

STAND. COM. REP. NO. 9

Honolulu, Hawaii

February 1, 2019

RE: H.B. No. 521

Honorable Scott K. Saiki
Speaker, House of Representatives
Thirtieth State Legislature
Regular Session of 2019
State of Hawaii

Sir:

Your Committee on Health, to which was referred H.B. No. 521
entitled:

"A BILL FOR AN ACT RELATING TO OCULARISTS,"

begs leave to report as follows:

The purpose of this measure is to require ocularists who
practice in Hawaii to be certified by a nationally recognized
ocularistry certifying board.

The Department of Commerce and Consumer Affairs, Oahu County
Committee on Legislative Priorities of the Democratic Party of
Hawaii, and one individual testified in support of this measure.

As affirmed by the record of votes of the members of your
Committee on Health that is attached to this report, your
Committee is in accord with the intent and purpose of H.B. No. 521
and recommends that it pass Second Reading and be referred to your
Committees on Intrastate Commerce and Consumer Protection &
Commerce.

HB521 HSCR HLT HMS 2019-1527



Respectfully submitted on
behalf of the members of the
Committee on Health,



JOHN M. MIZUNO, Chair



HSCR 9

Record of Votes of the Committee on Health

Bill/Resolution No.: HB 521	Committee Referral: HLT, IAC/CPC, FIN	Date: 1-29-19		
<input type="checkbox"/> The committee is reconsidering its previous decision on the measure.				
The recommendation is to: <input checked="" type="checkbox"/> Pass, unamended (as is) <input type="checkbox"/> Pass, with amendments (HD) <input type="checkbox"/> Hold <input type="checkbox"/> Pass short form bill with HD to recommit for future public hearing (recommit)				
HLT Members	Ayes	Ayes (WR)	Nays	Excused
1. MIZUNO, John M. (C)	/			
2. KOBAYASHI, Bertrand (VC)	/			
3. BELATTI, Della Au	/			
4. NAKAMURA, Nadine K.	/			
5. SAN BUENAVENTURA, Joy A.	/			
6. SAY, Calvin K.Y.	/			
7. TOKIOKA, James Kunane	/			
8. WARD, Gene	/			
TOTAL (8)	8			
The recommendation is: <input checked="" type="checkbox"/> Adopted <input type="checkbox"/> Not Adopted If joint referral, _____ did not support recommendation. committee acronym(s)				
Vice Chair's or designee's signature: <u>BJ. Kepni</u>				
Distribution: Original (White) – Committee Duplicate (Yellow) – Chief Clerk's Office Duplicate (Pink) – HMSO				