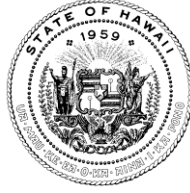


# SB 1406

Measure Title:	RELATING TO HEALTH.
Report Title:	Physician Assistants; Practice of Medicine
Description:	Clarifies the scope and practice of physician assistants in the State. Amends the Hawaii Medical Board to include two physician assistants. Expands bases to revoke or suspend a physician or surgeon's license. Makes conforming amendments.
Companion:	<a href="#">HB935</a>
Package:	None
Current Referral:	CPH/JDC
Introducer(s):	KANUHA



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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DEPUTY DIRECTOR

**Testimony of the Department of Commerce and Consumer Affairs**

**Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
and  
Senate Committee on Judiciary  
Wednesday, February 27, 2019  
9:40 a.m.  
State Capitol, Conference Room 229**

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

Chair Baker, Chair Rhoads, and Members of the Committees:

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; and (3) expand bases to revoke or suspend a physician or surgeon's license.

While the proposed definitions in this bill 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) by including "telemedicine as defined by that section." Accordingly, the Department requests that the Committee amend the definition of "telehealth" to not impact HRS title 24 or to delete that definition altogether.

Thank you for the opportunity to testify on this bill.



DAVID Y. IGE  
GOVERNOR

JOSH GREEN  
LT. GOVERNOR

**STATE OF HAWAII  
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Wednesday, February 27, 2019  
9:40 a.m.  
State Capitol, Conference Room 229**

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

Chair Baker, Chair Rhoads, and Members of the Committees:

My name is Esther 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 on section 15 of this measure.

While RICO appreciates the intent of section 15 in strengthening the enforcement of physician licensing laws, this section appears to address conduct that may not directly relate to the practice of medicine, such as subsections: (a)(17), concerning acceptance of payments from clinical or biotechnical laboratories; (a)(26), concerning the failure to furnish information legally required; and (a)(28), concerning the making or filing false reports or records.

Section 15 also contains certain vague terms, such as: "abandoning" on page 39, line 20; "immoral conduct" on page 40, line 1; "sexual contact" on page 40, line 3;

“secret method” on page 40, line 12; “exploits” on page 41, line 1; and “medical practitioner” on page 40, lines 1 and 3 and page 41, line 2.

Further consideration of the scope of section 15, as well as the type of conduct to which these vague terms are meant to apply, would benefit the public, provide licensees with adequate notice to conform their conduct to the requirements of the law, and assist with monitoring and evaluating conduct for enforcement purposes.

Thank you for the opportunity to testify on this bill.

Testimony of  
Jonathan Ching  
Government Relations Specialist

Before:

Senate Committee on Commerce, Consumer Protection, and Health  
The Honorable Rosalyn H. Baker, Chair  
The Honorable Stanley Chang, Vice-Chair

Senate Committee on Judiciary  
The Honorable Karl Rhoads, Chair  
The Honorable Glenn Wakai, Vice-Chair

February 27, 2019  
9:40 a.m.  
Conference Room 229

**Re: SB1406, Relating to Health**

Chair Baker, Chair Rhoads and members of the joint Committees, thank you for this opportunity to provide testimony on SB 1406, 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 on SB1406**

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 SB 1406 to allow greater flexibility in physician assistants' scope of their practice, but would ask for the Committees' consideration of the attached amendments which narrow the scope of this bill.**

We have engaged with other stakeholders, including the Hawai'i Academy of Physician Assistants, the Hawai'i Medical Board, and others to work on a consensus to pursue certain provisions to modernize the scope of practice for physician assistants via SB 1406.

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).

After discussions with other stakeholders, we believe that, in place of this measure, the following amendments may have more consensus first steps towards the goal of modernizing physician assistants' scope of practice: 1) streamlining the medical records review process for physician assistants, and 2) establishing continuing medical education requirements for the renewal of physician assistant licenses.

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 Hawai'i's licensing standard for physician assistants in the majority of states, and will encourage the growth of the physician assistant profession.

We believe that these first steps in looking at the increased utilization of physician assistants will ultimately 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.

Thank you for the opportunity to testify on this matter.

THE SENATE  
THIRTIETH LEGISLATURE, 2019  
STATE OF HAWAII

# S.B. NO. 1406

PROPOSED S.D. 1

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## A BILL FOR AN ACT

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

### PART I

SECTION 1. The legislature finds that Hawaii faces a critical physician shortage. According to the 2018 Annual Report on Findings from the Hawai'i Physician Workforce Assessment Report, the current physician shortage has increased from 769 in 2017 to 797 in 2018. Physician assistants, like advanced practice registered nurses, can help fill this need.

The legislature further finds that physician assistants undergo rigorous medical training. Physician assistants graduate from an accredited program and must pass a national certification exam to be licensed to practice medicine with collaboration of a licensed physician. Physician assistants work in various clinical settings, locations, and specialties. Like physicians and advanced practice registered nurses, physician assistants must also complete extensive continuing medical education throughout their careers. Studies

have shown that when physician assistants practice to the full extent of their abilities and training, hospital readmission rates and lengths of stay decrease and infection rates go down.

The legislature further finds that streamlining physician assistants' existing requirements relating to supervision by physicians is consistent with their training and education, and responds to the needs of the collaborating physician, facility, medical specialty, and patient population; thus, increasing efficiency and delivery of healthcare and lessening overall administrative burdens.

The legislature additionally finds that current requirements in the Hawaii medical board's administrative rules for the license renewal of physician assistants are overly burdensome and discourage individuals from entering the profession. Hawaii is one of a minority of states that mandate continued certification by the National Commission on Certification of Physician Assistants for the renewal of a physician assistant license. A majority of states allow physician assistants to renew their licenses by meeting continuing education requirements only. The legislature finds that aligning Hawaii's licensing standard for physician assistants with the majority of states will encourage the growth of the physician assistant profession.



Accordingly, the purpose of this Act is to: 1) streamline the medical records review process for physician assistants and 2) establish continuing medical education requirements for the renewal of physician assistant licenses.

SECTION 2. Section 453-5.3, Hawaii Revised Statutes, is amended to read as follows:

**"§453-5.3 Physician assistant; licensure**

**required.** (a) The Hawaii medical board shall require each person practicing medicine under the supervision of a physician, ~~[or]~~ osteopathic physician or group of physicians, other than a person licensed under section 453-3, to be licensed as a physician assistant. 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 and therefore does not require licensure under this section.

(b) The board shall establish medical educational and training standards with which a person applying for licensure as a physician assistant shall comply. The standards shall be at least equal to recognized national education and training standards for physician assistants.

(c) Upon satisfactory proof of compliance with the required medical educational and training standards, the board may grant state licensure to a person who has been granted

certification based upon passage of a national certifying examination and who holds a current certificate from the national certifying entity approved by the board.

(d) The board shall approve temporary licensure of an applicant under this section. The applicant shall have graduated from a board approved training program within twelve months of the date of application and never taken a national certifying examination approved by the board but otherwise meets the requirements of this section. The applicant shall file a complete application with the board and pay all required fees. If the applicant fails to apply for, or to take, the first examination scheduled by the board following the issuance of the temporary license, fails to pass the examination, or fails to receive licensure, all privileges under this section shall automatically cease upon written notification sent to the applicant by the board. A temporary license shall be issued only once to each person.

(e) Prior to practicing under temporary licensure, holders of temporary licenses shall notify the board in writing of any and all supervising physicians or osteopathic physicians under whom they will be performing services.

(f) The board shall establish the degree of supervision required by the supervising physician, ~~[or]~~ osteopathic physician or group of physicians when a physician assistant

performs a service within the practice of medicine. A physician or osteopathic physician who does not supervise a physician assistant's services at the degree required by the board shall be deemed to have engaged in professional misconduct.

(g) When reviewing the medical records of physician assistants:

(1) Each physician assistant and supervising physician, osteopathic physician or group of physicians shall establish written guidelines for the review of medical records as appropriate to the specific practice. These guidelines shall be kept in the office of the practice setting in which either the physician assistant or supervising physician, osteopathic physician or group of physician practices, and shall be made available to the Hawaii medical board and the regulated industries complaints office or their designee.

(2) The supervising physician, osteopathic physician or group of physicians shall review medical records as required in this subsection, provided that the supervising physician, osteopathic physician or group of physicians shall review all medical records that contain written orders or prescriptions for controlled substances.

(A) When supervising a category 1 physician assistant, the supervising physician, osteopathic physician or group of physicians shall:

(i) For the first six months of supervision, review and sign 100% of the medical records within seven days of the patient visit; and

(ii) For the next six months of supervision, review and sign 50% of the medical records within seven days of the patient visit.

For the purposes of this section, category 1 physician assistants are those who are newly licensed in Hawaii; have new employment; or started a new practice specialty.

(B) When supervising a Category 2 physician assistant, the supervising physician, osteopathic physician or group of physicians shall:

(i) Review and sign 10% of the medical records 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.

For the purposes of this section, category 2 physician assistants are those who have satisfactorily completed Category 1.

(3) Notwithstanding subsection (2), a supervising physician, osteopathic physician or group of physicians may require additional supervisory requirements at any time for patient safety.

(~~g~~h) Any license of a physician assistant may be denied, not renewed, revoked, limited, or suspended under section 453-8.

(~~h~~i) The board shall establish the application procedure, medical educational and training standards, examination requirement, if any, and degrees of supervision by rule.

(~~i~~j) Every person holding a license under this section shall apply for renewal with the board no later than January 31 of each even-numbered year and pay a renewal fee. Failure to apply for renewal shall constitute a forfeiture of the license that may only be restored upon written application for restoration and payment to the board of a restoration fee.

(k) Beginning with the renewal for the licensing biennium commencing February 1, 2020, and every biennial renewal thereafter, a physician assistant shall be in compliance with continuing medical education requirements by obtaining forty credit hours in:

(1) A category 1 continuing medical education program accredited by the American Medical Association;

(2) A category 1A continuing medical education program accredited by the American Osteopathic Association; or

(3) A category 1 continuing medical education program accredited by the American Academy of Physician Assistants.

(1) To determine compliance with the continuing medical education requirements under subsection (k), the board may conduct random audits of physician assistants' continuing education documentation. A physician assistant selected for audit shall be notified by the board. Within sixty days of notification, the physician assistant shall provide the board documentation to verify compliance with the continuing medical education requirements.

(m) Failure to renew, pay the renewal fee, and, in the case of audited physician assistants, provide documentation of compliance of the continuing medical education requirement under subsection (k), shall constitute a forfeiture of license, which may be restored upon the submission of written application therefor, payment to the board of a restoration fee, and, in the case of audited physician assistants, documentation of compliance of the continuing medical education requirement under subsection (k).

(~~§~~n) A license that has been forfeited for one renewal term shall be automatically terminated and cannot be restored. A new application for licensure shall be required.

SECTION 3. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 4. This Act shall take effect on July 1, 2019.

INTRODUCED BY: \_\_\_\_\_

**Report Title:**

Physician Assistants; Review of Medical Records; Continuing Medical Education; Requirements; Hawaii Medical Board; Random Audits

**Description:**

Establishes medical records review for physician assistants. Establishes biennial requirements of forty credit hours in specified continuing medical education programs for renewal of physician assistant licenses, beginning with the renewal for the licensing biennium on 2/1/2020, and every biennial renewal thereafter. Authorizes the Hawaii Medical Board to conduct random document audits to enforce compliance. Specifies conditions for forfeiture and reinstatement of a license

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*





TO: Members of the Hawaii Senate Committee on Commerce, Consumer Protection and Health and Senate Judiciary Committee  
FROM: American Academy of PAs  
DATE: February 22, 2019  
SUBJECT: Senate Bill 1406/ House Bill 935

Dear Committee Members,

I am writing on behalf of the American Academy of PAs (AAPA) to express SUPPORT for S.B. 1406 as introduced. AAPA represents the more than 131,000 PAs nationwide, as well as the more than 350 PAs who currently practice in Hawaii. PAs practice in all medical and surgical specialties, and in all 50 states, the District of Columbia, U.S. territories, and the uniformed services.

We are deeply concerned that the Hawaii House Committee on Consumer Protection and Commerce's action to indefinitely defer consideration of the companion bill, H.B. 935, may have been a reaction to testimony provided by the American Osteopathic Association (AOA) and the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS). In the event that is the case, we would like to call your attention to the significant distortions and outright falsehoods in the AOA/HAOPS testimony, as follows:

- AOA/HAOPS' claim that the Physician Assistant Education Association (PAEA) opposes AAPA's Optimal Team Practice (OTP) policy is unequivocally false. The May 8, 2017 PAEA report cited in their testimony was written in response to a draft proposal, which was subsequently modified and adopted by the AAPA House of Delegates with the explicit support of PAEA on May 21, 2017.
- Like AOA/HAOPS, AAPA and OTP policy support a "team" approach to medical care. In fact, the first tenet of OTP calls for laws and regulations that "emphasize PAs' commitment to team practice."
- AOA/HAOPS persist in their false and inflammatory claim that PAs seek to practice "independently" and inaccurately describe H.B. 935 as allowing "PAs to obtain independent practice." AAPA policy does not seek independent practice for PAs, and neither H.B. 935, nor S.B. 1406, would permit it. OTP seeks only to remove provisions in state laws that require PAs to have practice agreements in place with individual physicians in order to practice. As more physicians and PAs are practicing in groups, the requirement for PAs to have an agreement with a specific physician is increasingly difficult to manage, and puts all providers involved at risk of disciplinary action for administrative infractions that are unrelated to patient care or outcomes. Both H.B. 935 and S.B. 1406 address this issue by allowing PAs to have a single collaboration plan (covering multiple physicians) on file with the medical facility that employs them or with the Hawaii Medical Board.
- Contrary to what AOA/HAOPS may "believe" about PAs, the Federal government (including the U.S. House of Representatives and U.S. Senate) has determined that PA education and training qualifies them to deliver primary care services to patients. Since passage of the Affordable Care Act in 2010, PAs have been one of three healthcare professions (along with physicians and nurse practitioners) who are authorized to provide

primary care. Indeed, many PAs have their own patient panels and often serve as Medicare beneficiaries' principal healthcare professional. In rural and other medically underserved communities, a PA may be the only healthcare professional physically located in the community. This does not mean that PAs are practicing alone; PAs regularly consult with and refer patients to physician specialists and other healthcare providers via phone and other means of communication, as indicated by the patient's condition and the standard of care, and in accordance with the PA's training and experience. Just like physicians, PAs who fail to adhere to these requirements are subject to disciplinary action by the State Medical Board.

- AOA/HAOPS' assertion that H.B. 935 would extend authorization of controlled substances to "another class of providers" who would contribute to "prescription drug abuse, misuse and diversion" is false on both points. First, H.B. 935 does nothing to change the prescription authority of PAs in Hawaii. PAs were first granted prescribing authority in Hawaii in 1995, and were authorized to prescribe Schedule II medications in 2015. Second, there is no evidence that PAs have disproportionately overprescribed controlled substances. Indeed, PAs have been on the forefront of the fight against prescription drug abuse. AAPA is a founding partner of the Collaborative on Risk Evaluation and Mitigation Strategy (REMS) Education (CO\*RE). Since 2013, AAPA has provided more than 120 hours of free instructional content to more than 10,000 PAs, including education about pain management treatment guidelines, early detection of opioid addiction, and the treatment and management of opioid-dependent patients. Since the passage of the Comprehensive Addiction and Recovery Act in 2016, AAPA has also collaborated with the American Society of Addiction Medicine to provide a free 24-hour training program that enables PAs to obtain waivers to prescribe buprenorphine for opioid use disorder or addiction treatment. To date more than 3,750 PAs have enrolled and more than 2,000 have successfully completed the training program.
- Contrary to AOA/HAOPS' assertion, there is nothing in either bill that allows PAs to "circumvent current, standardized requirements for medical licensure." PAs do not seek to be licensed as physicians, and these bills would not permit it.
- AOA/HAOPS is woefully misinformed about PA education. Contrary to their claim that PAs "complete a four-year bachelor's degree," a review of publicly available reports from PAEA shows that there were 223 accredited PA programs nationwide in 2017, of which 99% award a master's degree.<sup>1</sup> By January 1, 2021, all PA programs must be at the master's degree level. Furthermore, among currently certified PAs in 2017, only 24% did not hold a master's degree<sup>2</sup>, and most of those graduated from PA programs many years ago, with an average of 22 years as practicing PAs.<sup>3</sup>
- AOA/HAOPS has mischaracterized the composition of the national certifying organization for PAs, which they claim is "comprised of other PAs." The National Commission on Certification of PAs (NCCPA) has an 18-

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<sup>1</sup> <https://paeaonline.org/wp-content/uploads/2018/10/program-report-33-20181012.pdf>

<sup>2</sup> <https://prodcmstoragesa.blob.core.windows.net/uploads/files/2017StatisticalProfileofCertifiedPhysicianAssistants%206.27.pdf>

<sup>3</sup> 2018 AAPA Salary Survey, custom analysis.

member board of directors. The composition of that board includes 11 PAs (one of whom is an appointee of the Federation of State Medical Boards). It also includes five physicians, including one appointed by AOA, one appointed by the American Medical Association (AMA), one appointed by the American College of Physicians (ACP), and two at-large physician directors. Two directors are “public” at-large directors; the individuals currently holding those positions hold graduate degrees in healthcare administration and public health. They are correct, however, that there is a single certifying agency for PAs, which means that, unlike physicians who have a number of choices with regard to certifying agencies, PAs across America are all held to the same high standards for certification and recertification.

- Evidently, AOA/HAOPS had hoped that no one would actually read the documents and articles they cite to support their assertions. We offer the following observations regarding those articles, and encourage both AOA and HAOPS, as well as others who may question the ability of PAs to provide high quality patient care, to review the annotated bibliography on AAPA’s website (<https://www.aapa.org/wp-content/uploads/2019/01/AAPABibliography2017.pdf>).
  - The citation<sup>4</sup> provided by AOA/HAOPS to support their assertion that “PAs who currently practice with a bachelor’s degree do not necessarily possess any clinical experience” directly contradicts that assertion. First, the citation is for “preadmission” requirements for a Masters of Physician Assistant Studies program at UT Southwestern Medical Center; it has nothing to do with the 2,000 hours of clinical rotations that are required as part of the PA program curriculum. Second, the citation makes clear that patient care experience is, in fact, a prerequisite for admission to the program. It states: “Applicants should demonstrate evidence of completion of patient care experience prior to submitting the CASPA application. We do not require a minimum number of hours. Examples of acceptable patient care experience include, but are not limited to: EMT, paramedic, nurse, scribe, medical assistant, CNA, ER tech, physical therapy aide, phlebotomist, pharmacy tech, clinical research assistant, etc. Student training experiences such as student nurse, student EMT, student athletic trainer, or other healthcare student training may be considered as clinical hours.” The reality is that incoming PA students bring with them a wealth of patient care experience—an average of more than 3,000 hours of direct patient contact experience—in such jobs as paramedic, athletic trainer, or medical assistant.<sup>5</sup>
  - The citation<sup>6</sup> provided by AOA/HAOPS to support their assertion that “research shows” that PAs overprescribe medications was, in fact, a study that only considered the prescribing patterns among nurse practitioners (NPs) and physicians for Medicare patients. That study found only that NPs’ patients received, on average, one more 30-day prescription per year than primary care physician patients, but that the mean duration for an NP prescription was 3 days shorter. The authors also note that “differences in state scope of practice laws did not affect these prescribing patterns.”

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<sup>4</sup> <https://www.utsouthwestern.edu/education/school-of-health-professions/programs/physician-assistant-studies/admissions/requirements.html#preadmission>

<sup>5</sup> Physician Assistant Education Association. By the Numbers: 30th Report on Physician Assistant Educational Programs in the United States, 2015. Alexandria, VA: PAEA; 2015

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

- The citation<sup>7</sup> provided by AOA/HAOPS to support their assertion that “research shows” that PAs issue “poorer quality referrals” to specialists consisted of a review by 5 physicians of all 160 referrals by NPs and PAs, compared to 160 randomly selected referrals by physicians, at a single academic medical center. The study did not look at NPs and PAs separately, so no conclusions were or can be drawn specifically regarding PAs. But even if one assumes that there were no differences between PAs and NPs, the study did not conclude that they were less likely than physicians to refer patients to specialists or that they were making referrals inappropriately.
- The citation<sup>8</sup> provided by AOA/HAOPS to support their assertion that “research shows” that PAs order unnecessary diagnostic imaging was a study comparing the amount of imaging ordered by APCs (NPs and PAs) compared to physicians, among a 5% sample of Medicare patients in 2010-2011. The study did not look at PAs separately from NPs, so no conclusions can be drawn specifically about PAs. It found that, combined, NPs and PAs order 0.3% more images than physicians, which the authors described as “modest.” The study also concluded that “[E]xpanding the use of APCs may alleviate PCP shortages” and further noted that “[A]lthough the optimal use of APCs is still under debate, recent literature reviews report that selected patient outcomes for many specific conditions are no worse when care is managed by APCs rather than physicians.”
- Critically, AOA/HAOPS’s description of H.B. 935 is misleading.
  - A number of their claims about what the bill “does”, including permitting PAs to engage in “autonomous medical decision-making, diagnosing and providing medical treatment, ordering and interpreting diagnostic studies,” are already permitted under current law.
  - Their assertion that “no other healthcare provider’s oversight is determined on an individual basis” is clearly untrue, since both physicians and nurses are subject to oversight that is determined at the practice level.
  - Contrary to their assertion, there is no need to establish malpractice insurance requirements for PAs in law, just as there is no need to do so for physicians. Employers either provide or require providers to have malpractice insurance. And it is in the self-interest of every provider, including PAs, to carry such insurance now and in the future.
  - To imply that the bill should require PAs to provide care in rural areas or to underserved populations represents the height of duplicity, since AOA/HAOPS apparently agree that physicians are not doing so. In fact, more than 15% of PAs worked in a rural area in 2018, and many more worked in medically underserved communities.<sup>9</sup>

Finally, we note with dismay that AOA/HAOPS appear to be motivated largely by their desire to protect and promote the financial interests of their physician members. This guild mentality is not good for patients and not good for healthcare. A federal [report](#), issued in December 2018 by the U.S. Departments of Health and Human Services, Treasury, and Labor, agrees. That report notes that “[R]igid ‘collaborative practice agreement’

<sup>7</sup> [https://www.mayoclinicproceedings.org/article/S0025-6196\(13\)00732-5/abstract](https://www.mayoclinicproceedings.org/article/S0025-6196(13)00732-5/abstract)

<sup>8</sup> <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1939374>


<sup>9</sup> American Academy of PAs. *2018 AAPA Salary Report*. Alexandria (VA): American Academy of PAs; 2018.

requirements can impede collaborative care rather than foster it because they limit the ability of healthcare professionals to adapt to varied healthcare demands, thereby constraining provider innovation in team-based care.”<sup>10</sup>

The report also supports the inclusion of PAs and physicians who work with PAs on the state medical board, as S.B. 1406/H.B. 935 would do. It warns of the danger inherent in having a board composed entirely of physicians regulating PA practice, noting “The risk of anti-competitive harm may be even greater when the regulatory board that imposes [scope of practice] restrictions on one occupation is controlled by members of another, overlapping occupation that provides complementary or substitute services, and the board members are themselves active market participants with a financial stake in the outcome.”<sup>11</sup>

In light of the many benefits that S.B. 1406/H.B. 935 would confer on the people of Hawaii, as well as the numerous outrageous claims and complete falsehoods contained in the AOA/HAOPS testimony, we respectfully request your SUPPORT of S.B. 1406. We have also requested that the House Consumer Protection & Commerce Committee’s decision to postpone consideration of H.B. 935 be reassessed.

Sincerely,



Jonathan E. Sobel, DMSc, MBA, PA-C, DFAAPA, FAPACVS  
President and Chair of the Board of Directors

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<sup>10</sup> U.S. Department of Health and Human Services, U.S. Department of the Treasury, U.S. Department of Labor. *Reforming America’s Health Care System Through Choice and Competition*. Washington, D.C.; December 2018: p. 35.

<sup>11</sup> U.S. Department of Health and Human Services, U.S. Department of the Treasury, U.S. Department of Labor. *Reforming America’s Health Care System Through Choice and Competition*. Washington, D.C.; December 2018: p. 32.

## **Testimony of the Hawaii Medical Board**

**Before the  
Senate Committee on Commerce, Consumer Protection, and Health  
and  
Senate Committee on Judiciary  
Wednesday, February 27, 2019  
9:40 a.m.  
State Capitol, Conference Room 229**

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

Chair Baker, Chair Rhoads, 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 offers comments on this bill.

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.

For the Committees' information, the Board discussed this bill and its companion, H.B. 935, H.D. 1, at its meeting on February 14, 2019. Several stakeholders were in attendance, including representatives from the Hawaii Association of Physician Assistants, Kaiser Foundation Health Plan, Hawaii Permanente Medical Group, and the Hawaii Medical Association. At that meeting, the Board supported the Kaiser Foundation Health Plan and Hawaii Permanente Medical Group's request to use either H.B. 935, H.D. 1 or S.B. 1406 to: (1) address the Board's requirements for medical records review; and (2) establish the renewal requirements for physician assistants. The Board appreciates Kaiser's willingness to draft a proposed S.D. 1, which it supports.

However, at this same meeting, the Board expressed its concern regarding this bill as written and respectfully requests that the Committees allow the affected parties to come together to further address and discuss this matter. The Board provides the following comments and concerns for the Committees' consideration:

- Page 4, lines 14-17: The definition of “advanced directives” is not consistent with the existing definition of “advanced healthcare directives” in Hawaii Revised Statutes (HRS) section 327E-2.
- Page 4, lines 18-20: This bill defines a “collaborating physician” to include, among other things, a “medical facility licensed in the State[.]” The Board does not consider a “medical facility licensed in the State” to be physician-licensed pursuant to HRS section 453-4. Further, the Board has no means to enforce its laws and rules against a medical facility. As discussed with the guests in attendance at the meeting, the Board would consider including in the definition of “collaborating physician” the term “group of physicians” as referenced in Hawaii Administrative Rules (HAR) section 16-85-44.5.
- Page 6, lines 8-12: The definition of “optimal team practice” allows a physician assistant to consult with a physician or “other qualified medical professional.” The term “other qualified medical professional” is too broad and needs to be defined.
- Page 7, lines 12-14: The definition of “physician assistant” already exists in HAR 16-85-44.5.
- Page 7, lines 15-17: The Board’s concerns regarding the definition of “collaborating physician” specific to the term “medical facility” remain the same as stated above.
- Page 7, lines 18-20: The “American Board of Osteopathy” is not a recognized specialty board certifying body. Instead, the American Medical Association’s Osteopathic Specialty Colleges recognize the American Osteopathic College of Radiology.
- Page 8, lines 3-16: The term “telemedicine” is no longer used. The Board’s preference is that any reference in this bill to “telemedicine” be changed to “telehealth.” As the Committees are aware, the Legislature found that the HRS contained different definitions for, or references to, “telemedicine” and “telehealth.” As such, pursuant to Act 159, Session

Laws of Hawaii 2014, all references to “telemedicine” were changed to “telehealth.”

- Page 9, lines 1-2: The Board requests that subsection (b) be deleted in its entirety.
- Page 9, lines 9-10: The language “the manner in which physician assistants and physicians work together shall be determined at the practice level” is vague and ambiguous.
- Page 9, line 11 to page 10, line 2: This language appears redundant, as a physician assistant’s scope of practice is already outlined in HAR section 16-85-49.1.
- Page 10, line 1: Subsection (e)(6) provides that a physician assistant may obtain informed consent. This language must be clarified and should read: “(6) Obtaining informed consent[;] as specified by the collaborative agreement; and”
- Page 10, lines 3-9: Subsection (f) appears redundant, as a physician assistant’s practice setting is already addressed in HAR section 16-85-49(3).
- Page 10, lines 16-20: Subsection (h) is unclear and should be amended to read: “(h) Physician assistants may authenticate any document with their signature, certification, stamp, verification, affidavit, or endorsement [~~if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.~~]; provided it may be authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.”
- Page 11, lines 1-13: This language in section 453- conflicts with the requirements for osteopathic physicians and physicians. Pursuant to HRS section 453-3(5), an osteopathic physician or physician is required to obtain a limited and temporary license in similar situations. In addition, this section clearly deviates from working collaboratively with a physician or group of physicians. Further, references to “disasters” should be



changed to “public emergencies” to remain consistent with HRS chapter 453.

- Page 11, lines 14-18: This language in section 453- is redundant. A physician assistant is authorized to prescribe all legend drugs and Schedules II through V of controlled substances pursuant to HAR section 16-85-49.
- Page 11, lines 19-21 and page 12, lines 1-3: The Board queries the purpose of having this information on file with it and recommends deleting this language in its entirety.
- Page 13, lines 12-19: Subsection (b)’s requirement that “collaboration among physicians and physician assistants shall be continuous but shall not be construed as requiring the physical presence of the physician at the time and place the services are rendered” is redundant and already exists in HAR section 16-85-44.5. Further, the Board recommends deleting lines 15-19, which provide that a physician shall not be liable for the care rendered by a physician assistant. The Board believes that whether the relationship between a physician and physician assistant is “collaborative” or “supervisory,” the physician should be as liable as the physician assistant for the care rendered by the physician assistant.
- Page 13, line 20 to page 14, line 2: Subsection (c) appears too vague.
- Page 15, line 19-20: The Board has concerns with the addition of “or any other schedule II or controlled substances.” The Board believes that schedules II through V should be included, and not just opiates or schedule II drugs.
- Page 30, lines 3, 6-7, and 14-15: The Board opposes: (1) the increase of its Board membership from 11 to 13; (2) the addition of two physician assistants to its membership; and (3) the requirement that at least two physicians have experience with the physician assistant practice. The addition of two licensed members (physician assistants) will dilute the voice of its two public members on the Board. As the Committees may be

aware, it is difficult to find volunteers to serve on the Board, and the extra requirement that two physicians have experience with the physician assistant practice will make it even more difficult to find members to serve. Further, HRS section 453.5.4 provides for a physician assistant advisory committee, which the Board depends upon to make recommendations regarding, among other things, revisions to physician assistant regulations.

- Page 32, lines 3-4: This bill deletes the requirement that an applicant for an initial physician assistant license hold a current certificate issued by the National Commission on Certification of Physician Assistants (NCCPA). Instead, the bill requires that an applicant for initial licensure need only take the certifying examination administered by the NCCPA. Should the deletion of the existing language remain, Hawaii will be the only state that does not require NCCPA certification at the time of initial licensure.
- Page 34, lines 4-13: The Board prefers the language of S.B. 810, which was passed unamended by the Senate Committee on Commerce, Consumer Protection, and Health on January 31, 2019.
- Page 34, line 20 to page 35, line 2: The language allowing a physician assistant to reactivate a license that is inactive for less than 24 months by only written notification is not acceptable and conflicts with HAR chapter 16-53, which sets forth a nominal fee of \$12.00 to reactivate a license.
- Page 35, lines 3-7: Subsection (j) conflicts with page 32, lines 3-4, which deletes the requirement of NCCPA certification at the time of initial licensure. Physician assistants may not display in any form that they are “certified” or “PA-C” if they do not hold a current certificate with the NCCPA.
- Section 15: The Board defers to the Regulatory Industries Complaints Office, its enforcement arm, on these proposed amendments to HRS section 453-8.

Testimony of the Hawaii Medical Board

S.B. 1406

Page 6 of 6

- Section 22: The Board defers to the appropriate government agency that oversees and regulates HRS chapter 291, entitled "Traffic Violations."

Thank you for the opportunity to testify on this bill.



## HAWAII MEDICAL ASSOCIATION

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

To:

SENATE COMMITTEE ON CONSUMER PROTECTION AND HEALTH

Sen. Rosalyn Baker, Chair

Sen. Stanley Chang, Vice Chair

SENATE COMMITTEE ON THE JUDICIARY

Sen. Karl Rhodes, Chair

Sen. Glenn Wakai, Vice Chair

Date: February 27, 2019

Time: 9:40 a.m.

Place: Room 229

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

**Re: SB 1406 – Relating to Health**

**Position: OPPOSITION WITH CONCERNS**

On behalf of Hawaii's physician and student members, the HMA is expressing concerns regarding SB 1406 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 a collaboration agreement and the "Optimal Team Practice." The level of independence given to Physician Assistants under SB 1406 allows for discretionary decision making without input from a physician. This is no different than any other independent non-physician provider, and the responsibility to the physician/group practice is not clearly delineated.

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 SB 1406 at this time would be premature.** The HMA is in agreement that modernization of Physician Assistant rules and regulation is needed, however this should be done through thoughtful and deliberative process.

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 SB 1406 at this time, allowing 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

TO: COMMITTEE ON COMMERCE,  
CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Committee Members

COMMITTEE ON JUDICIARY  
Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair  
Committee Members

FROM: Kaidden G Kelly, MS, PA-C  
Physician Assistant  
Kipuka o ke Ola Native Hawaiian Rural Health Center  
64-1035 Mamalahoa Hwy Ste. F  
Kamuela, HI 96743  
Office: (808) 885-5900  
Fax: (808) 885-6900  
E-Mail: kelly.koko@hawaiiantel.biz

Re: HB935, RELATING TO HEALTH, PHYSICIAN ASSISTANTS  
Wednesday, February 27, 2019, 9:40am  
Conference Room 229, State Capitol, 415 South Beretania Street

POSTION: STRONG SUPPORT

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My name is Kaidden Kelly I am a Native Hawaiian physician assistant at Kipuka o ke Ola Native Hawaiian Rural Health Center and I strongly support SB1406 as this bill will modernize physician assistant practice laws.

The modernization of Hawaii's physician assistant practice laws will benefit the health of Hawaii's patients through a "team" approach to care. This will increase access to much needed healthcare services and therefore improve quality of care, increase positive outcomes, and reduce wait times for much needed specialist referrals in our community (Schwartz et. al. 2015). As a psychiatric PA that works in rural Hawaii, I am able to effectively conduct evaluations, prescribe medications, and order and interpret testing independent of direct physician supervision. Of course, if deemed necessary, I am able to consult and refer patients to our psychiatrist on staff. I also conduct referrals to our clinical psychologists on staff if psychotherapy is warranted. We constantly communicate and discuss our cases ongoing in real time which improves the mental health outcomes of our complex patients with multiple comorbidities.

It is important to review the role of Physician Assistants in the healthcare community and must be noted that we are not seeking "autonomous" or "independent practice". What we are seeking is a clarification in our scope of practice and licensure requirements. Currently, in order to be fully licensed as a PA in Hawaii we must have a collaboration agreement on file with the Hawaii Medical Board (Hawaii Medical Board 2019). This requirement is creating a barrier for Hawaii to recruit much needed healthcare providers. Some PAs are unable to find employment due to the fact that they do not have an active license. However, under current Hawaii laws, a PA cannot have an active license without having an "employing physician". This proves to be a "catch-22" that can be resolved if this requirement is removed. Collaborative agreements and the requirement of such should be determined and kept on file at the practice level (AAPA 2017).

We also must remember how and why the Physician Assistant profession came to be. We were created to improve and expand healthcare services. In 1965, Dr. Eugene Stead selected four Navy Corpsmen and provided them with a "fast-track" medical education at Duke University Medical Center (AAPA 2017). It is important to note that the curriculum that Dr. Stead used was based upon the fast-track training of physicians during World War II (AAPA 2017). Since then the profession has blossomed with the support of physicians, the federal government, and state legislation.

HB935 modernizes and clarifies the scope and practice of PAs to what is comparable on a national level (Colorado Health Institute 2008). 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.

Mahalo for the opportunity to testify in support of SB1406.

Sincerely,

Kaiden G. Kelly, MS, PA-C  
Physician Assistant (HI License # AMD-785)  
Kipuka o ke Ola Native Hawaiian Rural Health Center  
64-1035 Mamalahoa Hwy. Ste. F  
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#### References

Schwarz, H. B., Fritz, J. V., Govindarajan, R., Murray, R. P., Boyle, K. B., Getchius, T. S., & Freimer, M. (2015). Neurology advanced practice providers: a position paper of the American Academy of Neurology. *Neurology: Clinical Practice*, 5(4):333-337.

Hawaii Medical Board. (2019) Requirements for Licensure for Physician Assistants. [https://cca.hawaii.gov/pvl/files/2013/06/Require-Instruct-App-for-Physician-Asst\\_10.16R.pdf](https://cca.hawaii.gov/pvl/files/2013/06/Require-Instruct-App-for-Physician-Asst_10.16R.pdf). Honolulu, HI.

AAPA House of Delegates. (Adopted 1988, most recently revised 2017). Guidelines for state regulation of PAs. American Academy of PAs, Alexandria, VA.

AAPA. (2017). History of Physician Assistants. American Academy of PAs, Alexandria, VA.

Colorado Health Institute, Collaborative Scopes of Care Advisory Committee. (2008). Final report of findings. Denver, CO. 6-7, 23-25.

TO: COMMITTEE ON COMMERCE,  
CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Committee Members

COMMITTEE ON JUDICIARY  
Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair  
Committee Members

FROM: Christina Starks, MPA, PA-C

Re: SB1406, RELATING TO HEALTH, PHYSICIAN ASSISTANTS  
Wednesday, February 27, 2019, 9:40am  
Conference Room 229, State Capitol, 415 South Beretania Street

POSTION: **STRONG SUPPORT**

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I humbly thank you Chair Baker, Chair Rhoads, and Committee members for this opportunity to testify. My name is Christina Starks, I am a physician assistant and President of the Hawaii Academy of PAs and I strongly support SB1406.

There are 131,000 physician assistants in the U.S. and 350 here in Hawaii. In our State, PAs are an underutilized healthcare provider - a valuable resource that can help with the State's growing physician shortage and growing Kapuna population. However, PA practice laws are antiquated and restrictive making PA practice and hiring a PA burdensome.

### **PAs provide high quality healthcare.**

PAs are healthcare providers that go through intensive medical education at the master's degree level and are trained to diagnose illness, develop and manage a treatment plan, prescribe medications, and often serves as a principal healthcare professional. PAs work in every medical setting and specialty.

There are numerous studies to support that PAs provide high quality care. One study showed that patients receiving diabetes care from a physician, NP, or PA had no significant variation in health outcomes. Another study looked at heart-attack patients and their outpatient follow-up and showed no difference in outcomes for patients seen by PAs or NP and those seen by physicians. These studies build confidence in the quality of healthcare PAs provide.<sup>1,2</sup>

Many physicians enjoy practicing with a PA is because it expands the care they can provide for patients. Patients are satisfied seeing a PA because they receive the care they need, often get extra time to ask questions, without sacrificing quality.

### **PA practice has evolved, Hawaii laws have not.**

The profession has grown leaps and bounds since its creation in 1967. The Physician Assistant is the #1 job in healthcare and #3 job overall in the country according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs>

In some practices, PAs manage their own set of patients within the practice and collaborate with physicians as it is required by the needs of the patient and standard of care. Other practices use a model in which physicians and PAs together care for an increased number of patients. In that model, each provider manages some patients on their own, and they manage others together. This model reinforces continuity for patients when their usual provider is not available. Safety and quality are not compromised.

In surgical settings, PAs and surgeons commonly trade off rounds and office visits. Studies show that efficient teams can see more patients and see them sooner, and experienced teams of surgeons and PAs develop efficiencies that can reduce operative and anesthesia times and patient length of stay in the hospital.

*We have much fewer PAs in Hawaii, so less is understood about our profession which has truly hindered progress.*

PAs do not have their own statute in Hawaii and were first added to HRS 453 in the 1970s. As it pertains to PAs, it is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. It no longer fits today's healthcare environment. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

### **SB1406 modernizes PA practice laws for Hawaii.**

"Modernization" and "collaboration" do not mean independent practice. PAs do not seek independent practice. We seek to strengthen our collaborative relationships and individualize it at the practice level to meet the needs of the specialty and patients. PAs will continue to collaborate with, consult with, and refer to physicians as indicated by patient's condition and standard of care. Modernizing laws will relieve the administrative burden and allow further utilization of PAs and increase access to care.

I reiterate, PAs do not seek independent practice. PAs commonly follow the specialists. Nationwide, less than 25% of 131,000 PAs practice in Primary Care. Here in Hawaii only 6% of the 350 some PAs work in Primary Care. 31% are in surgical specialties, 25% in emergency/urgent Care, 31% other specialties.<sup>3</sup>

At this juncture, we are very much appreciative of the legislative process and all the hard work completed through thoughtful conversations with the Hawaii Medical Board and invested stakeholders. Their interest and commitment to this cause builds confidence in me and other PAs that we can improve Hawaii's PA practice laws in an incremental and mutual beneficial direction. I appreciate the Chairs and Committee members considering the Hawaii Medical Board's recommendations for medical records review and PA licensing renewal as these improvements will help our profession.

I very much look forward to continued modernization of PA practice and partnership with the Hawaii Medical Board.

Mahalo for the opportunity to provide testimony.



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

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

3.

## HAWAII PA PRACTICE PROFILE



Number of PAs in Hawaii:  
300+

Number of PAs in the U.S.:  
131,000+

Source: NCCPA

### Percent of PAs by Specialty in Hawaii



- 31.3% Surgical Subspecialties
- 31.3% All Other Specialties
- 12.5% Emergency Medicine
- 12.5% Urgent Care
- 6.3% Family Medicine
- 6.3% Internal Medicine Subspecialties

6.3% of PAs specialize in Primary Care (Primary Care includes Family Medicine [with and without Urgent Care], General Internal Medicine, and General Pediatrics)

### Percent of PAs by Setting in Hawaii



- 62.5% Physician Office or Clinic
- 18.8% Hospital Settings
- 12.5% Urgent Care Center
- 6.3% Other Settings

50% of PAs are employed by a Physician Group or Solo Practice

### In Hawaii

- ❑ 31.3% of PAs serve in rural areas
- ❑ A typical PA completes 85 patient visits per week
- ❑ A typical PA is on call 136 hours per month

**SB-1406**

Submitted on: 2/25/2019 10:09:28 PM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Cameron Davis	Testifying for Minit Medical	Support	No

Comments:

I fully support SB1406

This bill will improve access to care for all patients across Hawai'i. Please refer to the AAPA response to the Osteopathic committee for full details outlining the many benefits to be gleaned from the updated practice law.

Mahalo,

Cameron Davis, PAC

TO: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Committee Members

COMMITTEE ON JUDICIARY  
Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair  
Committee Members

FROM: Christopher Paul Rogers  
PA-C, Aviation PA, RCIS  
Captain, US Army

Re: SB1406, RELATING TO HEALTH, PHYSICIAN ASSISTANTS  
Wednesday, February 27, 2019, 9:40am  
Conference Room 229, State Capitol, 415 South Beretania Street

POSTION: STRONG SUPPORT

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My name is Christopher Paul Rogers. I am a PA-C at Honolulu, HI. I strongly support SB1406 as this bill will modernize physician assistant practice laws.

To: Senator Rosalyn Baker, Chair of the Senate Committee on Consumer Protection and Health.

Senator Stanley Chang, Vice Chair

Committee Members

Senator Karl Rhoads, Chair of the Committee on Judiciary

Senator Glenn Wakai, Vice Chair

Committee Members

From: Antonio Peter Giannelli MSA, PA-C, DFAAPA

Distinguished Fellow, American Academy of Physician Assistants

President, Society of Physician Assistants in Rheumatology

PO Box 492

Dimondale, MI 48821

Associate Professor at Western Michigan University

Clinical Instructor at Michigan State University

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

Position: STRONG SUPPORT

My name is Antonio Peter Giannelli, a Physician Assistant practicing clinical and research Rheumatology in Lansing Michigan. I stand in strong support of HB 935.

I've been a Physician Assistant for 42 years. In addition to my clinical practice I am also Associate Professor at Western Michigan University and Clinical Instructor at Michigan State University, working with both student Physician Assistants and as an educator of Physician residents who come through our Rheumatology practice. I've had the privilege of witnessing the birth of the Physician Assistant profession and the honor of helping to it to achieve the status it now enjoys within the national medical community. My years of clinical experience and the diversity of my professional career allows me to speak as witness to the evolution of the Physician Assistant profession, which now stands on the threshold of expansion in the wonderful State of Hawaii. I stand in support, and in hopeful expectation, that this will indeed be the case.

I have the privilege of working in the State of Michigan, which stands as the most progressive state for Physician Assistants in the country. Just a few short years ago, Michigan acknowledged the critical professional role that the Physician Assistant plays as part of a medical team, delivering high-quality healthcare in many different medical disciplines and

specialties. Physician Assistants practicing in the State of Michigan no longer require a supervising physician, per Public Act 379. Upon graduation from an accredited Physician Assistant university-based program, all PAs must sit and pass the National Certifying exam administered by the NCCPA. Having achieved this status, the PA is licensed by the State and falls under the purview of the state's Physician medical review board. The Physician Assistant then enters into a "Practice Agreement" with their employer and together agree upon the scope of duties and practice the employer would like the Physician Assistant to perform. In many cases the Physician is the employer. The Physician Assistant then becomes part of a team made up of Physicians, other Physician Assistants and various healthcare professionals, working to provide high-quality care to the citizens of the State of Michigan.

Speaking on behalf of the specialty of Rheumatology, a specialty which deals with complicated autoimmune diseases and a variety of arthritic conditions, I'm able to see firsthand, throughout the country, the valuable role Physician Assistants play in delivering this type of care. I have no doubt that this is duplicated in all other medical specialties (i.e., Orthopedics, Neurology, Oncology), as well as Primary Care, throughout the country. Rheumatology demand for care, as with some other specialties, will reach crisis status within the next five years, as determined by the American College of Rheumatology (ACR), in that five years from now the demand for Rheumatologic care will far exceed the number of rheumatologists able to provide that care. The American College of Rheumatology estimates the shortage of rheumatologists to be at least 1000 physicians. The ACR is currently in the process of recruiting and training Physician Assistants to work in close collaborative relationships with rheumatologists to help fill this need. As it pertains to the State of Hawaii, I am personally aware of at least one critical rheumatologic condition that plagues your state, that being the painful and crippling condition of gout, with the significant deformities created when this is left unchecked. I'm also aware of the woeful shortage of rheumatologists needed to fill the gap in your state, some having to fly from island to island just to provide a modicum of relief to many patients in need. Physician Assistants stand ready to stand in the gap in your state to work side-by-side with the Physician profession in satisfying this need.

The Physician Assistant profession, since it's incursion, has not sought to work in an independent fashion, totally understanding their role and scope of practice within the medical community, and have always worked in a collaborative way with all Physicians who appreciate the value of what Physician Assistants bring to their practices. Physician Assistants are trained by Physicians, governed in each state by the Physician-run medical board, and work in close relationship with Physicians. This has been the hallmark of our profession and will continue to be so.

HB 935 modernizes the now antiquated HRS 453 in clarifying the scope and practice of PAs within the State of Hawaii to be more comparable at the national level. It will allow them the freedom to work in a collaborative team configuration with Physicians without the antiquated, restrictive burdens placed on them, often leading to their inability to become employed in a myriad of medical settings. The Physician Assistant is now one of the fastest growing professions and most sought-after medical careers by some of our brightest and most responsible young people.

Thank you for allowing me to pontificate on the value of the Physician Assistant profession. I stand ready to applaud the passing of HB 935 and look forward to the enhanced future that the citizens of the State of Hawaii will enjoy regarding the meeting of their healthcare needs.



Date: February 22, 2019

To: Committee on Commerce, Consumer Protection and Health  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Members of the Committee

Committee on Judiciary  
Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair  
Members of the Committee

From: Claire L. Yoshida  
Community Member / Citizen / Voter

Re: SB 1406 Relating to Health, PHYSICIAN ASSISTANTS  
Wednesday, February 27, 2019, 9:40 a.m., Conf. Room 229  
State Capitol, 415 South Beretania Street

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 SB 1406 because this bill will modernize Physician Assistant practice laws.

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. They collaborate with doctors. My understanding is that they are NOT seeking independent practice.

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 SB 1406 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 and 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. This team approach helped me through my two surgeries.

Physician Assistants are highly trained medical personnel that act as extensions to the doctor. I support SB1406 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.

Addressed to the House Committee on Health  
Bill Number SB1406  
In support of this measure  
Wednesday, February 27, 2019  
9:40am Conference Room 229  
State Capitol, 415 South Beretania Street

My name is Kiara Rapozo and I reside on the island of Kaua'i. I am a 20 year old mother to a newborn and I am an aspiring Social Worker studying at the University of Hawaii at Manoa. The measure that I am testifying on is SB1406 RELATING TO HEALTH. I am In support to this measure- where there should be two physical assistants. A solution lies in the utilization of a physician assistant as an effective and efficient method to deliver healthcare. Physician assistants are skilled healthcare providers trained to take medical histories, perform physical examinations, order and interpret laboratory tests, diagnose illness, develop and manage treatment plans for their patients, prescribe medications, and assist in surgery.

The State's shortage of physicians is a significant and challenging healthcare concern. Here are a few reasons as to why I support this measure.

1. The latest physician workforce survey by the University of Hawaii shows the state has about 2,900 full-time doctors, about 800 doctors short of the number needed across all specialties. Oahu is short 384 doctors, and the Big Island needs 213, according to the survey. Maui needs 141 and Kauai needs 59.
2. I can say from personal experience that there has been times where I was not able to get into the doctor's office for my 1 month old daughter because her primary doctor wasn't available and neither were any of the other physicians. This is a big problem here in Hawai'i. Since there are no availabilities to be seen in the pediatrics office, I am left with no choice but to take her into the Emergency side and wait for hours for the on call doctor to become available.
3. I recently experienced the need to refill a prescription for my daughter because the doctor hadn't prescribed refills- Instead I was told to call if it wasn't working and needed more. I called during working hours but the doctor wasn't available at the moment because he had already left for the day. I had to wait 3 days to get the prescription refilled. If physical assistants were able to take on that role then I would have been able to get the prescription the day of.
4. With more physician assistants who are able to take on the role of a doctor, after all, they are trained and capable of doing certain things. It only makes sense to allow them to work to their full capacity. If they are able to fill in and help with the shortages then there will be more care overall- benefitting all ages and all specialties.

I appreciate the opportunity for being able to voice my concerns through this testimony. Again, I support this measure and hope you find my testimony helpful in the decision making process.

Kiara Rapozo  
Student at University of Hawaii at Manoa



**SB-1406**

Submitted on: 2/24/2019 9:53:03 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Lawrence Ford	Individual	Support	No

## Comments:

Hawaii's acute doctor shortage, especially on the outer islands needs to be addressed. This bill will help immensely.

**SB-1406**

Submitted on: 2/25/2019 9:09:18 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

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

Comments:

TO: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair Senator Stanley Chang, Vice Chair Committee Members

FROM: David H Messer III PA-C ,MPAS

COMMITTEE ON JUDICIARY Senator Karl Rhoads, Chair Senator Glenn Wakai, Vice Chair Committee Members

Re: SB1406, RELATING TO HEALTH, PHYSICIAN ASSISTANTS Wednesday, February 27, 2019, 9:40am

Conference Room 229, State Capitol, 415 South Beretania Street POSTION: STRONG SUPPORT

My name is \_David Messer I am a physician assistant at \_Straub Medical Center\_ and I strongly support SB1406 as this bill will modernize physician assistant practice

**SB-1406**

Submitted on: 2/25/2019 8:33:29 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
rhonda perry	Individual	Support	No

Comments:

**SB-1406**

Submitted on: 2/26/2019 7:41:41 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Elisa Chong	Individual	Support	No

Comments:

My name is Elisa Chong I am a physician assistant at Straub Medical Center where I have worked for over 27 years and previously worked at Tripler Emergency Department for 9 1/2 years. I **strongly support SB1406** as this bill will modernize physician assistant practice laws. Our goal with this bill is not to practice Independently from Physicians, but to continue to work collabaretly with them. It will also level the playing field with Nurse Practitioners who are now given preferential hiring as they are independent practitioners.

**SB-1406**

Submitted on: 2/25/2019 6:00:30 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Betty Stewart	Individual	Support	No

Comments:

I want to first thank Senator Baker for her leadership at bringing this Bill forward for the people of Hawaii.

I am a part-time resident of Kauai and a PA educator. This Bill and the changes it means for the practice of medicine for Physician Assistants in the state of Hawaii, is long overdue. Hawaii is facing a healthcare provider shortage crisis. Our residents should not have to travel long distances or by plane to find specialty or primary care. These changes represent improvements in the day to day practice of PA's throughout the state and will lead to improved access to healthcare and quality of life for our residents.

Physician Assistants have practiced medicine for over 50 years in our country. The quality, efficiency, and efficacy of the care provided by PA's is well documented. This Bill does NOT seek to provide independence of practice for PA's but rather promotes TEAM based care that recognizes the contributions of ALL members of the healthcare system. No ONE provider will be able to meet the healthcare needs of a growing population. Our state leadership will recognize this fact by the passage of this bill.

Thank you for working for the people of Hawaii through the passage of this bill

**SB-1406**

Submitted on: 2/25/2019 2:52:25 PM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
dennis boyd	Individual	Support	No

Comments:

Strongly support modernizing statutes on Physician Assistant regulation. Hawaii desperately needs access to additional health care resources and Osteopathic Physicians' testimony blocking this in the case of this bill is self serving, misleading, and plain out false. Look to the mainland where PA's are widely used in capacities and formats mirrored in SB1406. Hawaii can't afford not to follow the lead of established health care practice followed in the rest of the US.

To:

Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Committee on Commerce, Consumer Protection, and Health

Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair  
Committee on Judiciary

Members of the Committee on Consumer Protection and Health  
Members of the Committee on Judiciary

From:

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

Re: SB1406, Relating to Health, PHYSICIAN ASSISTANTS Wednesday, February 27, 2019 at 9:40 am, Conference Room 229

**Position: STRONG SUPPORT**

My name is Scott Denny. I am a practicing, licensed physician assistant (PA) in Hawaii and I strongly support SB1406.

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.

SB1406 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.

**SB1406 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 provide testimony in support of SB1406.

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



**SB-1406**

Submitted on: 2/25/2019 10:09:24 PM

Testimony for CPH on 2/27/2019 9:40:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rocco Laudadio Jr	Individual	Support	No

Comments:

Aloha,

My name is Rocco Laudadio Jr., DHSc., MPAS, PA-C. I have been a PA in Hawaii for 18 years. I spent the first 6 years of my career practicing ICU/cardiovascular medicine with Dr. Denny Bales, then 12 years in Emergency Medicine at Tripler Army Medical Center.

1. am now back in the civilian healthcare sector, practicing under state law and BME regulation--- I can tell you with absolute certainty that our laws and board regulations pertaining to PA practice are antiquated and were made to address healthcare needs of the 1980s. These laws are old that they are no longer applicable to current day healthcare platforms and are unable to address access to care issues that face our Ohana here in Hawaii.

I STRONGLY SUPPORT SB1406 without any reservation. This legislation builds and supports the Physician-PA Team, increases access to care, and reduced cost of health care in Hawaii. Kaiser Permanente, HPH, and numerous rural /low-income health clinics have voiced their support for SB1406.

SB1406 Does not represent independent PA practice in anyway, shape, or form. It represents legislative housekeeping to keep up with changes in the healthcare system over the last 30 years. PAs DO NOT WANT independent practice.

PAs DO WANT and NEED PA laws and board rules to be updated: In-fact, when reviewing "line item" legislation and rules directly related directly to the PA profession ONLY 4% of items have been updated in the past 20 years.

Modernizing laws and regulations relating to Physician-PA Teams is NOT independent practice, and WILL NOT change how we have been practicing medicine in Hawaii for over 3 decades. IT WILL remove outdated and restrictive language that is no longer applicable in the current healthcare landscape, and IT WILL allow PAs to work better with their physicians and hospitals to address the access to care issues in Hawaii and help bridge gaps in the physician shortage.

PLEASE see literature review below: There is overwhelming consensus that PAs increase access to care, provide safe medical care that meets the same standard of physicians, PA utilization decreases the cost of healthcare, and reduces physician burn-out.

The Physician-PA Team was developed over 50 years ago by physicians to respond to healthcare shortages in rural and underserved areas. Today, there are over 135,000 PAs nationwide. PAs work with physicians in all areas of medicine, surgery, and mental health specialties. Each year PAs have at least 400 million patient interactions.

A review of Hawaii State licensure indicates that physicians and healthcare institutions have been utilizing PAs for almost 40 years. Currently, there are approximately 350 active PA licenses in Hawaii. Our PAs are practicing in all specialties, with many working rural outer islands, as well as within the community health clinics

To summarize, in Hawaii, over the last 30 years the lack of significant legislative and regulatory housekeeping of PA utilization combined with a rapidly evolving healthcare system has created significant barriers for the Physician-PA Team. These barriers restrict the versatility of PA utilization in Hawaii, obstruct access to care for patients in Hawaii, decrease recruitment and retention of PAs in Hawaii, and don't allow the Physician-PA Team to effectively assist in the access to care and healthcare provider shortage in Hawaii.

According to a report by the Hamilton Project, which is part of the Brookings Institution, [Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants](#): **“To the extent that APRNs and PAs provide health care that is equal in quality at a lower cost—as the existing research demonstrates—removing restrictions on their practice can help alleviate shortages and improve efficiency.”**

A multicenter matched-controlled study confirmed equal outcomes: The impact of the implementation of physician assistants in inpatient care: A multicenter matched-controlled study. Physicians and PAs have same outcomes regarding LOS and quality of care between wards on **which PAs, in collaboration with MDs**, provided medical care for the admitted patients, and wards on which only MDs provided medical care. Employing PAs seems to be safe and seems to lead to better patient experiences.

A published policy brief of the National Rural Health Association (NRHA) titled, [Physician Assistants: Modernize Laws to Improve Rural Access](#), states: “As health care evolves into a system of vertical and horizontal integration with new focus on team-based care, PAs—working at the top of their licenses—will be indispensable providers in rural areas. **Modernizing of regulations restricting practice privileges, mental health laws and payer policies that unnecessarily restrict PA practice will increase PA value to employers and enable PAs to more efficiently contribute to**

**ending the shortage of health care professionals accessible to rural patients and communities.”**

In December 2018, the U.S. Departments of Health and Human Services, Treasury, and Labor issued a joint report examining recommendations to improve health care marketplace competition. The report, “[Reforming America’s Healthcare System Through Choice and Competition](#),” includes several recommendations to improve PA practice and remove barriers to PA licensure. Consider the following statements from the report:

Respectfully,

Rocco Laudadio Jr., DHSc., PA-C

**SB-1406**

Submitted on: 2/26/2019 12:08:49 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
brian panganiban	Individual	Support	No

## Comments:

I fully support SB 1406. Improving Physician Assistant laws will directly result in improved access to quality and safe medical care to the people of Hawaii.

**SB-1406**

Submitted on: 2/26/2019 9:24:25 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christina Starks	Individual	Support	Yes

Comments:

**SB-1406**

Submitted on: 2/26/2019 10:55:12 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kathleen Elliott	Individual	Support	No

Comments:

STRONGLY SUPPORT SB 1406.

Please pass SB 1406. Physician assistants are highly trained medical providers with 3 times more clinical training hours than nurse practitioners (APRN) who are allowed to practice medicine completely independently in this state. We choose not to practice independently, respecting the more lengthy training of physicians and the greater depth of their education. However the current restrictions on our practice in Hawai'i make it difficult to provide the patient care that is needed in Hawai'i and that we are trained to provide.

The provisions in this bill allow us to practice medicine as we are trained and are doing in most other states.

Please pass this bill.

Aloha, Kathleen Elliott, PA-C, Honolulu

COMMITTEE ON COMMERCE,  
CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair  
Senator Stanley Chang, Vice Chair  
Committee Members

COMMITTEE ON JUDICIARY  
Senator Karl Rhoads, Chair  
Senator Glenn Wakai, Vice Chair  
Committee Members

FROM: Fielding Mercer, PA-C

Re: SB1406, RELATING TO HEALTH, PHYSICIAN ASSISTANTS  
Wednesday, February 27, 2019, 9:40am  
Conference Room 229, State Capitol, 415 South Beretania Street

RELATING TO HEALTH

Dear Committee Chairs and Committee Members:

I am writing in support of SB 1406  
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.

A federal report, issued in December 2018 by the U.S. Departments of Health and Human Services, Treasury, and Labor, agrees. That report notes that “[R]igid ‘collaborative practice agreement requirements can impede collaborative care rather than foster it because they limit the ability of healthcare professionals to adapt to varied healthcare demands, thereby constraining provider innovation in team-based care.”<sup>(1)</sup> The report also supports the inclusion of PAs and physicians who work with PAs on the state medical board, as SB 1406 would do. It warns of the danger inherent in having a board composed entirely of physicians regulating PA practice, noting “The risk of anti-competitive harm may be even greater when the regulatory board that imposes [scope of practice] restrictions on one occupation is controlled by members of another, overlapping occupation that provides complementary or substitute services, and the board members are themselves active market participants with a financial stake in the outcome.”<sup>(2)</sup>

We hope that you will be able to reference the AAPA’s response/rebuttal to AOA/HAOPS testimony on HB 935. It offers excellent insight regarding PA training and national trends in the utilization of physician assistants (PAs).

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.

<sup>(1)</sup> U.S. Department of Health and Human Services, U.S. Department of the Treasury, U.S. Department of Labor. *Reforming America’s Health Care System Through Choice and Competition*. Washington, D.C.; December 2018: p. 35.

<sup>(2)</sup> U.S. Department of Health and Human Services, U.S. Department of the Treasury, U.S. Department of Labor. *Reforming America’s Health Care System Through Choice and Competition*. Washington, D.C.; December 2018: p. 32.

**SB-1406**

Submitted on: 2/25/2019 10:14:43 AM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joshua Johnson	Individual	Support	No

Comments:

TO:

COMMITTEE ON COMMERCE,  
CONSUMER PROTECTION, AND HEALTH

Senator Rosalyn H. Baker, Chair

Senator Stanley Chang, Vice Chair

Committee Members;

COMMITTEE ON JUDICIARY

Senator Karl Rhoads, Chair

Senator Glenn Wakai, Vice Chair

Committee Members

FROM: Joshua R. Johnson, Ed.D., PA-C

Re: SB1406, RELATING TO HEALTH, PHYSICIAN ASSISTANTS

Wednesday, February 27, 2019, 9:40am

Conference Room 229, State Capitol, 415 South Beretania Street



POSTION: STRONG SUPPORT

My name is Joshua R. Johnson, Ed.D., PA-C. I am a physician assistant at Ali'i Health Center in Kailua-Kona and I strongly support SB1406 as this bill will modernize physician assistant practice laws. It is imperative that in Physician assistant practice laws adjust and change as medicine becomes modernized. I implore the committee to support this bill.

Sincerely,

Joshua R. Johnson, Ed.D., PA-C

**SB-1406**

Submitted on: 2/24/2019 7:48:37 PM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Christopher Piel	Individual	Support	No

Comments:

FROM: Chris Piel, PA-C MS Medical Science Yale School of Medicine

RE: SB1406

POSITION: Strong Support

My name is Chris Piel, I am a Physician Assistant at the West Hawaii Community Health Center in Waikoloa. I support SB1406 which modernizes PA practice in the state of Hawaii. This bill will primarily reduce the administrative burden of supervising physicians at organizations such as my own. I completed my PA training at the Yale School of Medicine alongside the brightest minds in medicine. I helped design a RCT for cost effective prenatal care aimed at reducing gestational diabetes in American Samoan women -- this RCT is currently funded by the NIH and underway. I am currently the only full time primary care provider accepting QUEST or any insurance in Waikoloa. I believe that PAs are part of the answer to Hawaii's rural medicine provider shortage.

Sincerely,

Chris

**SB-1406**

Submitted on: 2/24/2019 11:44:55 PM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Brenda Ford	Individual	Support	No

Comments:

Thank you, Senator Baker, for hearing this bill! It takes courage to make positive changes for the good of the people. I commend you.

My name is Brenda Ford, former Hawaii County Council Member. I strongly support SB1406 as this bill will modernize physician assistant (PA) practice laws and expand medical access coverage to rural areas under the direction of physicians.

As a former Council Member, I worked very hard on several medical and dental issues in our County:

1. I advocated for, found a building, and financially supported the West Hawaii Community Health Center opening its first Keiki Dental clinic in Kealahou. When the Keiki clinic first opened, it had filled several hundred appointments over multiple months and had several hundred more children waiting for appointments. The problem is a lack of education in families about appropriate care for teeth and the inability to afford dental insurance. The clinic has been a great success and a second clinic was opened in North Kona. A PA working with the dental team could provide medical services at the same time including vaccinations for those families interested on being current on vaccinations.
2. I financially supported the local battered women's shelter. The problem is the enormous amount of partner violence from mostly men who need to prove that they are in control and physically stronger than their partners. As they are dragged off to jail, they often say, "I had to show her my power!" We desperately need a PA to periodically visit these shelters to provide medical care for the women and children of domestic violence. These women are usually medically ignored outside of the shelters.
3. I supported and encouraged the military to come to the Ka'u and South Kona Districts to provide medical, visual, and dental services to the people who cannot afford regular medical, dental, or optical care. The military provided services from vans and community centers to the public who came for "walk-in" visits.
4. I worked with a Nurse Practitioner to provide free vaccinations for anyone for Measles, Mumps, and Rubella in South Kona and Ka'u. I filled out the paperwork while the nurse gave the shots.
5. As you can understand from my examples, the rural areas are great areas of need. To assist in addressing those needs, we need more PAs and to expand

scope of practice of our existing PAs in Hawaii. We also need to relieve doctors from some of the onerous hours needed to review 100% of charts and liability for PAs. That way, we might be able to get more doctors to use PAs in their practices and at remote sites. Physicians would be just a phone call away if needed.

PAs in Hawaii are not seeking independent practice but greater collaboration with physicians and the ability to provide more services. If any sections of SB1406 need to be amended, please do so, but please pass this bill to help our people.

**SB-1406**

Submitted on: 2/23/2019 9:51:59 PM

Testimony for CPH on 2/27/2019 9:40:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michael Brian McGee	Individual	Support	No

## Comments:

I am writing in support of the bill. We have a shortage of doctors in the islands and this bill acknowledges the current needs of the medical health profession.

Mike McGee

**SB-1406**

Submitted on: 2/24/2019 12:49:27 PM

Testimony for CPH on 2/27/2019 9:40:00 AM

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

Comments:

To: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH  
Senator Rosalyn H. Baker, Chair Senator Stanley Chang, Vice Chair Committee Members

COMMITTEE ON JUDICIARY Senator Karl Rhoads, Chair Senator Glenn Wakai, Vice Chair Committee Members

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

Re: SB1406 (related to: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 27 at 9:40AM, Conference Room 229

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 SB1406. 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. PAs work **collaboratively** with a supervising physician.

1. 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, CNAs, 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.

1. (related to 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

This 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 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. I was made aware of testimony submitted by the American Osteopathic Association (AOA) and the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS). I am also aware of the false claims made by them that has been addressed by our national organization, the American Academy of Physician Assistants (AAPA). The AAPA submitted a letter to set the record straight To: Members of the Hawaii State House Consumer Protection & Commerce Committee FROM: American Academy of PAs DATE: February 22, 2019 SUBJECT: House Bill 935.

I trust you will be able to review the letter written by the AAPA to the Hawaii State House Consumer Protection and Commerce Committee.

I also would like to inform you that I have personally trained many, many Osteopathic Residents in training stationed at the Tripler Army Medical Center over a period of approximately 15 years. They know the training of a PA. They know what a PA is capable of delivering to each patient and they knew that they could depend on me to carry them through their trauma surgical experience while rotating to Queen's. I have also worked along side many osteopathic physicians during my years of being a physician assistant (30years +) and they appreciated having me work with them. I was truly disappointed to have read the Hawaii Association of Osteopathic Physicians and Surgeons American Osteopathic Association's response. To me, it documents their lack of knowledge of what a PAs education is, what a PA really does and what a PA is currently providing to our State of Hawaii and across our nation, legally and collaboratively.

Thank you for the opportunity to testify in support of SB1406.

Sincerely,

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