

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON
CONSUMER PROTECTION AND COMMERCE

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

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

TESTIMONY ON SENATE BILL NO. 2467, 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"). Thank you for the opportunity to provide testimony on Senate Bill No. 2467, H.D. 1, Relating to Podiatrists. The Board has no objections to this bill.

As background, the companion bill, House Bill No. 1880, was heard by this committee on February 24 and passed with amendments that mirror the language in this bill.

Again, thank you for the opportunity to provide testimony on Senate Bill No. 2467, H.D. 1.

Testimony to:

[COMMITTEE ON CONSUMER PROTECTION & COMMERCE](#)

Rep. Angus L.K. McKelvey, Chair

Subject: SB2467-Relating to Podiatrists

3/24/14 2:10

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. The last two years focus on the foot and ankle. Residency is now 36 months for all podiatrists and includes rotations through applicable specialties.

We have worked with the Hawaii Medical Association to amend the bill. We are very happy to have gained their support.

Thank you



HAWAII MEDICAL ASSOCIATION

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TO:

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair

Rep. Derek S.K. Kawakami, Vice Chair

DATE: Monday, March 24, 2014

TIME: 2:10 PM

PLACE: Conference Room 325

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: SB 2467

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

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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

SB 2467 SB 2468
 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 licensure¹, 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.

¹ 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 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



Monica Edralin <gbmpodiatry@gmail.com>

HB 1880 - Relating to the Scope of Practice of Podiatrists

1 message

Richard Fried <rfried@croninfried.com>

Thu, Feb 6, 2014 at 8:48 AM

To: "repbelatti@capitol.hawaii.gov" <repbelatti@capitol.hawaii.gov>

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



MAR 18 2014
MAR 17 2014

Maui Medical Group, Inc.

Health Care Excellence For Maui Since 1961

February 5, 2014

To Whom It May Concern:

The Board of Directors of Maui Medical Group supports and encourages the passing of Hawaii State Bills 2467 and 2468.

HB 1780 HB 1782

The Maui Medical Group has 4 satellite clinics comprising of 64 providers and 250 employees servicing approximately 45,000 patients on the island of Maui.

William H. Mitchell, MD
President, CEO

WAILUKU: 2180 Main Street, Wailuku, Maui, Hawaii 96793 / Telephone: 242-6464 / Fax: 244-0603
LAHAINA: 130 Prison Street, Lahaina, Maui, Hawaii 96761 / Telephone: 661-0051 / Fax: 661-5975
PUKALANI: 55 Pukalani Street, Maui, Hawaii 96768 / Telephone: 573-5200 / Fax: 573-9240
KIHIEI: 2349 S. Kihie Road, Unit 2, Kihie, Maui, Hawaii 96753 / Telephone: 270-1528 / Fax 270-4772

▶ Fax

3/21/2014

From: Dr. Birch
Phone: 808-877-3668
Fax: 808-877-3248
Company Name: Maui Family Footcare

To: Representative McKelvey
COMMITTEE ON CONSUMER PROTECTION & COMMERCE
Phone: [Type the recipient phone number]
Fax: 1-800-535-3859
Company Name: [Type the recipient company name]

Comments:

Regarding SB2467

Urgent For Review Please Comment Please Reply Please Recycle



DOUGLAS BIRCH, DPM
Podiatric Physician & Surgeon



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dba MAUI FAMILY FOOTCARE
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Email: dafootdr@yahoo.com

March 21, 2014

Dear Representative McKelvey ,

I am a voting constituent and am writing in support of SB2467 relating to Podiatry Scope of Practice. I am a Doctor of Podiatric Medicine practicing in Maui County. I have been here for over ten years now. I operate at Maui Memorial Medical Center and Aloha Surgical Center.

I have established myself as a respected member of the Surgery Department at Maui Memorial Medical Center and have in fact operated on many members of the nursing staff and medical staff.

This bill, SB2467, will increase my scope of practice and allow me to serve my community better. There are several limitations that prohibit my patients from receiving the best care possible. We are the experts at limb salvage in conjunction with our vascular surgeon colleagues. We are experts at diabetic wound care and when necessary we are trained to remove appropriate portions of people's feet.

Recently, two studies were done, one by Thomson Reuters and one by Duke University that showed the tremendous benefit of Podiatric Doctors in the treatment of diabetes. The results were significant in the areas of cost savings and lower incidence of amputation due to quality of care. Please see the "Study Details" that are accompanying this letter.

It is widely known by health care professionals that once an ulcer is had by a patient, there is a large incidence of lower extremity amputations and ultimately mortality.

I will say that in my personal practice there have been countless times that I was unable to take care of patients to the best of my ability due to the limitations the current law imposes on our scope of practice. There are surgeries that can be done above the ankle that can significantly reduce pressures on certain portions of the feet. As a podiatrist, I understand the biomechanical and surgical considerations that are necessary to save feet, save limbs and ultimately save lives.

We have been educated and trained in treating below the knee. We are requesting your consideration in this matter. This proposed legislation is good for the people and economics of Hawaii.

Thank you for your consideration.

Douglas Birch, DPM

STUDY DETAILS

Thomson Reuters Study: "The Economic Value of Specialized Lower-Extremity Medical Care by Podiatric

Physicians in the Treatment of Diabetic Foot Ulcers," Journal of the American Podiatric Medical Association, Vol. 101, No 2, March/April 2011.

- The study focused on one specific aspect of diabetic foot care:
 - identifying individuals with diabetes who developed a foot ulcer;
 - of those who developed a foot ulcer, examining whether they had received any care from a podiatrist in the year prior to development of the ulcer.
- The study compared individuals who had at least one visit to a podiatrist prior to developing the foot ulcer to those who had no podiatry care in the year prior to developing the foot ulceration.
- Thomson Reuters Healthcare utilized its MarketScan Data Base to examine claims from 316,527 patients with commercial insurance (64 year of age and younger) and 157,529 patients with Medicare and an employer-sponsored secondary insurance.

Duke Study: Sloan, F. A., Feinglos, M. N. and Grossman, D. S., RESEARCH ARTICLE: Receipt of Care and Reduction of Lower Extremity Amputations in a Nationally Representative Sample of US Elderly. Health

Services Research, no. doi: 10.1111/j.1475-6773.2010.01157.x

- The study followed individuals with diabetes for six years, tracking visits to podiatrists and other health care professionals.

- Researchers stratified subjects into four stages based on disease severity:

- o Stage One—Neuropathy, parasthesia, pain in feet, diabetic amyotrophy;

- o Stage Two—Cellulitis, Charcot feet;

- o Stage Three—Ulcer; and

- o Stage Four - Osteomyelitis, gangrene.

COST SAVINGS

Thomson Reuters Study:

- Average savings over a three-year time period (year before ulceration and two years after ulceration occurred):

- o Commercial Insurance: Savings of \$19,686 per patient if he or she had at least one visit to a podiatrist in the year preceding his or her ulceration

- o Medicare Insured: Savings of \$4,271 per patient

- If extrapolated, these results indicate that if all individuals with diabetes insured by commercial and Medicare plans who are at risk for a foot ulceration had a visit to a podiatrist:

- o \$1.97 billion could be saved in the commercial insurance group in one year

- o \$1.53 billion could be saved in the Medicare insurance group in one year

- Savings result from effective evaluation, prevention, and treatment of diabetic foot care complications by a podiatrist, effective treatment of ulcerations and prevention of amputations, and reductions in hospital admissions and lengths of stay. More than 65,000 lower limbs are amputated annually due to diabetes. After an amputation, the chance of

another amputation within three to five years is as high as 50 percent.

QUALITY OF CARE

Duke Study:

- Persons visiting a podiatrist and/or a lower-extremity clinician specialist within a year before developing all-stage complications were between 23 percent and 69 percent less likely to have an amputation compared with individuals who visited other health professionals.
- Podiatrists provide a unique and valuable service that is distinct from the services that allopathic and osteopathic physicians provide, and provide the highest benefit to those persons at risk of lower extremity complications as a consequence of diabetes.
- Conclusion: Care by a podiatrist and/or a lower extremity clinician specialist in the year before the lower extremity complication diagnosis reduced the potential for undergoing lower extremity amputation, suggesting a benefit from multidisciplinary care.

Thomson Reuters Study:

- Podiatrists see patients who are sicker and have more comorbidities.
- Among non-Medicare patients with foot ulcer, those seen previously by a podiatrist had a 20 percent lower risk of amputation and a 26 percent lower risk of hospitalization compared with patients not previously seen by a podiatrist.
- Among Medicare eligible patients with foot ulcer, those seen by a podiatrist had a 23 percent lower risk of amputation and a 9 percent lower risk of hospitalization compared with patients not previously seen by a podiatrist.
- Conclusion: Care by podiatrists prior to the first evidence of foot ulcers in patients with diabetes

prevents or delays lower extremity amputations and hospitalizations.

POLICY IMPLICATION

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. Moreover, when compared to other health care professionals who treat the diabetic foot, podiatrists are more likely to reduce hospitalizations and prevent amputations.

Providing access to podiatrists is an important component in ensuring quality of care. The growing epidemics of diabetes and obesity and their concurrent complications, along with the aging of the population, are among the many reasons podiatrists are necessary and important members of the physician community and demand for their services is increasing.

kawakami3-Benigno

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, March 22, 2014 12:51 PM
To: CPCtestimony
Cc: drdavidwinglee@gmail.com
Subject: Submitted testimony for SB2467 on Mar 24, 2014 14:10PM

SB2467

Submitted on: 3/22/2014

Testimony for CPC on Mar 24, 2014 14:10PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
David Lee	Maui Family Footcare	Support	No

Comments: COMMITTEE ON CONSUMER PROTECTION & COMMERCE Rep. Angus L.K. McKelvey, Chair My name is David Lee and I wish to express support for SB2467 as it relates to the practice of podiatry. Last year I joined Maui Family Footcare on the island of Maui as the fourth surgical podiatrist, and one of two independent podiatrists, working on the island. I recently completed a three year surgical program that specializes in diabetic limb salvage, after graduating from Temple University's School of Podiatric Medicine. During my training at Washington Hospital Centers/Georgetown University's residency program in Washington DC, I participated both in clinics and in surgeries alongside many orthopedic, plastic, vascular, and podiatric surgeons, each leaders in limb salvage for their respective specialties. I was privileged to come from a culture where teamwork between each of the surgical disciplines and collaboration with the medicine specialties was key to improving patient outcomes and reducing the financial impact on our entire system. Many scholarly articles have been written about this team approach to support this claim and many of my attending physicians and mentors host the annual Diabetic Limb Salvage Conference in Washington DC. As you already know, diabetic patients can be very complicated to manage and these complicated cases have unfortunately taxed our entire system. During my residency, I personally managed over 300 surgical cases and participated in over 900 surgical cases, the majority of whom are diabetic and followed many of these same patients during the various rotations in anesthesiology, emergency medicine, vascular surgery, orthopedic surgery, plastic surgery, pediatric surgery, radiology, internal medicine, infectious disease, psychiatry, dermatology and endocrinology. This exposure and training enables me to better educate and manage my patients and has shaped my practice to be built on a strong focus on prevention to keep patients healthy to avoid hospital admission and subsequent surgery. This upcoming bill allows me to provide the best continuity of care for my patients. It is often difficult to find another surgeon willing to take on such patients, especially when it is urgent. The patients that do end up in the operating room are often perplexed as to why I cannot continue their care despite my training adding to their grief and frustration with their current condition. Being able to perform amputations throughout the foot will reduce the incidence of leg amputations and decrease the medical morbidities and financial costs associated with the greater amputation. Your support of these bills will allow greater care for our patients on the Maui. Thank you for your consideration to this bill and for allowing my testimony. Best regards, David Lee

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the

convening of the public hearing.

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SURGICAL ASSOCIATES, INC.

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February 7, 2014

Hiroji Noguchi, MD, FACS

642 Ulukahiki Street, #207

Kailua, HI 96734

SB2467
RE: HB 1880 and 1882
SB2468

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. Lim, MD, FACS
Hiroji Noguchi, MD, FACS • Makoto Oginara, MD, FACS • Linda L. Wong, MD, FACS • Jon S. (Kai) Yamaguchi, MD, FACS
Livingston M.F. Wong, MD, FACS, Emeritus



THE LEGISLATIVE CENTER

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March 24, 2014

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

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

Subject: S.B. 2467, 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. Concerned parties have reached an agreement as found in S.B. 2467, HD 1 and, therefore, we request your support of this bill.

We recommend your favorable adoption.

Thank you.

Dear Chair McKelvy and the Committee on Consumer Health and Protection:

I am Linda Ho practicing podiatrist and I support Bill 2467. 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. Bill 2467 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 this Bill will enable them to fill the constant brain drain that this state is suffering from.

These bills offer 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

kawakami3-Benigno

From: Dr. Grace Pascual <dr.grace.pascual@hawaiiantel.net>
Sent: Friday, March 21, 2014 4:57 PM
To: CPCtestimony
Subject: SB2467 – Relating to Podiatry

SB2467 – Relating to Podiatry

Aloha Honorable Chair Angus L.K. McKelvey and Committee:

I AM IN SUPPORT of SB2467, regarding the standardizing the scope of practice of Podiatry in Hawaii.

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.”¹**

[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 SB2467, 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 addendum my earlier testimony.

Aloha pumehana,

Grace D. Pascual, DPM
Podiatric Medicine and Surgery

Dr. Grace D. Pascual
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RE: SB 2467 and SB 2468

I am writing in support of SB 2467 and SB 2468. Currently, Hawaii is one of just a handful of states that do not allow the scope of practice (SB 2467) and the requirement for practicing in Hawaii (SB 2468) to be on par on a National level. I know you have read through several written testimonies with supporting evidence regarding the basis of these Bills and my testimony in support is generated through my 24 years of being a Podiatrist in private practice.

I am a former Clinical Faculty Member with the John A. Burns School of Medicine, Department of Family Medicine and Community Health and I have had numerous Family Practice Residents rotate through my office. I also participate with several Podiatry schools in allowing Podiatric Residents (who are Hawaii residents) rotate through my practice. Having both the Family Practice Residents and the Podiatric Residents rotate through my office has made me feel very assured that medicine and health care in Hawaii is going in the right direction. However in the real world and unfortunately for Hawaii and JABSM, there is a shortage of Family Practice Residents. Those that do complete their program do not stay here to practice due to economic restraints and we are losing very good Primary care providers. Podiatry in contrast is unable to harbor local talent and I tell my Podiatry Residents, who have rotated through my office, that you should practice where you want to live. And yes, all of them want to come home but the current scope of practice is limited and their talents of providing top-notch podiatric care would go for none. Podiatry is an important member of the health team – be it with diabetic foot care and limb salvage or with acute foot and ankle trauma – and both Bills are being brought up for legislation as the Podiatric profession has progressed significantly and is well established on the National level.

Thus far, I have seen how health care in Hawaii has changed – all for the better. Thank you for letting me provide written testimony.

Sincerely,

Michael K.Y. Chun, DPM
Private Practice
Pali Momi Medical Center
98-1079 Moanalua Rd, Ste #400
Aiea, Hawaii 96701
808-488-8101

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair

Subject: SB2467-Relating to Podiatrists

3/24/14 2:10

Presented by Greg Gifford, M.D., J.D. In support of SB2467

Chair McKelvey and Members of the Committee:

I am Dr. Gregory C. Gifford, M.D., J.D., former Chief of Medical Staff at Castle Medical Center, and am very familiar with the rationale and the entire process by which the first Podiatric Surgeon was granted surgical privileges at a hospital in Hawaii. That was Dr. Robert LaReaux at Castle Medical Center in 1987. Dr. LaReaux has since developed an international reputation for excellent care, once even being flown to Moscow to operate on the wife of a member of the Russian Federal Assembly.

As a former Emergency Medicine Director at Castle Medical Center, I fully support the quality of surgical care that well-trained podiatrists can provide for both emergent and non-emergent patients. When fully trained including a twenty-four month residency program I believe vetted podiatrists can provide the same high quality of surgical care at the level of the ankle that they have clearly demonstrated in the rest of the foot. Hand and wrist MD/DO surgeons are essential anatomic and functional specialists; ankle and foot Podiatric/MD/DO surgeons are no less essential and specialized. The level of Podiatric surgical skill has progressed from the foot to the ankle in the last 27 years; the legislation allowing them to use these skills needs, after 27 years, to advance as well.

Thank you for allowing this testimony.
Gregory C Gifford, M.D., J.D.

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair

Subject: SB2467-Relating to Podiatrists

3/24/14 2:10

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.

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair

Subject: SB2467-Relating to Podiatrists

3/24/14 2:10

Presented by: Dr. Nathalie 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.

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair
Subject: SB2467-Relating to Podiatrists
3/24/14 2:10
Presented by Dr. Ritabelle Fernandes
In support of SB2467

Chair McKelvey and Members of the Committee:

I am writing to testify in strong support for ^{SB 2467} HB 1880 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 ^{SB 2467} HB 1880 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 ^{SB 2467} HB 1880. 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.

COMMITTEE ON CONSUMER PROTECTION & COMMERCE

Rep. Angus L.K. McKelvey, Chair
Subject: SB2467-Relating to Podiatrists
3/24/14 2:10
Presented by Dr. Stephen Kominsky
In support of SB2467

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

LATE

March 23, 2014

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

Subject: SB 2467—Expanding the scope of practice

Presented by: Liane Lin-Watanabe, DPM
New PMSR/RRA graduate

Chair McKelvey and Members of the Committee:

I am Liane Lin-Watanabe, DPM, a November 2013 graduate of a three-year podiatric medicine and surgery residency program with the added reconstructive rearfoot and ankle credential, and I support these bills.

In regards to the scope of practice, please consider that as of July 1, 2011, the CPME formally increased the national residency standard from two-year and three-year residencies in Podiatric Medicine and Surgery (PM&S-24 and PM&S-36) to a single three-year residency—the Podiatric Medicine and Surgery Residency (PMSR). Furthermore, as dictated by the CPME, “residencies that can provide a sufficient volume and diversity in reconstructive rearfoot and ankle (RRA) procedures may grant an added RRA credential.”¹

Thus, all podiatric residency programs are now three years; and furthermore, majority of these programs have earned the Reconstructive Rearfoot and Ankle credential (RRA). Please refer to the attached chart.²

Also note that the current podiatric medicine and surgery training includes pre-, intra-, and post-operative care as well as required rotations in medical imaging, pathology, behavioral science, infectious disease, internal medicine, general surgery, anesthesiology, and emergency medicine. Residents also rotate in medical subspecialties such as dermatology, endocrinology, neurology, pain management, physical medicine and rehabilitation, and rheumatology. Surgical subspecialties include orthopedic surgery, plastic surgery, and vascular surgery.³

Expanding the scope of practice will allow new graduates like myself to fully utilize our specialized and multi-disciplinary training to help provide the necessary care to Hawaii. As a recent graduate who was born and raised in Hawaii and a product of the public school system and the University of Hawaii, my goal has always been to sacrifice seven years on the mainland to ultimately return home where I could utilize my training to give back to Hawaii.

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

Sincerely,
Liane Lin-Watanabe, DPM

¹ cpme.org

² See attached Podiatry Residency Summary document.

³ See attached CPME 320 document.

LATE

Committee on Consumer Protection & Commerce
Testimony to: Rep Angus L.K. McKelvey, Chair
Subject: SB2467- Relating to Podiatrists
3/24/14 2:10pm

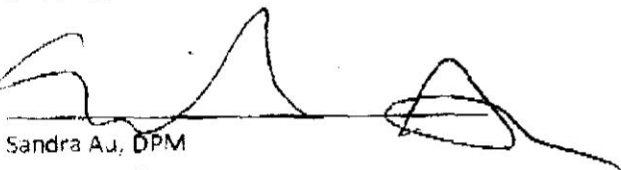
My name is Sandra Au, I am a podiatrist practicing on the Windward side of the island and I support this bill. I was born and raised on Oahu graduating from McKinley High School. I returned to Hawaii just 6 months ago after being away for 11 years, completing 4 years of undergraduate, 4 years of podiatry 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.

In the last 2 years I have surgically fixed 70 ankle fractures. 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 109 foot and ankle cases total. The training podiatrists receive today to treat ankle fractures is more than the training that most orthopedic surgeons get in their 5 years. 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

LATE

Committee on Consumer Protection & Commerce
Testimony to: Rep Angus L.K. McKelvey, Chair
Subject: SB2467- Relating to Podiatrists
3/24/14 2:10pm

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

Committee on Consumer Protection & Commerce
Testimony to: Rep Angus L.K. McKelvey, Chair
Subject: SB2467- Relating to Podiatrists
3/24/14 2:10pm

LATE

Chair and Members of the Committee:

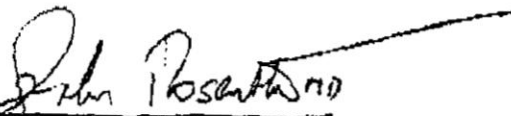
I am Solon Rosenblatt, MD Orthopaedic Surgeon of Kaiser San Rafael Medical Center and I support this bill.

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

LATE

Committee on Consumer Protection & Commerce
Testimony to: Rep Angus L.K. McKelvey, Chair
Subject: SB2467- Relating to Podiatrists
3/24/14 2:10pm

Chair and Members of the Committee:

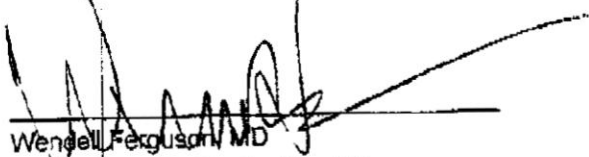
I am Wendell Ferguson, MD Orthopaedic Surgeon of Kaiser Vacaville Medical Center and I support this bill.

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

LATE

Committee on Consumer Protection & Commerce
Testimony to: Rep Angus L.K. McKelvey, Chair
Subject: SB2467- Relating to Podiatrists
3/24/14 2:10pm

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,



Theodore Yee, MD
Kaiser Vacaville Medical Center