
Sunset Evaluation Update: Podiatrists

A Report to the
Governor
and the
Legislature of
the State of
Hawaii

Submitted by

THE AUDITOR
STATE OF HAWAII

Report No. 92-18
November 1992

Foreword

The Sunset Law, or the Hawaii Regulatory Licensing Reform Act of 1977, schedules regulatory programs for termination on a periodic cycle. Unless specifically reestablished by the Legislature, the programs are repealed. The State Auditor is responsible for evaluating each program for the Legislature prior to the date of repeal.

This report evaluates the regulation of podiatrists under Chapter 463E, Hawaii Revised Statutes. It presents our findings as to whether the program complies with policies in the Sunset Law and whether there is a reasonable need to regulate podiatrists to protect the health, safety, and welfare of the public. It includes our recommendation on whether the program should be continued, modified, or repealed. In accordance with Section 26H-5, HRS, the report incorporates in Appendix B the draft legislation intended to improve the regulatory program.

We acknowledge the cooperation of the Department of Commerce and Consumer Affairs, the Board of Medical Examiners, and others whom we contacted during the course of our evaluation. We appreciate the assistance of the Legislative Reference Bureau, which drafted the recommended legislation.

Marion M. Higa
State Auditor

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Chapter 1

Introduction

The Sunset Law, or the Hawaii Regulatory Licensing Reform Act, Chapter 26H, Hawaii Revised Statutes, establishes policies for occupational licensing and schedules the repeal of licensing statutes according to a timetable. The law directs the State Auditor to evaluate each licensing statute prior to the repeal date and to determine whether the health, safety, and welfare of the public are best served by reenactment, modification, or repeal.

This report evaluates whether the regulation of podiatrists under Chapter 463E, HRS, complies with policies for occupational regulation in the Sunset Law.

Background on Podiatry

Podiatrists are medical practitioners who diagnose and treat conditions affecting the human foot and ankle. They also help design custom shoes and fit orthotic devices to correct walking problems. There are about 73 podiatrists licensed in Hawaii.¹

The education and training of podiatrists is similar to that of medical doctors. They receive a Doctor of Podiatric Medicine (DPM) degree after completing undergraduate education and four years in a college of podiatric medicine. Then they usually enter residency or preceptorship programs which focus on clinical practice. Specialty certification is available in podiatric surgery, podiatric orthopedics, and podiatric public health.

Regulatory program

Chapter 463E, HRS, governs the regulatory program, including licensing, disciplinary, and reporting provisions for podiatric medicine. The program is placed under the Board of Medical Examiners, which is administratively attached to the Department of Commerce and Consumer Affairs. The board also regulates physicians, physician assistants, and emergency ambulance personnel. It consists of nine members appointed by the governor who serve without compensation—seven physician members and two public members. An executive secretary in the department's Professional and Vocational Licensing Division serves as staff to the board and administers its day-to-day operations.

The department's Regulated Industries Complaints Office mediates and resolves consumer complaints, pursues disciplinary action against

licensees, and seeks court injunctions and fines against unlicensed persons. Final disciplinary decisions are made by the board following a recommended decision from the department's Office of Administrative Hearings.

Previous sunset report

Our first sunset evaluation of podiatric medicine in 1985 recommended that Chapter 463E be reenacted to continue the regulation of podiatrists.² We found problems in test development, administration, and grading. We recommended replacing the statutory requirements for oral and practical examinations with a requirement for a written test of clinical competency. We also recommended deleting the requirement for continuing education and strengthening the disciplinary provisions.

We found that the Board of Medical Examiners was neglecting the podiatric licensing program. To correct this, we recommended that the board adopt rules to implement Chapter 463E. In addition, we suggested that the executive secretary keep the podiatrists who advise the board on podiatry examinations fully informed about matters affecting the licensing program.

Objectives of the Evaluation

This evaluation sought to determine whether the regulation of podiatrists complies with policies in the Sunset Law. Specifically, the objectives were to:

1. Determine whether there is a reasonable need to regulate podiatrists to protect the health, safety, and welfare of the public;
2. Determine whether current regulatory requirements are appropriate for protecting the public;
3. Establish whether the regulatory program is being implemented effectively and efficiently; and
4. Make recommendations based on findings in these areas.

Scope and Methodology

To accomplish these objectives, we reviewed the literature on podiatric medicine and its regulation. We reviewed statutes and rules on podiatrists in Hawaii and the changes in these since our last sunset evaluation in 1985.

We also reviewed complaints and evidence of potential harm to consumers. We interviewed members of the Board of Medical

Examiners, personnel from the Department of Commerce and Consumer Affairs, and practitioners in the field. We obtained information from the Federation of Podiatric Medical Boards, the National Board of Podiatric Medical Examiners, the American Podiatric Medical Association, and the Hawaii Podiatric Medical Association. At the department, we reviewed files on board operations, licensing, enforcement, and correspondence.

Our work was performed from January 1992 through September 1992 in accordance with generally accepted government auditing standards.

Chapter 2

Findings and Recommendations

We recommend that podiatrists continue to be regulated. Many of the recommendations made in our 1985 sunset evaluation have been implemented. For example, oral-practical examinations were replaced by a written test of clinical competency, disciplinary provisions were strengthened, and rules were adopted by the board. But additional improvements are needed in the statutes, the rules, and the administration of the licensing program.

Summary of Findings

1. There is a need to continue regulating podiatrists to protect the public's health, safety, and welfare.
 2. The statutes on examinations are out of date and confusing. Some rules also need updating.
 3. The continuing education requirement is unwarranted and poorly enforced.
 4. More rigorous checking of applicants' disciplinary history and verifying of test results is needed.
 5. The board needs more input from podiatrists.
-

State Should Continue to Regulate Podiatrists

Chapter 463E should be reenacted to continue the regulation of podiatrists. The practice of podiatric medicine has a significant potential for harm to the public's health, safety, and welfare.

Podiatrists can cause harm

Podiatrists who make incorrect diagnoses, fail to refer patients to physicians when appropriate, or provide incompetent treatment may cause serious physical, emotional, and financial harm.

Podiatrists are independent medical practitioners who take patient histories, perform physical examinations of the lower extremities,

order X-rays and laboratory tests, and use a variety of treatments including surgery and drugs. Podiatrists refer patients who have symptoms of a disease in another part of the body to a physician while continuing to treat the foot or ankle condition.

There is evidence that podiatrists have caused harm. In 1991 the Federation of Podiatric Medical Boards listed about 70 podiatrists nationally who were disciplined by state boards or the federal government.¹ The violations included failure to diagnose, failure to refer to a physician, professional incompetence, negligence, and malpractice. Podiatrists were also disciplined for drug violations, fraudulent billing practices, unlicensed activity, and false advertising.

In Hawaii, we found seven complaints involving podiatry from 1989 through 1991. Three complaints alleged failure to disclose disciplinary action taken by another state, two alleged improper fees, one alleged unlicensed activity, and one alleged unprofessional conduct.

A podiatrist named in two complaints voluntarily relinquished his license after RICO charged him with not disclosing action taken by another state for purchasing a medical degree. RICO sent advisory letters to a podiatrist who had not disclosed prior disciplinary action taken by another state for billing problems, and to a medical supplier who had used the title “foot specialist” without a podiatrist license. The fee dispute cases were closed because there was no violation or insufficient evidence. The complaint about unprofessional conduct was still under investigation.

All states license podiatrists

Podiatric medicine is regulated in all states and the District of Columbia through licensing programs.² Every state requires applicants to graduate from an accredited college of podiatric medicine and to pass examinations. About 20 states require one year of postdoctoral training.

Statutes on Examinations Are Confusing

There is some confusion about the examinations required for licensure. Since 1990, applicants have been required to pass both a national board examination and a Podiatric Medical Licensing Examination for States (PMLexis). Both examinations are sponsored by the National Board of Podiatric Medical Examiners. Recently, however, the executive secretary determined that applicants need only pass one of

the two examinations. Some of the confusion is due to outdated and unclear provisions in the statute. The statute has been amended incrementally over the years and can be interpreted in several ways.

Section 463E-4 prescribes examination requirements for those wishing to be licensed. The statute requires applicants to be examined in 18 specific subject areas such as anatomy, pathology, physiology, and pharmacology. The list of designated subject areas was enacted in 1973, and it is outdated. The intent of the list was simply to ensure that applicants have knowledge of *basic sciences* and *clinical sciences*. To test this knowledge, the board has been using the national board examinations.

Until 1985, the board used its own oral and practical examination to test *clinical competency*. Based on a recommendation in our last sunset report, the statutes were amended to delete the oral-practical examination requirement and to authorize a written test of clinical competency. The board then adopted rules to require a state clinical competency exam, which was administered until 1990 when the rules were amended to require the PMLexis as the test for clinical competency. Since the statute says that the board *may* accept evidence of passage of the National Board of Podiatric Medical Examiners in lieu of its own examination, the statutes could be interpreted as allowing applicants passing either the national boards or the PMLexis to be eligible for licensure.

The intent of the statutory provisions on examinations is simply to ensure that applicants have minimum levels of knowledge in three areas before they are licensed: basic sciences, clinical sciences, and clinical competency. Currently, the basic sciences and clinical sciences are covered by the national boards, and clinical competency is covered by the PMLexis. It is important that applicants pass both examinations; therefore the department should continue to require both examinations.

We believe that Section 463E-4 should be simplified to specify that applicants must furnish satisfactory evidence that they have passed written examinations covering basic sciences, clinical sciences, and clinical competency administered by the National Board of Podiatric Medical Examiners or its successor organization. (Testing organizations sometimes undergo name changes.)

The National Board of Podiatric Medical Examiners is planning to integrate the national boards and the PMLexis into a single

examination. Simplifying the statute would make it possible to accommodate such future developments in testing.

Rules are outdated

The rules contain several provisions that are no longer applicable. When the board replaced the State clinical competency examination with the national PMLexis examination, it retained several rules that unnecessarily restrict access to the national examination. One rule requires the filing of applications 80 days before an examination is scheduled.³

Another rule restricts the ability of applicants to postpone a scheduled examination by allowing only one postponement and requiring forfeiture of the license fee if postponement occurs less than 30 days before the exam.⁴ A third rule allows applicants to retake the examination only three times and within two years of the original exam.⁵

The National Board of Podiatric Medical Examiners has more liberal policies for the PMLexis. It lets the states reserve test booklets by phone until about 28 days before an examination is scheduled. It does not bill the states until after the examination is given. And it does not limit the number of times the examination can be retaken.

The board should consider updating its rules to eliminate unnecessary requirements that restrict access to the PMLexis examination in Hawaii.

Continuing Education Requirement Is Unwarranted

Chapter 463E requires podiatrists to take 40 hours of postgraduate work or continuing education in podiatric medicine every two years. Those who fail to meet this requirement forfeit their license. The license may be restored upon written application and payment of a fee.⁶

We find no strong evidence that continuing education for podiatrists is needed. Furthermore, the Hawaii requirement is not being enforced. We recommend that continuing education no longer be required.

Requirement is poorly enforced

The continuing education requirement is not being enforced in a manner that is consistent with the rules. The executive secretary recently asked a sample of nineteen podiatrists to document their

compliance with the requirement. Sixteen of the podiatrists submitted some type of documentation and had their licenses renewed.

Our review found that only four of the sixteen podiatrists had continuing education credits that met the requirement in the rules. Seven mainland and five Hawaii podiatrists did not meet the requirement but had their licenses renewed nevertheless.

More Rigorous Licensing Procedures Are Needed

Administration of the licensing program is lax in checking on the disciplinary history of podiatrists and in obtaining the results of the national boards. Policies and procedures should be tightened in these areas.

Disciplinary data base is not checked

It is possible to check on an applicant's disciplinary history before granting a license. The Federation of Podiatric Medical Boards maintains a national data base with information on (1) final actions taken by states to discipline podiatrists and (2) sanctions imposed on podiatrists by Medicare and Medicaid. The federation recommends that state boards routinely request a review of the data base when podiatrists apply for licensure. The federation reports the findings directly to the state boards.

The federation also sends the state boards periodic reports on disciplinary cases in the data base. The most recent report includes information about a podiatrist whose license to practice in Hawaii was forfeited in 1986.⁷

In licensing applicants, the department's Professional and Vocational Licensing Division does not request a review of the federation's data base or use the federation's reports. It accepts without question the answers given by applicants about their disciplinary history on the license application and renewal forms. The division needs to strengthen its review by using the national data base.

Test results should be authentic

Applicants are required to pass national board examinations. The tests are administered in or near the seven mainland cities where accredited colleges of podiatric medicine are located. Applicants can arrange to have their test scores sent directly to the state where they are applying for licensure.

The licensing division does not require applicants to have test scores forwarded directly to the division. To ensure that national board scores are authentic, the division should require that applicants submit original score reports to the division through the national board.

Podiatrists Should Have Representation on the Board

No podiatrist sits on the Board of Medical Examiners. Current members of the board are not knowledgeable about podiatric medicine, and podiatrists have no role in the licensing program. These problems could be corrected by adding a podiatrist to the board.

Board has limited knowledge of podiatric medicine

The board consists of seven medical doctors and two lay persons. In interviews, five board members reported that they have little or no knowledge of podiatric medicine. Four members said they had some knowledge about the profession but were not familiar with training, examination, and licensing standards.

Podiatrists lack opportunity to participate

Podiatrists have the professional expertise, but there is no formal way for them to participate in the regulatory program. Chapter 463E was amended in 1978 to permit the board to delegate its podiatric medical duties to a committee of not less than three podiatrists.⁸ A committee was formed to administer the State's clinical competency examination, but the committee has not met since 1990.

Podiatrists are free to contact the executive secretary and board members when they have questions. But they have no formal mechanism for participating in the licensing program and for receiving information on the program.

Board should be expanded

Although Hawaii is one of just 11 states regulating podiatric medicine through a board of medical examiners,⁹ the arrangement makes sense because there are not enough licensed podiatrists in Hawaii to warrant a separate board of podiatric medical examiners. Nevertheless, podiatrists should be represented on the board that regulates their profession.

Several board members and podiatrists believe that the board needs a podiatrist to bring professional knowledge to the licensing program. In other sunset evaluation reports this year, we are recommending

(1) that the Board of Osteopathic Examiners be terminated and its duties taken over by the medical board, with the addition of an osteopathic physician, and (2) that the medical board be expanded to include a physician assistant and a mobile intensive care technician (MICT).¹⁰ Taken together with the addition of a podiatrist, this would bring the medical board to a total of 13 members.

Recommendations

1. The Legislature should reenact Chapter 463E to continue the regulation of podiatrists. In doing so, the Legislature should consider the following:
 - Amending Section 463E-4 to specify that applicants must furnish satisfactory evidence that they have passed written examinations covering basic sciences, clinical sciences, and clinical competency administered by the National Board of Podiatric Medical Examiners or its successor organization.
 - Amending Section 463E-5 to delete the requirement for continuing education.
 - Amending Section 453-5(a) of the medical practice act to add a podiatrist to the Board of Medical Examiners.
2. The Professional and Vocational Licensing Division of the Department of Commerce and Consumer Affairs should improve its licensing operations by:
 - Checking the data base of the Federation of Podiatric Medical Boards in reviewing the disciplinary history of applicants.
 - Requiring applicants to submit original national board score reports directly from the National Board of Podiatric Medical Examiners.
3. The Board of Medical Examiners should update the rules.

Notes

Chapter 1

1. Hawaii, Department of Commerce and Consumer Affairs, *Summary/Geographic Report* (printout), Honolulu, February 6, 1992, p. 17.
2. Hawaii, *Sunset Evaluation Report: Podiatrists*, Report No. 85-5, Honolulu, January 1985.

Chapter 2

1. Federation of Podiatric Medical Boards, *Podiatric Medical Disciplinary Data Base, State Licensing Board Actions 01/01/91 through 12/18/91*, Washington, D.C., undated.
2. U.S., Department of Labor, *Occupational Outlook Handbook*, 1990-91 Edition, April 1990, p. 146.
3. Section 16-85-73(a), Hawaii Administrative Rules.
4. Section 16-85-73.5(b)(3), Hawaii Administrative Rules.
5. Section 16-85-73.5(b)(2), Hawaii Administrative Rules.
6. Section 463E-5, HRS.
7. Federation of Podiatric Medical Boards, *Podiatric Medical Disciplinary Data Base, State Licensing Board Actions 01/01/91 through 12/18/91*, p. 1.
8. Act 163, SLH 1978.
9. Federation of Podiatric Medical Boards, "Federal Data Bank-More Interesting Developments," *Federation News*, April 1990, p. 15.
10. Hawaii, The Auditor, *Sunset Evaluation Update: Osteopathy* (to be issued); *Sunset Evaluation Update: Medicine and Surgery* (to be issued).

Response of the Affected Agencies

Comments on Agency Response

We transmitted a draft of this report to the Board of Medical Examiners and the Department of Commerce and Consumer Affairs on October 2, 1992. A copy of the transmittal letter to the board is included as Attachment 1. A similar letter was sent to the department. The response from the board is included as Attachment 2. The department informed us by letter on November 2, 1992 that the board's response is also the department's response.

The board and the department agree with our recommendations that the regulation of podiatrists should be continued, the examination requirements clarified and updated, and the data base of the Federation of Podiatric Medical Boards checked when reviewing the disciplinary history of license applicants.

Concerning our recommendation that applicants be required to submit original national board score reports directly from the National Board of Podiatric Medical Examiners, the board and the department say that this is already the case. We have reviewed this matter and stand by our recommendation. We also wish to point out that the board and the department acknowledge that exceptions have been made.

The board and the department disagree with our recommendation to add a podiatrist to the board because there are not enough podiatrists in Hawaii to warrant this. They propose establishing or reconvening a committee through which podiatrists would furnish information to the board.

The board and the department claim we erroneously concluded that 12 podiatrists had their licenses renewed without meeting the continuing education requirement. Again, we have reviewed this matter and stand by our statement.

ATTACHMENT 1

STATE OF HAWAII
OFFICE OF THE AUDITOR
465 S. King Street, Room 500
Honolulu, Hawaii 96813-2917



MARION M. HIGA
State Auditor

(808) 587-0800
FAX: (808) 587-0830

October 2, 1992

C O P Y

Dr. Erlinda Cachola, Chair
Board of Medical Examiners
Department of Commerce and Consumer Affairs
Professional and Vocational Licensing Division
1010 Richards Street
Honolulu, Hawaii 96813

Dear Dr. Cachola:

Enclosed for your information are 11 copies, numbered 9 to 19 of our draft report, *Sunset Evaluation Update: Podiatrists*. We ask that you telephone us by Tuesday, October 6, 1992, on whether you intend to comment on our recommendations. If you wish your comments to be included in the report, please submit them no later than Monday, November 2, 1992.

The Director of the Department of Commerce and Consumer Affairs, Governor, and presiding officers of the two houses of the Legislature have also been provided copies of the draft report.

Since the report is not in its final form and changes may be made to it, access to the report should be restricted to those assisting you in preparing your response. Public release of the report will be made solely by our office and only after the report is published in its final form.

Sincerely,

Marion M. Higa
State Auditor

Enclosures

JOHN WAIHEE
GOVERNOR



ROBERT A. ALM
DIRECTOR

NOE NOE TOM
LICENSING ADMINISTRATOR

BOARD OF MEDICAL EXAMINERS

STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P. O. BOX 3469
HONOLULU, HAWAII 96801

November 2, 1992

RECEIVED

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OFFICE OF THE AUDITOR
STATE OF HAWAII

Marion H. Higa, State Auditor
Office of the Auditor
State of Hawaii
465 S. King Street, Room 500
Honolulu, HI 96813-2917

Dear Mrs. Higa:

The Board of Medical Examiners thanks you for the opportunity to provide comment on the Sunset Evaluation Update for Podiatrists. We will comment on the recommendations as they appear chronologically in the report.

1. "The Legislature should reenact Chapter 463E to continue the regulation of podiatrists. In doing so, the Legislature should consider the following:

Amending Section 463E-4 to specify that applicants must furnish satisfactory evidence that they have passed written examinations covering basic sciences, clinical sciences, and clinical competency administered by the National Board of Podiatric Medical Examiners or its successor organization.

Amending Section 463E-5 to delete the requirement for continuing education.

Amending Section 453-5() of the medical practice to add a podiatrist to the Board of Medical Examiners."

The Board appreciates the strong statement in support of the regulatory protection afforded consumers. The Board agrees that regulation of podiatrists should be continued.

The Board agrees that Section 463E-4 be amended to clarify the examination requirements.

The Board strongly disagrees that the continuing education requirement be deleted from Section 463E-5. The Board believes that continuing education is essential for the sound diagnosis and treatment of the human foot. Incorrect or outdated diagnosis and treatment can lead to serious, permanent consequences for the patient. This danger is minimized if podiatrists are required to educate themselves on the latest break-throughs that occur in the practice of podiatric medicine.

The Board believes that podiatrists should demonstrate, through satisfying the continuing education requirement, that they are current on the latest procedures concerning this area of practice. Doctors of medicine (M.D.'s) must satisfy continuing education requirements, and the Board believes that podiatrists should be held to the same high standard.

The Board would like to clarify statements contained in the report relative to enforcement of the continuing education requirement. The report states that twelve (12) podiatrists did not meet the requirement but had their licenses renewed nevertheless.

This statement is erroneous. We can produce the files of 10 licensees who did in fact satisfy the continuing education requirement, and demonstrated this by submitting appropriate documentation. Their licenses were renewed based on satisfying the continuing education and other requirements. The remaining 2 licensee files have sufficient evidence to show that continuing education documents were received, and subsequently reviewed and approved by the Executive Secretary. In researching this matter perhaps certain files may not have been properly searched, otherwise the conclusion drawn would be different than what is presented.

Also, the Board is not in agreement with the recommendation that Section 453-5(a) be amended to add a podiatrist to the Board of Medical Examiners. Presently, there are 26 active, licensed podiatrists who practice in the State of Hawaii. An additional 41 mainland podiatrists also have active licenses. The Board does not believe that this number of podiatrists warrants adding a podiatrist to the Board of Medical Examiners. Rather, the Board proposes that a committee be established or reconvened to provide podiatrists a method to furnish information to the Board that would assist in the regulation of podiatrists.

2. "The Professional and Vocational Licensing Division of the Department of Commerce and Consumer Affairs should improve its licensing operations by:

Checking the data base of the Federation of Podiatric Medical Boards in reviewing the disciplinary history of applicants.

Requiring applicants to submit original national board score reports directly from the National Board of Podiatric Medical Examiners."

The Board agrees with the recommendation that the data base of the Federation of Podiatric Medical Boards be checked. This procedure was not previously implemented, largely because on average, 5-6 applications for licensure are received yearly. This number of applicants did not appear to justify the \$240 annual membership dues that the state would need to pay to query the national data bank (which translates to \$40 per applicant). However, the Board recognizes the merit of checking the data bank for disciplinary history of applicants, and will explore how best to institute procedures for querying the data bank.

Regarding the recommendation that applicants be required to submit original national board score reports directly from the National Board of Podiatric Medical Examiners, this requirement is already imposed. Receipt of the official national board score report generally takes one month from the date the applicant makes the request. Exceptions to this requirement have been made only in a few isolated cases where the following conditions were present: (a) the applicant was scheduled to commence employment immediately; (b) delay did not appear warranted because the applicant produced a personal xerox copy of the national test scores, thereby evidencing successful passage of the national exam; (c) all other requirements for licensure were satisfied; and (d) harm to the consumer was not present.

Exceptions to the requirement were made to accommodate applicants only where all of the above conditions were present.

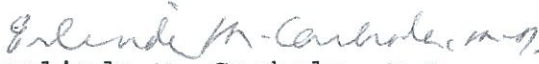
3. "The Board of Medical Examiners should update the rules."

Marion H. Higa, State Auditor
November 2, 1992
Page 4

The Board agrees that rules regarding examinations should be updated. The Board will be working on rule amendments as recommended in the report.

Again, thank you for the opportunity to provide comment.

Very truly yours,


Erlinda M. Cachola, M.D.
Chairperson
Board of Medical Examiners

A BILL FOR AN ACT

RELATING TO PODIATRY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 26H-4, Hawaii Revised Statutes, is
2 amended by amending subsection (c) to read as follows:

3 "(c) The following chapters and sections are hereby
4 repealed effective December 31, 1993:

5 (1) Chapter 452 (Board of Massage)

6 (2) Chapter 453 (Board of Medical Examiners)

7 (3) Chapter 460 (Board of Osteopathic Examiners)

8 (4) Chapter 461J (Board of Physical Therapy)

9 [(5) Chapter 463E (Podiatry)

10 (6)] (5) Chapter 514E (Time Sharing Plans)

11 [(7)] (6) Sections 804-61 and 804-62"

12 SECTION 2. Section 26H-4, Hawaii Revised Statutes, is
13 amended by amending subsection (i) to read as follows:

14 "(i) The following chapters are hereby repealed effective
15 December 31, 1999:

16 (1) Chapter 436E (Board of Acupuncture)

17 (2) Chapter 442 (Board of Chiropractic Examiners)

18 (3) Chapter 444 (Contractors License Board)

19 (4) Chapter 448E (Board of Electricians and Plumbers)

1 (5) Chapter 463E (Podiatry)
2 [(5)] (6) Chapter 464 (Professional Engineers, Architects,
3 Surveyors and Landscape Architects)
4 [(6)] (7) Chapter 465 (Board of Psychology)
5 [(7)] (8) Chapter 468E (Speech Pathology and Audiology)"

6 SECTION 3. Section 453-5, Hawaii Revised Statutes, is
7 amended by amending subsection (a) to read as follows:

8 "(a) For the purpose of carrying out this chapter the
9 governor shall appoint a board of medical examiners, whose duty
10 it shall be to examine all applicants for license to practice
11 medicine or surgery. As used in this chapter, "board" means the
12 board of medical examiners.

13 The board shall consist of [nine] ten persons, seven of whom
14 shall be physicians or surgeons licensed under the laws of the
15 State, one who shall be a podiatrist licensed under the laws of
16 the State, and two of whom shall be lay members appointed from
17 the public at large. Of the seven physician or surgeon members,
18 four shall be appointed from the city and county of Honolulu and
19 one each from each of the other counties. Medical societies in
20 the various counties may conduct elections periodically but no
21 less frequently than every two years to determine nominees for
22 the board to be submitted to the governor. In making

1 appointments the governor may consider recommendations submitted
2 by the medical societies and the public at large. Each member
3 shall serve until a successor is appointed and qualified."

4 SECTION 4. Section 463E-4, Hawaii Revised Statutes, is
5 amended to read as follows:

6 "§463E-4 Examinations. (a) The board shall [administer
7 examinations which shall include, but not be limited to,
8 examinations in the following areas: anatomy, histology and
9 embryology, physiology, biochemistry, hygiene and public health,
10 pathology, bacteriology, dermatology, syphilology, surgery and
11 anesthesia, podiatry, therapeutics, physical medicine, podiatric
12 medicine, pharmacology, materia medica, roentgenologic technique,
13 and radiation safety.] require each applicant to furnish
14 satisfactory evidence that the applicant has passed written
15 examinations covering basic sciences, clinical sciences, and
16 clinical competency administered by the National Board of
17 Podiatric Medical Examiners or its successor organization.

18 (b) The examinations shall be held in Honolulu twice a year
19 at a time and day which is convenient for the board.

20 [(c) The board may accept the certificate or evidence of
21 passage of the National Board of Podiatric Medical Examiners or
22 an equivalent testing agency in lieu of and as equivalent to part

1 or all of its own written examination.

2 (d)] (c) The [written examination] examinations shall be
3 secured from and corrected by the National Board of Podiatric
4 Medical Examiners or [an equivalent testing agency. The board,
5 in addition may administer a written examination of podiatric
6 medical clinical competency which may include portions which
7 address the basic sciences and clinical sciences that support the
8 clinical practice of podiatric medicine.] its successor
9 organization."

10 SECTION 5. Section 463E-5, Hawaii Revised Statutes, is
11 amended to read as follows:

12 "**§463E-5 Fees; expenses.** No applicant shall be examined
13 under this chapter until the applicant has paid to the board
14 application, examination, and license fees. The board may
15 provide separate fees for licensure by endorsement and for
16 limited and temporary licenses. Every person holding a license
17 under this chapter shall reregister with the board no later than
18 January 31 of each even-numbered year, and for registration shall
19 pay a renewal fee. [At the time of reregistration, the licensee
20 shall provide written proof of a minimum of forty hours of
21 postgraduate work or continuing education of podiatric medicine
22 taken during the previous biennium.] Failure to reregister [and

1 present this proof] shall constitute a forfeiture of the license,
2 which may be restored only upon written application therefor and
3 payment to the board of a restoration fee. A license that has
4 been forfeited for one renewal term shall be automatically
5 terminated and cannot be restored, and a new application for
6 licensure shall be required."

7 SECTION 6. Statutory material to be repealed is bracketed.
8 New statutory material is underscored.

9 SECTION 7. This Act shall take effect upon its approval.

10

11

INTRODUCED BY: _____