PRESENTATION OF THE HAWAII MEDICAL BOARD

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SEVENTH LEGISLATURE Regular Session of 2014

Wednesday, February 5, 2014 10:00 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON HOUSE BILL NO. 1882, RELATING TO PODIATRISTS.

TO THE HONORABLE DELLA AU BELATTI, CHAIR AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, and I am one of the Executive Officers of the Hawaii

Medical Board ("Board"). Thank you for the opportunity to provide written testimony on

House Bill No. 1882, Relating to Podiatrists. The Board has not had an opportunity to

discuss this bill, but will do so at its next meeting on February 13, 2014. Therefore, the

Board is not able to offer comments on the proposed amendments.

Thank you for the opportunity to provide written testimony on House Bill

No. 1882.

Robert LaReaux, DPM President Hawaii Podiatric Medical Association 407 Uluniu Street, #107 Kailua, HI 96734 Yoleven316@yahoo.com Office: 266-0066 Cell: 808-226-8461

Aloha,

This legislative session, the Hawaii Podiatric Medical Association has proposed two bills in each the House and the Senate, for your consideration. HB1882 and SB 2468 address residency requirements for licensure. HB1880 and SB 2467 address the scope of practice.

Licensure for MD's and DO's in Hawaii requires completion of an approved 12 month residency (24 months if foreign trained). The podiatry residency requirement, as written in Hawaii state law, is unenforceable and needs revision. The new bill we are proposing will require podiatrists to complete at least a 24 month accredited residency program for licensure. 44 states have residency requirements of either 12 or 24 months, similar to the revisions we are proposing for Hawaii.

In 1988, I was directly involved in writing the scope of practice law for podiatrists which was the last time this was before the legislature. Back then, after much "on the rail" negotiations at the Capital Building with orthopedic surgeons, an agreement was reached and the statute was revised to allow podiatrists to operate on the ankle with the exception of ankle fractures. It also did not allow amputations other than toes.

Since then, much has changed in the training and practice of podiatric medicine. Our medical education has significantly advanced. In 1987, 90% of podiatrists completed a 12 month residency; only 10% did a 24 month residency. Today, and for the last ten years, ALL podiatrists are required to do a 36 month residency.

In 1987, when I arrived on Oahu, there were no hospital surgical privileges for podiatrists. So negotiations on ankle fractures and amputations back then was largely theoretical since there was no place to perform these surgeries. I proved to Castle Medical Center that my surgical training qualified me for surgical privileges which were granted in 1988. I have done emergency room call at Castle for more than 25 years. My podiatry colleagues have, one by one, proved their skills and training as well, opening the doors at almost all hospitals in the state. We are members of the medical staff with full operating privileges. Podiatry in Hawaii has come full circle. I am one of the founding partners of Castle Hospital's ambulatory surgical center.

So where are we now? Currently, 46 states allow podiatrists full ankle privileges (including ankle fractures). All but a handful of states allow more than toe amputations.

I contacted the most recently licensed podiatrists now practicing in Hawaii to learn just how well trained they are in ankle fractures. The number of ankle procedures they have done is impressive. They have surgically corrected the following numbers of ankle fractures: 100, 80, 70, 50, 30, 20. Compare this to the average number of foot surgeries an orthopedic surgeon does during his 5 year residency: 109.5

There is a physician shortage in Hawaii and is projected to worsen over the next 6 years. On the outer islands, patients have had to fly over to Oahu to have surgical repair of their ankle fractures. Several years ago, at my hospital, Castle, orthopedic trauma cases, including ankle fractures, had to be diverted to Queens due to the physician shortage.

When I was checking references on my new partner, Dr. Sandra Au, her residency director told me that she was so skilled at surgically correcting ankle fractures, that they told her not to practice in Hawaii because she couldn't use her talents or training to her full capacity. She grew up in Nuuanu and went to McKinley High School. What a waste if we had lost one of our best and brightest. Fortunately, she chose to come home.

Hawaii has the worst rate of major amputations in the country. Podiatrists are at the forefront of saving legs. We work in tandem with vascular surgeons, general surgeons, orthopedic surgeons and the patient's primary physician to minimize the risks associated with diabetes and peripheral vascular disease. By allowing us to perform the lesser amputations of the foot, we can reduce the incidence major leg amputations.

Clearly, it is in the best interest of public health to support these long overdue changes in podiatric state legislation.

Additional supporting documents follow.

Sincerely Robert LaReaux, DPM President Hawaii Podiatric Medical Association February 5, 2014 10:00 am

Testimony to: Rep. Della Au Belatti, Chair and Member of the Committee

Subject: HB 1880 and HB 1882 Relating to Podiatrists

Presented by: Attilio Avino Jr., DPM; FACFAS Hawaii Podiatric Medical Association



Chair Della Au Belatti and Members of the Committee:

My name is Attilio Avino and, on behalf of the Hawaii Podiatric Medical Association, I wish to express my support for HB 1880 and HB 1882 as they relate to the practice of Podiatry. I have completed 4 years of surgical residency training with a focus on foot and ankle surgery and reconstruction. I am currently in private practice and I am an active member of the House Staff at the Queens Medical Center and Pali Momi Medical Center.

During my residency training, I have performed hundreds of foot and ankle surgeries and I am Board Certified by the American Board of Podiatric Surgery. The laws that govern the scope of practice for Podiatry in Hawaii were formulated over 20 years ago and fail to adequately reflect the advanced surgical training that practicing podiatrists receive in the treatment of foot and ankle disorders, whether they are developmental/acquired, congenital or traumatic in nature.

Updating the scope of practice would give patients suffering from a lower extremity ailment more access to healthcare providers trained in the treatment of disorders of the foot and ankle, especially in rural areas of our state. HB 1880 and HB 1882 will also attract new podiatric physicians as they would be able to provide care in accordance with their degree and level of training.

I feel that this BIII will also help the increasing number of people who suffer from diabetes. Since podiatrists receive advanced training in diabetic limb salvage techniques, updating our scope of practice laws will allow foot and ankle specialists to save limbs, which not only helps preserve patient quality of life, but also reduces healthcare costs.

Thank you for allowing our testimony.

Sincerely,

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Sandra Au, DPM Aloha Foot Centers

Testimony to: Representative Della Au Belatti, Chair, House Committee on Health Date and time of hearing: February 05, 2014 10:00am In support of HB 1882 – Relating to Podiatrists



Chair Au Bellati and members of the Committee:

My name is Sandra Au, I am a podiatrist practicing on the Windward side of the island and I support this bill. I was born and raised on Oahu graduating from McKinley High School. I returned to Hawaii just 6 months ago after being away for 11 years, completing 4 years of undergraduate, 4 years of podiatry school, and 3 years of a foot and ankle surgical residency in California. I had always planned to return to Hawaii to practice and serve the people of Oahu but was discouraged to do so when I learned that the scope of practice laws for podiatrists were so restricted compared to California and the rest of the nation. There are only 5 states that do not allow podiatrists to treat ankle fractures and only 7 states that do not allow podiatrists to do partial foot amputations, Hawaii being one of them for both. My mentors and physicians that trained me were disappointed that I would not be able to use all the surgical skills that they taught me. Many of them urged me to stay and offered me an amazing job in California. The offer was very tempting but Hawaii was my home and I felt obligated to come back to change things for the better. That is why I am here standing before you in support of this bill. If this bill does not pass a lot of well skilled surgeons would be discouraged from coming to Hawaii to practice.

There are only a few foot and ankle orthopedic physicians in Hawaii which means a huge shortage in well qualified foot and ankle specialists that are able to treat ankle fractures and perform limb salvage amputations. This shortage is even more apparent on the neighbor islands where a patient may have to fly to Oahu with a fractured ankle just to have the procedure done.

In the last 2 years I have surgically fixed 70 ankle fractures. If the law does not get changed then those skills that I have attained would go to waste and it will be the patients that will suffer by not having access to a foot and ankle specialist. It frustrates me to have the skills and knowledge to be able to treat my patients but because of the law I have to turn them away and send them to someone else that may not have done as many ankle fractures or foot amputations that I have. Orthopedic surgeons after 5 years of residency on average have only performed 109 foot and ankle cases total. The training podiatrists receive today to treat ankle fractures is more than the training that most orthopedic surgeons get in their 5 years. We should be allowed to do the procedures that we were trained to do.

The standard currently for podiatric graduates is to complete a 24 month surgical podiatric residency and I support the change to require a residency in order to obtain a Hawaii state license. A residency requirement is the standard in state laws across the nation and this will ensure that only well trained graduates will be able to obtain a Hawaii license to practice podiatry.

Thank you for your time and consideration and allowing my testimony.

Sincerely, Sandra Au, DPM Aloha Foot Centers



Submitted By	Organization	Testifier Position	Present at Hearing
Linda Ho DPM	Individual	Support	No

Comments: Subject: HB1882-Relating to Podiatrists (all four bills have the same title) Presented by: Linda Ho DPM Queen's Medical Center Members of the Committee: I am Linda Ho practicing podiatrist and I support this bill. I was born and raised here, a proud graduate of Pearl City High School Class of 2002, and I studied in the mainland, always with the intent of going home to bring back and contribute what I was able to find as my purpose in life back home. As fate would have it, the path lead to podiatric medicine. Podiatric medicine is a profession that is an untapped resource whose potential can only bring benefit to the people of Hawaii. With Hawaii's population of growing diabetic patients, Hawaii's population of increasingly active seniors with the baby boomers, our generalized population of proudly barefooted walkers, it is our profession that helps keep our nation healthy and on their feet. These two bills HB 1882/1880 will assist with fortifying our profession's goal to uphold the quality of care that Hawaii's people deserve to keep them on their feet: to ensure that qualified and trained podiatrists can fully demonstrate what we were trained to do from an either 24 month or 36 month residency. I have colleagues who are also Kama'aina who are training in the mainland, with the intention with the intention to return home to indeed serve our home. I am hopeful that these bills will enable them to fill the constant brain drain that this state is suffering from. Thank you for allowing my testimony.

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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