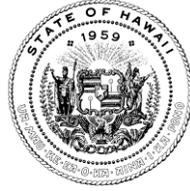


HB2233 HD2

Measure Title:	RELATING TO HEALTH CARE PROFESSIONALS.
Report Title:	Health Care Professionals; Infectious Diseases; Email; Continuing Education
Description:	Requires every laboratory director or health care provider, as defined, to provide the Director of Health with an electronic mail address for the purpose of enabling the Department of Health to provide public health information on communicable or dangerous diseases in the State. Requires certain health care professional classes, as determined by the Director of Health, to attend an annual continuing education course developed by the Department of Health on health issues that are unique to the State. (HB2233 HD2)
Companion:	SB3041
Package:	None
Current Referral:	CPH, WAM
Introducer(s):	LOWEN, BELATTI, CREAGAN, CULLEN, EVANS, FUKUMOTO CHANG, JORDAN, KEOHOKALOLE, KOBAYASHI, C. LEE, LUKE, MORIKAWA, NAKASHIMA, NISHIMOTO, ONISHI, OSHIRO, SAN BUENAVENTURA, SOUKI, TSUJI, YAMASHITA, Hashem



DAVID Y. IGE
GOVERNOR
SHAN S. TSUTSUI
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR
JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

**PRESENTATION OF THE
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

TO THE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016
Tuesday, March 22, 2016
9:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 2233, H.D. 2, RELATING TO HEALTH CARE
PROFESSIONALS.**

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Catherine Awakuni Colón, Director of the Department of Commerce and Consumer Affairs (“Department”). The Department appreciates the opportunity to provide comments on this measure with respect to the requirement that health care professionals provide electronic mail (“email”) addresses to the Department of Health (“DOH”).

Regarding the email requirement in Section 2 of this bill, the Department notes there have been ongoing discussions between DOH and the Department to identify reasonable ways in which the Department can help DOH fulfill its responsibilities of keeping health care professionals informed of public health issues affecting the State.

The following proposed amendment to Section 2 is a product of those inter-agency discussions concerning the collection email addresses, and the Department asks for the Committee's consideration of the attached language as a replacement to Section 2 and the effective date portion of this bill.

SECTION . Chapter 451D, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:

"451D- Filing of electronic mail address. Every individual applying for or renewing a license as a physician, osteopath, physician's assistant, advanced practice registered nurse, or naturopath, shall at the time of applying for licensure and renewal provide the licensing authority with a current electronic mail address in the form and manner prescribed by the licensing authority, provided that an applicant or licensee has an established electronic mail address. It shall be the licensee's duty to provide notice to the licensing authority of any change of current electronic mail address within thirty days of the change. The electronic mail addresses may be shared by the licensing authority only with other state or federal agencies, upon request, for purposes of public health and safety, and may be used by the licensing authority for any purpose related to the license. Nothing herein shall be construed to modify the method by which the licensing authority provides notice of any matter required by law to be provided to the applicant or licensee."

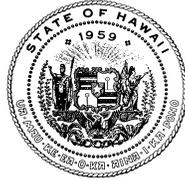
SECTION . This Act shall take effect on July 1, 2017.

Testimony on House Bill No. 2233, H.D. 2
March 22, 2016
Page 3

Regarding Section 1 of this measure dealing with continuing education for health care professionals, the Department defers to the expertise and comments provided by the Hawaii Medical Board.

Thank you for the opportunity to provide comments and proposed language for this measure.

DAVID Y. IGE
GOVERNOR



VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

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

**WRITTEN
TESTIMONY ONLY**

**Testimony COMMENTING on HB2233 HD2
RELATING TO ADVANCED PRACTICE REGISTERED NURSES**

SENATOR ROSALYN BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: March 22, 2016 Room Number: 229

1 **Fiscal Implications:** None.

2

3 **Department Testimony:** The Department of Health (DOH) submits comments and amendments
4 regarding HB2233 HD1.

5

6 Comments on SECTION 1

7 DOH takes seriously the responsibility to lead statewide conversations on trending public health topics,
8 in this case with the provider community through Continuing Medical Education (CME) and Continuing
9 Education Unit (CEU) credits. However, this proposal requires resources beyond what the department
10 currently possesses. Expenses related to CME typically include accreditation of credits, logistics
11 including speaker fees, and related follow up to determine impact.

12

13 The department requests that if this proposal passes, the Committee Report reflect the need for a
14 minimum \$150,000 per year to develop and deploy annual CME/CEU events for the approximately 2,800
15 active physicians and thousands of other clinicians and allied professionals who contribute to Hawaii's
16 healthcare workforce.

17

18 Comments on SECTION 2

19 The department **supports** a requirement for health care provider to provide an email address to the
20 State of Hawaii for purposes of coordination and communication for emergent public health issues. To
21 improve the reach and efficacy of this measure, the department recommends wording that:

- 22
- Compels reporting at the time of licensure or re-licensure

- 1 • Specifies a time frame and responsibility to notify the State if the email address changes prior to
2 re-licensure
- 3 • Permits sharing of these email addresses with other critical and government partners who lead
4 or assist in public health, such as the Federal Emergency Management Agency, State Civil
5 Defense, etc.
- 6 • Permits the department to specify other contact information through rule-making which may
7 facilitate communication in the event of a public health crises, such as mobile number
8

9 Thank you for the opportunity to testify.

10

11 **Offered Amendments:** N/A

**PRESENTATION OF THE
HAWAII MEDICAL BOARD**

TO THE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2016

Tuesday, March 22, 2016
9:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 2233, H.D. 2, RELATING TO HEALTH CARE
PROFESSIONALS.**

TO THE HONORABLE ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Ahlani Quiogue, and I am the Executive Officer of the Hawaii Medical Board ("Board"). The Board appreciates the opportunity to submit testimony in opposition to Section 1 of House Bill No. 2233, H.D. 2, Relating to Health Care Professionals.

The purpose of House Bill No. 2233, H.D. 2, is to require every laboratory director or health care provider, including physicians and osteopathic physicians, to provide the State of Hawaii Department of Health ("DOH") with an electronic mail address ("email") for the purpose of enabling the DOH to provide public health information on communicable diseases in the State. This measure would also require certain health care professionals, including physicians and osteopathic physicians, to attend an annual continuing education ("CE") course developed by the DOH on health issues that are unique to the State.

With respect to Section 1 only, the Board opposes this measure for the following reasons:

- With regard to setting content standards for CE requirements, the Board believes that a physician should obtain CE within their specialty or area of focus. As such, the Board prefers to give physicians the latitude to determine what those CE 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 DOH versus mandating it through continuing medical education.

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

The Board is aware that there have been ongoing discussions with some of the stakeholders for this measure and the deferred Senate Bill, Senate Bill No. 3041, and the Board is willing to continue discussing alternative solutions, other than CE, that might address the underlying issues of this bill.

Thank you for the opportunity to testify on House Bill No. 2233, H.D. 2, Relating to Health Care Professionals.



**Tuesday March 22, 2016
9:30 AM.
Capitol Rm. 229**

**To: SENATE COMMITTEE ON CONSUMER PROTECTION & HEALTH
Sen. Rosalyn Baker, Chair
Sen. Michelle Kidani, Vice Chair**

**From: Hawaii Medical Association
Dr. Scott McCaffrey, MD, President
Dr. Linda Rasmussen, MD, Legislative Co-Chair
Dr. Ronald Keinitz, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations**

Re: HB 2233 HD2 – RELATING TO HEALTH CARE PROFESSIONALS

IN OPPOSITION, with COMMENTS

Chair, Vice Chair, and Committee Members:

While agreeing with the underlying intent, the Hawaii Medical Association (HMA) must oppose HB2233 HD2 as unwieldy and missing the mark by utilizing Continuing Medical Education (CME) as the educational modality. The intent of rapid distribution of information to physicians cannot be met through CME due to the ponderous accreditation process and costs required for the certification of a program. We feel the intent could be better met through the maintenance of a physician email database and the rapid distribution of information and online sources through this channel.

The HMA is essentially in agreement with the findings of the workforce which met on this bill March 16, 2016.

Thank you for the opportunity to provide this testimony.

OFFICERS

**PRESIDENT – D. SCOTT MCCAFFREY , MD, PRESIDENT ELECT – BERNARD ROBINSON, MD
IMMEDIATE PAST PRESIDENT – ROBERT SLOAN, MD, SECRETARY - THOMAS KOSASA, MD,
TREASURER – MICHAEL CHAMPION, MD, EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO**

March 22, 2016 at 9:30am
Conference Room 229

Senate Committee on Commerce, Consumer Protection and Health

To: Senator Rosalyn H. Baker, Chair
Senator Michelle N. Kidani, Vice Chair

From: Melinda Ashton, MD
Senior Vice President – Chief Quality Officer

**Re: Testimony in Opposition as Written with Comments,
HB 2233, Relating to Health Care Professionals**

My name is Melinda Ashton, MD, Senior Vice President & Chief Quality Officer at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

The proposed legislative mandate to require specific Hawai'i disease CME for physicians is flawed in several ways.

1. Naming the diseases that must be included in the training runs the risk of mandating education that is not relevant to the diseases of current interest. We have only to look at how quickly H1N1 or Ebola became important and then became largely irrelevant to practicing physicians to understand the problems with mandating specific topics. Many factors combine to create urgency about disease knowledge and these factors are ever changing. Mandated, disease specific CME will, by its nature, always lag behind what is currently needed by practicing physicians.
2. Although Hawai'i is a small state, our geography results in disease outbreaks that may be quite limited (as Dengue has been in this recent epidemic). Disease specific mandated CME does not acknowledge these regional differences.
3. The vehicle by which CME compliance would be tracked would likely be the licensure cycle which is every two years. Many physicians would likely wait to comply with this mandated CME until close to the end of the cycle, meaning that it would be as long as two years before this education is provided for all physicians.
4. The impetus for the proposed legislation was largely aimed at better recognition and prompt reporting of cases at the outset of an epidemic. It has been found that CME does not result in changed clinician behavior, even when tested knowledge improves. If we want to change clinician behavior we should think of other methodologies than CME.

Instead we support the amendments proposed amongst participants of the CME Work Group on March 16, 2016 – comprised of DCCA and physician representatives - to take steps to improve the goal of timely recognition and prompt reporting of information needed for just-in-time, targeted, information provided to physicians who are likely to see patients with the diseases of current concern.

To accomplish this, we agreed it would be useful to create and maintain a system for active information sharing with practicing physicians. As an example, a database of email addresses for practicing physicians could be built if physicians were required to provide a current email address (and agree to update it is necessary) with each licensing application or renewal. We do not currently have such a complete registry to allow physician contact. The registry should also include other clinicians who provide diagnosis and treatment, such as APRNs, physician assistants and naturopaths.

If we had such a registry of practicing clinicians, it would be possible for the Department of Health to send out currently relevant and complete information about diseases and reporting requirements in a targeted way. Further, if email addresses were also linked to clinician specialty and zip code, the targeting could be even more specific.

I would respectfully suggest that we do not pass the proposed bill HB 2233 as written and instead adopt the recommendations proposed from the joint CME work group. In my opinion, it will not address the concerns we are trying to address and instead will mandate bureaucracy without benefit.

3/18/2016

Testimony in reference to SD-1, HB 2233:

To the Honorable Senator Baker, and Hawaii State Senate Committee on Commerce, Consumer Protection and Health:

I wish to add the support of the Hawaii Chapter of the American College of Physicians, representing over 700 Internal Medicine specialists and generalists, to the Senate Draft 1 to House Bill 2233. This Draft proposes to add wording to Chapter 451D of the Statutes to require that all physicians, osteopaths, APRNs, PAs, and naturopaths provide an electronic address (i.e., email address) at the time of licensure and provide updates within a month of any change to that address. This will enable timely, efficient and effective communication with physicians licensed in Hawaii to receive updated sound and timely information concerning threats to health and safety of our citizens.

This proposal will accomplish the original intent of HB 2233 as a means to inform practitioners concerning emerging medical issues and disease reporting, in a more immediate, just-in-time manner, that will be fiscally responsible and will take advantage of referring up-to-date content. Requiring providers to take an annual, one-hour, continuing education course could not achieve the outcome to deliver timely educational information.

Thank you for taking the time of your committee to help educate health care professionals to protect the health of the public in such a reasonable and achievable manner.

Respectfully,

Mary Ann Antonelli MD, FACP
Governor, Hawaii Chapter, American College of Physicians
Clinical Professor of Medicine, UH JABSOM



March 22, 2016 at 9:30 AM
Conference Room 229

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Rosalyn H. Baker
Vice Chair Michelle N. Kidani

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: **Testimony in Opposition**
HB 2233 HD 2, Relating to Health Care Professionals

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 180 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

The Healthcare Association of Hawaii would like to thank the committee for the opportunity to provide our comments in **opposition** to HB 2233 HD 2. This legislation would require the Department of Health (DOH) to develop a continuing education course on health issues that are unique to the state. The DOH would also identify certain provider types who would be subject to the continuing education requirement. Lastly, the legislation would require laboratory directors and identified providers to supply the DOH with a current electronic mail address.

We have a number of concerns related to this measure. We believe that these continuing education requirements would prove burdensome on both providers and the boards and programs that certify these types of credentials. Providers should maintain the ability to seek continuing education within their specialty, especially as it helps them to respond to illnesses, treatments or technology that is most pertinent to their area of practice. It is important to note, also, that although the diseases named above are currently of pressing importance, there will undoubtedly be new and different diseases or public health concerns that arise in the future. Setting the focus of the continuing education requirements in statute on infectious diseases only—and, with that, certain infectious diseases—could actually take away the ability of providers and other stakeholders to accurately focus on and respond to emerging threats.

The requirements placed on DOH in this bill should also be reconsidered. It may be difficult for DOH to carry out the provisions of this law because they do not serve as a licensing or certification body for providers and do not have adequate resources to carry out the program. Moreover, many continuing education opportunities can be provided by non-governmental parties.

While we appreciate the intent of this legislation, we would ask that your committee defer the measure. The concerns that this legislation is attempting to address can likely be allayed through alternate options that do not require this measure going forward. Thank you for your consideration of our concerns.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

Affiliated with the American Hospital Association, American Health Care Association, National Association for Home Care and Hospice, American Association for Homecare and Council of State Home Care Associations

HB 2233 HD2

Relating to Health Care professionals; Infectious Diseases; Email; Continuing Education

Testimony for Senate CPH on March 22, 2016 at 9:30 am in Conference Room 229

Testimony in Opposition

Sunday, 20 March 2016

Dear Senator Baker, Senator Kidani and Members of the Senate CPH committee,

It is the physician's duty to remain educated in best practices but HB2233 HD2, as written, does not accomplish its intent of keeping physicians educated in best practices relating to reportable diseases and emerging infections in the State of Hawaii.

As such, I oppose the language in HB 2233 HD2. The goal should be for all physicians and healthcare practitioners to recognize and treat patients with communicable diseases in our community and avoid the spread of the infection. If you want to ensure that physicians and other health professionals treating people with reportable infections are able to diagnose and treat these conditions, I suggest the following:

- 1. create a mechanism for every physician, APRN, PA and naturopath to provide an email address to DCCA when renewing their state licenses and allow the DCCA to share that information with the state Dept of Health**
- 2. Remind and re-educate Physicians and other healthcare professionals which diseases mandate reporting.**
- 3. Require labs to forward information on patients who test positive for reportable diseases.**
- 4. delete the CME reference**

By creating a mechanism for the state to reach physicians and healthcare professionals in a timely manner via email, the Dept of Health can provide timely, focused, actionable information to a targeted audience.

The current language about CME means we will always be lagging in the education and distribution of best practice information and training because of the time it would take to develop, schedule and distribute any sort of CME course. In addition, the cost would be a hundred thousand dollars or more and would likely necessitate a sponsoring CME accrediting body and more staff in the dept of health. Add to that the education may not be applicable for all physicians and would likely take away from other educational endeavors for that particular physician.

By linking state licenses to an email address, we will solve the issue of getting timely, useful education where it is needed, which will lead to better care for the people of Hawaii.

Thank you for allowing me to testify on this bill.

Respectfully,

A handwritten signature in blue ink, appearing to read "E. Char MD".

Elizabeth A Char MD
Emergency Medicine

From: mailinglist@capitol.hawaii.gov
To: [CPH Testimony](#)
Cc: nicleapoliona@gmail.com
Subject: Submitted testimony for HB2233 on Mar 22, 2016 09:30AM
Date: Sunday, March 20, 2016 10:29:40 AM

HB2233

Submitted on: 3/20/2016

Testimony for CPH on Mar 22, 2016 09:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Apoliona, M.D.	Individual	Oppose	No

Comments: As a practicing family physician, I oppose HB2233 in its current form. It's broad requirement for mandatory CME for all providers, regardless of type of practice, for "diseases specific to Hawaii" is unreasonable and impractical. A set annual CME course updated annually for current emerging disease status would be very expensive and still not be able to provide up to the minute information. I currently receive all DOH and CDC bulletins on emerging diseases at my work and home email addresses by subscribing to their notification services. A less expensive and more effective way of disseminating up to the minute information on emerging diseases would be to require providers to maintain current email addresses with the DOH to receive bulletins. The Hawaii DOH website already maintains appropriate educational information about infectious diseases and this content could be expanded and advertised to providers through email. This would accomplish the worthy goal of ensuring providers take responsibility to stay up to date without unnecessary requirements for those who would not benefit from them.

Please note that testimony submitted less than 24 hours prior to the hearing, 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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