



DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

**STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Consumer Protection and Commerce
Wednesday, February 13, 2019
2:00 p.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 935, H.D. 1, RELATING TO HEALTH**

Chair Takumi and Members of the Committee:

My name is Esther L. Brown, and I am the Acting Complaints and Enforcement Officer of the Department of Commerce and Consumer Affairs' (Department) Regulated Industries Complaints Office (RICO). RICO offers enforcement-related comments concerning section 15, page 38, line 10 of the bill.

While RICO appreciates the intent of section 15 in strengthening the enforcement of physician licensing laws, it has concerns about the vagueness and overbreadth of that section. In particular, section 15 uses certain terms without clarifying what conduct those terms are meant to encompass: "abandoning" on page 40, line 7; "immoral conduct" on page 40, line 8; "sexual contact" on page 40, line 10; "secret method" on page 40, line 19; and "exploits" on page 41, line 9. This vagueness will make it difficult to enforce these provisions. Additionally, this measure appears to address conduct that does not directly relate to the practice of medicine. Examples include subsections: (a)(17), concerning acceptance of payments from clinical or biotechnical laboratories;

Testimony of DCCA

H.B. 935, H.D.1

Page 2 of 2

(a)(26), concerning failure to furnish information legally required; (a)(28) concerning making or filing false reports or records; and the term “medical practitioner.”

Further clarification as to the scope of and terms in section 15 would not only benefit the public but also provide licensees with adequate notice of the type of conduct governed by these provisions.

Thank you for the opportunity to testify on this bill.



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2:00 p.m.
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**On the following measure:
H.B. 935, H.D. 1, RELATING TO HEALTH**

Chair Takumi and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purposes of H.D. 1 are to: (1) clarify the scope and practice of physician assistants in the State; (2) amend the Hawaii Medical Board to include two physician assistants; (3) expand bases to revoke or suspend a physician or surgeon's license; and (4) make conforming amendments.

While the proposed definitions in H.D. 1 apply to Hawaii Revised Statutes (HRS) chapter 453, the definition of "telehealth" in this bill appears to amend the definition of "telehealth" in HRS title 24 (Insurance). Accordingly, the Department requests that the Committee amend the definition of "telehealth" to either not impact HRS title 24 or be deleted.

Thank you for the opportunity to testify on this bill.

Testimony of the Hawaii Medical Board

**Before the
House Committee on Health
and
House Committee on Intrastate Commerce**

**Tuesday, February 5, 2019
8:30 a.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 935, RELATING TO HEALTH**

Chair Mizuno, Chair Ohno, and Members of the Committees:

My name is Ahlani K. Quiogue, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board has not had an opportunity to thoroughly review and discuss this bill but will do so at its publicly noticed meeting on February 14, 2019.

The purposes of this bill are to: (1) clarify the scope of practice of physician assistants in the State; (2) amend the Board to include two physician assistants and clarify the powers of the Board; and (3) make conforming amendments as to scope and practice of physician assistants in the State.

Thank you for the opportunity to testify on this bill.

HB-935-HD-1

Submitted on: 2/11/2019 7:09:42 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Larry Au	Hawaii Academy of Physician Assistants	Support	No

Comments:

Wednesday, February 13, 2019 at 2:00 PM
Conference Room 329

House Committee on Consumer Protection and Commerce

To: Representative Roy Takumi, Chair
Representative Linda Ichiyama, Vice Chair

From: Kenneth Robbins, MD
Chief Medical Officer, Hawaii Pacific Health

Re: **Testimony in Support of HB 935, HD1
Relating to Health**

My name is Kenneth Robbins, MD. I am the Chief Medical Officer for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

I write in support of HB 935, HD1 which clarifies the scope and practice of physician assistants. **We also offer an amendment.** However, we understand that discussions are ongoing between the Department of Commerce and Consumer Affairs and Hawaii Academy of Physician Assistants.

The 2018 Annual Report on Findings from the Hawai'i Physician Workforce Assessment Report indicates that the current physician shortage has increased from 769 in 2017 to 797 in 2018. In the case of primary care physicians, the shortage is calculated to be 263 physicians. This shortfall is projected to worsen with the increased demand for health care from an aging population and the retirement of an aging physician population creating access issues on Oahu and the neighbor islands.

Hawai'i Pacific Health is a proponent of team based care and openly recruits physician assistants to work in collaboration with our physicians. Utilization of physician assistants provides a viable option to managing both the growing physician shortage and the growing medical demands of the State's aging population. Physician assistants are skilled health care providers trained to take medical histories, perform physical examinations, order and interpret laboratory tests, diagnose illness, develop and manage treatment plans, prescribe medications, and assist in surgery. Thus, they offer an effective and efficient method of delivering healthcare to our community.

HPH believes physician assistants should be permitted to exercise greater autonomy in their practice field based upon their training. We request that the legislature consider addressing the following areas with respect to the physician assistants' scope of practice:

1. Allowing physician assistants more autonomy regarding chart review. Currently, physicians are required to review 100% of the physician assistants' charts. Giving physician assistants greater autonomy in these areas would ease the burden for physicians and enable them to attend to more patient care matters. It is important to point out that physician assistants do not seek to work independently, but strive to work in teams with physicians.
2. Allowing physician assistants the authority to sign certain documents. The restrictions on the types of forms and documents the physician assistants may sign is unnecessary and creates a backlog for physicians. Allowing the physician assistants to sign certain forms and documents would create greater efficiencies.
3. Providing flexibility to define the physician assistants' scope of practice at the medical group level. Current regulations for physician assistants are based on a solo practice physician model. The health care industry has evolved increasingly to a group practice or hospital or clinic-based practice. Permitting collaborative arrangements at the group, clinic or hospital level gives more flexibility in defining the scope of the physician assistant's practice and the details of the physician's oversight.

In light of the above, we request clarifying language to make it explicit that a collaborative agreement must exist between the physician assistant and a licensed physician at the practice or facility level.

We respectfully request the following amendment to Section 3, subparagraph (c) on page 14 at lines 4-7:

(c) A physician practice or facility [~~may~~] **shall** establish terms of an agreement of collaboration to define the manner and degree of collaboration that is appropriate in rendering patient care at the practice level or facility level.

Thank you for the opportunity to testify.

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Christina Starks, MPA, PA-C
President, Hawaii Academy of PAs

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Christina Starks, I am a physician assistant, and President of the Hawaii Academy of PAs and I strongly support HB935, this bill will modernize physician assistant practice laws.

PAs are an underutilized healthcare resource in Hawaii and can help with the State's growing physician shortage and growing aging population.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work **collaboratively** with a physician in many different medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.

Hawaii has a growing physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. PAs can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii and were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules. HB935 will allow physicians and PAs to specify the collaboration at the practice level and relieve the administrative burden physicians and hospital face when utilizing PAs.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs>

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– A few studies that provide support to the safe, effective, high-quality care that PAs provide.

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

<http://annals.org/aim/article-abstract/2716077/intermediate-diabetes-outcomes-patients-managed-physicians-nurse-practitioners-physician-assistants>

2. Yang, Y., Long, Q., et. al (2017). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. *The American Journal of Medicine*.

The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

3. Kurtzman, E.T., Barnow, B.S. (2017). A comparison of nurse practitioners, physician assistants, and primary care physicians' patterns of practice and quality of care in health centers. *Medical Care*.

A first-of-its-kind study found that PAs and NPs delivered similar quality of care, services, and referrals in community health centers as physicians. Researchers at The George Washington University School of Nursing reviewed five years of data from the National Ambulatory Medical Care Survey's Community Health Center subsample and compared nine patient outcomes by practitioner type. The study could have implications for the structure of community health centers in the future.

http://journals.lww.com/lww-medicalcare/Abstract/publishahead/A_Comparison_of_Nurse_Practitioners,_Physician.98777.aspx
(abstract)



February 12, 2019

Honorable Roy Takumi, Chair
Members, Committee on Consumer Protection & Commerce
Hawaii House of Representatives
Hawaii State Capitol

Re: Urge Support of House Bill 935 to Modernize and Improve Physician Assistant Practice

Dear Chair Takumi and Committee Members:

On behalf of the American Academy of PAs (AAPA) and especially our members in Hawaii, thank you for this opportunity to comment on House Bill 935 that aims to modernize several important aspects of physician assistant (PA) practice in Hawaii. AAPA is the national professional organization for physician assistants (PAs) that advocates on behalf of the profession and patient care provided by physician-PA teams. AAPA represents a profession of more than 131,000 PAs across all medical and surgical specialties and has extensive experience with state regulation of PA practice.

Summary

AAPA respectfully urges the committee to **SUPPORT House Bill 935** as introduced.

Primary care shortage

Many patients in Hawaii experience the negative effects of having fewer options for their care, due to an increasingly pressing health professional shortage. This problem is especially acute in Hawaii, where it has been noted that there is a shortage of approximately 800 physicians across all specialties.^{1 2} The Robert Graham Center projects that Hawaii will need a 27 percent increase in primary care physicians by 2030 in order to provide patients with the current level of care³. This shortage is largely due to Hawaii's growing and aging population and rising costs of insured patients.

Removing practice barriers

PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medication, and often serve as a patient's principal healthcare provider. PAs practice in every state and in every medical setting and specialty. The profession is projected to increase 37 percent from 2016 to 2026⁴ – and that influx of PAs can help to fill the gaps in Hawaii's healthcare workforce.

¹ (Hawaii News Now, 2018)

² (Modern Healthcare, September, 18, 2018)

³ (Robert Graham Center, p. 1)

⁴ (Bureau of Labor Statistics, 2018)

Hawaii has an opportunity to improve patient access to care by removing restrictions that have outlived their usefulness. Current requirements make it difficult for PAs and physicians to work together efficiently – which leads to decreased access to care.

Proposed changes to PA laws

Under this proposal, PAs will still collaborate with physicians and other healthcare providers as indicated by the patient’s condition and the standard of care. The physician-PA partnership is described as “collaborative” rather than “supervisory” to better reflect current practice. Under collaboration, a PA may provide medical service that the PA is prepared by education and experience and are competent to perform as determined at the practice setting. Two PAs will be added to the Hawaii Medical Board. PAs will be responsible for their own acts.

Committee urged to support legislation

Both AAPA and the Hawaii Academy of PAs (HAPA) believe that these modernizations will improve patient access to care and the delivery of healthcare by PAs and physicians on patient-care teams. *AAPA joins the Hawaii Academy of PAs in urging committee support of House Bill 935.*

Thank you for your consideration of this important legislation. If you have any questions, please feel free to contact me directly at kpitts@aapa.org or 571-319-4357.

Best regards,



Keisha L. Pitts, JD
Director, State Advocacy
American Academy of PAs

C: Christina Starks, PA-C, President, Hawaii Academy of PAs

Works Cited

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HAWAII MEDICAL ASSOCIATION

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To:

HOUSE COMMITTEE ON CONSUMER PROTECTION

Rep. Roy Takumi, Chair

Rep. Joy San Buenaventura, Vice Chair

Date: February 13, 2019

Time: 2:00 p.m.

Place: Room 329

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

Re: HB 935 HD 1 – Relating to Health

Position: OPPOSITION WITH CONCERNS

On behalf of Hawaii's physician and student members, the HMA is expressing concerns regarding HB 935 and the changes that would occur under its implementation.

The concerns of the HMA revolve around the logistics of the relationship between Physician Assistants and Physicians under the "Optimal Team Practice." The level of independence given to Physician Assistants under HB 935 allows for discretionary decision making without input from a physician. This is no different than any other independent non-physician provider.

In that the concept of the Optimal Team Practice is one that has not been discussed and vetted between Physicians and Physician Assistants, and our common regulatory agency the Medical Board of Hawaii, passage of HB 935 at this time would be premature.

As for the inclusion of two Physician Assistant members on the Hawaii Medical Board, we would defer the decision to the Board.

The Hawaii Medical Association urges deferral of HB 935 at this time, allowing meaningful discussion of this issue between parties. Thank you for allowing testimony on this issue.

HMA OFFICERS

President – Jerry Van Meter, MD President-Elect – Michael Champion, MD Secretary – Thomas Kosasa, MD

Immediate Past President – William Wong, Jr., MD Treasurer – Elizabeth A. Ignacio, MD

Executive Director – Christopher Flanders, DO

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Consumer Protection & Commerce
The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair

February 13, 2019
2:00 p.m.
Conference Room 329

Re: HB935 HD1, Relating to Health

Chair Takumi, Vice Chair Ichiyama, and committee members, thank you for this opportunity to provide testimony on HB935 HD1, which clarifies the scope and practice of physician assistants in the State. Among other things, the bill redefines the physician assistant's scope of practice so that the scope is determined at the practice level.

Kaiser Permanente Hawai'i offers the following COMMENTS HB935 HD1.

Kaiser Permanente Hawai'i believes that physicians assistants should be permitted to practice at the top of their training, education and experience. We support the intent of HB935 HD1 to allow greater flexibility in their scope of their practice to be determined at the practice level.

Kaiser Permanente Hawai'i appreciates of the contributions made by certified physician assistants and has a great deal of confidence in the quality of health care they provide within the Kaiser Permanente system. Our physician-owned Hawai'i Permanente Medical Group (HPMG) – Hawai'i's largest multispecialty medical group – employs over 550 physicians and licensed medical providers, including over 50 physician assistants. Within the Kaiser Permanente system, physician assistants practice along with physicians and other medical professionals in a collaborative effort to provide high quality patient care in a variety of specialties and settings – including Family Medicine, Pediatrics, Dermatology, Orthopedics, Cardiology, Oncology, Nephrology, Occupational Medicine, Vascular, General and Cardiothoracic Surgery, Infectious Disease, Radiology, Urology and Otolaryngology (ears, nose and throat).

We believe that *certain* legislative changes regarding physician assistants practice will follow the examples of other states where greater utility of physician assistants as part of the medical practice team is permitted. We further believe this to be an important part of Hawai'i's efforts to address a continued and growing physician shortage in a way that provides safe quality care to more people throughout the State.

The current regulations addressing physician assistants restrict their ability to practice at the top of their training. As such, Kaiser Permanente Hawai‘i believes the legislature should consider addressing the following areas of chapter 453, Hawai‘i Revised Statutes, relating to physician assistants’ scope of practice:

- Providing more autonomy for physician assistants. Areas which are particularly restrictive under the current law include requiring physicians are required to review 100% of physician assistants’ charts (one of the most restrictive standards in the country) and restrictions on which forms and documents can be signed by physician assistants.
- Providing flexibility to define physician assistants’ scope of practice at the medical group level. The current regulations for physician assistants were based on a solo practice physician model, when the reality of practice has evolved increasingly to a group practice (either single or multi-specialty) and hospital or clinic-based practice. Physician assistants allowed to work under supervision or collaborative arrangements established at the medical group, clinic or hospital level, with flexibility in defining scope of practice and the details of physician oversight.
- Making changes to liability coverage arrangements to reflect increased autonomy of physician assistants. With increased autonomy for physician assistants, the balance of liability coverage between physicians and physician assistants should be adjusted to reflect the changes in physician assistants scope of practice.

We wish to share that we are engaging with other stakeholders, including the Hawai‘i Academy of Physician Assistants and the Hawai‘i Medical Board, to determine if there is a consensus to pursue certain provisions modernizing the scope of practice for physician assistants’ via HB935 HD1. As such, we request the committee continue to move HB935 HD1 forward while these discussions continue.

Thank you for this opportunity to testify on this matter.



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS



TO: Members of the Hawaii State House Consumer Protection & Commerce Committee

FROM: Hawaii Association of Osteopathic Physicians and Surgeons
American Osteopathic Association

DATE: February 11, 2019

SUBJECT: House Bill 935

The American Osteopathic Association (AOA) and the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS) are writing in opposition to HB 935. This bill would greatly expand the scope of practice for physician assistants (PAs) by eliminating any legal requirements that they collaborate with a physician and allowing them to independently practice medicine. The AOA and HAOPS are very concerned that authorizing the practice of medicine by PAs, who do not complete comprehensive medical education, training and competency demonstration requirements, could place the health and safety of Hawaii's patients at risk. Indeed, the Physician Assistant Education Association, which represents PA educational programs, stated in its "Optimal Team Practice Task Force Report" that they "[do] not support the elimination of legal provisions that require a collaborating physician for PAs" due to the potential negative consequences including harm to patients.¹

The AOA proudly represents its professional family of 145,000 osteopathic physicians (DOs) and medical students nationwide. The AOA promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. HAOPS is a professional medical organization that represents approximately 400 DOs providing patient care in Hawaii.

The AOA and HAOPS support the "team" approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of all health care providers to the health care delivery system, we believe that PAs' education and training lacks the comprehensive and robust requirements needed to independently deliver primary care services to patients. Further, authorizing controlled substance prescribing by another class of providers who receive less education and training than physicians runs contrary to nationwide efforts to reign in widespread prescription drug abuse, misuse and diversion.

Allowing non-physician clinicians to **circumvent current, standardized requirements for medical licensure** across the United States **disregards the decades of evidence and experience**

¹ Physician Assistant Education Association OTP Task Force. "Optimal Team Practice: the Right Prescription for All PAs?" May 8, 2017. Available at: https://paeaonline.org/wp-content/uploads/2017/05/PAEA-OTP-Task-Force-Report_2017_2.pdf.

behind established medical school and graduate medical education programs, which assure patient safety.

Osteopathic physicians complete:

- **Four years of medical school**, which includes two years of didactic study totaling upwards of **750 lecture/practice learning hours** just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers and doctors' offices.
- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions. Residencies are completed over the course of **three to seven years under supervision by physicians** who have completed residency training and a comprehensive licensing examination series.
- Physicians also complete a **comprehensive, three-part licensing examination** series designed to test their knowledge and ability to safely deliver care to patients before they are granted a license to independently provide care to patients.

Physician Assistants complete:

- A **four-year bachelor's degree**. PAs who are currently in practice are *not required to possess a graduate degree*.
- A **single, national certifying examination** created by an organization comprised of other PAs.
- Although the bill states that PAs "complete at least two thousand hours of supervised clinical practice in various settings and locations by the time of graduation;" a sample list of masters-level PA program admission requirements shows that PAs who currently practice with a bachelor's degree **do not necessarily possess any clinical experience**.²
- The bill **does not provide any additional curricula or testing requirements in order for PAs to obtain independent practice**.

This bill:

- **Expands the "practice of medicine" to include PAs**, in addition to DOs and medical doctors (MDs).
- **Creates an ambiguous, self-determined scope of practice for PAs** which includes "any legal medical service for which they have been prepared by their education, training and experience and are competent to perform," despite the fact that research shows that **non-physician clinicians overprescribe medications**,³ **issue poorer quality referrals to specialists**⁴ and **order unnecessary diagnostic imaging which exposes patients to**

² University of Texas Southwestern Master of Physician Assistant Students Pre-Admission Clinical Experience. Available at: <https://www.utsouthwestern.edu/education/school-of-health-professions/programs/physician-assistant-studies/admissions/requirements.html#preadmission>.

³ [https://www.journalofnursingregulation.com/article/S2155-8256\(17\)30071-6/fulltext](https://www.journalofnursingregulation.com/article/S2155-8256(17)30071-6/fulltext)

⁴ [https://www.mayoclinicproceedings.org/article/S0025-6196\(13\)00732-5/abstract](https://www.mayoclinicproceedings.org/article/S0025-6196(13)00732-5/abstract)

increased radiation⁵ because their training has not prepared them to determine which cases warrant such care.

- Allows PAs to engage in:
 - **Autonomous medical decision-making;**
 - **Diagnosing and providing medical treatment;**
 - **Ordering and interpreting diagnostic studies;**
 - **Prescribing Schedule II – V drugs**, including controlled substances;
 - **Supervising and delegating** to licensed or unlicensed personnel; and
 - Authenticating any document that may be authenticated by a physician.
- States that PAs “collaborate with...physicians and other members of the health care team **as indicated by the patient’s condition and the standard of care,**” and that “the manner in which [PAs] and physicians work together **shall be determined at the practice level,**” despite the fact that **no other health care provider’s oversight is determined on an individual basis.** This could result in a patchwork system with **ambiguous regulatory oversight and liability for care,** and **create confusion for patients** who may not understand that the level of physician involvement varies greatly from practice to practice.
- Defines optional PA-physician collaboration as “not...requiring the physical presence of the physician...or that the physician be liable for the care rendered by a [PA]” and states that “collaborating physicians are considered a resource that strengthens the physician-[PA] team approach to patient care;” however, the bill **does not contain any specifics regarding the relationship between the autonomous delivery of health care services by PAs and liability or establish malpractice insurance requirements.**
- Attempts to address primary care workforce shortages; however, **it does not require PAs to provide care in rural areas or to underserved populations.** Data from other states that have granted independent practice authority to nurses shows that they choose to open their practices in the same areas where physicians already practice, therefore this bill is unlikely to solve the problem it attempts to address.⁶

The AOA and HAOPS believe that all patients deserve access to high-quality medical care provided by a fully trained and licensed physician. We urge you to consider proven, evidence-based approaches to addressing primary care workforce shortages, such as loan repayment assistance and tax deductions tied to providing care in rural and underserved areas, increased funding for primary care residency programs and improved access to telemedicine. We believe that this is the best approach to addressing the state’s growing physician workforce shortage needs.

Lastly, the bill contains several inaccuracies related to osteopathic medicine and board certification, and we respectfully request the following changes:

⁵ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1939374>

⁶ See sample American Medical Association primary care physician-to-independent nurse practitioner state maps ([Nevada](#), [Pennsylvania](#), [Wyoming](#)).

§453- Definitions. "Radiologist" means a doctor of medicine or a doctor of ~~osteopathy~~ **osteopathic medicine** certified in radiology by the American Board of Radiology or the American **Osteopathic** Board of ~~Osteopathy~~ **Radiology**.

§453-3.5 Training replacement temporary license.

(1) (A) Is board certified by the American Board of Medical Specialties or ~~Bureau of Osteopathic Specialties~~ **American Osteopathic Association** in the subspecialty

§453-5.3 Physician assistant; licensure required.

(a)... A person who is trained to do only a very limited number of diagnostic or therapeutic procedures under the direction of a physician or osteopathic physician shall not be deemed a practitioner of medicine or ~~osteopathy~~ **osteopathic medicine** and therefore

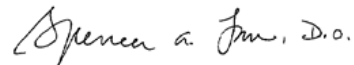
PAs do not have the extensive medical education and training that physicians receive that prepares them to understand medical treatment of disease, complex case management and safe prescribing practices. Granting them independent practice authority equivalent to primary care physicians, without any evidence regarding patient outcomes, may jeopardize the health of Hawaii's patients.

We urge you to protect the safety of Hawaii's patients by opposing HB 935. Should you need any additional information, please feel free to contact Raine Richards, JD, Director, State Government Affairs at rrichards@osteopathic.org or (312) 202-8199.

Sincerely,



William S. Mayo, DO
President, AOA



Spencer Lau, DO
President, HAOPS

CC: Ronald R. Burns, DO, President-elect, AOA
Ernest R. Gelb, DO, Chair, Department of Governmental Affairs, AOA
Thomas L. Ely, DO, Chair, Bureau of State Government Affairs, AOA
Adrienne White-Faines, MPA, Chief Executive Officer, AOA
David Pugach, JD, Senior Vice President, Department of Public Policy, AOA
Raine Richards, JD, Director, State Government Affairs, AOA
Krystal White, MBA, Affiliate Executive, HAOPS

HB-935-HD-1

Submitted on: 2/10/2019 11:27:43 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Santo Di Martino	Individual	Support	No

Comments:

I am Santo Di Martino and I have been a PA for forty one years and have practiced in Hawaii for thirty two years.

I strongly support HB935 which will allow for the renewal of PA licensure upon the completion of a specify number of continuing medical education hours and explicitly states that PAs shall not be required to maintain certification for license renewal as referenced on page 34 Paragraph 8..

PAs are medical providers who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principle healthcare professional. With thousands of hours of medical training, PAs are versaltile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

Currently, PAs in all states are required to pass an initial certifying exam to obtain a PA license. However, a little over a dozen states-17 to be exact-Hawaii included, also require PAs to maintain certification to renew a license-a distinction that oddly applies on to PAs. PAs are the only profession required to pass a recertification exam on a periodic basis in order to satisfy state maintenance of license requirements-it is not required for advance practice nurses or physicians.

In order to maintain certification, PAs are allowed four attempts at passing the recertification exam during 10 year period. In the event that a PA in Hawaii fails to pass the exam, they are unable to renew their licence-regardless of the quality of care they have historically provided to patients or their current capacity to provide excellent care to patients.

This type of requirement is outdated as unnecessary, as evidenced by the lack of such a requirement for physicians and advance practice nurses. The burdensome and unnecessary nature of this requirement further supported by the fact that 31 states and the District of Columbia do not require PAs to maintain recertification for license renewal.

This means PAs in 17 states requiring current certification are the only medical professionals who risk losing their livelihoods based on the passage or failure of an

exam regardless of years of experience or quality of care provided to their patients. It also means that these states risk losing talented, experienced healthcare providers simply because they do not wish to take the exam time away from their practice or they do not see the benefit of sitting for a generalist medical exam again when they may have fewer than ten years of practice ahead of them.

Many PAs choose to keep up with their certification either to remain competitive in the job market or in some cases, because their employer requires current certification. . I'm not speaking against maintenance certification as an option, appropriately determine by individual PAs or at the practice level not mandated by law.

However, a PA should not be ineligible for licensure as a PA in Hawaii, although they are competent to provide care and have completed continuing education courses, just like their colleagues in other states. A PA with the exact same qualifications would be allowed to practice in 31 state which do not have a requirement for current certification for license renewal.

This can certainly serve a disincentive for PAs to practice in Hawaii when they can relocate to a state with modernized PA practice laws. PAs are licensed to practice with the inherent understanding that PAs will maintain current knowledge. In fact, PAs in all state must meet rigorous continuing medical education (CME) requirements to remain licensed.

As Hawaii faces a physician shortage, and the hopes of bringing a PA program to the state to increase the number of healthcare providers available to meet the needs of patients, I hope that you all agree that Hawaii should join as th 32nd state to allow PAs to renew licensure without a requirement for current NCCPA certification.

There is no evidence that requiring MOC (maintenance of certification) for licensure renewal has any impact on the quality of care provided. In fact, federal programs such as Medicare and Medicaid, do not require that PAs maintain certification after passage of the initial certifying exam in order to participate in the programs.

The PA profession has ample documentation of the quality and safety of the care it provides which you can find on the American Academy of PAs website at www.aapa.org or I am happy to provide you with the direct link to the information.

As a longtime Hawaii PA, I appreciate your support of this great bill which addresses this issue . I ask you to pass HB935. Thank you for your time.

RELATING TO HEALTH

CPC

Dear Committee Chairs and Committee Members:

I am writing in support of HB 935.
I urge you to pass this important legislation.

Passage of this bill will improve access to health care providers, improve rural health care delivery and remove many governmental barriers to PA medical practice. HRS 453 with regard to physician assistants has not been revised or modernized in the 32 years that I have been practicing medicine in the state of Hawaii. The health care environment has changed considerably in those 32 years and it is time to make changes that will positively impact patients, access to health care and physician assistant practice in the state of Hawaii.

Thank you for hearing this bill and for your consideration of passage of this important bill.

Fielding Mercer, PA-C
Previous president and legislative liaison to the Hawaii Academy of Physician Assistants.

HB-935-HD-1

Submitted on: 2/11/2019 8:01:10 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Brenda Ford	Individual	Support	No

Comments:

Aloha Committee Members,

I support HB935 to expand the role of Physician Assistants (PAs) in Hawaii. With a severe doctor shortage, this bill will help doctors to extend their reach to patients by collaboration with PAs to bring critical medical access to rural communities which are underserved. Maui, Hawaii, and Kauai counties are the most impacted by these shortages even though this legislation will assist every PA in the State. This legislation expands the almost 50-year-old laws in Hawaii to allow PAs to expand their scope of practice as many other states are doing. Our doctors are striving to help all their patients but they can only do so much - they need help to handle more patients. Additionally, PAs today are trained to handle more responsibilities and more modern equipment. I have personally used several PAs in the past years and can state that I get absolutely wonderful care! Please help our PAs and patients by passing HB935.

Brenda Ford

HB-935-HD-1

Submitted on: 2/11/2019 8:18:28 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Betty Stewart	Individual	Support	No

Comments:

HB-935-HD-1

Submitted on: 2/11/2019 11:57:00 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christianna Hall	Individual	Support	No

Comments:

While I'm still "new" to living on Oahu (over four years now), I can say I still have frustrations when trying to be seen by a doctor. It took me over 15 doctors offices to become established as a patient with a primary care physician. 15! Each time I called they let me know they were not able to accept new patients. The one doctor who could see me - and still "does" has a wait of over a month to be seen. So if I'm sick or ill (it happens, it's life) when I call I have to wait to be seen for a sinus infection, acute pain, etc. when I've discussed the wait with my doctor he lets me know his frustration as well. He has a full schedule, too many patients, can't spend the time with patients that he feels he needs to address all of our concerns, etc. he needs help! By allowing more PA's to assist the doctors it allows us to be seen in a better timeline. My endocrinologist has two PA's and has said to me it's been his lifeline! We can be seen, we can have our calls returned, we can be cared for as we as patients should/need to be. Please approve this bill to help the doctors care for us, to help the patients be seen and receive the care they need and deserve. Thank you for your time. Kind Regards, Christianna Hall

HB-935-HD-1

Submitted on: 2/11/2019 9:40:21 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Susanna Cheng	Individual	Support	No

Comments:

HB-935-HD-1

Submitted on: 2/11/2019 3:27:58 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Eleazar Dial	Individual	Support	No

Comments:

HB-935-HD-1

Submitted on: 2/11/2019 4:45:11 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dan Domizio	Individual	Support	No

Comments:

Aloha Committee Chair and members;

Physician Assistants have provided safe and effective health care services in Hawaii since 1972. I was among those who wrote the current practice regulations in the early 1990s. Those regulations were not up to National standards, but we accepted them anyway waiting for an opportunity to review them and improve them in the future. Now is that time; HB935 will bring Hawaii's PA Practice rules in line with some of the best standards in this country. The DCCA's own experience with PAs will tell you that support of these changes is entirely warranted. The public's safety and interests will be protected at every turn.

I urge you to ppass this important legislation for the benefit of all the people of Hawaii.

Dan Domizio PA-c Emeritus

Past President of HAPA, and retired director of Clinical Services Puna Community Medical Center.

HB-935-HD-1

Submitted on: 2/11/2019 9:44:14 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Hall	Individual	Support	No

Comments:

HB-935-HD-1

Submitted on: 2/11/2019 9:49:45 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
brian panganiban	Individual	Support	No

Comments:

I strongly support HB 935.

HB-935-HD-1

Submitted on: 2/11/2019 9:52:36 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Lindsay Forester	Individual	Support	No

Comments:

HB-935-HD-1

Submitted on: 2/11/2019 11:58:59 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
David H Messer III, PA-C	Individual	Support	No

Comments:

HB-935-HD-1

Submitted on: 2/12/2019 8:08:45 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dan Morris	Individual	Support	No

Comments:

Hello,

I am a PA at The Queen's Medical Center, Punchbowl campus.

I strongly support HB935, this bill will modernize physician assistant practice laws.

Thanks for your time and support!

Dan Morris

HB-935-HD-1

Submitted on: 2/12/2019 8:10:44 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
marc	Individual	Support	No

Comments:

Hello,

I would like to state my support for HB935 as it relates to Physician assistants in Hawaii. It would strengthen our relationship with our supervising Physicians and help bring us up to date with the national guidelines. We are not seeking independent status. This bill would benefit the people of Hawaii and continue to strengthen healthcare system in our state, especially with our Physician shortage.

Thank you very much,

Marc Morifuji, PA-C

HB-935-HD-1

Submitted on: 2/12/2019 8:24:29 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alissa H	Individual	Support	No

Comments:

My name is Alissa Hino, I am a physician assistant at Hawaii Permanente Medical group in Family Practice in Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

HB-935-HD-1

Submitted on: 2/12/2019 1:53:36 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Gary Duncan	Individual	Support	No

Comments:

I have been a practicing PA-C for 23 years. I have worked in Hawaii emergency room for the past 4 years. It is my opinion that PAs are not being utilized to their full capacity here in Hawaii. It seems the rules and regulations are about 10 - 15 years behind the mainland legislation. Please consider this bill and begin to bring the much needed PA practice up to date. Thank you.

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: __Nicole Dusenbury__ PA-C
__Hawaii Permanente Medical Group_ Clinic/Hospital

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is __Nicole Dusenbury__ I am a physician assistant at __Kaiser Permanente__ in __Wailuku__ Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician that

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– A few studies that provide support to the safe, effective, high-quality care that PAs provide.

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

<http://annals.org/aim/article-abstract/2716077/intermediate-diabetes-outcomes-patients-managed-physicians-nurse-practitioners-physician-assistants>

2. Rymer, J.A., et al. (2018). Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *Journal of the American Heart Association*, 7(17): e008481.

For patients recovering from acute myocardial infarction, there was no difference in medication adherence, readmission, mortality, or major adverse cardiovascular events for patients seen by PAs and NPs and those seen by physicians. The authors also note that the prevalence of PAs and NPs providing follow-up for MI appeared to be less in certain regions (e.g., the southeast) due to licensure, supervision/collaboration, and scope of practice-related restrictions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

3. Yang, Y., Long, Q., et. al (2017). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. *The American Journal of Medicine*.

The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Cristen RK Aona PA-C
Kaiser Moanalua Hospital

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Cristen RK Aona, I am a physician assistant at Kaiser Moanalua Hospital on Oahu and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

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Thank you for the opportunity to testify in support of HB935.

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[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Charina Toilolo PA-C
Kaiser Permanente Family Medicine Department

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Charina Toilolo. I am a physician assistant at Kaiser Permanente in Honolulu, Hawai'i and I strongly support HB935. I believe that this bill will modernize physician assistant practice laws.

Physician Assistants (PAs) are highly trained and skilled medical providers that provide safe, high-quality, and affordable healthcare. PAs work collaboratively with a physician in many medical specialties and settings throughout the United States. However, it is difficult to be or to properly utilize a PA in Hawai'i due to antiquated restrictions. I strongly believe that PAs can help to care for Hawai'i residents impacted by the state physician shortage.

Hawai'i currently has a physician shortage of approximately 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. Around 17.8% of residents in Hawai'i are 65 years old and older and their healthcare needs will only increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand. Working in Primary Care for 7 years now, I see this need first hand.

PAs do not have their own statute in Hawai'i. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option to the state and national physician shortage.

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. I truly believe that we are partners to our physician colleagues and appreciate all the support from our fellow healthcare providers. The bill will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than at a state level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care making health care more available. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

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[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

HB-935-HD-1

Submitted on: 2/11/2019 10:15:13 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Tracey Brebner	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: Tracey Brebner___ PA-C

___ Clinic/Hospital

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is _Tracey Brebner___ I am a physician assistant at Queens ER__ Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare.**

- PAs work collaboratively with a physician in many medical specialties and settings.
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PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician that

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– A few studies that provide support to the safe, effective, high-quality care that PAs provide.

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

<http://annals.org/aim/article-abstract/2716077/intermediate-diabetes-outcomes-patients-managed-physicians-nurse-practitioners-physician-assistants>

1. Rymer, J.A., et al. (2018). Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *Journal of the American Heart Association*, 7(17): e008481.

For patients recovering from acute myocardial infarction, there was no difference in medication adherence, readmission, mortality, or major adverse cardiovascular events for patients seen by PAs and NPs and those seen by physicians. The authors also note that the prevalence of PAs and NPs providing follow-up for MI appeared to be less in certain regions (e.g., the southeast) due to licensure, supervision/collaboration, and scope of practice-related restrictions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

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The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

Date: February 11, 2019

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Claire L. Yoshida
Community Member / Voter

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
February 5, 2019 at 8:30 am, Conference Room 329

Position: STRONG SUPPORT

My name is Claire L. Yoshida. I am a community member, citizen and voter in the State of Hawaii. I have been the beneficiary of services from Physician Assistants and I strongly support HB935 because this bill will modernize Physician Assistant practice laws.

Even more important, it will provide people in our state better access to medical care.

I believe that Physician Assistants need to be able to practice medicine to the fullest extent of their training and experience. Empowering Physician Assistants is one of the solutions to the growing shortage of doctors in our state. Physician Assistants work with doctors to provide quality medical services to their patients. More Physician Assistants with greater latitude to practice to the fullest extent of their training and experience will increase the quality of medical services to all the people in the State of Hawaii.

I believe it is important to pass HB935 so that Physician Assistants and their doctors / medical organizations can make decisions at the local level regarding how Physician Assistants will support doctors and their medical organizations. One example of the dated law is that doctors have to review and sign all charts written by Physician Assistants. My understanding, from doctors that I have talked to, is that this is cumbersome and not necessary.

Recently, I have had two total knee replacements. The surgeon did an excellent job and she was supported by several Physician Assistants. I saw a total of four Physician Assistants prior to and after my surgeries. The Physician Assistants were very knowledgeable. The physician assistants helped me get the needed x-rays, diagnosis and appointment with the surgeon. They took the time to explain what my surgery would entail, what to expect pre-op and post-op. Having Physician Assistants assist the doctor allowed her more time to focus on doing the surgeries needed for her patients.

Physician Assistants are highly trained medical personnel that act as extensions to the doctor. I support HB 935 because it is a housekeeping bill which cleans up the language in the existing law and makes it possible for Physician Assistants to be even more effective in serving the medical needs for the people in the State of Hawaii.

We have a severe doctor shortage, especially on the neighbor islands and in rural areas on Oahu. Waits to see a doctor can be two weeks or more and by then your medical condition has worsened and you may end up in the emergency room, which is not a good use of our emergency rooms. I urge you to support this bill because it will provide better medical services for everyone in our state.

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Dennis Boyd
Member, Board of Directors, Kona Kohala Chamber of Commerce

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

February 11, 2019

Position: **STRONG SUPPORT**

Both as a member of the Board of the Kona Kohala Chamber of Commerce and as a resident of the Big Island, I strongly support HB935, which will modernize physician assistant practice laws. Improvement of access to Physician Assistants is one of the Legislative Priorities the Chamber has designated for this current session.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers who provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**,
- They successfully work collaboratively with physicians in many medical specialties and settings,
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by our physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities in utilizing PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to the point where it is now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs.

<https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs>

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care.

Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– *A few studies that provide support to the safe, effective, high-quality care that PAs provide.*

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

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For patients recovering from acute myocardial infarction, there was no difference in medication adherence, readmission, mortality, or major adverse cardiovascular events for patients seen by PAs and NPs and those seen by physicians. The authors also note that the prevalence of PAs and NPs providing follow-up for MI appeared to be less in certain regions (e.g., the southeast) due to licensure, supervision/collaboration, and scope of practice-related restrictions.

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The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

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HB-935-HD-1

Submitted on: 2/11/2019 11:59:02 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Toy	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: ___ PA-C

___ Clinic/Hospital

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Jennifer Toy_ I am a registered nurse at _Tripler Army Medical Center___ in ___ Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician that

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– *A few studies that provide support to the safe, effective, high-quality care that PAs provide.*

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

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The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

HB-935-HD-1

Submitted on: 2/11/2019 12:09:39 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Larry Alfrey	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: Larry Alfrey PA-C Emeritus. Retired from Queen's Medical Center, December 2017

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Larry Alfrey, I am a retired physician assistant from The Queen's Medical Center Trauma Department in Honolulu and I strongly support HB935. This bill will modernize physician assistant practice laws in our state.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age.

Physician Assistants (PAs) are highly trained and skilled medical providers that provide **SAFE, HIGH Quality** and **AFFORDABLE** healthcare.

Most PAs receive a graduate-level degree after an approximately 27-month intense program of study. Many PA programs are affiliated with a medical school and obtain

their education along side a medical student. The typical PA student receives more than 2,000 hours of supervised, hands-on clinical care experience before graduation, and all new PAs must take and pass an initial national certifying exam. The more than 300 PAs in Hawaii diagnose illnesses, develop and manage treatment plans and prescribe medications in every medical setting and specialty. The majority of states, as well as federal programs like Medicare and Medicaid, do not require PAs to maintain certification. However, like other non-physician occupations (including a Nurse Practitioner, Physical and Occupational Therapists, etc), they earn required CMEs (continuing medical education) to keep their licenses active.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since the first PA class of 1967, the PA profession has grown and matured. The #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for physician shortages.

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to work collaboratively with a physician in many medical specialties and settings. PAs can help to care for Hawaii residents impacted by the physician shortage

with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

Sincerely,

Larry Alfrey, PA-C Emeritus. Retired from The Queen's Medical Center, December 2017

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: LeAnna S Paul PA-C
Kokua Kalihi Valley Comprehensive Family Services

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is LeAnna Paul I am a physician assistant at Kokua Kalihi Valley Comprehensive Family Services in Oahu and I strongly **support** HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules. I myself struggled to convince my current employer to hire me because of these restrictions.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician shortage that our islands struggle with.

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.



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To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Marc Albertson PA-C
Kaiser Moanalua

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Marc Albertson I am a physician assistant at Kaiser in Honolulu Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

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Thank you for the opportunity to testify in support of HB935.

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To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Scott A. Denny, MSPA, PA-C
Medical Director HIV Services
Medical Director Transgender Services
Kaiser Permanente Hawaii

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Scott Denny. I am a practicing, licensed physician assistant (PA) in Hawaii and I strongly support HB935.

I am the Medical Director for HIV Services at Kaiser Permanente in Hawaii. I am certified by the American Academy of HIV Medicine as an HIV Specialist. I am the only HIV Specialist at Kaiser Permanente Hawaii. Roughly 20% of ALL people living with HIV/AIDS in the entire state are under my direct medical care.

I am also Medical Director for Transgender Services at Kaiser Permanente. I manage the largest panel of transgender individuals in the state.

In total, roughly 1000 individuals in Hawaii are under my direct medical care as a PA. No other medical providers (MD/DO/PA/NP) within my medical group are as skilled or experienced with providing the type of complex medical care required for these populations.

As the sole medical provider for these vulnerable individuals, I am continuously challenged with Hawaii's restrictive PA scope of practice laws and administrative rules. I am unable to sign simple forms such as a bus pass application or sign disability paperwork for my patient who is dying of AIDS. My physician collaborators are burdened with reviewing 100% of my charts, even though it is I who is the expert in my specialties. It is simply counterintuitive to what the original (and antiquated) PA practice laws were designed to achieve.

HB935 will modernize PA practice laws in Hawaii and allow me to provide optimal medical for my patients.

Notably, Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, **Infectious Disease (my specialty)**, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age.

PAs are highly trained and skilled medical providers that provide quality and affordable healthcare. PAs work in many medical specialties including all of the aforementioned. However, it is challenging to practice or optimally utilize a PA in Hawaii.

As PAs, we do not have our own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current state is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs due to the State laws and administrative rules.

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Finally, since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. PAs are an affordable option for Hawaii's current physician shortage.

Thank you for the opportunity to provide testimony in support of HB935.

Sincerely,

Scott A. Denny, MSPA, AAHIVS, PA-C
Medical Director HIV Services
Medical Director Transgender Services
Kaiser Permanente Hawaii
Moanalua Medical Center
3288 Moanalua Rd.
Honolulu, HI 96819
(808) 432-7263
Scott.a.denny@kp.org

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Joseph Bracalento, PA-C

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Joseph Bracalento I am a physician assistant practicing in Trauma Surgery in Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician that

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

Joseph M. Bracalento, PA-C

HB-935-HD-1

Submitted on: 2/11/2019 7:02:55 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
BODHI M ANDERSON	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: Bodhi Anderson, PA-C (Hilo, Hawaii)

One Medical Group

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Bodhi Anderson and I am a physician assistant working remotely from Hilo, Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

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Thank you for the opportunity to testify in support of HB935.

Bodhi Anderson, PA-C

Quality and Outcomes of Care Provided by PAs

– *A few studies that provide support to the safe, effective, high-quality care that PAs provide.*

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

<http://annals.org/aim/article-abstract/2716077/intermediate-diabetes-outcomes-patients-managed-physicians-nurse-practitioners-physician-assistants>

1. Rymer, J.A., et al. (2018). Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *Journal of the American Heart Association*, 7(17): e008481.

For patients recovering from acute myocardial infarction, there was no difference in medication adherence, readmission, mortality, or major adverse cardiovascular events for patients seen by PAs and NPs and those seen by physicians. The authors also note

that the prevalence of PAs and NPs providing follow-up for MI appeared to be less in certain regions (e.g., the southeast) due to licensure, supervision/collaboration, and scope of practice-related restrictions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

1. Yang, Y., Long, Q., et. al (2017). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. *The American Journal of Medicine*.

The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

HB-935-HD-1

Submitted on: 2/11/2019 9:13:38 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Cameron Davis	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: Cameron Davis PA-C

Minit Medical Urgent Care

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Cameron Davis. I am a physician assistant in Maui I strongly support HB935, this bill will modernize physician assistant practice laws.

My life training and goal is in pursuit of providing the best possible care to the residents and visitors of Hawai'i. One of the largest barriers to this is our current state practice laws. Having practiced in another state, I can honestly say that Hawaii has very unnecessarily narrow laws preventing the full use of PAs.

We undergo 2 years of post-graduate medical school training followed by 12-16 months of clinical rotations to work in collaboration with physicians and surgeons. Our training is at least or more rigorous than that of nurse practitioner model. We do not claim to be superior to the nurse practitioner but yet we have far more restrictive practice laws than do NPs for no reason other than the legislative stakehold of the nursing organization.

I request that full consideration be given to HB935 as a way to expand medical care to all residents of Hawai'i and provide better short and long-term outcomes.

Mahalo,

Cameron Davis, PA-C

HB-935-HD-1

Submitted on: 2/12/2019 9:51:28 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Johnson	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: Joshua R. Johnson, PA-C

Ali'i Health Center

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Joshua Johnson I am a physician assistant at Ali'i Health Center in Kailua-Kona Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- PAs work collaboratively with a physician in many medical specialties and settings.
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PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

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Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

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This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

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The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

HB-935-HD-1

Submitted on: 2/12/2019 10:52:00 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Achay	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: Patricia Achay, PA-C, MSPA

Dr Monica Scheel Dermatology

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Patricia Achay I am a physician assistant at Dr. Monica Scheel Dermatology in Kona, Hawaii. I strongly support HB935, this bill will modernize physician assistant practice laws and improve healthcare access to the citizens of Hawaii.

HB-935-HD-1

Submitted on: 2/12/2019 1:05:04 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dorothy T Maurice	HAPA	Support	No

Comments:

To: â€‹Chair Roy M. Takumi

â€‹Vice Chair Linda Ichiyama

â€‹Members of the Committee on Consumer Protection and Commerce

From:â€‹ Dorothy Maurice, PA-C

â€‹_Kaiser_ Clinic/Hospital

Re:â€‹HB935, Relating to Health, PHYSICIAN ASSISTANTS

â€‹Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Dorothy Maurice I am a physician assistant at _Kaiser___ in ___
Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

- Physician Assistants (PAs) are highly trained and skilled medical providers that provide SAFE, HIGH-QUALITY, and AFFORDABLE healthcare.
- PAs work collaboratively with a physician in many medical specialties and settings.
- However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician that

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Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– A few studies that provide support to the safe, effective, high-quality care that PAs provide.

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

<http://annals.org/aim/article-abstract/2716077/intermediate-diabetes-outcomes-patients-managed-physicians-nurse-practitioners-physician-assistants>

2. Rymer, J.A., et al. (2018). Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *Journal of the American Heart Association*, 7(17): e008481.

For patients recovering from acute myocardial infarction, there was no difference in medication adherence, readmission, mortality, or major adverse cardiovascular events for patients seen by PAs and NPs and those seen by physicians. The authors also note that the prevalence of PAs and NPs providing follow-up for MI appeared to be less in certain regions (e.g., the southeast) due to licensure, supervision/collaboration, and scope of practice-related restrictions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

3. Yang, Y., Long, Q., et. al (2017). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. The American Journal of Medicine.

The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

HB-935-HD-1

Submitted on: 2/12/2019 1:36:15 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Christopher Palacios	Individual	Support	No

Comments:

To: Chair John M. Mizuno

Vice Chair Bertrand Kobayashi

Member of the Committee on Health

Chair Takashi Ohno

Vice Chair Dale T. Kobayashi

Members of the Committee on Intrastate Commerce

From: Christopher Palacios, PA-C

Aloha Kona Urgent Care

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

February 5, 2019 at 8:30 am, Conference Room 329

Position: STRONG SUPPORT

My name is Christopher Palacios. I am a physician assistant at Aloha Kona Urgent Care in Kailua-Kona, HI and I strongly support HB935, this bill will modernize physician assistant practice laws.

As clinicians who evaluate, diagnose and treat patients, physician assistants play a vital role in medical field today. We are instrumental in granting healthcare access to areas in short supply of medical providers, such as Hawaii. Unfortunately, our state has some of the most ancient PA laws in the nation. It is time to do the residents and medical professionalsof Hawaii a service by updating these laws to national standards. Supporting HB935 is a step in the right direction.

Thank you for the opportunity to testify in support of HB935.

HB-935-HD-1

Submitted on: 2/12/2019 1:48:27 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Palm	Individual	Support	No

Comments:

To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: Sarah A Palm PA-C

General Surgery Department, Kaiser Permanente Hawaii

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Sarah A Palm and I am a physician assistant at Kaiser Permanente in Honolulu, Hawaii and I strongly support HB935. This bill will modernize physician assistant practice laws.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
- 1. work collaboratively with physicians in many medical specialties and settings.
- However, it is difficult to work as a PA or for organizations and individuals to employ a PA in Hawaii due to antiquated restrictions.
- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can and do work in all of these specialties and help to extend the services of specialists who are in high demand.

Unlike other states, PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to State laws and burdensome administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds. It is now the #3 job overall in the US and #1 job in Healthcare according to 2019 U.S. News' 100 Best Jobs.

<https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option to provide care to Hawaii's aging population in the midst of a worsening physician shortage.

HB935 modernizes HRS 453 to clarify the scope and practice of PAs in Hawaii to more closely match the national standard. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistants and physicians to be determined at the practice level with a practice agreement rather than a "one-size-fits-all" model at the State level. This will relieve some of the administrative burden and allow

further utilization of PAs to increase access to care for patients. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships with physicians and tailor that strong team approach at the practice level to best care for patients.

Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– *A few studies that provide support to the safe, effective, high-quality care that PAs provide.*

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[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

HB-935-HD-1

Submitted on: 2/13/2019 1:28:54 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Bergquist	Drug Policy Forum of Hawaii	Support	Yes

Comments:

The Drug Policy Forum of Hawai'i supports this measure that will allow physician's assistants to certify patients for the use of medical cannabis under state law. According to the Department of Health, only 153 physicians and advance practice registered nurses (APRNs) have certified one or more patients for the use of medical cannabis. An additional 79 are registered with DOH to do so.

With a growing patient base of nearly 25,000 in-state patients, this measure will help broaden access to health care professionals who can perform the necessary certification for even more community members suffering today. It will also help out of state visitors who decide that they want to visit a dispensary during their trips to Hawai'i.

HB-935-HD-1

Submitted on: 2/12/2019 4:17:24 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Alyssa Galusha-Sagocio	Individual	Support	No

Comments:

My name is Alyssa Galusha-Sagocio and I am a Physician Assistant in Emergency Medicine in Honolulu. I strongly support HB935 HD1 and only hope it will allow better access to quality care for all people in our community.

HB-935-HD-1

Submitted on: 2/13/2019 10:46:34 AM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
denis	Individual	Support	No

Comments:

I am testifying in support of HB 935. As a Physician Assistant, practicing in Hawaii for nearly 28 years, I have experienced the antiquated rules, regulations regarding PA practices. The PA profession is nearly 52 years old, having contributed to the healthcare field in countless ways. Hawaii's state law governing PA's have not evolved and accurately reflected the current needs, skills, advancement of technology, knowledge, innovation in caring for Hawaii's patient population. It's obvious there is a health care provider shortage, PA's are greatly utilized throughout state and will continue to do so. Allowing HB 935 to pass would logically improve the care, delivery, and sustainable services that PA's provide to Hawaii's patient needs. PA's continue to work with Physicians in providing collaborative medical care for patients.

Please support the efforts to align Hawaii state laws with other states whom have adapted to the current health care climate, meeting the needs of Hawaii's people. PA's have proven their value as part of healthcare team and will continue with your support.

Mahalo,

Denis S. Yamada PA-C.

To: Chair Roy M. Takumi
Vice Chair Linda Ichiyama
Members of the Committee on Consumer Protection and Commerce

From: Rachel Withers, PA-C
Kasier Oncology Clinic
Wailuku, HI

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS
Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is Rachel Withers and I am a physician assistant in Oncology at Kaiser Permanente in Maui, Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

I have been previously employed as a PA in oncology in Massachusetts and Washington state. I have found that the current Hawaii restrictions on PAs have limited my ability to provide the best care possible for oncology patients. This is unacceptable as it is my duty to optimize wellness and reduce suffering for this community and patient population.

- **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
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- PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii's residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician that

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient's condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State

level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

Quality and Outcomes of Care Provided by PAs

– *A few studies that provide support to the safe, effective, high-quality care that PAs provide.*

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

<http://annals.org/aim/article-abstract/2716077/intermediate-diabetes-outcomes-patients-managed-physicians-nurse-practitioners-physician-assistants>

2. Rymer, J.A., et al. (2018). Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *Journal of the American Heart Association*, 7(17): e008481.

For patients recovering from acute myocardial infarction, there was no difference in medication adherence, readmission, mortality, or major adverse cardiovascular events for patients seen by PAs and NPs and those seen by physicians. The authors also note that the prevalence of PAs and NPs providing follow-up for MI appeared to be less in certain regions (e.g., the southeast) due to licensure, supervision/collaboration, and scope of practice-related restrictions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

3. Yang, Y., Long, Q., et. al (2017). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. *The American Journal of Medicine*.

The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

[http://www.amjmed.com/article/S0002-9343\(17\)30904-X/fulltext](http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext)

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Submitted on: 2/13/2019 2:32:48 PM

Testimony for CPC on 2/13/2019 2:00:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Robin V. Pacson	Individual	Support	No

Comments: