

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

Wednesday, February 5, 2014
10:00 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON HOUSE BILL NO. 1880, RELATING TO PODIATRISTS.

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, and I am one of the Executive Officers of the Hawaii Medical Board ("Board"). Thank you for the opportunity to provide written testimony on House Bill No. 1880, Relating to Podiatrists. The Board has not had an opportunity to discuss this bill, but will do so at its next meeting on February 13, 2014. Therefore, the Board is not able to offer comments on the proposed amendments.

Thank you for the opportunity to provide written testimony on House Bill No. 1880.

Robert LaReaux, DPM
President
Hawaii Podiatric Medical Association
407 Uluniu Street, #107
Kailua, HI 96734
Yoleven316@yahoo.com
Office: 266-0066 Cell: 808-226-8461

Aloha,

This legislative session, the Hawaii Podiatric Medical Association has proposed two bills in each the House and the Senate, for your consideration. HB1882 and SB 2468 address residency requirements for licensure. **HB1880** and SB 2467 address the scope of practice.

Licensure for MD's and DO's in Hawaii requires completion of an approved 12 month residency (24 months if foreign trained). The podiatry residency requirement, as written in Hawaii state law, is unenforceable and needs revision. The new bill we are proposing will require podiatrists to complete at least a 24 month accredited residency program for licensure. 44 states have residency requirements of either 12 or 24 months, similar to the revisions we are proposing for Hawaii.

In 1988, I was directly involved in writing the scope of practice law for podiatrists which was the last time this was before the legislature. Back then, after much "on the rail" negotiations at the Capital Building with orthopedic surgeons, an agreement was reached and the statute was revised to allow podiatrists to operate on the ankle with the exception of ankle fractures. It also did not allow amputations other than toes.

Since then, much has changed in the training and practice of podiatric medicine. Our medical education has significantly advanced. In 1987, 90% of podiatrists completed a 12 month residency; only 10% did a 24 month residency. Today, and for the last ten years, ALL podiatrists are required to do a 36 month residency.

In 1987, when I arrived on Oahu, there were no hospital surgical privileges for podiatrists. So negotiations on ankle fractures and amputations back then was largely theoretical since there was no place to perform these surgeries. I proved to Castle Medical Center that my surgical training qualified me for surgical privileges which were granted in 1988. I have done emergency room call at Castle for more than 25 years. My podiatry colleagues have, one by one, proved their skills and training as well, opening the doors at almost all hospitals in the state. We are members of the medical staff with full operating privileges. Podiatry in Hawaii has come full circle. I am one of the founding partners of Castle Hospital's ambulatory surgical center.

So where are we now? Currently, 46 states allow podiatrists full ankle privileges (including ankle fractures). All but a handful of states allow more than toe amputations.

I contacted the most recently licensed podiatrists now practicing in Hawaii to learn just how well trained they are in ankle fractures. The number of ankle procedures they have done is impressive. They have surgically corrected the following numbers of ankle fractures: 100, 80, 70, 50, 30, 20. Compare this to the average number of foot surgeries an orthopedic surgeon does during his 5 year residency: 109.5

There is a physician shortage in Hawaii and is projected to worsen over the next 6 years. On the outer islands, patients have had to fly over to Oahu to have surgical repair of their ankle fractures. Several years ago, at my hospital, Castle, orthopedic trauma cases, including ankle fractures, had to be diverted to Queens due to the physician shortage.

When I was checking references on my new partner, Dr. Sandra Au, her residency director told me that she was so skilled at surgically correcting ankle fractures, that they told her not to practice in Hawaii because she couldn't use her talents or training to her full capacity. She grew up in Nuuanu and went to McKinley High School. What a waste if we had lost one of our best and brightest. Fortunately, she chose to come home.

Hawaii has the worst rate of major amputations in the country. Podiatrists are at the forefront of saving legs. We work in tandem with vascular surgeons, general surgeons, orthopedic surgeons and the patient's primary physician to minimize the risks associated with diabetes and peripheral vascular disease. By allowing us to perform the lesser amputations of the foot, we can reduce the incidence major leg amputations.

Clearly, it is in the best interest of public health to support these long overdue changes in podiatric state legislation.

Additional supporting documents follow.

Sincerely
Robert LaReaux, DPM
President
Hawaii Podiatric Medical Association



HAWAII MEDICAL ASSOCIATION

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

DATE: Wednesday, February 05, 2014
TIME: 10:00 AM
PLACE: Conference Room 329

COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair
Rep. Dee Morikawa, Vice Chair

FROM: Hawaii Medical Association
Dr. Walton Shim, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ron Keinitz, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 1880

Position: Opposition.

The Hawaii Medical Association believes that a review of educational training shows that podiatric residency training programs do not prepare podiatrists for the complexities of surgery beyond the foot.

This bill could lead to significant patient harm in that the new two-year podiatric surgical residency program requires little or no activity for reconstructive rearfoot and ankle procedures. The three-year podiatric surgical residency program requires a mere 50 cases for the rearfoot and ankle.

In comparison, an orthopaedic surgical residency involves the care of patients with surgical and medical emergencies, multiple organ system trauma, soft tissue wounds, nervous system injuries and diseases, peripheral vascular injuries and diseases, and rheumatologic and other medical diseases.¹

In addition, medical residents gain experience in the care of critically ill surgical and medical patients; participate in the pre-, intra- and post-operative care of surgical patients; and they also

1

http://www.acgme.org/acWebsite/downloads/RRC_progReq/260orthopaedicsurgery07012007.pdf

Officers

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

develop an understanding of surgical anesthesia, including anesthetic risks and the management of intra-operative anesthetic complications.² The great difference in education and training between physicians and podiatrists is not something that can be cured through legislation.

AMA research shows that orthopaedic surgeons and podiatrists practice in the same large, urban areas.

When comparing the actual practice locations for podiatrists and orthopaedic surgeons, it is clear that both groups of health care professionals tend to practice in the same large, urban areas.

The HMA appreciates that there are shortages of health care professionals in Hawaii and across the nation. However, expanding podiatrists' scope of practice will not alleviate the problem. In fact, expanding podiatrists' scope of practice would expose patients throughout Hawaii to practitioners who are not prepared to safely treat the conditions proposed in this measure.

For the above reasons, the HMA urges you to vote NO on this measure.

Thank you for hearing this bill and for the opportunity to provide testimony.

² Id.

February 5, 2014 10:00 am

Testimony to: Rep. Della Au Belatti, Chair and Member of the Committee

Subject: HB 1880 and HB 1882 Relating to Podiatrists

Presented by: Attilio Avino Jr., DPM; FACFAS
Hawaii Podiatric Medical Association



Chair Della Au Belatti 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 HB 1880 and HB 1882 as they relate 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.

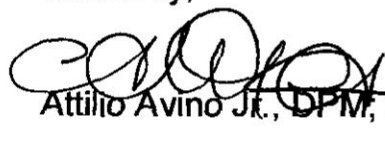
During my residency training, I have performed hundreds of foot and ankle surgeries and I am Board Certified by the American Board of Podiatric Surgery. The laws that govern the scope of practice for Podiatry in Hawaii were formulated over 20 years ago and fail to adequately reflect the advanced surgical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

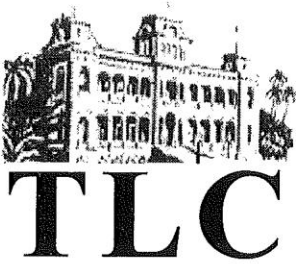
Updating the scope of practice would give patients suffering from a lower extremity ailment more access to healthcare providers trained in the treatment of disorders of the foot and ankle, especially in rural areas of our state. HB 1880 and HB 1882 will also attract new podiatric physicians as they would 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 foot and ankle specialists to save limbs, which not only helps preserve patient quality of life, but also reduces healthcare costs.

Thank you for allowing our testimony.

Sincerely,


Attilio Avino Jr., DPM, FACFAS



THE LEGISLATIVE CENTER

1188 BISHOP STREET, SUITE 1003
HONOLULU, HAWAII 96813-3304
PHONE: (808) 537-4308 • FAX: (808)533-2739

LATE

February 5, 2014

Testimony To: House Committee on Health
Representative Della Au Belatti, Chair

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

Subject: H.B. 1880 - RELATING TO PODIATRISTS
H.B. 1882 - RELATING TO PODIATRISTS

Chair Belatti and Members of the Committee:

I am Tim Lyons, Legislative Liaison for Hawaii Podiatric Medical Association and I have been assisting the members of the HPMA with the two bills before you today.

I would like to recommend that you consider an amendment to HB 1882 in order to accommodate those doctors who have been licensed previously and became so with a residency less than what is called for in this bill because that was the standard at that time. This could happen in a variety of situations such as an individual that left Hawaii and let his license lapse after a number of years but now finds himself back in Hawaii again pursuing his practice. This could also happen to someone who had a change of

heart (perhaps out of necessity) about retirement and then needs to reenter the field. In essence what is needed is a grandfather clause and I would be happy to work with the Committee to arrive at that language.

Thank you for your consideration.

Sandra Au, DPM
Aloha Foot Centers

Testimony to: Representative Della Au Belatti, Chair, House Committee on Health
Date and time of hearing: February 05, 2014 10:00am
In support of HB 1880 – Relating to Podiatrists

LATE

Chair Au Bellati and members of the Committee:

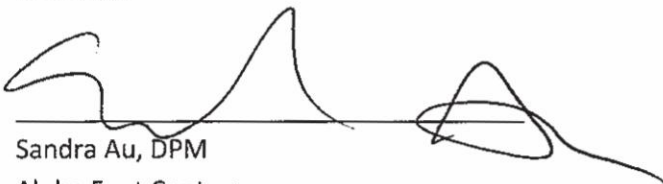
My name is Sandra Au, I am a podiatrist practicing on the Windward side of the island and I support this bill. I was born and raised on Oahu graduating from McKinley High School. I returned to Hawaii just 6 months ago after being away for 11 years, completing 4 years of undergraduate, 4 years of podiatry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

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

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

LATE

Chair and Members of the Committee:

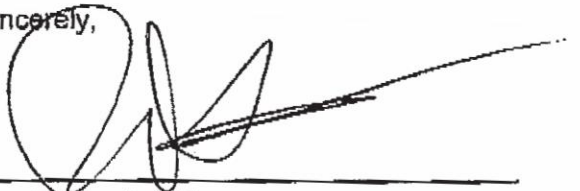
I am Alex Prescott, MD Orthopaedic Surgeon of Kaiser San Rafael Medical Center and I support this bill.

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

LATE

Chair and Members of the Committee:

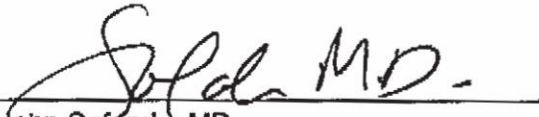
I am John Safanda, MD Orthopaedic Surgeon of Kaiser San Rafael Medical Center and I support this bill.

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

To Whom It May Concern,

I send this to question the bill HB 1880.

As an orthopedic surgeon who does not perform foot and ankle surgery (nor wants to), I have concerns about the level of training that podiatrists have regarding foot and ankle surgery.

I have spent 4 years in medical school, six years in residency and one year in fellowship training specifically in joint replacement surgery of the knee and hip. Even with this length of training, I do not attempt surgery of the foot and ankle due to its complexity and potential for devastating complications. Although it is well within my legal permission to do such surgeries, as a responsible surgeon, I know there are physicians that are better trained than myself to handle such cases and I refer patients to these surgeons.

I feel capable of handling simple fracture cases of the ankle but there are orthopedic surgeons specifically fellowship trained in foot and ankle surgery that are far better trained in this area. Podiatrists do not have this same level of training.

I feel strongly that a physician that performs a particular type of surgery should be able to handle the complications that could result from it. I fear that if it is allowed that podiatrists have more surgical freedom, we will see an increase in foot and ankle complications in the future. And there are currently only 3 foot and ankle fellowship trained orthopedic surgeons in the state who would be able to handle these complications.

I find it interesting that the bill increases surgical freedom yet limits amputation privileges for podiatrists. Amputations required as a result of diabetes is a huge burden in Hawaii since we have the highest per capita diabetic population in the nation. These are cases that surgeons generally do not want to take on. So I find it interesting that podiatrists want to legally increase their surgical freedoms yet conveniently restrict themselves from the duties of amputation. (Unless I misunderstand the changes) Amputations are perhaps the simplest of foot and ankle cases and are a huge surgical burden on the state. Furthermore, amputation is often the only surgical option to address serious complications of foot and ankle surgery. So if podiatrists want to take more responsibility for foot and ankle surgeries, they certainly should not want to limit themselves from a surgical procedure that may provide the only resolution of complications sustained as a result of foot and ankle surgery.

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.

Sincerely,

Cass K. Nakasone M.D.
Dept. Chief, Orthopedics
Straub Clinic & Hospital

Specialty: Knee and Hip Replacement
Cases per year: Approx 480
Percent related to knee and hip replacement: 100%

HB1880

Submitted on: 2/4/2014

Testimony for HLT on Feb 5, 2014 10:00AM in Conference Room 329

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Mark	Individual	Comments Only	No

Comments: This really shouldn't be about "turf wars" between podiatrists and other providers. This shouldn't be about money or market share or anything economic. This shouldn't be about who lobbies whom the best. This shouldn't be about whatever is or isn't done elsewhere. The only thing this should be about is the safety of the people of Hawaii. Period. The absolute reality is that podiatrists have only one year of training after podiatry school and that training almost entirely focuses on treating conditions of the FOOT. Even the name of the field is latin for Foot. They simply do not have the training to operate on the ankle. The bill even suggests they can operate on muscles and tendons that control the foot and many of those muscles originate just below the knee. So, do we really think we should people be allowed to operate up to the knee joint after only one year of training when almost all of the training focuses on the foot. Even if 10 percent of their training was focused on the ankle and above (which it does not) that would they have one to two MONTHS of training . The average orthopedic surgeon has SIX Years of training after medical school and a large portion of the training is of the lower leg and ankle and foot. It is just plain common sense that orthopedic surgeons have far more training when dealing with conditions of the ankle and lower leg. Podiatrists simply don't have the training or expertise to operate on the ankle and lower leg and the public can't be expected to figure that out for themselves.

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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HB1880

Submitted on: 2/5/2014

Testimony for HLT on Feb 5, 2014 10:00AM in Conference Room 329

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Stuart K. Wakatsuki, MD	Individual	Comments Only	No

Comments: I vehemently oppose bill 1880 which would allow podiatrists to operate on the ankle. I personally was on a committee for the state Board which outlined the law at the time, which stated podiatrists could operate up to the ankle which was defined as the top of the dome of the talus. I see no valid reason as to why this should change. Orthopaedic surgeons who are MDs and DOs are quite capable of handling ankle problems. There is no lack or shortage of care. MD training is quite different than DPMs, and I believe MD training is more regulated than DPM training. Stuart Wakatsuki, MD Orthopaedic Surgeon Foot and Ankle Fellowship trained

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HB1880

Submitted on: 2/4/2014

Testimony for HLT on Feb 5, 2014 10:00AM in Conference Room 329

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
S. Nicholas Crawford, MD	Orthopaedic Surgeons	Oppose	No

Comments: I am writing as a concerned physician in the state of Hawaii regarding my opposition to Bill HB1880. This bill is attempting to broaden the scope of practice for podiatrists. Orthopaedic surgery is a highly sought after and extremely competitive field which has implications for this broadened scope of practice for podiatrists. If this bill is enacted, we will allow podiatrists to perform vital surgery on complex problems of the leg, ankle and foot for which they have not been allowed to do given their training, experience, knowledge of musculoskeletal disease other than the foot and general scope of practice. Podiatry should stay with the foot, as that is their training. Orthopaedic surgeons go through rigorous training to be able to be competent in treating ankle fractures, for example. It is not merely an ankle fracture. It is not that simple, as MD's we have to think of a much broader medical perspective including diabetes, skin condition, heart disease, etc. As you move up the leg the more important complications become. My point is that we need to keep what should be handled by MD's, with MD's to protect our patients and to protect the integrity of the medical license.

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February 4, 2014

LATE

To Whom It May Concern:

I am writing this testimony to oppose the current bill HB1880. My name is Dr. Spencer Chang, and I am a board certified orthopaedic surgeon who is fellowship trained in both sports medicine and foot and ankle surgery. I work at Straub Clinic & Hospital.

I submit that the current laws and regulations regarding the scope of practice of podiatrists in Hawai'i should not be changed. The language used in the proposed bill, would allow podiatrists in Hawai'i to operate on the ankle and above, performing procedures such as ankle arthroscopies, ankle reconstructions including ligamentous and tendinous reconstructions, open reduction and internal fixation of fractures, tumor treatment, ankle replacements, and more.

As one of a few fellowship trained foot and ankle orthopaedic surgeons in Hawai'i, I am already inundated with complications as a result of work done by podiatrists in Hawai'i, on the forefoot, midfoot, and hindfoot. The problem with foot and ankle surgery as well as most orthopaedic procedures is that, if done wrong the first time around, it is very difficult to fix the second time around. In many cases, I have seen work around town were the indications for surgery were marginal at best, and often the results catastrophic.

The problem I see is the main differences between the two professions. Orthopaedic surgeons are required to go to medical school for 4 years. Medical schools take the cream of the crop. It is not uncommon for students who have failed getting into medical school to take the alternative easier route of podiatry school.

Following medical school, an orthopaedic residency program of 5 – 6 years is completed. Orthopaedic residency is extremely competitive, taking only the cream of the crop from the medical student pool. So now we are talking about the cream of the cream of the crop. For further specialty training, an additional 6 – 12 months of foot and ankle fellowship training is also required. Therefore, it takes about 10 years after undergraduate school to complete training as a Foot and Ankle specialized orthopaedic surgeon.

A podiatrist goes to podiatry school for 4 years, and then has a residency program of 3 years. In many states, surgery of the ankle is not allowed and so the training is not consistent and certainly not as extensive or comprehensive as an orthopaedic surgeon's training. In total, the average podiatrist has 7 years of training. Ankle surgery training for podiatrists is limited, as these procedures are typically done by orthopaedists and orthopaedic residents in training.

Physicians have a much more holistic approach to the patient, understanding multiple organ systems. We are also held to a different standard. A position statement by the American Orthopaedic Foot and Ankle Society, which is attached, recommends that:

“to create parity in credentialing and accreditation, the podiatric community should take steps to ensure that: a) podiatric students take and pass the standardized U.S. Medical Licensing Examination (USMLE) at the completion of podiatry school, as is required of medical students; b) ACGME accreditation is attained and maintained for all podiatric residency programs; and c) podiatric residents take a certifying examination prepared by a member board of the ABMS.”

As this is not the case, we cannot control the quality of care that will result by allowing podiatrists operate beyond the scope of their practice. If they are allowed to do the same procedures as orthopaedists, they should have the same requirements to be board certified.

What I have seen in our community and within the community where I had done my fellowship training in Oakland, CA with Dr. Roger Mann (considered one of the authorities on foot and ankle surgery in the world), is that there is a significant problem of undertraining, under-certification, and under-regulation amongst podiatrists. I have seen multiple cases of mismanagement, with a tendency to cut first and ask questions later mentality. I have seen a complication were a patient was refused to be seen by the podiatrist who created the surgical complication, merely because the podiatrist didn't want to take care of the problem any more. Clearly as in this case, the motivation to do surgery was greed and not the best interest of the patient.

Now I do believe that as orthopaedic surgeons we are held to a much higher standard, because we don't see these things happening as much in our field.

By passing bill HB1880, we are opening up a can of worms. Podiatrists untrained in simple and difficult reconstructions, and ankle procedures will be encouraged to operate outside of their scope of practice because it will be more lucrative. If they are not allowed do these procedures now, what would make anyone think that they could do them or would be good at doing them after they are allowed to? The simple answer is that they will not be as good at these procedures as orthopedists, and so unless they did the exact same orthopaedic training, they shouldn't be allowed to do these procedures. If they do additional and equivalent orthopaedic training, then they should be tested and certified with the same standards as orthopaedists. This bill allows a podiatrist the opportunity to take a weekend course in a procedure that he/she has never done before, and perform and bill these procedures as an expert. Worse yet, a podiatrist could legally “wing it” operating on your mother or father, relative or friend, maybe by just reading a text or article, or viewing a video. Would you like to be the first “Guinea Pig?”

It is interesting that although the proponents of this bill want to increase the scope of treatment to include the ankle, the bill doesn't allow for a below knee amputation that would treat a complication of a catastrophically failed ankle procedure. In my mind, a surgeon shouldn't do a primary procedure unless able to handle the possible complications that might arise. This is particularly true for very difficult procedures such as ankle replacements. I fear that providing podiatrists the opportunity to do ankle replacements will increase the complications rates of an excellent procedure, negatively affecting the results, ultimately making it unavailable as a consequence.

The people of Hawai'i deserve the highest standard of care. This is an issue of patient care, and at this time only orthopaedists should be allowed to treat the ankle and above. Medical treatment should be done right the first time.

Passing this bill will result in significantly more medical complications, hardships, and lawsuits. More complications will result in a larger number of botched surgeries that orthopaedists will have to fix, or unfortunately can't fix. Ultimately, this will place a bigger strain on our healthcare system.

Please do not pass this bill, as I believe it would be a terrible mistake.

Sincerely,

A handwritten signature in black ink, appearing to be 'Spencer Chang', written in a cursive style.

Spencer Chang, MD
Concerned Orthopaedic Surgeon.
Straub Clinic & Hospital

Position Statement on Podiatry

(Revised May 2009)

1. The AOFAS believes that members of the podiatric community provide a valuable service when they function within their education and training.
2. The AOFAS believes that nationally recognized educational standards which are widely accepted by the medical profession are an essential means of educating and credentialing practitioners to provide safe and effective patient care. These standards are essential to maintain the public trust.
3. The AOFAS believes that all practitioners who provide surgical care should meet the uniform educational and training standards established by the Accreditation Council on Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS). All foot and ankle care providers should be educated, trained, and credentialed by the same standards as other medical and surgical specialties.
4. The AOFAS believes that separate and unequal credentialing and accreditation are not in the best interest of quality patient care.
5. The AOFAS believes that, to create parity in credentialing and accreditation, the podiatric community should take steps to ensure that: a) podiatric students take and pass the standardized U.S. Medical Licensing Examination (USMLE) at the completion of podiatry school, as is required of medical students; b) ACGME accreditation is attained and maintained for all podiatric residency programs; and c) podiatric residents take a certifying examination prepared by a member board of the ABMS.
6. The AOFAS will assist regulatory and credentialing bodies to achieve these goals. 7. The AOFAS will work with the podiatric community for the benefit of patient care.

Original statement approved by the American Orthopaedic Foot & Ankle Society Board of Directors, March 31, 2007; Above statement approved by the AOFAS Board of Directors, May 19, 2009, reaffirmed May 10, 2011

Endorsed by the American Academy of Orthopaedic Surgeons Board of Directors, May 16, 2009