier foot and ankle medical and surgical conference for podiatric medical professionals. Approximately 1500 podiatrists and their guests will have an opportunity to attend symposia and specialty tracks, participate in hands-on training at surgical workshops, including a workshop on ankle arthroscopy, peruse the vast exhibit hall, and explore Hawaii!

Sincerely,



Matthew G. Garoufalidis, DPM  
President



## HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814  
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

DATE: Monday, February 24, 2014

TIME: 2:10 PM

PLACE: Conference Room 325

TO: COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair

Rep. Derek S.K. Kawakami, Vice Chair

FROM: Hawaii Medical Association

Dr. Walton Shim, MD, President

Dr. Linda Rasmussen, MD, Legislative Co-Chair

Dr. Ron Kienitz, MD, Legislative Co-Chair

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

Re: HB 1880

HMA reached an agreement with the Hawaii Podiatric Medical Association. HMA will support this legislation with the following amendments added to the bill:

A podiatric physician may perform ankle fracture surgery if board qualified or board certified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery and completed a 36 month podiatric surgical residency.

We would also like to see HB 1880 & HB 1882 combined into one bill given that training and scope expansion go hand in hand.

Thank you for the opportunity to testify.

### *Officers*

*President - Walton Shim, MD    President-Elect – Robert Sloan, MD*  
*Secretary - Thomas Kosasa, MD    Immediate Past President – Stephen Kemble, MD*  
*Treasurer – Brandon Lee, MD    Executive Director – Christopher Flanders, DO*

Testimony to: Representative Angus McKelvey, Chair  
House Committee on Commerce and Consumer Protection  
Subject: HB1880-Relating to Podiatrists  
Presented by: Dr. Robert LaReaux

Chair McKelvey and Members of the Committee:

I am Dr. Robert LaReaux, President of the Hawaii Podiatric Medical Association and we support this bill.

**Currently, 45 states** allow podiatrists full ankle privileges.

**In Hawaii podiatrists already operate on the ankle.** We are asking to include ankle fractures in our scope of practice. The training of Hawaii podiatrists has been in the 45 states that include ankle fractures in the scope of practice. Unfortunately, this restriction has contributed to a shortage of podiatrists in Hawaii. We have half the number of podiatrists we should have in Hawaii. Hawaii has the worst amputation in the country. Podiatrists save limbs.

There is an overall **physician shortage in Hawaii** and it is projected to worsen over the next 6 years. On the neighbor islands, patients have had to fly over to Oahu to have surgical repair of their ankle fractures. Several years ago at my hospital (Castle Medical Center), orthopedic trauma cases including ankle fractures had to be diverted to Queens due to a lack of orthopedic coverage.

Podiatric surgical training is beyond criticism. Compare orthopedist surgical training to podiatric surgical training: The average number of **foot and ankle surgeries** an **orthopedic surgical resident** performs is about **110**. **Podiatry residents** perform about **1100 foot and ankle surgeries**.

All nine colleges of **podiatric medicine** are part of **large health universities**. Typically, courses taken in the first 2 years are the same; anatomy, physiology, pharmacology, etc. Studies have demonstrated, **in classes** where **podiatrists and** their allopathic colleagues (**DO or MD**), **there is no difference in academic performance**.

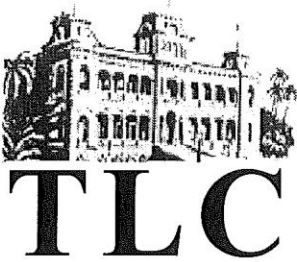
I provided to the Hawaii Orthopedic Association background information regarding podiatric training. Submitted testimony opposing this bill at the Health Committee hearing was inaccurate, outdated, and anecdotal. Individual testimony against is strongest from those who are in economic competition. Thus, it should not come as a surprise that the **orthopedic surgeons supporting this bill** are employed at a large health center and work alongside podiatrists, and are **not in competition with podiatrists**.

There is no data from the other 45 states that have shown any negative consequences to the public. The American public has decided that podiatrists are the experts when it comes to foot and ankle surgery. We perform the majority of all foot and ankle surgeries. We save limbs. There is no *objective* argument to opposing this legislation.

Thank you







# THE LEGISLATIVE CENTER

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February 24, 2014

Testimony To: House Committee on Consumer Protection and Commerce  
Representative Angus L.K. McKelvey, Chair

Presented By: Tim Lyons, Legislative Liaison  
Hawaii Podiatric Medical Association

Subject: H.B. 1880, HD 1 - RELATING TO PODIATRISTS

Chair McKelvey and Members of the Committee:

I am Tim Lyons, Legislative Liaison for the Hawaii Podiatric Medical Association and we support this bill.

As discussions have taken place on the bill we would like to further offer an amendment which would clarify the qualifications of those physicians who would be able to perform ankle fracture surgery. You will find the amendment below and with that amendment we concur with the bill and recommend your favorable adoption.

Suggested Amendment (Proposed H.D. 2)

H.B. 1880 - Relating to Podiatrists.

A podiatric physician may perform ankle fracture surgery if board qualified or board certified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery and completed a 36 month Podiatric surgical residency.

Thank you for your consideration.



**KOKUA KALIHI VALLEY**  
*Comprehensive Family Services*  
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Phone (808) 791-9400 ♦ Fax (808) 848-0979

Testimony to: Representative Angus McKelvey, Chair  
House Committee on Commerce and Consumer Protection  
Hearing on 2/24/2014 2:10pm  
Subject: HB1880-Relating to Podiatrists

**RE: Testimony in Support of HB1880**

Honorable Chair and Committee Members:

I am writing to testify in strong support for HB1880 relating to podiatry scope of practice. I am a physician working at Kokua Kalihi Valley and Kalihi Palama Health Center. I am also Associate Professor of Geriatric Medicine, JABSOM. My research focus is diabetes, I am co-Principal Investigator for Medicaid Incentives for the Prevention of Chronic Diseases in Hawaii.

It is with great pleasure that I support HB1880 allowing increase of scope of podiatric medicine to national standards to include the foot and ankle. In the last few decades the training and skill set of a podiatrist to treat the lower extremity has significantly increased. My patients have a long wait to see an orthopedic or general surgeon for foot problems.

Our federally qualified health centers have been most pleased with the service from the community podiatrists and our patients have a high satisfaction with care received from podiatrists. We serve a populations with a high prevalence of diabetes. Podiatrists are the first line of defense in diabetic foot complications, and having them unable to do as they are trained is detrimental to the diabetic community – especially in the area of wound care. It is imperative to treat diabetes foot complications in a timely fashion so that persons living in Hawaii do not have to undergo unnecessary foot amputations.

Please do the right thing for the people of Hawaii and pass **HB1880** Thank you for the opportunity to testify.

Sincerely,

Ritabelle Fernandes, MD, MPH, FACP  
Internist & Geriatrician

Providing Medical & Dental Services, Health Education, Maternal & Child Health  
and Social Services to Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.

Sandra Au, DPM  
Aloha Foot Centers

Testimony to: Representative Angus McKelvey, Chair, House Consumer Protection and Commerce

Date and time of hearing: February 24, 2014 2:10pm

In support of HB 1880 – Relating to Podiatrists

Chair Angus McKelvey and members of the Committee:

My name is Sandra Au, I am a podiatrist practicing on the Windward side of the island and I support this bill.

I was born and raised on Oahu graduating from McKinley High School. I returned to Hawaii just 6 months ago after being away for 11 years, completing 4 years of undergraduate, 4 years of podiatry school, and 3 years of a foot and ankle surgical residency in California. I had always planned to return to Hawaii to practice and serve the people of Oahu but was discouraged to do so when I learned that the scope of practice laws for podiatrists were so restricted compared to California and the rest of the nation.

There are only 5 states that do not allow podiatrists to treat ankle fractures and only 7 states that do not allow podiatrists to do partial foot amputations, Hawaii being one of them for both. My mentors and physicians that trained me were disappointed that I would not be able to use all the surgical skills that they taught me. Many of them urged me to stay and offered me an amazing job in California. The offer was very tempting but Hawaii was my home and I felt obligated to come back to change things for the better. That is why I am here standing before you in support of this bill. If this bill does not pass a lot of well skilled surgeons would be discouraged from coming to Hawaii to practice.

There are only a few foot and ankle orthopedic physicians in Hawaii which means a huge shortage in well qualified foot and ankle specialists that are able to treat ankle fractures and perform limb salvage amputations. This shortage is even more apparent on the neighbor islands where a patient may have to fly to Oahu with a fractured ankle just to have the procedure done. Ultimately this means delayed treatment with poor follow up with the surgeon and poor patient care.

In the last 2 years I have surgically fixed 70 ankle fractures which come out to be 3 a month. If the law does not get changed then those skills that I have attained would go to waste and it will be the patients that will suffer by not having access to a foot and ankle specialist. It frustrates me to have the skills and knowledge to be able to treat my patients but because of the law I have to turn them away and send them to someone else that may not have done as many ankle fractures or foot amputations that I have. Orthopedic surgeons after 5 years of residency on average have only performed 110 foot and ankle cases total while podiatrists in 3 years average a total of 1100 foot and ankle cases which is 10 times more than orthopedic surgeons. We should be allowed to do the procedures that we were trained to do.

Thank you for your time and consideration and allowing my testimony.

Sincerely,  
Sandra Au, DPM  
Aloha Foot Centers

Chair McKelvey

Commerce and Consumer Protection Committee

Re: Relating to Podiatry: HB 1880/1882 and SB 2467/2468

Position: Support

Healthcare is changing. Medical care has become more specialized and focused in order to create and maintain a level of care that is required to continually deliver the highest quality care to every patient.

Podiatrists have become the primary providers of foot and ankle surgery. Training has changed over the past 20 years to create an environment where podiatrists are an essential part of a well-rounded healthcare team. The ever increasing diabetes population relies on the specialized foot and ankle care that podiatrists provide to ensure comprehensive care for hospital and outpatient care.

I moved back home to Kauai in 1999 and joined Kauai Medical Clinic and became a part of the Allied Healthcare Staff at Wilcox Memorial Hospital. After establishing myself to be an essential part of the healthcare team, hospital policy was revised to allow podiatrists to become part of the medical staff of Wilcox Memorial Hospital. Together with several orthopedic surgeons and a physiatrist, in 2004 we established the Bone and Joint Center at Kauai Medical Clinic to provide comprehensive care for the people of Kauai as well as our large visitor population.

Current Hawaii state law does not reflect the current standard of training and ability of podiatrists. Current law restricts podiatrists from doing “any amputation, except for digital amputation”. Obviously, this law is outdated and does not reflect the current standard for the rest of the country. I know that I am the best trained and qualified to treat my diabetic patients, and I believe my colleagues on the medical staff at Wilcox Memorial Hospital know that no one is more passionate about healing these complicated wounds than myself.

The proposed bills allow podiatrists to perform to the level of the foot and ankle as they are trained. In fact, **45** states allow podiatrists to provide comprehensive foot and ankle care. In the esteemed orthopedic journal, Journal of Bone and Joint Surgery America in 2012, Augusto Sarmiento, MD from the University of Miami School of Medicine wrote:

*“...podiatrists, who for generations had limited their work to minor surgeries of the toes, managed, over a very short period of time, to become doctors/surgeons who currently care for patients with all types of musculoskeletal conditions below the knee. They treat traumatic injuries as well as degenerative, infectious, and congenital diseases with clinical and surgical means. They perform internal fixation of fractures of the tibia, ankle, os calcis, hindfoot, and forefoot. In addition, they perform total ankle*

*arthroplasties and tendon transfers. In the process, they have become experts in the field to the point that it is ludicrous to argue that their qualifications do not allow them to cover such a wide territory.”*

Even locally, Dr Cass Nakasone of Straub Hospital submitted testimony regarding HB1880 on February 5, 2014:

*“We certainly do not have enough fellowship trained orthopedic foot and ankle surgeons in Hawaii. There is a huge amputation burden due to our large diabetic population. Amputation are simple operations when compared to most foot and ankle surgeries. If the podiatrists want more surgical freedom, then with it should come more surgical responsibility. Allow them to perform amputations mid tibia and below so that they can help with the burden of the diabetic foot population and also have the privilege to perform a drastic surgery to resolve incurable complications of foot and ankle surgery.”*

I am the only full time resident podiatrist on Kauai and I have an overwhelming population of patients in need of care. It is not unusual for a patient with foot pain to wait 3 months for a consultation. I would like to have a skilled surgical foot and ankle partner, but the best trained podiatrists find the Hawaii state law to be prohibitive and restrictive. In fact, my group has tried for several years to hire an orthopedist interested in the foot and ankle, but that has proved very difficult.

I have dedicated my professional life to providing the best podiatric foot and ankle care to the residents and visitors of Kauai. I was raised on Kauai and graduated from Kauai High School. Coming home to serve the people of Kauai has been wonderful, and I plan to continue to work to keep medical care on Kauai and in Hawaii up to the standards of modern medicine in 2014.

Hawaii is one of the last 5 states restricting the ability of skilled podiatrists to care for patients appropriately, and it is time to revise our state standards.

Thank you for your time and consideration.

Tyler Akira Chihara, DPM, FACFAS

Bone and Joint Center at Wilcox Health  
Medical Staff, Wilcox Memorial Hospital  
Treasurer, Hawaii Podiatric Medical Association

Ken Tsubata, DPM

3<sup>rd</sup> year resident at DVA- Greater Los Angeles, Olive View Medical Center UCLA

Testimony to: Representative Chair McKelvey Commerce and Consumer Protection Committee

Date of hearing: February 24, 2014 2:10pm

In support of HB 1880 – Relating to Podiatrists

My name is Ken Tsubata, I am a podiatry resident finishing my third year of residency in Los Angeles and I support this bill.

I was born at Castle Hospital in Kailua and raised in Kaneohe. I have been away since high school which includes 4 years of undergraduate school at the University of Washington, 4 years of podiatry school, and 2.5 soon to be 3 years of residency. My plan has always been to return home to Hawaii to work.

My residency includes an intern year which includes rotations in internal medicine, emergency medicine, infectious disease, radiology, pathology, physical medicine, general surgery and anesthesia. On these rotations we work alongside UCLA residence and are trained to manage our own patients. I work in three different hospital settings that vary greatly, the Veterans Hospital, the county hospital Olive View Medical Center UCLA, and Kaiser Woodland Hills. At all three hospitals the podiatry service is the quarterback for all diabetic foot infections, amputations, trauma of the foot and ankle including ankle fractures.

In the hospitals I have worked at there is no question of podiatry's ability to manage the problems mentioned above. In fact, 45 other states also seem to think podiatry is well trained to treat ankle fractures, 43 other states feel podiatry is trained to perform partial foot amputations.

At these hospitals we work closely with the other services. For example, amputee clinic at the Veterans hospital involves the collaboration of orthopedics, vascular surgery, podiatry, and rehabilitation medicine that meet weekly in order to fully assess the entire patient to save their limb. This type of communication and cooperation is what is needed for these complex diabetic patients.

I am excited to finally return home in a few months but I am worried that I will be limited by the law and unable to utilize the full extent of my training. I urge you to support this bill in order to bring Hawaii's scope of practice up to the standard of the rest of the nation.

Thank you for your time,

Ken Tsubata, DPM



Dear Chair McKelvey and Commerce and Consumer Protection Committee:

I am Linda Ho practicing podiatrist and I support this bill. I was born and raised here, a proud graduate of Pearl City High School Class of 2002, and I studied in the mainland, always with the intent of going home to bring back and contribute what I was able to find as my purpose in life back home. As fate would have it, the path led to podiatric medicine. Podiatric medicine is a profession that is an untapped resource whose potential can only bring benefit to the people of Hawaii. With Hawaii's population of growing diabetic patients, Hawaii's population of increasingly active seniors with the baby boomers, our generalized population of proudly barefooted walkers, it is our profession that helps keep our nation healthy and on their feet. These two bills HB 1880 and 1882 will assist with fortifying our profession's goal to uphold the quality of care that Hawaii's people deserve to keep them on their feet: to ensure that qualified and trained podiatrists can fully demonstrate what we were trained to do from an either 24 month or 36 month residency. I have colleagues who are also Kama'aina who are training in the mainland, with the intention to return home to indeed serve our home. I am hopeful that these bills will enable them to fill the constant brain drain that this state is suffering from.

In addressing the concerns presented at the last hearing, the main point I would like to drive home is the opportunity that these bills offer is to increase the chance for newly trained podiatrists to demonstrate what further training and skills that have been developed to improve the care of the people of Hawaii. Innovation brings the SINGLE chance of improvement and change...fear and apathy established with the status quo promises no offer of change and improvement. If it is the opinion that the current foot care for the people of Hawaii is of contention, closing the doors on bringing new talent only fosters this negative attitude. It is not an issue of self interest that I offer this testimony: rather it is from bearing witness to multiple hands other than mine that offer the skill and care that we all want for our community. I want to give that opportunity to those I've seen heal, and I don't want the people of Hawaii to be robbed of that opportunity.

Thank you for your consideration.

Linda Ho DPM

Testimony to: Representative Angus McKelvey, Chair  
House Committee on Commerce and Consumer Protection  
Hearing on 2/24/2014 2:10pm  
Subject: HB1880-Relating to Podiatrists  
Presented by: Dr. Senft in support of HB 1880

Chair McKelvey and Members of the Committee:

I have been practicing in Hawaii for almost 15 years. I came to Kona from Houston, Texas where I had been in private practice for 15 years. My training started in California in 1984-5 with a surgical residency program sanctioned by the California College of Podiatric Medicine, now the California School of Podiatry. After my residency training, I was in private practice in Houston, Texas for approximately 15 years until the year 2000.

In that time, I spent my time working as an attending physician with 2 residency programs in the Houston area. The Podiatric Surgery scope of practice included basic forefoot procedures rear foot and ankle reconstruction procedures. This has been enforced since the beginning of my practice in 1985.

At that time in 1985, we had a 12 month residency program and 24 month residency program this was present until the late 90s where a PSR 36 or 3 year program was introduced and made the standard of care. I worked as a teaching, lecturing and contributing attending physician.

Eventually, I became residency director of the Doctor's Hospital PSR 24 residency program, (part of the Columbia health System). I also worked very closely with the Harris County PSR 36 residency program with an additional 1 year fellowship.

I have been Board Certified in Foot Ankle and Leg Reconstructive Surgery since 1988. The programs that I have worked with and was director of, are extremely competitive and offered a terrific opportunity for young doctors desiring to increase their knowledge base, surgical skills at this level.

Also, I am a noted Speaker for the International Foot and Ankle Foundation, Seattle, Washington; Colorado Podiatric State Board; European Foot and Ankle society in Lubeck, Germany. Four times a year I am a guest speaker for the Hui Malama Diabetic education group in West Hawaii.

The scope of podiatric medicine has changed tremendously in the last 20 or more years. I have had an opportunity to read many responses from Podiatrists and Orthopedic surgeons in the Honolulu area. It is quite apparent many orthopods are not up to date on current podiatric abilities and scope of training and practice.

It is most evident that they are unaware that the ABPS, THE Surgical Certifying Body, is undergoing a name change across the United States that will place it in a category that is recognized by State medical boards in 50 states and many foreign countries. The name change will reflect the name American Board of Foot and Ankle Surgery. This may even be a board that will become the standard for any surgeon who desires a specialty in foot, ankle and leg reconstructive surgery and may eventually

become a requirement for orthopedic surgeons to pass in all states who hold themselves out to the public as Foot and Ankle specialists.

Podiatry has gone through many changes throughout its over 100 year existence. Many older physicians may choose not to increase their scope of practice due to areas of training and/or experience. However, this new delineation of scope is directed more toward recent graduates of 24 and 36 month programs within the last 25 or 30 years.

The law as it is on the books in Hawaii at this time, were developed over 20 years ago when huge Podiatric residency evolution was happening in the United States. Podiatry education and training has changed drastically over the last 25-30 years. Many allied professionals such as Anesthesia, General Surgery and Primary Care Medicine are more in touch with what our abilities are in 2014. And, I have always contended that the OR nursing staff has the best insight as to who is competent and who is not. And, I mean, ANY surgical specialty! General, Ortho, Podiatry, GI, and the list goes on. Perhaps they should weigh in on this?

In my opinion, if the State of Hawaii wants to remain out of touch with the rest of the medical community in the United States, stay the course and maintain the Good Old Boy cartel, keep the laws the same. Not to evolve would be an injustice to the People of The Great State of Hawaii!

I, Mark T Senft, DPM, speak with over 25+ years experience, am in favor HB 1880 to increase the Scope of Podiatric Medicine and Surgery. This will strengthen our state medically, attracting competent Podiatric Physicians and surgeons for the betterment of our Island communities.

Much Mahalo for allowing me to express my feelings and understanding out of interest in the betterment of the State of Hawaii and its medical care system. My information is based on first hand and involved experience in the profession for 30 years.

Thank you.

Testimony to: Representative Angus McKelvey, Chair  
House Committee on Commerce and Consumer Protection  
Hearing on 2/24/2014 2:10pm  
Subject: HB1880-Relating to Podiatrists  
Presented by: Dr. Sowers

Chair McKelvey and Members of the Committee:

I am Dr Nathalie Sowers and I support this bill.

By prohibiting the treatment of ankle fractures, Hawaii's podiatric scope of practice statute clearly does not reflect the education, training, and experience of podiatric physicians:

***The majority of states, 45 states, as well as the District of Columbia permit podiatrists to perform surgery on ankles (including the surgical treatment of ankle fractures).***

Similar to allopathic medical education, the education that podiatric physicians receive include four years of undergraduate work, followed by four years in an accredited podiatric medical school. Following graduation, DPMs complete a three-year residency in an approved hospital-based program. The significant difference between education training models of allopathic doctors and podiatric medical doctors is that podiatric medical education begins to focus on the specialty area earlier on in the educational process.

According to the American Medical Association's Health Care Careers Directory, "Colleges of podiatric medicine offer a core curriculum similar to that in other schools of medicine." Podiatric medical college is a four-year program with the first two years focused on the basic medical sciences and the second two years focused on clinical medical education. The first two years of education at podiatric medical colleges are devoted to medical sciences including, but not limited to, gross and microscopic anatomy, biochemistry, pathology, microbiology, physiology, and pharmacology. During the third and fourth years, students engage in clinical education based in accredited hospitals, clinics, and private practice settings. During these third-and fourth-year rotations, students are afforded intense medical and surgical training related to the human body with emphasis on the lower extremity.

Importantly, podiatric medical residency training programs have incorporated training in the treatment of the ankle since the 1970s. Most telling about the progress of podiatric medicine and its inclusion of advanced education and training focusing on the ankle was the introduction of board certification for ankle surgery. Since its inception in 1975, the American Board of Podiatric Surgery (ABPS) has included ankle surgery in both the case credentialing and the oral examination for certification. In 1991, based upon evidence gathered by ABPS that significant curriculum and training opportunities related to the ankle were available to podiatric medical students and especially residents, ABPS created two certification tracks: one in Foot Surgery and the other in Reconstructive Rearfoot/Ankle Surgery. Complete surgical treatment of the ankle is clearly within our training and expertise.

Thank you for allowing my testimony.

Testimony to: Representative Angus McKelvey, Chair  
House Committee on Commerce and Consumer Protection  
Hearing on 2/24/2014 2:10pm  
Subject: HB1880-Relating to Podiatrists  
Presented by: Dr. Greg Morris

Chair McKelvey and Members of the Committee:

I am Dr Greg Morris and I support this bill.

I perform over 400 podiatric/orthopedic foot and ankle surgeries at Queens Medical Center yearly. I graduated from Stanford University. I finished in the top of my class from podiatric medical school and completed a 24 month reconstructive foot and ankle surgery residency at one of the top podiatry residencies in the San Francisco Bay Area. I am a past president of the Hawaii Podiatric Medical Association. I serve on the podiatry advisory committee to the Hawaii Medical Board and have submitted background material in support of this bill to the board to aide them in evaluating the bill.

Podiatrists are on the forefront of diabetic foot care. We perform the majority of diabetic foot and ankle wound care. We are greatly limited by the current restriction of being only able to perform digital amputations. Podiatrists are the diabetic limb salvaging experts. Unfortunately, diabetic limbs are not always able to be saved and require partial amputations of the foot. It is a relatively simple and straight forward surgery to do amputations. It is especially difficult on patients not only to have to have a partial foot amputation but also having to scramble to find a surgeon who will perform the amputation. Many times these patients have been treated for months or years by their podiatrist for wound care only to have a partial foot amputation by a surgeon they are unfamiliar with. Most podiatric surgeons in Hawaii work closely with vascular surgeons, orthopedic surgeons, general surgeons and wound care centers. We would be even more beneficial to the medical community if we are allowed to perform amputation surgery to level that we were trained.

The current Hawaii scope of practice for podiatrists already allows for podiatric surgeons to perform surgery on the ankle and we have been doing them at our respective hospitals for years. The changes being proposed will allow us to do what 45 other states allow podiatrists to do: to perform ankle fracture surgery. We would like to bring the podiatric scope of practice in Hawaii up to the national norm.

At Queens and other hospitals, podiatrists follow the same rules of credentialing, residency requirements, board certification, proctoring and peer review to perform surgeries that all other surgeons do. Ultimately, the hospital insures to the public that the doctors operating in their operating rooms have demonstrated the training and competency to perform the procedures they request.

Thank you for allowing my testimony.

Testimony to: Representative Angus McKelvey, Chair  
House Committee on Commerce and Consumer Protection  
Hearing on 2/24/2014 2:10pm  
Subject: HB1880-Relating to Podiatrists  
Presented by: Dr. Stephen Kominsky

Chair McKelvey and Members of the Committee:

I am Dr Stephen Kominsky and I support this bill.

From 1989 to 2011 I was the director of podiatric medical education at the Washington Hospital Center, in Washington DC. That institution is the largest teaching hospital in the mid-Atlantic region. It has 1100 beds, and trains physicians in 19 different residencies and fellowships. Our hospital is a level one trauma center with a very active helicopter medical assist program. The podiatry program at the WHC currently trains 15 residents per year, and is about to grow to 16. The curriculum includes all of the medical and surgical rotations as required by CPME. In addition however, our residents not only rotate on the general orthopedic service, but spend three months during their third year on the orthopedic foot and ankle service. During those 6 months the residents gain a vast exposure to, and experience with diagnosing and treating all of the hind foot pathology and trauma. They have the opportunity almost on a daily basis to perform all of the surgical procedures which you are trying to gain privileges for. In addition, the residents at the WHC admit over 1000 patients per year to their service to be managed as in-patients. The great majority of these patients have diabetes and lower extremity diabetes related pathology. Typically, by the completion of the third month of the first year, each of our residents has performed over 50 amputations and debridements.

Understanding that the Washington Hospital Center is larger than most of the podiatry training hospitals nationally, the scope of the training that I have highlighted is standard today. The numbers may vary somewhat, but the training is uniform.

I would be delighted to provide any additional information that may be helpful to you.

Best regards,

Stephen Kominsky DPM  
Clinical Professor  
Department of Surgery  
George Washington University Medical Center



Monica Edrafin <gbmpodiatry@gmail.com>

**HB 1880 - Relating to the Scope of Practice of Podiatrists**

1 message

Richard Fried <rfried@croninfried.com>  
To: "repbelatti@capitol.hawaii.gov" <repbelatti@capitol.hawaii.gov>

Thu, Feb 6, 2014 at 8:48 AM

HB 1880 - Relating to the Scope of Practice of Podiatrists

Dear Chair Belatti and Members of the House Committee on Health:

Please disregard the prior email as we mistakenly referred to a SB.

I am L. Richard Fried, Jr., Esq. and I support HB 1880. It allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained. Podiatry has progressed significantly over the past 20 years; consequently, the scope of practice needs to be updated accordingly.

Thank you for allowing my written testimony.

Sincerely,

L. Richard Fried, Jr., Esq.

L. Richard Fried, Jr., Esq.  
Cronin, Fried, Sekiya, Kekina & Fairbanks  
600 Davies Pacific Center  
841 Bishop Street

<https://mail.google.com/mail/u/0/?ui=2&ik=2e0dae1f7a&view=pt&search=inbox&th=1440...> 2/6/2014

**Dr. Grace D. Pascual**  
**1329 Lusitana St. - Ste 801**  
**Honolulu, HI 96813**  
**(808) 536-4335 [office]**  
**(808) 537-9195 [facsimile]**

<http://www.academyfootcenter.com/>

February 21, 2014

Testimony to: Representative Angus McKelvey  
Chair, House Consumer Protection and Commerce Committee

Subject: HB 1880 - Relating to Podiatrists

Presented by: Dr. Grace D. Pascual  
Doctor of Podiatric Medicine and Surgery  
Private Practice

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Honorable Chair McKelvey and Committee Members:

I am Dr. Grace D. Pascual, Doctor of Podiatric Medicine and I support this bill.

First of all, I would like to add that 46 States and the District of Columbia have both foot and ankle provisions in their Podiatry scope of practice. All the west coast states except Hawaii can do midfoot amputations, except Hawaii – limited to toes only. There are no stipulations or specification to ankle fracture “turf” noted, except Hawaii by the Orthopedic community.

Next, I would like to give you an overview of the education a DPM receives today, as a comparison to MD/DO foot and ankle specialists in terms of time spent studying the lower extremity.

### **Overview of Podiatric Medical Education & Training**

Podiatrists receive the education, training, and experience necessary to provide quality foot and ankle care to patients, and at the same time present cost-containment solutions to our health-care delivery and financing systems.

- Prerequisites for admission to a college of podiatric medicine include:
  - completion of the pre-doctoral undergraduate college’s required coursework in the sciences and humanities
  - an acceptable grade point average.
  - an acceptable the Medical College Admission Test (MCAT)
- Podiatric medical education is based on the principles and curriculum of allopathic medicine.
- Education for Medical Doctors (MDs) are of Allopathic Medicine.



- According to the American Medical Association, “colleges of podiatric medicine offer a core curriculum similar to that in other schools of medicine.”<sup>1</sup>

1 American Medical Association, “Health Care Careers Directory 2008-2009” 36th Ed (2008)

- Doctors of podiatric medicine (DPMs) receive basic and clinical education and training comparable to that of allopathic and osteopathic doctors, including:
  - four years of undergraduate education focusing on life sciences;
  - four years of graduate medical education in one of the nine accredited podiatric medical colleges; and
  - three years of postgraduate hospital-based residency training, comparable to Allopathic and Osteopathic Physicians

DPMs are podiatric physicians and surgeons, who have studied the lower extremity the entire span of their graduate medical education. The significant difference between the educational models that are followed in training MDs and DPMs is:

- podiatric medical education begins to focus on the specialty area much earlier and in much greater depth and breadth.
- From the beginning of podiatric medical education process, the curriculum integrates basic medical sciences with clinical medical education with specific emphasis on the lower extremity.

### **Council on Podiatric Medical Education**

- Our education is very much regulated
- The Council on Podiatric Medical Education (CPME) is an independent accrediting agency for
  - the medical education of Podiatrists.
- The Council on Higher Education Accreditation and the US Secretary of Education identifies CPME as the authorizing bureau for first professional degree programs in podiatric medicine.
- The CPME is empowered to develop and adopt standards and policies as necessary for the implementation of all aspects of its accreditation, approval, and recognition purview.
- The authoritative development of the CPME comes from the House of Delegates of the American Podiatric Medical Association.

### **Post Doctoral Training**

Hospital based residency, podiatrists receive advanced training in:

- General medicine
  - emergency medicine
  - internal medicine
  - infectious disease
  - rheumatology
  - dermatology
  - surgery (podiatric, orthopedic, general surgery, vascular, plastics)
- participate in clinical rotations in:
- anesthesiology, pathology, radiology, elective rotations

Throughout residency training, emphasis is placed on diagnosing and managing patients with lower extremity pathology.

I wanted to also point out, that MDs have absolutely no limitation on their scope of practice, regardless of specialty or lack thereof; however, it is in good faith that the doctor does not practice outside his/her comfort range or training. It would be insulting to assume otherwise.

Similarly, not all podiatrist will run out and surgically treat ankle fractures, nor will they want to. But if someone came to see me with a bad ankle sprain and had a non-displaced fracture, under the current law, I could not even treat them conservatively with a cast.

Lastly, I would like to add that as a group, healthcare providers collectively want to do what's best for their patients; including all DPMs who also practice in good faith and for the good of the whole.

Please support HB1880, it is a bill that standardizes Podiatry care to a national level.

Not only is it good for Hawaii, since Hawaii currently has the highest rate of leg amputations secondary to Diabetes foot ulcers and complications, it will allow a pathway for access to specialized foot healthcare, because a change in scope will bring home many excellently trained podiatrists.

Thank you for allowing me the chance to give testimony.

Aloha pumehana,

Grace D. Pascual, DPM



**SURGICAL  
ASSOCIATES, INC.**

General and Transplant Surgery

Weinberg Medical Plaza • 642 Ulukahiki Street, Suite 207 • Kailua, HI 96734

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February 7, 2014

Hiroji Noguchi, MD, FACS

642 Ulukahiki Street, #207

Kailua, HI 96734

RE: HB 1880 and 1882

To the members of the House Committee,

I am Dr. Hiroji Noguchi, general and transplant surgeon with Surgical Associates, Inc.

I am writing in support of House Bill 1880 and 1882 regarding podiatric medicine.

I feel it is important for Hawaii to keep up with national standards as it pertains to the level of required residency prior to licensure. Podiatrists receive extensive surgical training and should be allowed to practice accordingly.

Thank you for your time.

Sincerely,

Hiroji Noguchi, MD, FACS

Alan H.S. Cheung, MD, FACS • Fong-Liang Fan, MD, FACS • Whitney M.L. Limm, MD, FACS  
Hiroji Noguchi, MD, FACS • Macoto Ogihara, MD, FACS • Linda L. Wong, MD, FACS • Jon S. (Gai) Yamaguchi, MD, FACS  
Livingston M.F. Wong, MD, FACS, *Emeritus*

Testimony to: Representative Della Au Belatti, Chair, House Committee on Health  
Representative Angus McKelvey, Chair, House Consumer Protection and Commerce  
Committee

In support of HB 1880 – Relating to Podiatrists  
Presented by: Hawaii Podiatric Medical Association

Chair and Members of the Committee:

I am Theodore Yee, MD Orthopaedic Surgeon of Kaiser Vacaville Medical Center and I support this bill.

I have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency. This bill allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained.

Over the past two decades podiatry training has progressed significantly and the scope of practice should reflect this.

Thank you for allowing my testimony.

Sincerely,



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Theodore Yee, MD  
Kaiser Vacaville Medical Center

Testimony to: Representative Della Au Belatti, Chair, House Committee on Health;  
Representative Angus McKelvey, Chair, House Consumer Protection and Commerce  
Committee

In support of HB 1880 – Relating to Podiatrists  
Presented by: Hawaii Podiatric Medical Association

Chair and Members of the Committee:

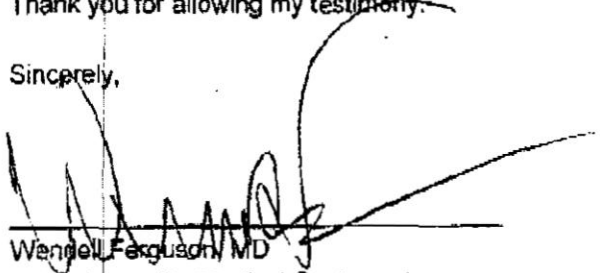
I am Wendell Ferguson, MD Orthopaedic Surgeon of Kaiser Vacaville Medical Center and I support this bill.

I have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency. This bill allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained.

Over the past two decades podiatry training has progressed significantly and the scope of practice should reflect this.

Thank you for allowing my testimony.

Sincerely,



Wendell Ferguson, MD  
Kaiser Vacaville Medical Center

Testimony to: Representative Della Au Belatti, Chair, House Committee on Health  
Representative Angus McKelvey, Chair, House Consumer Protection and Commerce  
Committee

In support of HB 1880 – Relating to Podiatrists  
Presented by: Hawaii Podiatric Medical Association

Chair and Members of the Committee:

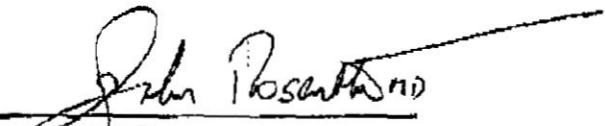
I am Solon Rosenblatt, MD Orthopaedic Surgeon of Kaiser San Rafael Medical Center and I support this bill.

I have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency. This bill allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained.

Over the past two decades podiatry training has progressed significantly and the scope of practice should reflect this.

Thank you for allowing my testimony.

Sincerely,

  
\_\_\_\_\_  
Solon Rosenblatt, MD  
Kaiser San Rafael Medical Center

Testimony to: Representative Della Au Belatti, Chair, House Committee on Health  
Representative Angus McKelvey, Chair, House Consumer Protection and Commerce  
Committee

In support of HB 1880 - Relating to Podiatrists  
Presented by: Hawaii Podiatric Medical Association

Chair and Members of the Committee:

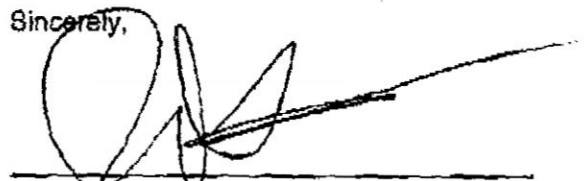
I am Alex Prescott, MD Orthopaedic Surgeon of Kaiser San Rafael Medical Center and I support this bill.

I have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency. This bill allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained.

Over the past two decades podiatry training has progressed significantly and the scope of practice should reflect this.

Thank you for allowing my testimony.

Sincerely,



Alex Prescott, MD  
Kaiser San Rafael Medical Center

Testimony to: Representative Della Au Belatti, Chair, House Committee on Health  
Representative Angus McKelvey, Chair, House Consumer Protection and Commerce  
Committee

In support of HB 1880 – Relating to Podiatrists  
Presented by: Hawaii Podiatric Medical Association

Chair and Members of the Committee:

I am John Safanda, MD Orthopaedic Surgeon of Kaiser San Rafael Medical Center and I support this bill.

I have been involved in training podiatry residents in ankle fractures and have seen firsthand their competency. This bill allows doctors of podiatric medicine to practice to the level of medicine and surgery to which they have been trained.

Over the past two decades podiatry training has progressed significantly and the scope of practice should reflect this.

Thank you for allowing my testimony.

Sincerely,



John Safanda, MD  
Kaiser San Rafael Medical Center



**LATE**

February 23, 2014

Testimony to: Angus McKelvey, Chair  
Commerce and Consumer Protection  
Subject: HB1880 - Relating to Podiatrists  
Present by: Dr. Attilio Avino

Chair McKelvey and Members of the Committee:

My name is Attilio Avino and, on behalf of the Hawaii Podiatric Medical Association, I wish to express my support for HB1880 as it relates to the practice of Podiatry. I have completed 4 years of surgical residency training with a focus on foot and ankle surgery and reconstruction. I am currently in private practice and I am an active member of the House Staff at the Queens Medical Center and Pali Momi Medical Center.

During my residency training, I have performed hundreds of foot and ankle surgeries and I am Board Certified by the American Board of Podiatric Surgery. The laws that govern the scope of practice for Podiatry in Hawaii were formulated over 20 years ago and fail to adequately reflect the advanced surgical training that practicing podiatrists receive in the treatment of foot and ankle disorders whether they are developmental/acquired, congenital or traumatic in nature.

Updating the scope of practice would give patients suffering from a lower extremity ailment more access to healthcare providers trained in the treatment of disorders of the foot and ankle, especially in rural areas of our state. HB1880 will also attract new podiatric physicians as they would be able to provide care in accordance with their degree and level of training.

I feel that this Bill will also help the increasing number of people who suffer from diabetes since podiatrists receive advanced training in diabetic limb salvage techniques. Updating our scope of practice laws will allow surgical podiatrists to save limbs, which not only helps preserve patient quality of life, but also reduces healthcare costs.

The changes that are being proposed will bring the Hawaii podiatric scope of practice up to par with that of 45 other states and would include ankle fracture surgery. These privileges would be granted by the hospital to podiatrists who have demonstrated that they have received adequate training and who have met all credentialing requirements to perform the surgeries being requested.

Thank you for allowing my testimony.

Sincerely,

Attilio Avino Jr., DPM; FACFAS