

Testimony of the Hawaii Medical Board

**Before the
House Committee on Health
and
House Committee on Intrastate Commerce
Tuesday, March 12, 2019
8:30 a.m.
State Capitol, Conference Room 329**

**On the following measure:
S.B. 1406, S.D. 1, RELATING TO HEALTH**

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

My name is Ahlani K. Quogue, and I am the Executive Officer of the Hawaii Medical Board (Board). The Board supports this bill.

The purposes of this bill are to: (1) establish medical records review for physician assistants; (2) establish biennial requirements of forty credit hours in specified continuing medical education (CME) programs for renewal of physician assistant licenses, beginning with the renewal for the licensing biennium on February 1, 2020, and every biennial renewal thereafter; (3) authorize the Board to conduct random document audits to enforce compliance with the CME requirement; and (4) specify conditions for forfeiture and reinstatement of a license.

The Board supports this bill as it: (1) streamlines the Board's requirements for medical records review for physician assistants; and (2) brings the license renewal requirements of physician assistants to parity with physicians licensed in the State.

For the Committees' information, the Board's administrative rules require that the supervising physician personally review the records of each patient seen by the physician assistant within seven working days. Recognizing that this requirement is overly burdensome for both the supervising physician and physician assistant, the Board has begun the process of amending its administrative rules to reflect the language in S.D. 1. However, the Board recognizes that this bill would accomplish the same thing in what may be a shorter period of time.

S.D. 1 also addresses the renewal process for physician assistants. The Board acknowledges that the trend among regulatory boards that license physician assistants is changing and would like to maintain that trend. For the Committee's information:

- 20 states require physician assistants to obtain only continuing education for renewal;
- 15 states require physician assistants to obtain only National Commission on Certification of Physician Assistants (NCCPA) certification for renewal;
- Seven states require physician assistants to obtain either CME or NCCPA certification for renewal; and
- Four states require physician assistants to obtain both CME and NCCPA certification for renewal if the physician assistant prescribes controlled substances.

Given this information, the Board recognizes the important role physician assistants have in healthcare and believes that this bill is a step in the right direction.

Thank you for the opportunity to testify on this bill.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Health
The Honorable John H. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair

House Committee on Intrastate Commerce
The Honorable Takashi Ohno, Chair
The Honorable Dale T. Kobayashi, Vice Chair

March 12, 2019
8:30 a.m.
Conference Room 329

Re: SB1406, SD1, Relating to Health

Chair Mizuno, Chair Ohno and members of the joint Committees, thank you for this opportunity to provide testimony on SB 1406, which allows greater flexibility in physician assistants' scope of their practice by establishing a streamlined process for medical records review for physician assistants, and establishes biennial continuing education requirements for renewal of physician assistant licenses.

Kaiser Permanente Hawai'i offers the following testimony in SUPPORT of SB1406, SD1:

Kaiser Permanente Hawai'i believes that physicians assistants should be permitted to practice at the top of their training, education and experience. Kaiser Permanente Hawai'i appreciates 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 support this measure and believe the amendments in the SD1 version of the bill are great first steps towards modernizing physician assistants' scope of practice.

While these amendments reflect a narrower scope than the original bill, we believe that streamlining the supervision process between physicians and physician assistants is one of the areas that is in more urgent need of reform. Hawai'i law currently requires physicians to review 100% of physician assistants' charts (one of the most restrictive standards in the country), which creates a significant administrative burden on physicians in the health care system. Amending this process so that chart review occurs more appropriately by the supervising physician or group of physicians is consistent with physician assistants' training and education, and a positive first step to modernizing their scope of practice. It also responds to the needs of the overall healthcare system and will increase the overall efficiency and delivery of healthcare.

In addition, allowing physician assistants to renew their licenses by meeting continuing education requirements will align Hawaii's licensing standard for physician assistants in the majority of states, and will encourage the growth of the physician assistant profession.

We believe that increasing utilization of physician assistants is ultimately 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.

Thank you for the opportunity to testify on this matter.

Fielding Mercer, PA-C

Past president and legislative liaison – Hawaii Academy of Physician Assistants – 2008-2016

COMMITTEE ON HEALTH

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON INTRASTATE COMMERCE

Rep. Takashi Ohno, Chair

Rep. Dale T. Kobayashi, Vice Chair

DATE: Tuesday, March 12, 2019

TIME: 8:30 am

PLACE: Conference Room 329

State Capitol

415 South Beretania Street

Honorable committee chairs and members:

RE: SB1406 SD1

Testimony in strong opposition

Please defer this bill.

One of the primary issues facing PAs in Hawaii is a competitive disadvantage in being hired into the healthcare workforce due to over restrictive administrative regulation.

Pertinent to this particular bill is the proposed tiered record review process which adds a co-signature requirement, which has never before been required in the state of Hawaii.

The tiered system was first proposed by HMB in 2012 and was opposed by HAPA.

The current requirement for review of medical records is addressed in HAR Title 16 Chapter 85 and is as follows: §16-85-49 (5) Personally review the records of each patient seen by the physician assistant within seven working days;

There is nothing in the HAR requiring co-signature. These rules have been in place for over 30 years and there has been no adverse outcome to the public.

The training level of PAs and APRNs is often stated to be comparable as is scope of practice. Certain legislators will argue that the APRN scope of practice is greater, but that is only because in 2009 legislators sympathetic to nurses including Representative Marilyn Lee, R.N. and Senator Rosalyn Baker helped to grant liberal increases in scope of practice through legislation, without requiring additional training. This allowed APRN's independent practice in the state of Hawaii and regulation under the Hawaii State Board of Nursing. Representative Lee was 2009 Legislator of the Year - recognized by the Hawaii Association of Professional Nurses for support of the nursing profession, after passage of that legislation in 2009. Prior to passage of that legislation, PAs had a broader scope of practice than APRN's with regard to prescriptive practice, with the remainder of scope of practice being similar.

Now, when a physician, group of physicians, or hospital considers hiring an "Advanced Practice Provider" which includes both PAs and APRNs, the choice is often an APRN because of the lack of oversight restrictions and assumption of liability. PAs are being disadvantaged in being hired in the healthcare workforce because of these administrative restrictions.

SB 1406 SD1 would further widen this divide by adding the proposed co-signature and continuing record review restrictions. Why does Senate CPH, JDC and the HMB seek to place these restrictions on PAs when there is no evidence to show that they are necessary and when APRNs are not restricted in a similar manner.

30 states have no co-signature requirements for PAs and the trend is to continue to remove co-signature requirements. The best solution is to allow supervising physicians or physician groups to determine the need for record review at the practice level, where physicians are familiar with the PAs training and level of expertise. PAs consult with their supervising physicians appropriately when the complexity of the case requires it.

The original purpose of HB 935 and companion bill SB 1406 was to remove or reduce these administrative restrictions to allow for a more competitive hiring of PAs and increased access to medical care for patients. The current version of the bill, SB 1406 SD1 is so far removed from the original version and intent of the bill that it should be deferred so that further restrictive practice requirements are not placed on PAs in Hawaii. The requirement to have 100% of charts reviewed, and now cosigned, for tier 1 providers is unwarranted. The proposed bill, if enacted, will place a PA with 30 years of experience into a tier 1 status if he/she begins working in a new practice and requires that 100% of charts be reviewed and co-signed. Why would a PA with decades of experience be placed in a tier 1 category? It doesn't make sense. This is a significant disadvantage for PAs as opposed to APRNs and is discriminatory against PAs.

Additionally, to suggest that 100% of the charts for routine visits for acute URIs, UTIs, physicals, etc. need to be reviewed doesn't make sense either. Ultimately, the record review requirement needs to be revisited and revised. Physicians do not want this level of restrictive practice placed upon them or PAs. The proposed bill does not serve the best interests of PAs, supervising physicians, or patients.

SB 1406 SD1 in its current form should not be allowed to pass and should be deferred.

It will disadvantage both physicians and PAs if allowed to pass.

Our suggestion, which is supported by many PAs in the community, is to recommend that this bill be deferred so that we can address these issues in a more comprehensive and collaborative effort over the coming year. If the bill is deferred, then current rules and law will continue and there will be no detriment or increased risk to the public. There is nothing to suggest that a co-signature requirement should be required. There have been no RICOH complaints, no malpractice cases or an indication of risk to the public.

The other portion of the bill pertaining to maintenance of certification is, at this point irrelevant for this year, as all PAs practicing in Hawaii maintain NCCPA board certification.

It is true that maintenance of board certification should not be required for licensure, but this portion of the bill could also be addressed in the coming year so that all stake holders can be involved in the discussion.

We hope that the committees, after serious consideration of the issues mentioned, will find that the best solution is to defer this bill.

Fielding Mercer, PA-C

Past president and legislative liaison – Hawaii Academy of Physician Assistants – 2008-2016

SB-1406-SD-1

Submitted on: 3/10/2019 10:24:11 PM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Santo Di Martino	Individual	Support	Yes

Comments:

Dear Committee members,

I am a Physician Assistant of 41 years and I stongly support SB1406 SD1.However,I do seek amendmets to this bill.

Many years have passed since the introduction of our young profession.We are now in need of an update .However,453.3.3,section 6r-85-49 Degree of supervision (5) personally review the records of each patient seen by the physician assistant within 7 working days,needs to be be rewored to read reviewed and NOT sign.

Physician Assistants are accustomed to medical record rewview.They have developed a solid bond and trust with their physician employer. They collaborate and consult with the supervising physician or physicians to provide the highest standard of medical care in the community.

I would like to emphaize that Physician Assistants who come to Hawaii have completed their training when seeking employment .They have been in clinical practice prior to coming to Hawaii.Signature on the medical records is unnecessary,burdensome and time consuming ,an extra task for the physian supervisor.Review of medical records generated by physician assistants ,"yes", signature of medical records ,"no."

Leave the 40 credits for physician assistant license renewal.The physician assitant will at least be able to renew their license without repetitious recertification.

Thank you committee members

Santo Di Martino PA-C

SB-1406-SD-1

Submitted on: 3/10/2019 10:51:35 PM

Testimony for HLT on 3/12/2019 8:30:00 AM

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

Comments:

I support the passing of SB1406 as it would make the healthcare process more efficient, in specific, through the dismissal of the physician assistant's duties regarding charting and the handling thereof.

The Bureau of Labor Statistics states that as of May 2017, the State of Hawaii has about 410 nurse practitioners and 330 employed physician assistants, marking the latter as underrepresented. Though the effort to pass bills similar in nature has been made in the past year, it is a hope of the people that our pleads for more efficient healthcare are heard. Mahalo nui loa.

SB-1406-SD-1

Submitted on: 3/11/2019 4:44:17 AM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
dawn duff	Individual	Oppose	No

Comments:

I am a Physician assistant and I oppose this bill

SB-1406-SD-1

Submitted on: 3/10/2019 10:05:24 PM

Testimony for HLT on 3/12/2019 8:30:00 AM

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

Comments:

i am a practicing physician's assistant. while i supported the bill up until this draft, i now oppose it, as i oppose the requiring of a co-sign by the supervising physician. it puts an additional burden on the practice and partnership.

SB-1406-SD-1

Submitted on: 3/11/2019 7:33:53 AM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rhonda perry	Individual	Oppose	No

Comments:

Cosignature requirement in this version is unnecessarily complex and appears unenforceable. Who would monitor for compliance? And to what purpose?

To create administrative burdens on medical practice that is both unenforceable and unnecessary seems the very definition of wasteful legislation; the fact that this burden singles out the physician assistant profession at a time when parity within the non physician providers is being sought further illustrates the point.

SB-1406-SD-1

Submitted on: 3/11/2019 7:50:36 AM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Katahara	Individual	Oppose	No

Comments:

I am a PA, and this bill is harmful to my profession. If passed, it will place restrictions on PA practice by imposing co-signature requirements which do not exist today. Please remove further restrictive language from bill. Passing this will further limit quality healthcare access in Hawaii.



Tuesday, March 12, 2019 at 8:30 AM
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

House Committee on Intrastate Commerce

Representative Takashi Ohno, Chair
Representative Dale Kobayashi, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of SB 1406, SD1
Relating to Health**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at 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 SB 1406, SD1 which establishes medical records review for physician assistants together with requirements for the renewal of their licenses.

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 and relies upon physician assistants to work in collaboration with our physicians. 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. Utilization of physician assistants provides a viable option to managing both the growing physician

shortage and the growing medical demands of the State's population. Thus, they offer an effective and efficient method of delivering healthcare to our community.

The original intent of SB 1406 was to remove barriers for physicians to work most effectively with PA's by modernizing the current statute regulating PA practice. Under current statute, physician assistants are required to practice "under the *supervision* of a physician". The "under the supervision" requirement does not reflect the manner in which physician assistants are actually being utilized within a team-based model of practice making modernization timely. We believe this measure is an important step in that process.

We also look forward to the Hawai'i Association of Physician Assistants' (HAPA) and the Hawai'i Medical Board's joint effort in developing statutory language that will enable physicians the flexibility to work with physician assistants in care teams that make the most sense for the care environments of our patients.

Thank you for the opportunity to testify.

To: Chair John M. Mizuno
Vice Chair Bertrand Kobayashi
Members of the Committee on Health

Chair Takashi Ohno
Vice Chair Dale T. Kobayashi
Members of the Committee on Intrastate Commerce

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



Re: SB1406 SD1, Relating to Health
March 12, 2019 at 8:30 am, Conference Room 329

Aloha and thank you for the opportunity to provide testimony on SB1406 SD1. I deeply regret not being able to testify in person and represent Hawaii PAs - I am currently en route to Capitol Hill to meet with our Hawaii Congressional leaders on physician assistant practice.

The Hawaii Academy of PAs is very much in support of improved practice laws for physician assistants overall. We find that SB1406 SD1 is an attempt to 1) improve the 100% chart review and 2) improve re-licensure requirements.

Currently, Hawaii Administrative Rules 16-85-49(a)(5) require the supervising physician to only review the records of the patients seen by the PA within 7 days. Although burdensome, no co-sign is required. The proposed amendments add a tiered system to chart review which can lessen the number of charts to be reviewed however it adds a new co-sign requirement. Also, there is concern about defining categories of PAs and the secondary affects on the profession if put into statutes.

As it pertains to co-signing, some physicians already sign medical records when they review records based on their electronic medical records systems. Other physicians and medical practices would have increased administrative burdens to achieve this requirement. Many PAs feel a new co-sign requirement is a step backwards in PA practice.

The Hawaii Academy of PAs finds that there are PAs who support and PAs who oppose the proposed amendments. HAPA thought it be most fair to survey their 103 members on how these proposed changes would affect their current practice. Please see below for details on this survey.

The HAPA executive leadership has diligently worked to build relationships with the Hawaii Medical Board, Hawaii Medical Association, Kaiser, Hawaii Pacific Health, and other key stakeholders. In addition, we are building amazing new relationships with our Hawaii State Legislators and shedding new light on the PA profession. This is an unprecedented time for PAs and we believe this is just the beginning of improved PA practice for Hawaii. We do not want to lose this momentum and energy put forth by all those invested.

The next Hawaii Medical Board meeting is 3/14/19 and we hope to fine tune the language to benefit all.

I trust in the relationships newly established and believe in our legislative process so I humbly ask that you pass this measure and kindly consider the below amendments so that we may make some incremental improvements to PA practice in Hawaii.

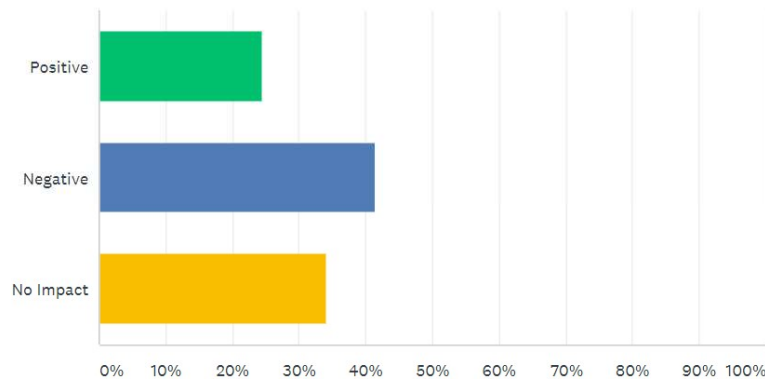
Thank you for the opportunity to testify.

- (A) When supervising a ~~category 1~~ physician assistant with less than one year of licensed practice experience, the supervising physician, osteopathic physician or group of physicians shall:
- (i) For the first six months of supervision, review ~~and sign 100~~ 50% of the medical records within seven thirty days of the patient visit; and
 - (ii) For the next six months of supervision, review ~~and sign 50~~ 15% of the medical records within ~~seven~~ thirty days of the patient visit. The Board may, on a case by case basis, require physician assistants that ~~are newly licensed in Hawaii; have new employment; or started~~ begin practice in a new practice specialty where they have less than one year of full time practice experience in the specialty to comply with the provisions of section (A) above.
- (B) ~~When supervising a Category 2 physician assistant~~ For physician assistants with more than one year of licensed practice experience, the supervising physician, osteopathic physician or group of physicians shall:
- (i) ~~Review and sign 10% of~~ Establish a process for the regular review of a sample of ~~the~~ medical records of patients seen by the physician assistant ~~within thirty days of the patient visit; or~~
 - (ii) For at least thirty minutes each month, perform an audit and review ~~and sign~~ medical records.
-

HAPA SURVEY RESULTS AND COMMENTS:

Currently, Hawaii regulations section 16-85-49(a)(5) require the physician to only review the records of the patients seen by the PA within 7 days. How would changing to a tiered records REVIEW and SIGN requirement affect your practice?

Answered: 41 Skipped: 1



ANSWER CHOICES	RESPONSES	
▼ Positive	24.39%	10
▼ Negative	41.46%	17
▼ No Impact	34.15%	14
TOTAL		41

Not sure. But why aren't we going to a no co sign statute like NP's? We are losing a lot of ground to them in Hawaii.

3/10/2019 8:30 AM [View respondent's answers](#) [Add tags](#) ▼

One year tier is too long. I agree with a tier but for a PA who has been working for years and just changes jobs or get a new supervising physician in the same job (the doc changes) that's a long year. 3 months of full charts with reduction to 50% for a total of 6 months should give the SP enough time to know how you practice Then 10% It's chart fatigue out for the physician otherwise

3/10/2019 7:27 AM [View respondent's answers](#) [Add tags](#) ▼

My supervision physician already signs all my charts

3/10/2019 7:21 AM [View respondent's answers](#) [Add tags](#) ▼

Please do away with any chart review-this is completely archaic and NOT done anywhere else in the country!!!

3/10/2019 4:49 AM [View respondent's answers](#) [Add tags](#) ▼

It would place experienced PAs into the same tier 1 category as a PA who has just graduated and require that 100% of charts be signed for 6 months. This further widens the gap between PAs and APRNs and present significant disadvantages to PAs vs APRNs who have no such oversight requirements. This negatively impacts PAs in a significant way.

3/10/2019 3:36 AM [View respondent's answers](#) [Add tags](#) ▼

We need to remove the signing from MDs so we can be competitive with NPs who don't need a review or cosign at all.

3/9/2019 9:16 PM [View respondent's answers](#) [Add tags](#) ▼

My organization's supervising physicians co-sign 100% of PA notes.

3/9/2019 11:21 AM [View respondent's answers](#) [Add tags](#) ▼

Pretty much everything PAs document at Queen's needs to co-signed at present anyway, hospital rules I believe.

3/9/2019 9:13 AM [View respondent's answers](#) [Add tags](#) ▼

Doc would have to print the records in order to sign them. That would easily be 100 records a week - maybe 3-4 pages each patient record. We're talking 300-400 pages a week. 1500/month!! Seems like such a waste for doc to just check a box the state requires and not because there is concern for the way I practice. We already have regular communications throughout the day. This is ridiculous.

3/11/2019 6:10 PM [View respondent's answers](#) [Add tags](#) ▼

EPIC has a built in required MD cosig for every entry

3/11/2019 4:29 AM [View respondent's answers](#) [Add tags](#) ▼

this seems to move the direction of PA's in the opposite direction. i suppered the bill because it seemed to give PAs more autonomy. i would strongly oppose this proposed change.

3/10/2019 7:44 PM [View respondent's answers](#) [Add tags](#) ▼

While all of my current charts are co-signed (part of our hospital's EMR), I am concerned that this may negatively impact a doctor's desire to hire PAs.

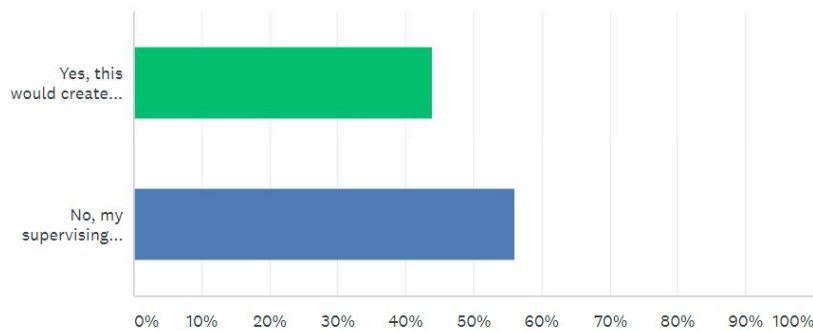
This is a ridiculous unnecessary additional burden to PA's in the state. Once again-HAWAII moves to the dark ages of medicine.

3/9/2019 3:44 AM

[View respondent's answers](#) [Add tags](#) ▼

Some practices and certain Electronic Medical Records platforms do not easily accommodate co-signature of charts and others can do so easily. Would your practice's EMR have additional burdens to meet co-sign requirements? (i.e. printing patient charts to be physically signed and then uploaded into EMR)

Answered: 41 Skipped: 1



ANSWER CHOICES	RESPONSES
▼ Yes, this would create additional burden.	43.90% 18
▼ No, my supervising physician already signs charts after review.	56.10% 23
TOTAL	41

my supervising physician already has too many co-signs to sign that are hospital mandated- this state mandated law would just increase the amount of things he has to sign

3/10/2019 7:44 PM

[View respondent's answers](#) [Add tags](#) ▼

Co-signing in our system would delay approval of lab, radiology and pharmacy orders

3/10/2019 10:58 AM

[View respondent's answers](#) [Add tags](#) ▼

Worrisome that it will create a barrier to hiring PAs in situations where it would be a burden not par with Nurse Practitioner

3/10/2019 8:46 AM

[View respondent's answers](#) [Add tags](#) ▼

Epic can only to 100% or none

3/10/2019 7:27 AM

[View respondent's answers](#) [Add tags](#) ▼

KILL this statutory change and remove it from any attempt to further regulate PA practice! It's 2019, when will HAWAII wake up?

3/10/2019 4:49 AM

[View respondent's answers](#) [Add tags](#) ▼

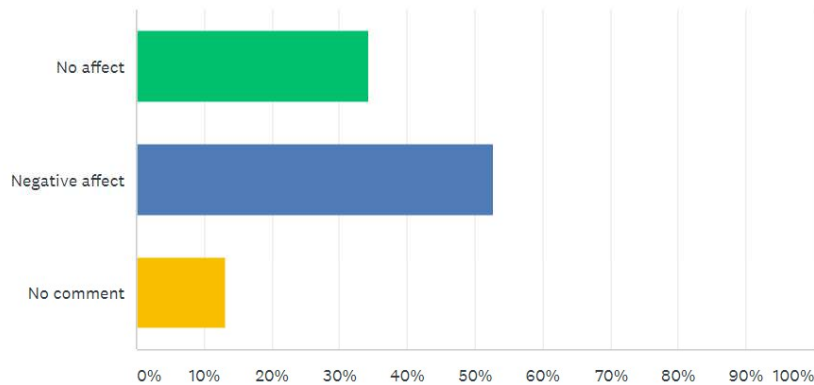
Why must Hawaii be so archaic in it's regulatory burden-other states don't practice this way????

3/9/2019 3:44 AM

[View respondent's answers](#) [Add tags](#) ▼

How would having specific categories of PAs affect you and/or the PA profession?

Answered: 38 Skipped: 4



ANSWER CHOICES	RESPONSES
▼ No affect	34.21% 13
▼ Negative affect	52.63% 20
▼ No comment	13.16% 5
TOTAL	38

Do other medical professions have different levels or categories? Seems a bit harsh. I'm not sure I understand why we need this.

3/11/2019 6:10 PM

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Unreasonable administrative burden with no apparent benefit attached to this onerous and confusing requirement. Unenforceable and compliance would remain unknown. Unequitable treatment of PAs within the advanced practice workforce creating barrier to job markets

3/11/2019 9:48 AM

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Although my current hospital already requires a co-signature for every chart, this would not have a significant impact on current operations BUT, making co-signature required, it creates yet another disadvantage when comparing us to other advanced practice providers who do not require co-signatures.

3/11/2019 4:29 AM

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I feel this may pigeon-hole the well-trained and flexible PA, who is easily adaptable to new specialties. At this point, any laws about PAs should be facilitating ease of integration to encourage doctor's to hire us. We are in dire need to more mid-level providers on Hawaii island and, honestly, the lack of primary care and specialist providers seems to be reaching an emergency level of concern.

3/10/2019 12:02 PM

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I'm unclear as to how this would be beneficial to the profession.

3/10/2019 9:25 AM

[View respondent's answers](#) [Add tags](#) ▼

It will make Doctors and medical facilities more inclined to want to hire NPs who don't have the strict co-signing requirements. This will be very detrimental to new PAs to the state and likely decrease job opportunities in Hawaii. This is opposite what the original bill was hoping to achieve in Hawaii.

3/10/2019 9:24 AM

[View respondent's answers](#) [Add tags](#) ▼

Adds a barrier to hiring when applying for job that could be given to Nurse Practitioner

Not sure. I'm not new. So probably not much would change.

3/10/2019 8:30 AM

[View respondent's answers](#) [Add tags](#) ▼

Unsure that you mean

3/10/2019 7:27 AM

[View respondent's answers](#) [Add tags](#) ▼

Positively. There should be a different level of chart review required for experienced vs new PAs without a doubt. Just the same as there is chart review of resident MD/DOs in their training. More experienced PAs and their supervising MD/DOs should not be burdened with having to review 100% of charts.

3/10/2019 6:58 AM

[View respondent's answers](#) [Add tags](#) ▼

These kinds of laws are made by people who have never worked with PA's or employed them. STOP the regulation!!!!

3/10/2019 4:49 AM

[View respondent's answers](#) [Add tags](#) ▼

The Hawaii Medical Board has no way of monitoring this. The requirement would place an additional administrative burden on the practice trying to keep track of which PAs falls into which category. When faced with a choice between hiring a PA or APRN, the APRN will be chosen every time due to less administrative restrictions.

3/10/2019 3:36 AM

[View respondent's answers](#) [Add tags](#) ▼

More confusing and still not competitive with NPs who don't have to hassle with it.

3/9/2019 9:16 PM

[View respondent's answers](#) [Add tags](#) ▼

I think it would benefit experienced PAs and their supervisors however would dampen the flexibility of switching specialties which limits PAs abilities to fill needs in the marketplace. Employers will be less likely to contract new hires from different specialties. I think overall it's a positive step lessening oversight requirements for experienced PAs. However the National standard of allowing individual organizations to determine chart review requirements is still the most ideal legislation for PAs and their supervising physicians. This allows PAs to be treated according to their ability and experience.

3/9/2019 11:21 AM

[View respondent's answers](#) [Add tags](#) ▼

STOP and KILL these amendments. These kinds of amendments only continue to hurt PA practice!!

3/9/2019 3:44 AM

[View respondent's answers](#) [Add tags](#) ▼

LATE

SB-1406-SD-1

Submitted on: 3/11/2019 9:20:21 PM

Testimony for HLT on 3/12/2019 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rebecca McGee	Individual	Oppose	No

Comments:

I am in favor of revision of current restrictions on my practice, however the proposed changes will not benefit me, my collaborative physicians, or my healthcare team at Straub ER.

After practicing and a board certified PA-C in Oregon, where scope of practice is broader and more collaborative, based on proven skill set and collaboration (trust) I would like to see that model adopted here. It has been proved to be effective and improves quality of care.

Team based healthcare is the 'new norm'. Current PA supervisory laws in this state are over-restrictive, and unnecessary. As team members, who are board certified, hold a DEA number, and take responsibility for the care that is provided, 'over supervising' over co-signing' is not necessary and is burdensome. It's also insulting. Restrictions should be lightened and brought up to national standards. The current proposal DOES NOT improve the process, but makes it MORE burdensome.

I speak on behalf of my ER physicians who trust me, my judgement, scope of practice and experience, the laws must reflect collaboration (ie shared and trusted responsibility) not a 'puppet master' and hovering mentality.

As the proposal stands, the healthcare shortage is being further compromised as the standard is overly and unnecessarily burdensome with exhaustive requirements for 'over-supervision'

In my past experience, once scope of practice and relationship/responsibilities are established, a 10 % chart review and co-signature is suffice and meets national standards.

I was shocked to learn that a supervising physician's name was required for the scripts that I write at my current practice. This is not a national standard.

Thank you for reading my testimony. I am unable to be present as I will be working a 10 hour shift in the ER. I am a valuable member of my ER team, and my absence to testify would compromise patient care and leave the ER understaffed.

Sincerely,

Rebecca McGee MS, PA-C

Straub ER

808-522-3781

LATE

Tuesday, March 12, 2019 at 8:30 AM
Conference Room 329

House Committee on Health

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

House Committee on Intrastate Commerce

Representative Takashi Ohno, Chair
Representative Dale Kobayashi, Vice Chair

From: Monte Elias, MD
Emergency Department

**Re: Testimony in Support of SB 1406, SD1
Relating to Health**

My name is Dr. Monte Elias, MD and I am an emergency medicine physician employed by Straub Medical Center (Straub). Straub is an affiliate of Hawaii Pacific Health. Founded in 1921, Straub includes a 159-bed hospital in Honolulu, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. With over 200 physicians who are leaders in their fields, Straub provides its patients with diagnoses and treatments for more than 32 different medical specialties, including bone and joint, heart, cancer, endocrinology/diabetes, family medicine, gastroenterology, geriatric medicine, internal medicine, vascular and urology.

I write in support of SB 1406, SD1 which establishes medical records review for physician assistants together with requirements for the renewal of their licenses.

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 and relies upon physician assistants to work in collaboration with our physicians. 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. They play a vital role in the operation of the emergency department. Utilization of physician assistants provides a viable option to managing both the growing physician shortage and the growing medical demands of the State's population. Thus, they offer an effective and efficient method of delivering healthcare to our community.

The original intent of SB 1406 was to remove barriers for physicians to work most effectively with PA's by modernizing the current statute regulating PA practice. Under current statute, physician assistants are required to practice "under the *supervision* of a physician". This requirement does not reflect the manner in which physician assistants are actually being utilized within a team-based model of practice making modernization timely. I believe SB 1406, SD1 represents an important first step in this process.

I also look forward to the Hawai'i Association of Physician Assistants' (HAPA) and the Hawai'i Medical Board's joint effort in developing statutory language that will enable physicians the flexibility to work with physician assistants in care teams that make the most sense for the care environments of our patients.

Thank you for the opportunity to testify.