PRESENTATION OF THE BOARD OF MEDICAL EXAMINERS

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-FOURTH LEGISLATURE Regular Session of 2008

Friday, March 14, 2008 8:30 a.m.

TESTIMONY ON SENATE BILL NO. 3027, S.D. 2, RELATING TO OSTEOPATHY.

TO THE HONORABLE JOSH GREEN, M.D., CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Constance Cabral and I am the Executive Officer of the Board of Medical Examiners ("Board"). Thank you for the opportunity to testify in strong support of Senate Bill No. 3027, S.D. 2, which is an Administration bill.

Your Committee heard the companion measure, H.B. No. 3105 and passed it out unamended. However, H.B. No. 3105 did not make the first lateral deadline and S.B. NO. 3027, S.D. 2 is the only measure alive.

The purpose of this bill is to provide uniformity for osteopathic physicians by including them in chapter 453, Hawaii Revised Statutes, relating to Medicine and Surgery.

The Board regulates doctors of medicine ("MDs") through chapter 453, HRS, and doctors of osteopathy ("DOs") through chapter 460, HRS. Because the Board considers MDs and DOs to be equal, it attempts to regulate the two in as uniform a manner as possible.

However, it has not been able to do this to the fullest extent possible due

to the lack of consistency between chapter 453, HRS, and chapter 460, HRS. The inconsistency is because chapter 460, HRS, does not contain many of the provisions that are in chapter 453, HRS. In 2007, the Board submitted a bill which amended chapter 460, HRS, by including such provisions. While the bill was heard by respective Committees of the Legislature, it did not clear all Committees and did not pass.

Since then, the Board has reconsidered the approach it took with the 2007 legislative proposal and believes that regulating both professions through chapter 453, HRS, would be more fitting. This would allow it to treat MDs and DOs in a uniform manner without having to ensure that corresponding amendments are made to chapter 460, HRS, each time chapter 453 is revised.

Thus, this proposal revises chapter 453, HRS, by adding:

- "osteopathic physician" throughout the chapter whenever reference is made to physician;
- "osteopathic medicine" to section 453-1;
- "D.O." to subsection 453-2(a), thereby allowing only those licensed as
 DOs to use those letters;
- "doctors of osteopathic medicine" to subsection 453-3.2(a);
- "Bureau of Osteopathic Specialties to subsection 453-3.5(a) to provide for DO specialties;

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- "D.O. degree" to subsection 453-4(b) to provide for osteopathic licensing requirements;
- "American Osteopathic Association Commission on Osteopathic
 College Accreditation" to subsection 453-4(b) as that is the agency
 that approves osteopathic medical programs and residency training
 programs;
- "American Osteopathic Association" to subsection 453-4(b) as that is the agency that approves residency training programs;
- "Comprehensive Osteopathic Medical Variable-Purpose Examination-USA" to subsections 453-4(b) and (d) to provide an examination for
 DOs who have been in practice a number of years and never took
 the National Board of Medical Examiners examination;
- "National Board of Osteopathic Medical Examiners examination" and
 "Comprehensive Osteopathic Medical Licensing Examination-USA" to
 subsection 453-4(c) to provide osteopaths with licensing
 examinations: and
- "Hawaii Association of Osteopathic Physicians and Surgeons" and
 "American Osteopathic Association" to subsection 453-8(a), thereby
 making it a ground for disciplinary action if a licensee were to
 engage in conduct or practice contrary to these associations'
 standards of ethics.

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This bill will also:

- Require DOs, like MDs, to obtain continuing medical education
 ("CME") as a requirement for license renewal and provide for
 Category 1A CME in subsections 453-6 (b) and (c); and
- Repeal 460, HRS, relating to osteopathy.

The Board asks for your favorable consideration of this Administration bill.

Thank you for the opportunity to testify in strong support of this bill.



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Hawaii Medical Association 1360 S. Beretania St. Suite 200 Honolulu, HI 96814

> (808) 536-7702 (808) 528-2376 fax www.hmaonline.net

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To: Rep. Josh Green, M.D., Chair Rep. John Mizuno, Vice Chair Health Committee

From: Cynthia Goto, M.D., President Linda Rasmussen, M.D., Legislative Co-Chair Philip Hellreich, M.D., Legislative Co-Chair Paula Arcena, Executive Director Dick Botti, Government Liaison

Re: <u>SB 3027 SD2 Relating To Osteopathy (Includes doctors</u> of osteopathy in the medical doctors chapter (chapter 453) so that the Board of Medical Examiners may treat medical doctors and doctors of osteopathy in the same manner; repeals osteopathy chapter (chapter 460).)

HMA is in strong support of SB3027 SD2.

This bill will include Osteopathic physicians and the practice of osteopathy part of Hawaii Revised Statutes, Chapter 453, relating to Medicine and Surgery.

Osteopathic (D.O.s) and medical (M.D.s) doctors are both physicians and should be treated as equivalents:

- Applicants to both D.O. and M.D. medical colleges have four-year undergraduate degrees with an emphasis on scientific courses.
- Both D.O.s and M.D.s complete four years of basic medical education.
- After medical school, both D.O.s and M.D.s obtain graduate medical education through such programs as internships and residencies. This training typically lasts three to six years and prepare them to practice a specialty.

Please deliver to

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- Both D.O.s and M.D.s can choose to practice in any specialty area of medicine-such as pediatrics, family practice, psychiatry, surgery or obstetrics.
- D.O.s and M.D.s must pass comparable examinations to obtain state licenses.
- D.O.s and M.D.s both practice in fully accredited and licensed health care facilities.
- Together, D.O.s and M.D.s enhance the state of health care available in America.

The key difference is that the D.O.s regard your body as an integrated whole. Their approach to medicine is to treat the "whole person", with less emphasis on a specific symptom or illness.

Approximately 65% of practicing osteopathic physicians specialize in primary care areas, such as pediatrics, family practice, obstetrics and gynecology, and internal medicine.

M.D.s and D.O.s fill a critical need for physicians by practicing in rural and other medically underserved communities.

This bill would bring consistency to the way D.O. and M.D. physicians are treated under the law.

Thank you for the opportunity to testify on this matter.