UNIVERSITY OF HAWAIʻI SYSTEM
Legislative Testimony

Testimony Presented Before the
Senate Committee on Higher Education and the Arts
and
Senate Committee on Commerce, Consumer Protection and Health
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by
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SB 3017 – RELATING TO HEALTH

Chairs Taniguchi and Baker, Vice Chair Kidani and members of the Committees, thank you for this opportunity to testify in support of SB 3017, provided that its passage does not replace or adversely impact priorities as indicated in our BOR Approved Budget. This measure would appropriate funds to support medical residency programs to help alleviate the shortage of primary care physicians in rural Oʻahu and our neighbor island communities.

The public face of our medical school is its MD students—and we certainly are proud of the fact that close to 90% of them in every class are kamaʻāina who do Hawaiʻi proud, e.g. routinely scoring above the national average on U.S. medical licensing exams.

But JABSOM also offers another type of training critical to our state that are less well known. Every year, JABSOM supervises the work of some 230 physicians at major medical centers in Hawaiʻi, doctors who are working toward licensure and board certification in about 20 different “Graduate Medical Education” specialties and subspecialties. They include:

- Internal Medicine (including Geriatrics and Cardiovascular Disease)
- Surgery (including Surgical Critical Care)
- Family Medicine (including Sports Medicine)
- Psychiatry (including Geriatric, Child & Adolescent, and Addictions)
- Obstetrics and Gynecology (Including Maternal Fetal Medicine and Family Planning)
- Pediatrics (including Neonatal-Perinatal)
- Pathology
- Orthopaedic Surgery

- The Transitional Year Residency Program provides a single year of clinical experience in various disciplines such as medicine and surgery before undertaking a specialty residency program.

Even while training, these doctors are working, caring for patients under the supervision of our UH faculty clinicians. The federal government, through the Centers for Medicare and Medicaid services (CMS), provides about 70% of the total salary for each the UH-JABSOM "MD resident" positions. Hawai'i's teaching hospitals have paid the 30% shortfall for these resident positions from their operating budgets.

The rapidly changing healthcare financial environment, however, is limiting the capacity of teaching hospitals/clinics to fund GME training. Many states facing primary care shortages have begun to supplement the available federal GME funding. This important piece is missing in Hawai'i. We ask the Legislature to create an annual GME appropriation, which would allow JABSOM to expand the post-MD training of new doctors.

This investment would pay off significantly by increasing access to health care in our state. As you know, workforce studies indicate that Hawai'i is nearly 700 physicians short (across all disciplines) when compared to national norms. This number has been steadily rising over the years and is predicted to increase.

We know that of all MDs who graduate from JABSOM and also do their post-MD training through JABSOM in Hawai'i, 80% of them will remain in the islands to practice medicine. Expanding GME is the most effective way to attract and retain physicians for Hawai'i.

Additionally, JABSOM's intent is to expand the number of new physician-trainees in the specialties and locations where our doctor shortages are greatest.

Investing in the GME program helps to ensure that Hawai'i grows new doctors who will practice here.

JABSOM requests that the Legislature appropriate funds in the amount of $2 million as recommended by the Hawai'i Medical Education Council to maintain the stability of the existing residency programs and support the expansion of the Family Medicine Residency Program and provide the needed faculty, staff and clinical learning environment infrastructure support to sustain this expansion. This appropriation will be an ongoing need to ensure adequate primary care provider training for future generations.

Thank you for this opportunity to testify.