

Testimony of the Hawaii Medical Board

**Before the
House Committee on Health
Friday, February 7, 2025
8:45 a.m.
Conference Room 329 and Videoconference**

**On the following measure:
H.B. 1379, RELATING TO HEALTH**

Chair Takayama and Members of the Committee:

My name is Chelsea Fukunaga, 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) exempt graduates from international medical schools from the residency requirements for medical licensure if the applicant has had at least one year of fellowship training in a program whose parent program or hospital is accredited by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, Royal College of Physicians and Surgeons of Canada, or College of Family Physicians of Canada; and (2) authorize the board to waive the residency requirements if the applicant has graduated from a foreign medical school, passed the USMLE, and practices in a specialty that no other licensed physician in the State practices in.

While the Board has not had the opportunity to review this bill, the Board supports the intent of this measure to amend Hawaii Revised Statutes section 453-4.5, to add language related to alternative pathways of licensure requirements for foreign medical graduates.

For the Committee's information, the Board will review this bill at its next publicly noticed meeting on February 13, 2025.

Thank you for the opportunity to testify on this bill.



**STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY**
DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

KENNETH S. FINK, MD, MGA, MPH
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ADMINISTRATOR

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February 6, 2025

To: House Committee on Health
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair,
And Honorable Members

From: John C (Jack) Lewin MD, Administrator, SHPDA; and
Senior Advisor to Governor Green on Healthcare Innovation

Re: HB 1379 -- Relating to Health

Position: SUPPORT, with COMMENTS

Testimony:

This complicated bill exempts graduates from international medical schools from the residency requirements for medical licensure if the applicant has had at least one year of fellowship training in a program whose parent program or hospital is accredited by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, Royal College of Physicians and Surgeons of Canada, or College of Family Physicians of Canada. Authorizes the board to waive the residency requirements if the applicant has graduated from a foreign medical school, passed the USMLE, and practices in a specialty that no other licensed physician in the State practices in.

SHPDA FULLY SUPPORTS THE INTENT of this bill to ease the physician shortage here in both primary and specialty practices. Given the details involved with licensing, we would have preferred to confer with DCCA, as well as the Hawaii Medical Association before drafting this testimony.

However, we think it will be improved if it specifies that the college or medical institution origin of the physician is in the reliable World Directory of Medical Schools, and if the candidate has completed a minimum of two years of higher-level clinical training as an international fellow. That said, this idea is a good one, and we should work out the details and pass this to allow recruitment of more qualified international physicians here.

Mahalo for the opportunity to testify.

Friday, February 7, 2025 at 8:45 AM
Via Video Conference; Conference Room 329

House Committee on Health

To: Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

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

Re: **Comments on HB 1379
Relating to Health**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH supports the intent of and provides the following COMMENTS on HB 1379 which allows foreign medical school graduates applying for a license to practice medicine and surgery to substitute one year of required medical training or experience in a hospital with one year of fellowship training where the parent program or hospital is accredited by the Accreditation Council for Graduate Medical Education. **We suggest a few amendments to the measure for clarity as noted below.**

At Page 1, line 9 continuing to Page 2, lines 1-18:

(A) A medical school or college **listed in the World Directory of Medical Schools** whose program leading to the M.D. degree is accredited by the Liaison Committee on Medical Education or whose program leading to the D.O. degree is approved by the American Osteopathic Association Commission on Osteopathic College Accreditation, and has served a residency of at least one year in a program that has been accredited for the training of resident physicians or osteopathic physicians by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, respectively, or a residency of at least one year in a program in Canada that has been accredited for the training of resident physicians by the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada; or

(B) A foreign medical school and has had at least two years of residency in a program accredited by the Accreditation Council for Graduate Medical Education or the American

Osteopathic Association, or has completed a minimum of two years of higher level clinical training as an international fellow who was not in a position accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association at a training institution accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association and who has demonstrated clinical competence comparable to that of an individual who has graduated from an Accreditation Council for Graduate Medical Education or the American Osteopathic Association institution, or has had at least two years of residency in a program in Canada that has been accredited for the training of resident physicians by the Royal College of Physicians and Surgeons of Canada, or by the College of Family Physicians of Canada;

At Page 4, add subsections (iii) and (iv) at line 17:

iii Has passed the United States Medical Licensing Examination (USMLE); and

iv. Has demonstrated a proficiency in the English language.

The suggested amendments specify the type of acceptable medical schools a foreign may graduate from. They further clarify that a foreign medical student need not have been in a position that is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association where the training institution is accredited by those organizations. Passing the USMLE is an important aspect of a foreign graduate's qualifications as is a proficiency in English.

Allowing the substitution of one year of medical training in a hospital for one year of fellowship training where the parent program or hospital is accredited by the Accreditation Council for Graduate Medical Education may permit foreign medical school graduates to become licensed professionals and enter the health care workforce sooner. A residency program is entered into after graduation from medical school and lasts between 2-4 years, depending on the specialty the resident is training in, and is often performed in a hospital setting. A fellowship, on the other hand, is done after the completion of a residency program and involves additional specialized training under a more experienced physician. The purposes and objectives of residency and fellowship training are similar. Both programs aim to prepare doctors for future full-fledged medical practice.

Recent data reported in the Physician Workforce Report of 2023 shows that of the more than 12,000 licensed physicians in Hawai'i only 3,599 are currently providing patient care to Hawai'i's population. Further, of those practicing, not all physicians practice fulltime. Thus these 3,599 individuals provide approximately 3,022 Full-Time Equivalents (FTEs) of active patient care. Moreover, Hawai'i faces a physician shortage of nearly 800 physicians when compared to the Continental United States. Therefore, the flexibility to substitute types of accredited training may ease the path to licensure and has the potential of allowing much needed physicians to practice in Hawaii.

Thank you for the opportunity to provide testimony.



Philippine Medical Association of Hawai'i

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Rhea Bautista, MD

Executive Director

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To: The Honorable Chair Gregg Takayama, the Honorable Vice Chair Sue L. Keohokapu-Lee Loy, and the House Committee on Health

Subject: TESTIMONY IN STRONG SUPPORT OF HB1379

Aloha Esteemed Committee Members,

On behalf of the Philippine Medical Association of Hawaii (PMAH), we submit this testimony in strong support of HB 1379, which seeks to create a clear and fair pathway for foreign-trained doctors to obtain licensure in Hawaii. PMAH represents over 200 physicians across both specialty and primary care fields. Many of our members are foreign medical graduates (FMGs) who have become cornerstones of Hawaii's medical community, providing essential care to underserved populations. We believe this bill has the potential to significantly reduce the state's physician shortage, particularly in rural and underserved communities.

Hawaii urgently needs more doctors, especially in primary care and specialty fields. Many FMGs have the skills and training necessary to help address this shortage, yet the current licensing system creates obstacles that prevent them from practicing in Hawaii. By refining the licensing process, these qualified physicians can be integrated into our healthcare system while maintaining high standards of patient care and safety.

As currently written, the bill requires FMGs to complete at least one year of fellowship in the U.S. before obtaining a license. However, this requirement suggests that FMGs must have already completed a residency, which is not explicitly stated. Additionally, requiring a fellowship may unintentionally restrict FMGs to subspecialty practice, although Hawaii has urgent needs in both specialty and primary care fields. Primary care physicians do not typically complete a fellowship, so an alternative pathway should be available to FMGs who wish to serve in this essential area.

Certain specialties—such as OB/GYN, Radiology, General Surgery, and Ophthalmology—allow physicians to practice independently immediately after completing residency, without requiring a fellowship, unless they choose to subspecialize. Requiring FMGs in these fields to complete a fellowship would create an unnecessary barrier that is not consistent with standard U.S. training and licensure practices.

To ensure fairness and accessibility, we propose some revisions to the bill. For example, Tennessee has successfully implemented a similar bill, allowing FMGs who have completed residency in their home country to achieve full licensure. Their model enables FMGs to complete two years of supervised practice in a facility accredited by an appropriate medical licensing authority, working under a provisional license.

This approach provides a clear and practical pathway to licensure, accommodating both primary care and specialty physicians. It ensures that their community benefits from highly trained doctors without unnecessary barriers, while maintaining rigorous training standards and patient safety.

The Philippine Medical Association of Hawaii (PMAH) strongly supports HB 1379 as a crucial step toward addressing the physician shortage. With further collaboration with the medical community, Hawaii can implement a balanced and effective solution that serves both physicians and patients.—allowing FMGs to contribute to the healthcare workforce while maintaining strong oversight and training. By acting now, Hawaii can strengthen its healthcare workforce, expand patient access to care, and uphold the high medical standards our communities depend on.

Thank you for your time and consideration.

Respectfully submitted,

Rainier Dennis D. Bautista, MD, DABFM, FAAFP

President, Philippine Medical Association of Hawaii

HB-1379

Submitted on: 2/6/2025 7:44:12 AM

Testimony for HLT on 2/7/2025 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Mel Ona	Mel A. Ona, M.D., Inc. dba Ohana Gastroenterology	Support	Written Testimony Only

Comments:

To: The Honorable Chair Gregg Takayama, the Honorable Vice Chair Sue L. Keohokapu-Lee Loy, and the House Committee on Health

Subject: TESTIMONY IN STRONG SUPPORT OF HB1379

Aloha Esteemed Committee Members,

I am writing in **strong support of HB1379**, which seeks to establish a **clear and fair pathway** for foreign-trained physicians to obtain licensure in Hawaii. As an international medical graduate myself, and currently, as a physician in private practice over the past seven years, I have seen firsthand the **growing physician shortage** in our state.

Hawaii **urgently needs** more doctors, and many **foreign medical graduates (FMGs)** already have the training and experience to help, yet face unnecessary barriers to licensure. This bill provides a **practical solution** by refining the licensing process **while maintaining high patient care standards**.

I urge the committee to pass **HB1379** and consider adopting successful models like **Tennessee's**, which allows FMGs to obtain full licensure after **supervised practice**—ensuring Hawaii benefits from these highly skilled physicians without unnecessary obstacles.

By supporting **HB1379**, Hawaii can strengthen its **healthcare workforce, expand access to care, and ensure every community receives the quality medical care it deserves**.

Mahalo for your time and consideration.

Mel A. Ona, M.D., M.S., M.P.H., M.A.

HB-1379

Submitted on: 2/6/2025 7:44:46 AM

Testimony for HLT on 2/7/2025 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Manoj K. Mathew MD, SFHM	MDX Hawaii	Support	Written Testimony Only

Comments:

To: The Honorable Chair Gregg Takayama, the Honorable Vice Chair Sue L. Keohokapu-Lee Loy, and the House Committee on Health

Subject: TESTIMONY IN STRONG SUPPORT OF HB1379

Aloha Esteemed Committee Members,

I am writing in strong support of HB1379, which seeks to establish a clear and fair pathway for foreign-trained physicians to obtain licensure in Hawaii. As a physician and the CEO of MDX Hawaii, I see firsthand the growing physician shortage in our state.

MDX is the largest healthcare Medicare Advantage entity in the state of Hawaii, proudly serving more than 35,000 seniors. These patients need and deserve access to high quality physicians but are often unable to do so because of the dire clinician shortage. Patients have had to wait months sometimes to get into see a doctor. This is unacceptable and we must find a way to help these elders get the care they need and deserve.

By supporting HB1379, Hawaii can strengthen its healthcare workforce, expand access to care, and ensure every community receives the quality medical care it deserves.

Mahalo for your time and consideration.

Manoj K Mathew, MD

CEO

MDX Hawaii



Hawaii Medical Association

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HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue Keohokapu-Lee Loy, Vice Chair

Date: February 7, 2025
From: Hawaii Medical Association (HMA)
Jerald Garcia MD - Chair, HMA Public Policy Committee

RE HB 1379 RELATING TO HEALTH- Medical Students; Licensure; Waiver;
International Medical Graduates; Exemptions
Position: Comments

This measure would exempt graduates from international medical schools from the residency requirements for medical licensure if the applicant has had at least one year of fellowship training in a program whose parent program or hospital is accredited by the Accreditation Council for Graduate Medical Education, American Osteopathic Association, Royal College of Physicians and Surgeons of Canada, or College of Family Physicians of Canada, authorize the board to waive the residency requirements if the applicant has graduated from a foreign medical school, passed the USMLE, and practices in a specialty that no other licensed physician in the State practices in.

International Medical Graduates who are well trained may bring a wealth of global health knowledge to our State, enriching health systems with cultural diversity and filling in gaps in community healthcare delivery. Currently Hawaii has 3,672 physicians providing care in our state, and there is a statewide shortage of 768 Full Time Equivalent (FTEs).

Hawaii presently suffers from a critical physician workforce shortage and will certainly benefit from alternative pathways to licensure for International Medical Graduates, with requirements that maintain high quality and safe care for our citizens. HMA supports the intent of this measure and defers to the Hawaii Medical Board for specific appropriate requirements and language to achieve this.

Thank you for allowing the Hawaii Medical Association to provide comments on this measure.

2025 Hawaii Medical Association Officers

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Jerris Hedges, MD, Treasurer • Thomas Kosasa, MD, Secretary • Marc Alexander, Executive Director

2025 Hawaii Medical Association Public Policy Coordination Team

Jerald Garcia, MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director

REFERENCES AND QUICK LINKS

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Hiraishi K. "Hawai'i Doctor Shortage Worsens Under Pandemic." Hawaii Public Radio. Jan 5, 2021. <https://www.hawaiipublicradio.org/post/hawai-i-doctor-shortage-worsens-under-pandemic>

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2025 Hawaii Medical Association Public Policy Coordination Team

Jerald Garcia MD, Chair
Linda Rosehill, JD, Government Relations • Marc Alexander, Executive Director



World Education Services Statement of Support for HB 1379

World Education Services (WES) supports HB 1379, which would exempt graduates from international medical schools from the residency requirements for medical licensure if the applicant has had at least one year of fellowship training in an eligible program and would also authorize the board to waive existing residency requirements if the applicant has graduated from a foreign medical school, passed the USMLE, and practices in a specialty that no other licensed physician in the State practices in.

The United States currently faces a serious shortage of practicing physicians¹ in both primary and specialty care—a gap that is projected to widen over the coming decade. States across the country are seeking a way to ensure that all citizens, especially those in rural and underserved communities, have sufficient access to medical care. In Hawai‘i, more than 500,000 people live in 33 federally designated primary care Health Professional Shortage Areas (HPSAs).²

The Hawai‘i Physician Workforce Assessment Project Report indicates that Hawai‘i is currently experiencing a shortage of more than 750 full time physicians with the greatest statewide shortage being in primary care, with 152 full time physicians needed in total across all islands.³ Graduates from international medical schools are well-positioned to help alleviate primary and specialty care shortages. Their cultural competence is also an asset, as studies have found that patient outcomes improve when health care teams are more diverse.⁴ Yet systemic barriers prevent many graduates from international medical schools from being able to practice medicine in the U.S.

HB 1379 will help address the physician shortage in Hawai‘i and promote access to quality care for all state residents by making licensing pathways more accessible for graduates from international medical schools in the state.

Thank you for the opportunity to submit this statement of support.

WES is a non-profit social enterprise that supports the educational, economic, and social inclusion of immigrants, refugees, and international students. For 50 years, WES has set the standard for

¹ “AAMC Report Reinforces Mounting Physician Shortage.” Association of American Medical Colleges, (June 11, 2021). <https://www.aamc.org/news/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

² “Designated Health Professional Shortage Areas Statistics: First Quarter of Fiscal Year 2024 Designated HPSA Quarterly Summary.” Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, (December 31, 2024). <https://data.hrsa.gov/default/generatehpsaquarterlyreport>.

³ “Annual Report on Findings from the Hawai‘i Physician Workforce Assessment Project” (December 2024). <https://ahec.hawaii.edu/ahecsite-forhealthcareprofessionals/workforce-data.html>

⁴ L E Gomez and Patrick Bernet. “Diversity improves performance and outcomes.” National Library of Medicine, National Institutes of Health, (August 2019). <https://pubmed.ncbi.nlm.nih.gov/30765101>.



international academic credential evaluation, supporting millions of people as they seek to achieve their academic and professional goals. Through decades of experience as a leader in global education, WES has developed a wide range of tools to pursue social impact at scale. From evaluating academic credentials to shaping policy, designing programs, and providing philanthropic funding, we partner with a diverse set of organizations, leaders, and networks to uplift individuals and drive systems change. Together with its partners, WES enables people to learn, work, and thrive in new places.

HB-1379

Submitted on: 2/5/2025 9:43:36 AM

Testimony for HLT on 2/7/2025 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Stephanie Bath	Individual	Comments	Written Testimony Only

Comments:

what reason can only one physician of a speciality practice that specialty .The wording of this bill implies that if 1 physician is practicing a specialty then another can not

please clarify this

page 4 lines 14-16

Dear State House of Representatives,

I am a physician practicing in Kailua. I serve on the Hawaii Medical Board. (HMB) I am working with the HMB, state representatives, and state senate members to update some of our current Hawaii Statutes to modernize the language of our current Hawaii MD and DO licensure process.

A good start is with HRS 453-4 having to do with foreign medical graduates.

The current statute reads;

Hawaii Revised Statutes Section 453-4(b)(2)(B) outlines the qualifications for licensure for medical professionals. Specifically, it states that an applicant must furnish proof that they are a graduate of a foreign medical school and have completed at least **two years of residency in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).**

The issue at hand is some of our most qualified subspecialty physician candidates have graduated from foreign medical schools, and completed residencies in their respective countries outside of the United States. They have passed the required examination to practice in the United States-Federation Licensing examination (FLEX) or the United States Medical Licensing examination (USMLE). Many have completed one- or two-year fellowship programs here in the US, often at renown medical centers.

Of note-Highly specialized fellowship (training beyond residency) programs that offer niche, or super-specialized areas of training may not be covered by the ACGME-even if their parent medical systems are for their interns and residents.

Due to our outdated HRS 453-4, written in 1983- the Hawaii Medical Board is unable to grant these clinicians a Hawaii Medical License. A few months ago, two very qualified subspecialists- one an Israeli trained plastic surgeon fellowship trained and teaching at Harvard, and another, a pediatric cardiac surgeon from Japan were both denied licensure. At this meeting we had three Kapiolani Hospital pediatric cardiologists pleading with us to license the pediatric surgeon since we do not have a pediatric cardiac surgeon in the state. This necessitates sending all congenital heart defect babies and their families to the mainland to get necessary treatment.

As a Hawaii Medical Board member and a citizen doctor, I would like to update our HRS 453-4 to allow some flexibility in allowing well-trained clinicians to practice here.

HB 1379 allows this flexibility by;

-Allows flexibility with fellowship trained clinicians who's "parent program" is ACGME or equivalent certified.

-Allows a waiver of special needs by a physician who provides services in a specialty care that no other physician licensed in the state provides.

-Allows licensure judgment by the Hawaii Medical Board for Physicians who have demonstrated clinical competence comparable to that of the ACGME or its equivalent.

HB 1379 is a bill that will improve the state of healthcare here in Hawaii beyond the high state-of-care we already provide.

Mahalo,

Michael Jaffe, DO, FFSMB

Hawaii Medical Board
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HB-1379

Submitted on: 2/6/2025 7:32:57 AM

Testimony for HLT on 2/7/2025 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Ross Simafranca	Individual	Support	Written Testimony Only

Comments:

Aloha Esteemed Committee Members,

Good morning. I'm a general surgeon born and raised in Ewa Beach that has served the people of West Oahu since 2007.

I am writing in **strong support of HB1379**, which seeks to establish a **clear and fair pathway** for foreign-trained physicians to obtain licensure in Hawaii. As [your role/title], I see firsthand the **growing physician shortage** in our state.

Hawaii **urgently needs** more doctors, and many **foreign medical graduates (FMGs)** already have the training and experience to help, yet face unnecessary barriers to licensure. This bill provides a **practical solution** by refining the licensing process **while maintaining high patient care standards**.

I urge the committee to pass **HB1379** and consider adopting successful models like **Tennessee's**, which allows FMGs to obtain full licensure after **supervised practice**—ensuring Hawaii benefits from these highly skilled physicians without unnecessary obstacles.

By supporting **HB1379**, Hawaii can strengthen its **healthcare workforce, expand access to care, and ensure every community receives the quality medical care it deserves**.

Mahalo for your time and consideration

Ross Simafranca, MD, FACS

HB-1379

Submitted on: 2/6/2025 7:48:21 AM

Testimony for HLT on 2/7/2025 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Leovigildo M Ramirez Jr	Individual	Support	Written Testimony Only

Comments:

To: The Honorable Chair Gregg Takayama, the Honorable Vice Chair Sue L. Keohokapu-Lee Loy, and the House Committee on Health

Subject: TESTIMONY IN STRONG SUPPORT OF HB1379

Aloha Esteemed Committee Members,

I am writing in **strong support of HB1379**, which seeks to establish a **clear and fair pathway** for foreign-trained physicians to obtain licensure in Hawaii. As a practicing medical doctor here in Hawaii, I see firsthand the **growing physician shortage** in our state.

Hawaii **urgently needs** more doctors, and many **foreign medical graduates (FMGs)** already have the training and experience to help, yet face unnecessary barriers to licensure. This bill provides a **practical solution** by refining the licensing process **while maintaining high patient care standards**.

I urge the committee to pass **HB1379** and consider adopting successful models like **Tennessee's**, which allows FMGs to obtain full licensure after **supervised practice**—ensuring Hawaii benefits from these highly skilled physicians without unnecessary obstacles.

By supporting **HB1379**, Hawaii can strengthen its **healthcare workforce, expand access to care, and ensure every community receives the quality medical care it deserves**.

Mahalo for your time and consideration.

Leovigildo M Ramirez Jr MD

HB-1379

Submitted on: 2/6/2025 7:59:55 AM

Testimony for HLT on 2/7/2025 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
hugo higa	Individual	Support	Written Testimony Only

Comments:

Subject: TESTIMONY IN STRONG SUPPORT OF HB1379

Aloha Esteemed Committee Members,

I am writing in **strong support of HB1379**, which seeks to establish a **clear and fair pathway** for foreign-trained physicians to obtain licensure in Hawaii. As [your role/title], I see firsthand the **growing physician shortage** in our state.

Hawaii **urgently needs** more doctors, and many **foreign medical graduates (FMGs)** already have the training and experience to help, yet face unnecessary barriers to licensure. This bill provides a **practical solution** by refining the licensing process **while maintaining high patient care standards**.

I urge the committee to pass **HB1379** and consider adopting successful models like **Tennessee's**, which allows FMGs to obtain full licensure after **supervised practice**—ensuring Hawaii benefits from these highly skilled physicians without unnecessary obstacles.

By supporting **HB1379**, Hawaii can strengthen its **healthcare workforce, expand access to care, and ensure every community receives the quality medical care it deserves**.

Mahalo for your time and consideration.

HB-1379

Submitted on: 2/6/2025 8:19:26 AM

Testimony for HLT on 2/7/2025 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Rhea Bautista MD	Individual	Support	Written Testimony Only

Comments:

TESTIMONY IN STRONG SUPPORT OF HB1379 WITH AMENDMENTS

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Honorable Members of the Committee,

As a **member of the Philippine Medical Association of Hawaii (PMAH)** and an advocate for expanding access to high-quality healthcare in our state, I submit this testimony in **strong support of HB1379 with amendments**. This bill represents a crucial opportunity to address **Hawaii’s physician shortage** while ensuring that all practicing physicians meet **the highest standards of medical care**.

Hawaii is facing a **severe physician shortage, particularly in rural and underserved areas**. Many **foreign medical graduates (FMGs)** have extensive training and experience and are more than capable of contributing to our healthcare workforce. However, the current licensing structure **creates barriers that prevent these highly skilled physicians from practicing in our state**, limiting access to care for our communities.

While I fully support the **intent** of this bill, I believe that **reasonable modifications can enhance its effectiveness** and ensure alignment with best practices.

We **all share the same goal: to ensure high-quality, evidence-based medical care for Hawaii’s communities**. We can tap into a workforce that is more than capable—we just need to find **an effective way to integrate them into our healthcare system**.

A structured **apprenticeship model**, where FMGs train under the **supervision of a licensed physician following ACGME standards and evidence-based medicine**, would provide a **balanced solution**. Tennessee’s recently passed SB1451 provides a model, allowing FMGs to:

- Obtain provisional licensure after meeting certification and exam requirements**
- Complete two years of supervised practice instead of repeating a full U.S. residency**
- Train under a licensed physician within an accredited healthcare setting following ACGME standards**
- Transition to unrestricted licensure after demonstrating competency**

By implementing a similar structure, **Hawaii can ensure patient safety, uphold the highest standards of care, and create an equitable pathway for FMGs to contribute to our healthcare system.** Other states, including **Arizona, Massachusetts, Missouri, and Nevada,** are considering similar reforms.

I am confident that by working **collaboratively with the Hawaii Medical Board,** we can **find a solution that upholds the integrity of medical training while addressing our state's urgent need for more physicians. We are all trying to do the right thing—to ensure our communities receive the highest quality of care while creating fair and transparent opportunities for qualified physicians.**

I urge the committee to pass HB1379 with thoughtful revisions that incorporate **structured supervised training** as a pathway to full licensure. Together, we can **expand Hawaii's physician workforce while maintaining the highest standards of care.**

Mahalo for your time and consideration. I appreciate your leadership on this critical issue and stand ready to support efforts to refine and improve this legislation.

Respectfully submitted,

Rhea Bautista, MD

References:

<https://www.nejm.org/doi/full/10.1056/NEJMp2310001>

Dear State House of Representatives,

I am a physician practicing in Kailua. I serve on the Hawaii Medical Board. (HMB) I am working with the HMB, state representatives, and state senate members to update some of our current Hawaii Statutes to modernize the language of our current Hawaii MD and DO licensure process.

A good start is with HRS 453-4 having to do with foreign medical graduates.

The current statute reads;

Hawaii Revised Statutes Section 453-4(b)(2)(B) outlines the qualifications for licensure for medical professionals. Specifically, it states that an applicant must furnish proof that they are a graduate of a foreign medical school and have completed at least **two years of residency in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).**

The issue at hand is some of our most qualified subspecialty physician candidates have graduated from foreign medical schools, and completed residencies in their respective countries outside of the United States. They have passed the required examination to practice in the United States-Federation Licensing examination (FLEX) or the United States Medical Licensing examination (USMLE). Many have completed one- or two-year fellowship programs here in the US, often at renown medical centers.

Of note-Highly specialized fellowship (training beyond residency) programs that offer niche, or super-specialized areas of training may not be covered by the ACGME-even if their parent medical systems are for their interns and residents.

Due to our outdated HRS 453-4, written in 1983- the Hawaii Medical Board is unable to grant these clinicians a Hawaii Medical License. A few months ago, two very qualified subspecialists- one an Israeli trained plastic surgeon fellowship trained and teaching at Harvard, and another, a pediatric cardiac surgeon from Japan were both denied licensure. At this meeting we had three Kapiolani Hospital pediatric cardiologists pleading with us to license the pediatric surgeon since we do not have a pediatric cardiac surgeon in the state. This necessitates sending all congenital heart defect babies and their families to the mainland to get necessary treatment.

As a Hawaii Medical Board member and a citizen doctor, I would like to update our HRS 453-4 to allow some flexibility in allowing well-trained clinicians to practice here.

HB 1379 allows this flexibility by;

-Allows flexibility with fellowship trained clinicians who's "parent program" is ACGME or equivalent certified.

-Allows a waiver of special needs by a physician who provides services in a specialty care that no other physician licensed in the state provides.

-Allows licensure judgment by the Hawaii Medical Board for Physicians who have demonstrated clinical competence comparable to that of the ACGME or its equivalent.

HB 1379 is a bill that will improve the state of healthcare here in Hawaii beyond the high state-of-care we already provide.

Mahalo,

Michael Jaffe, DO, FFSMB

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