



AMERICAN OSTEOPATHIC ASSOCIATION

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February 4, 2011

Constance Cabral  
Executive Officer, Hawaii Medical Board  
Dept. of Commerce & Consumer Affairs  
P.O. Box 3469  
Honolulu, HI 96813

Dear Ms. Cabral:

Thank you for your response to the American Osteopathic Association (AOA) and Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS) regarding our strong opposition to the Hawaii Medical Board's policy of charging disparate licensing fees to DOs and MDs. We appreciate your explanation for the discrepancy in fees. However, we believe that your explanation is inconsistent and flawed. Furthermore, the difference in fees should be equalized immediately to reflect a fee structure that is based on sound logic and reason.

First, you state that fees "are established for each license type and therefore, there is not one license fee that is applied to the licensees that a board regulates." While having different licensing fees makes sense in most cases, it does not justify a discrepancy in fees between DOs and MDs as both practice medicine and surgery as defined under HRS Chapter 453. The examples you cite in your letter include dentists (HRS 448) and dental hygienists (HRS 447) and barbers (HRS 38) and beauty culture (HRS 49), all of which are licensed under different Chapters and have different scopes of practice. Similarly, while LPNs, RNs, APRNs and ARPNx are all licensed under HRS 457, they too have different scopes of practice based on their education and training. Due to the differing scopes of practice, there is a different regulatory responsibility and disparate fee structure is appropriate. This is *not* the situation with DOs and MDs. DOs and MDs are licensed under the same Chapter and have the same scope of practice, thus their licensing fees should be the same.

Second, you noted that fees are established through a cost-analysis conducted by PVL and RICO. You suggest that there are many factors that are taken into account in conducting this analysis, but the only example you cite is staff time to process applications or complaints. We would like to request a copy of this analysis, in order to gain a better understanding of how there could possibly be increased time or costs associated with processing a DO license application as compared to a MD license application under the same Chapter. From our perspective, it does not seem likely that there would be any cost discrepancy between the two given that the license is the same. It seems more likely that having fewer DOs in the state would mean that *less* staff time is taken for processing applications and complaints thereby warranting *lower* costs. If necessary, we can set forth a request under Hawaii's Uniform Information Practices Act.

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Third, consistent with the explanation of our first point, we note that our review of other states with combined medical licensing boards, indicates it is the norm is to charge equal fees for DOs and MDs. Indeed, many states hardly make a distinction at all, using the very same application form. For example, in Oregon, the state Medical Board charges a fee of \$50 for an "MD/DO" reactivation license and \$375 for "all new MD/DO applicants." In Iowa, the Board of Medicine charges a \$505 fee for a license which "allows an MD or DO to practice medicine and surgery or osteopathic medicine and surgery in Iowa." The Maryland Board of Physicians charges \$310 for an "original physician or osteopath licensure application." Hawaii seems to be an outlier in its discriminatory fee structure for DOs and MDs. In short, there seems to be no reasonable justification for DOs to pay higher licensing fees than MDs for the right to access the same scope of practice.

In conclusion, the Hawaii Medical Board should amend the fee structure for DOs immediately so that they are equal to the fees for MD license applicants.

Sincerely,



Karen J. Nichols, DO  
President, AOA



Les Barrickman, DO  
President, HAOPS

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