

**PRESENTATION OF THE  
HAWAII MEDICAL BOARD**

TO THE HOUSE COMMITTEE ON  
CONSUMER PROTECTION AND COMMERCE

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2016

Wednesday, February 24, 2016  
2:05 p.m.

**TESTIMONY ON HOUSE BILL NO. 2233, H.D. 1, RELATING TO HEALTH CARE  
PROFESSIONALS.**

TO THE HONORABLE ANGUS L.K. MCKELVEY, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quogue, and I am the Executive Officer of the Hawaii Medical Board ("Board"). The Board appreciates the opportunity to submit testimony in opposition to House Bill No. 2233, H.D. 1, Relating to Health Care Professionals.

The purpose of House Bill No. 2233, H.D. 1, is to require physicians' actively practicing medicine in the State to complete a continuing medical education ("CME") course that focus on health issues with significant public health impact to the State.

The Board opposes this measure for the following reasons:

- With regard to setting content standards for CME requirements, the Board believes that a physician should obtain CME within their specialty or area of focus. As such, the Board prefers to give physicians the latitude to determine what those CME should be.
- The Board believes that physicians may obtain information and current updates related to this content specific matter more timely through the United States Centers for Disease Control or the State of Hawaii Department of Health versus mandating it through CME.

- Furthermore, it is impossible to determine the number of physicians who actively practice medicine in the State. As the Committee may be aware, the Board has a total of 800 licensed osteopathic physicians (DO) in the State, 494 of whom are located on the mainland; and 9,034 allopathic physicians (MD), 4,370 of whom are located on the mainland or located in foreign countries. For those physicians who are located in the State, the Board does not have statistical information which clearly identifies those that are “actively” practicing here.

Based on the above concerns, the Board respectfully requests that this bill, as written, be held in Committee.

For the Committee’s information, the companion bill, Senate Bill No. 3041, was heard on February 5, 2016, by the Senate Committee on Commerce, Consumer Protection, and Health, and was deferred. The Board is aware that there have been ongoing discussions with some of the stakeholders for this measure and the deferred Senate bill, and the Board is willing to continue discussing alternative solutions, other than CME, that might address the underlying issues of this bill.

Thank you for the opportunity to testify on House Bill No. 2233, H.D. 1, Relating to Health Care Professionals.

From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 23, 2016 1:08 PM  
To: CPCtestimony  
Cc: michael.r.hamilton@kp.org  
Subject: Submitted testimony for HB2233 on Feb 24, 2016 14:05PM

**HB2233**

Submitted on: 2/23/2016

Testimony for CPC on Feb 24, 2016 14:05PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Hamilton	Hawaii Chapter, American Academy of Pediatrics	Oppose	No

Comments: The Hawaii Chapter of the American Academy of Pediatrics is in strong opposition to this bill. As an organization, one of our primary missions is to provide education to the pediatricians of Hawaii. We provide CME conferences twice a year and this is a major undertaking to put together. The majority of pediatricians in the state are interested in keeping up with the latest or current medical issues. However, based on our experience, it will be nearly impossible to reach all pediatricians, comprehensively and in a timely manner if the measures of this bill are put in to practice. Making sure that physicians are up to date on the latest infectious disease outbreaks is important, BUT this is not the way. Please table this bill and reconsider addressing this issue in other ways, involving a panel of physicians and physician educators throughout the state who can provide input on how best to approach this. Sincerely, R. Michael Hamilton, MD, MS, FAAP President, Hawaii Chapter of the American Academy of Pediatrics

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From: mailinglist@capitol.hawaii.gov  
Sent: Friday, February 19, 2016 5:13 PM  
To: CPCtestimony  
Cc: refrey2001@yahoo.com  
Subject: \*Submitted testimony for HB2233 on Feb 24, 2016 14:05PM\*

**HB2233**

Submitted on: 2/19/2016

Testimony for CPC on Feb 24, 2016 14:05PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Frey	Individual	Oppose	No

Comments:

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Written Testimony Submission for HB 2233

20 February 2016

I am submitting my testimony in support of HB 2233.

I believe one of the crucial factors that contributed to the delay of realizing that Hawaii Island had a dengue outbreak occurring was that many of the medical practitioners on-island have little to no background in the diagnosis and treatment of tropical infectious diseases.

People I know personally were diagnosed with mononucleosis, but had a rash, which is atypical of mono infections. These people are planning to have themselves tested at personal cost in the future to determine if they did indeed have dengue for their future health and welfare.

To date, there are still many cases being incorrectly diagnosed, which has led to a large mistrust for our medical community. Combined with the inconsistency in test result availability, and access to free testing (without a doctor or facility charge included) has also made a real baseline impossible.

Given the possibility of a zika outbreak, along with the ongoing dengue outbreak, and in order to keep in step with the rest of the world dealing with these mosquito-borne illnesses, I believe and support the legislation requiring our medical community to maintain current education certification regarding diagnosis, treatment and follow up with these diseases.

Mahalo,  
Krista Johnson  
Napoopoo  
Hawaii Dengue Fever Awareness

From: mailinglist@capitol.hawaii.gov  
Sent: Sunday, February 21, 2016 4:38 PM  
To: CPCtestimony  
Cc: 123karen@earthlink.net  
Subject: Submitted testimony for HB2233 on Feb 24, 2016 14:05PM

**HB2233**

Submitted on: 2/21/2016

Testimony for CPC on Feb 24, 2016 14:05PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
karen anderson	Individual	Comments Only	No

Comments: In the course of the dengue fever outbreak on Hawaii Island, I have run across several people who were misdiagnosed by physicians. They returned to the doctor and insisted on a blood test, and found out that they were indeed positive for dengue. This virus presents in many different ways, from full symptomatic to partially symptomatic. It's in critical that health professionals are up to speed on the new wave of tropical diseases coming to our shores. I support the passage of this important bill.

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From: mailinglist@capitol.hawaii.gov  
Sent: Monday, February 22, 2016 9:57 AM  
To: CPCtestimony  
Cc: tsukikenn@hotmail.com  
Subject: \*Submitted testimony for HB2233 on Feb 24, 2016 14:05PM\*

**HB2233**

Submitted on: 2/22/2016

Testimony for CPC on Feb 24, 2016 14:05PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth Nakamura	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 23, 2016 1:34 PM  
To: CPCtestimony  
Cc: vinceyamashiroya@gmail.com  
Subject: Submitted testimony for HB2233 on Feb 24, 2016 14:05PM

**HB2233**

Submitted on: 2/23/2016

Testimony for CPC on Feb 24, 2016 14:05PM in Conference Room 325

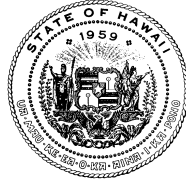
Submitted By	Organization	Testifier Position	Present at Hearing
Vince Yamashiroya, MD	Individual	Oppose	No

Comments: I am in opposition to this bill requiring CME for Hawaii specific emerging diseases. Although the spirit of this bill is commendable and that of which I personally have kept up, such as attending grand rounds earlier this month on dengue and the Zika virus, having this a requirement for ALL physicians places an undue burden for many physicians who may not have the luxury of attending a CME. This bill is shortsighted in that it assumes CME is the only method doctors receive information. We are also educated through bulletins from the Department of Health, through our colleagues, and from non-CME meetings with experts in infectious diseases. I ask that you oppose this bill. Thank you.

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DAVID Y. IGE  
GOVERNOR

VIRGINIA PRESSLER, M.D.  
DIRECTOR OF HEALTH

**LATE**

State of Hawaii  
DEPARTMENT OF HEALTH  
1250 Punchbowl Street  
Honolulu, HI 96813-2416  
doh.testimony@doh.hawaii.gov

**Testimony in OPPOSITION to HB2233 HD1  
RELATING TO HEALTH CARE PROFESSIONALS**

REPRESENTATIVE ANGUS MCKELVIE, CHAIR  
HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE  
Hearing Date: February 24, 2016 Room Number: 325

**Fiscal Implications:** Undetermined additional expenses to operate a Continuing Medical Education (CME) program or outsource it.

**Department Testimony:** The Department of Health (DOH) respectfully opposes the proposed responsibility to develop healthcare practitioner educational courses. DOH does not regulate or oversee private licensed professionals nor possesses the infrastructure required to establish and maintain a CME program.

HB2233 HD1 lacks an appropriation to implement such a program and maintain its operations. A minimum complement of 2.5 FTE is estimated to manage such a program and maintain national CME accreditation standards: 1.0 clerk to manage logistics, 1.0 program specialist to oversee programming and provider relations, and 0.5 medical director to assure medical integrity. If CME certification and operations is outsourced, HB2233 is silent on who the funder will be.

Existing community entities like the University of Hawaii John A. Burns Medical School and the Queen's Medical Center are currently accredited to certify CME coursework. While DOH has and will continue to collaborate with the provider communicate on vital health issues facing Hawaii, the department's ability to influence CME curricula will be limited by a lack of funds and staff.

**Offered Amendments:** N/A

**LATE**

From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 23, 2016 9:59 PM  
To: CPCtestimony  
Cc: mantonel@hawaii.edu  
Subject: Submitted testimony for HB2233 on Feb 24, 2016 14:05PM

**HB2233**

Submitted on: 2/23/2016

Testimony for CPC on Feb 24, 2016 14:05PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Ann Antonelli MD	Hi Chapter, American College of Physicians	Oppose	No

Comments: re-submission, in opposition to HB 2233 (not sure previous submission was processed)

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**LATE**



# HAWAII ACADEMY OF FAMILY PHYSICIANS

February 23, 2016

Committee on Consumer Protection and Commerce  
Rep. Angus McKelvey, Chair  
Rep. Justin Woodson, Vice Chair

Wednesday, February 24, 2016. 2:05 PM  
Conference Room 325  
State Capitol  
415 South Beretania Street

## House Bill 2233 HD1 Testimony in Opposition

We, the Board of Directors of the Hawaii Academy of Family Physicians representing 316 active family practice physicians in our state strongly oppose HB2233HD1. This bill misconstrues the intent and purpose of continuing medical education and conflates it with public health messaging. CME requirements were established to help clinicians out of training maintain currency and competence with advances and changes in medical knowledge to allow safe continued practice of medicine. Public health messaging and clinician education bulletins are designed to be timely responses to public health crises. Conflating these processes leads to a reduction in the effectiveness of both. It will be impossible for regulatory and legislative process to move quickly enough or with adequately educated and informed decision making to keep current with rapidly evolving public health threats. If practicing physicians are burdened with acquiring these particular topics, it is likely other topics more relevant to maintaining competencies may be neglected. Requiring a psychiatrist, an interventional cardiologist, or a reproductive endocrinologist to attend a CME on diagnosing and treating a viral disease is not relative to his or her care of patients and is an unnecessary burden.

Another burden would be determining which diseases unique to Hawaii are important enough to be included in this program. Why should we only include infectious diseases? What about genetic diseases? Alpha thalassemia is the most common cause of hydrops fetalis in Hawaii, but not in most of the nation. Other conditions more common in Hawaii include Kawasaki syndrome, Brugada syndrome, and Moyamoya disease.

The opposition testimony of the State of Hawaii Department of Health and the State of Hawaii Department of Commerce and Consumer Affairs also cites regulatory, practical, and fiscal reasons why this bill should not move forward. We agree with these concerns.

This bill does nothing to address the other medical providers such as physician assistants and nurse practitioners who also share the responsibility of keeping current on health issues unique to our state and timely diagnosis, treatment and reporting.

It is the responsibility of physicians to be aware of the conditions appropriate to their specialty in their state and to diagnose, treat and report those conditions appropriately. It is the responsibility of public health agencies in the state to provide timely education and interventions to emerging public health issues. If these responsibilities are not being met, more direct means of dealing with the issue would be more effective than legislation and increased regulatory burdens. The Board of Directors of the Hawaii

P.O. BOX 894440 • MILILANI, HI • 96789  
PHONE: 808-397-3596

Academy of Family Physicians urges this committee to defer HB2233HD1 and study this issue further.

Respectfully submitted,

Nicole Apoliona, M.D.  
Legislative chair

Lauren Okamoto, M.D.  
President  
Hawaii Academy of Family Practice Board of Directors

**LATE**

Testimony on HB2233

The legislation of specific topics for medical CME ignores the fact that the medical needs of our community change with time. Our CME requirements exist to require us to keep up with those changing needs. They are not specifically designated to allow me to continue to study in a way that keeps up with the needs of my patients and my community. As an example, without any encouragement from my legislators I have already obtained education on both Zika and dengue as soon as the issue came up in Brazil and on the Big Island respectively. If you tie up more of my time by stating exactly what my CME should be covering, you will eat the limited time I have to keep up on the next new issue that comes up for my patients and our community. These matters change too quickly for the laws to keep up with them.

Gina M French, MD

**LATE**

From: mailinglist@capitol.hawaii.gov  
Sent: Tuesday, February 23, 2016 10:51 PM  
To: CPCtestimony  
Cc: rmsuzuka@hotmail.com  
Subject: \*Submitted testimony for HB2233 on Feb 24, 2016 14:05PM\*

**HB2233**

Submitted on: 2/23/2016

Testimony for CPC on Feb 24, 2016 14:05PM in Conference Room 325

Submitted By	Organization	Testifier Position	Present at Hearing
Randall Suzuka	Individual	Oppose	No

Comments:

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**LATE**

February 23, 2016

Committee on Consumer Protection and Commerce  
Rep. Angus McKelvey, Chair  
Rep. Justin Woodson, Vice Chair

Wednesday, February 24, 2016. 2:05 PM  
Conference Room 325  
State Capitol  
415 South Beretania Street

House Bill 2233 HD1 Testimony in Opposition

Dear Chair McKelvey,

As a physician practicing in Hawaii, I oppose HB2233HD1. It seems that it aims to improve physician knowledge of and response to current public health issues in our state. Unfortunately a program required annually and written and administered by the Department of Health cannot be current enough to improve response to and treatment of an emerging public health issue. This bill does not achieve its aim but does place ineffectual regulatory burdens on physicians and unfunded mandates on the Hawaii State Department of Health and Department of Commerce and Consumer Affairs. I urge you and your committee to defer this bill and study this issue further.

Respectfully submitted,

Nicole Apoliona, M.D.