

Political Offices: State Legislature: Subject Files: Health: Medical licensing, H.B. 967-970

Thomas P. Gill Papers

Political Offices, State Legislature, Subject Files, Box PO15, Folder 2

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TABLE 8 -- Reciprocity and Endorsement Policies of Medical Licensing Boards

Reciprocates With, or Endorses Certificates Granted By

| Marginal Number | The Examining Board of - | Alabama | Arizona | Arkansas | California | Colorado | Connecticut | Delaware | Dist. of Columbia | Florida | Georgia | Idaho | Illinois | Indiana | Iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska | Nevada | New Hampshire | New Jersey | New Mexico |
|-----------------|--------------------------|--|---------|----------|------------|----------|-------------|----------|-------------------|---------|---------|-------|----------|---------|------|--------|----------|-----------|-------|----------|---------------|----------|-----------|-------------|----------|---------|----------|--------|---------------|------------|------------|
| 1 | Alabama | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 2 | Alaska | + | .. | + | + | + | .. | + | .. | .. | .. | .. | .. | + | .. | + | + | .. | .. | + | .. | + | + | + | .. | .. | + | + | + | .. | |
| 3 | Arizona | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 4 | Arkansas | + | + | .. | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 5 | California | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 6 | Canal Zone | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 7 | Colorado | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 8 | Connecticut | .. | .. | .. | .. | .. | .. | .. | + | .. | .. | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 9 | Delaware | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 10 | Dist. of Columbia | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 11 | Florida | No reciprocity or endorsement policies | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 12 | Georgia | + | .. | + | + | + | .. | + | .. | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 13 | Guam | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 14 | Hawaii | No reciprocal relations | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 15 | Idaho | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 16 | Illinois | + | .. | + | + | + | .. | .. | .. | .. | + | .. | .. | + | + | + | + | + | .. | + | .. | + | + | + | + | + | + | + | + | + | |
| 17 | Indiana | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 18 | Iowa | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 19 | Kansas | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 20 | Kentucky | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 21 | Louisiana | + | + | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 22 | Maine | .. | + | + | + | + | + | + | .. | + | .. | .. | .. | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | |
| 23 | Maryland | + | .. | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | |
| 24 | Massachusetts | + | .. | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | |
| 25 | Michigan | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | |
| 26 | Minnesota | + | 41 | + | + | 41 | 41 | + | + | .. | + | 41 | + | 41 | + | 41 | 41 | + | + | + | .. | + | + | + | + | + | + | + | 41 | + | |
| 27 | Mississippi | + | + | + | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 28 | Missouri | + | + | + | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 29 | Montana | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 30 | Nebraska | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 31 | Nevada | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 32 | New Hampshire | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 33 | New Jersey | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 34 | New Mexico | + | + | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 35 | New York | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 36 | North Carolina | + | + | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 37 | North Dakota | + | .. | + | + | .. | + | .. | .. | .. | + | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | |
| 38 | Ohio | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 39 | Oklahoma | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 40 | Oregon | + | + | + | + | + | + | .. | .. | .. | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 41 | Pennsylvania | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 42 | Puerto Rico | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 43 | Rhode Island | + | + | + | + | + | + | + | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 44 | South Carolina | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 45 | South Dakota | + | + | + | + | .. | + | + | .. | .. | + | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | |
| 46 | Tennessee | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 47 | Texas | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 48 | Utah | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 49 | Vermont | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 50 | Virginia | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 51 | Virgin Islands | No reciprocal relations | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 52 | Washington | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |
| 53 | West Virginia | + | .. | + | 20 | 20 | .. | .. | .. | .. | .. | .. | .. | 20 | 20 | 20 | 20 | + | + | + | 20 | + | + | + | + | + | + | + | + | + | |
| 54 | Wisconsin | + | + | + | + | + | + | + | .. | .. | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| 55 | Wyoming | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | |

Some states have additional requirements for graduates of schools outside the United States and Canada.
 + indicates reciprocal or endorsement relationships have been established; .. indicates no reciprocal or endorsement relationships. (See column "At the discretion of the board.")

1. D. Declaration of Intention of citizenship. @ in citizenship column indicates full citizenship required; in other columns it implies a requirement.
2. In most cases there is a small additional or recording fee.
- Year of practice after licensure required.
- Internship accepted in lieu of one year's practice.
- Two years' professional practice required.
- All applicants must be graduates of a medical school approved by the American Medical Association.
- Just preceding application.
- Not required if applicant has been in practice more than 5 yrs.
- Basic science certificate required either by reciprocity or examination in addition to basic science subjects of National Board.
- Canadian citizens are required to file first papers.
- Not applicable to citizens of Canada.

12. Oral examination required when application is based on a license dated five or more years prior to filing.
13. Must be residents of Canal Zone or Republic of Panama.
14. Oral examination required.
15. Endorsement of Nat'l. Board of Med. Examiners, \$35.
16. Active practice for a period of not less than three years immediately preceding date of application.
17. Practical clinical examination required.
18. In lieu of its own examination, certificate of Nat'l. Board may be accepted in whole or in part.
19. Minimum fee.
20. Licentiatees of California, Colorado, Indiana, Iowa, Kansas, Massachusetts, New York, and Rhode Island accepted on reciprocal basis at discretion of board.
21. Not required if country in which applicant is licensed will admit to practice citizens of the U.S. licensed to practice in some state or on proof of requirements similar to those required by California for graduates of foreign medical schools.
22. At discretion of Health Director.

Reciprocates With, or Endorses Certificates Granted By

Requirements

| Marginal Number | New York | North Carolina | North Dakota | Ohio | Oklahoma | Oregon | Pennsylvania | Rhode Island | South Carolina | South Dakota | Tennessee | Texas | Utah | Vermont | Virginia | Washington | West Virginia | Wisconsin | Wyoming | Alaska | Puerto Rico | At the Discretion of the Board | National Board of Medical Examiners | Basic Science Certificate | Internship | Professional Practice | Citizenship ¹ | Fees, Dollars ² | Miscellaneous (See bottom of page) | Marginal Number |
|-----------------|----------|----------------|--------------|------|----------|--------|--------------|--------------|----------------|--------------|-----------|-------|------|---------|----------|------------|---------------|-----------|---------|--------|-------------|--------------------------------|-------------------------------------|---------------------------|------------|-----------------------|--------------------------|----------------------------|------------------------------------|-----------------|
| 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | |
| 2 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 2 | |
| 3 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 3 | |
| 4 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 4 | |
| 5 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 5 | |
| 6 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 6 | |
| 7 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 7 | |
| 8 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 8 | |
| 9 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 9 | |
| 10 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 10 | |
| 11 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 11 | |
| 12 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 12 | |
| 13 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 13 | |
| 14 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 14 | |
| 15 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 15 | |
| 16 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 16 | |
| 17 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 17 | |
| 18 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 18 | |
| 19 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 19 | |
| 20 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 20 | |
| 21 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 21 | |
| 22 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 22 | |
| 23 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 23 | |
| 24 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 24 | |
| 25 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 25 | |
| 26 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 26 | |
| 27 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 27 | |
| 28 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 28 | |
| 29 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 29 | |
| 30 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 30 | |
| 31 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 31 | |
| 32 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 32 | |
| 33 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 33 | |
| 34 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 34 | |
| 35 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 35 | |
| 36 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 36 | |
| 37 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 37 | |
| 38 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 38 | |
| 39 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 39 | |
| 40 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 40 | |
| 41 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 41 | |
| 42 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 42 | |
| 43 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 43 | |
| 44 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 44 | |
| 45 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 45 | |
| 46 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 46 | |
| 47 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 47 | |
| 48 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 48 | |
| 49 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 49 | |
| 50 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 50 | |
| 51 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 51 | |
| 52 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 52 | |
| 53 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 53 | |
| 54 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 54 | |
| 55 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 55 | |

- 35. Oral examination required if applicant's state requires it.
- 36. If applicant passes the examination in state from which he transfers after completion of internship, no practice required.
- 37. May require oral examination.
- 38. Internship accepted at discretion of the board as the equivalent of two years' practice.
- 39. Residence for one year required.
- 40. Fee same as applicant's state charges but not less than \$50.
- 41. Graduates of foreign medical schools are accepted at the discretion of the board.
- 42. Diplomates of Nat'l. Board not required to have been in practice for three years.
- 43. Same as required of candidates of state applying for licensure.
- 44. Not required for licensure by reciprocity.
- 45. Reciprocity applicants only.
- 46. Supplemental examination required in certain cases when accepting the examination of state with whom reciprocal relations have not been established.
- 47. Must meet requirements of the board and hold a valid license obtained by written examination.

- 36. Fee same as applicant's state but not less than \$75.
- 37. For matriculants after Oct. 15, 1937.
- 38. Graduates of foreign schools not accepted.
- 39. Reciprocity extended at discretion of board to candidates whose qualifications would entitle them to admission to examination and who took examination equivalent to that required by this board.
- 40. Permanent license withheld until completion of citizenship.
- 41. At the discretion of the board.
- 42. Graduates of foreign medical schools are not accepted for licensure by reciprocity.
- 43. Reciprocity extended at discretion of board to states having comparable requirements and which accept Colorado applicants on equal reciprocal basis.
- 44. Consecutive years immediately preceding application.
- 45. Graduates of medical schools in Canada and foreign medical graduates are not accepted for licensure by reciprocity.

HAWAII



MEDICAL ASSOCIATION

510 SOUTH BERETANIA STREET - ROOM 200 - TELEPHONE 57-907 - HONOLULU 13, HAWAII

April 17, 1961

MABEL L. SMYTH MEMORIAL BUILDING

The Honorable Elmer F. Cravalho
Speaker, House of Representatives
First State Legislature
Honolulu, Hawaii

Dear Representative Cravalho:

We should like to clarify the misunderstanding on the use of the E.C.F.M.G. examination.

The Education Council for Foreign Medical Graduates (E.C.F.M.G.) began operation October 1, 1957, and is sponsored by the American Hospital Association, the Association of American Medical Colleges, and the Federation of State Medical Boards of the United States as well as the AMA. It was set up to evaluate the individual rather than the medical school after the task of evaluating all the almost 600 foreign medical schools became extremely difficult because of inconsistent standards within many schools which since World War II vary not only within the country but change from year to year. It was designed primarily to safeguard patient care in American hospitals. Because of the tremendous number of foreign physicians training in American hospitals the original cut-off date of July, 1959, has been extended twice and is now July, 1961. After that date a hospital which retains house physicians who have not passed the ECFMG test (Educational Council for Foreign Medical Graduates) will lose its accreditation. It is conceivable that the cut-off date may again be extended but it is inconceivable that the examinations will ever be discontinued because this is the only means of evaluating the medical training of a foreign medical school graduate.

The examination is designed to evaluate foreign education credentials and to test the graduate's command of English and his basic knowledge of medicine. The Federation of State Medical Boards of the United States anticipates that the effect on levels of medical education in many parts of the world will become increasingly noticeable. The ECFMG examination is not given to graduates of American medical schools because there are no longer any grade B or C schools in the United States.

In the future, foreign medical school graduates will not be given educational permits to train in American hospitals unless they pass the examination while still in their native country. However, at the present time there are unqualified graduates in the United States who are in presently accredited hospitals and it is for this segment that we need public safeguards in the law which necessitates that both the training and the examination requirement be included in the qualifications. This should produce no hardship for a properly trained graduate of a foreign medical school who can take the examination here in Honolulu twice a year. It will prove a hardship for those who have not had sufficient training to meet the standards we wish to maintain in medical care for the people of Hawaii. It should be noted that the graduate already in the USA who does not pass the ECFMG test the first time, may take it again after he has had an opportunity for further study and training.

Sincerely yours,

Leabert R. Fernandez
Leabert R. Fernandez, M.D.,
Chairman, Legislative Committee

LRF:LM:nc

On Bill

March 20, 1961

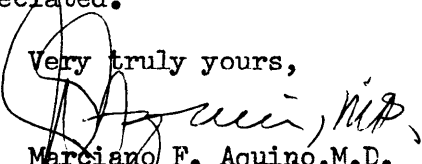
Mr. Thomas P. Gill
Room 446
Honolulu Merchandise Mart Bldg.
Honolulu, Hawaii

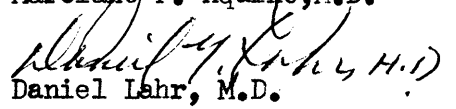
Dear Mr. Gill

Thank you for sending us a copy of House Bill No. 967 and 970. Dr. Lehr
and I have read it very carefully. We found the content to be very good.

Your kind help on this matter is highly appreciated.

Very truly yours,


Marciano F. Aquino, M.D.


Daniel Lehr, M.D.

March 15, 1961

Dr. Mariano Aquino
Kaiser Hospital
1697 Ala Moana
Honolulu

Dear Dr. Aquino,

You will find enclosed copies of bills No. 967 and 970, relating to the licensing of physicians in the state of Hawaii. I believe you will be interested in the matters contained therein. They have both been referred to the Committee on Public Health.

Your comments will be appreciated.

Sincerely yours,

Thomas P. Gill
Majority Floor Leader

TPGjb

Encl.

March 15, 1961

Mr. Ronald Frazer, Director
Straub Clinic
1000 Ward Avenue

Dear Mr. Frazer,

You will find enclosed copies of bills Nos. 967 and 970 relating to the licensing of physicians in the state of Hawaii. I believe you will be interested in the matters contained therein. They have both been referred to the Committee on Public Health.

Your comments will be appreciated.

Sincerely yours,

Thomas P. Gill
Majority Floor Leader

TPGjb

Encl.

Med. Lic. file

December 5, 1960

Representative Pedro Dela Cruz
P. O. Box 225
Lanai City, Lanai

Dear Pedro,


I have talked to various doctors at Kaiser's Hospital who are graduates of foreign medical schools and are prohibited from taking the Hawaii medical examination because they were not born in Hawaii as required in Act 149, Regular Session of 1959.

They apparently feel that we should amend the law to go back to the language contained in the proviso adopted in 1957 which reads:

"provided, that an applicant who is a graduate of a foreign medical school, who has had at least three years' medical experience or training in a hospital approved by the council on medical education and hospitals of the American Medical Association for internship or residency, and who has all the other qualifications enumerated in this section, except those listed in the first portion of this subsection, may apply for such examination not later than June 30, 1958;"

I told them they should discuss the matter with you on Saturday, December 10th, if you came over for the meeting of the House. If you can let me know in advance I can arrange the meeting for you. Probably around noon would be best.

Yours very truly,



THOMAS P. GILL

TPG:rs

STAND. COM. REP. NO. 216

Honolulu, Hawaii
April _____, 1961

Re: H. B. No. 970

Honorable Elmer F. Cravalho
Speaker of the House
First Legislature
General Session, 1961
State of Hawaii

OK
4/13

Sir:

Your Committee on Public Health to which was referred H. B. No. 970 entitled: "A BILL FOR AN ACT PROVIDING FOR GRANTING OF LICENSE TO PRACTICE MEDICINE OR SURGERY WITHOUT EXAMINATION TO THOSE HOLDING LICENSE OR CERTIFICATE TO PRACTICE IN A STATE HAVING RECIPROCAL AGREEMENT WITH HAWAII", begs leave to report as follows:

The purpose of this bill is to provide for the granting of a license to practice medicine or surgery in Hawaii, without examination, to an out-of-state applicant on the basis of reciprocity with the applicant's home state.

It was pointed out that the principle of reciprocity is not a safeguard against issuing licenses to incompetent doctors. The standard of written examinations can vary in a particular state from year to year.

Your Committee believes that the bill offers sufficient safeguards. A practicing physician of another state may apply for a Hawaii license only if he is eligible for an examination, and if his home state enters into a reciprocal agreement with Hawaii. An applicant, therefore, must satisfy our residence requirement and must be a graduate of an approved school (or fulfill one of the alternative requirements in lieu thereof). The reciprocal agreement is a strong safeguard because Hawaii will not enter into such an agreement unless it is satisfied that the licensing standards of the other contracting state are as high as our own.

Your Committee is in accord with the intent and purpose of H. B. No. 970, and recommends its passage on second and third readings.

Respectfully submitted,

FEDRO DE LA CRUZ, Chairman

ROBERT W. B. CHANG, Member

DONALD D. H. CHING, Vice Chrm.

DOROTHY L. DEVEREUX, Member

EUREKA FORBES, Member

RICHARD M. KENNEDY, Member

FRANK W. C. LOO, Member

AKIRA SAKIMA, Member

TOSHIO SERIZAWA, Member

FOR: _____

AGAINST: _____

(To be made one and eight copies)

FIRST LEGISLATURE, 1961
STATE OF HAWAII

H. B. NO. 970

A BILL FOR AN ACT

PROVIDING FOR GRANTING OF LICENSE TO PRACTICE MEDICINE OR SURGERY WITHOUT EXAMINATION TO THOSE HOLDING LICENSE OR CERTIFICATE TO PRACTICE IN A STATE HAVING RECIPROCAL AGREEMENT WITH HAWAII.

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

1 Section 1 . The purpose of this act is to provide for the granting of
2 a license to practice medicine or surgery in the state of Hawaii,
3 without examination, to an applicant who holds a license or certi-
4 ficate to practice medicine or surgery in a state, other than
5 Hawaii, which has executed a reciprocal agreement with the state
6 of Hawaii.

7 Section 2. There shall be a new section in chapter 64 of the
8 Revised Laws of Hawaii 1955, to read as follows:

9 "Section 64-4. Waiver of examination. The department
10 of health may, without examination, issue a license to practice
11 medicine or surgery, to any person who furnishes with his
12 application satisfactory proof of the following:

13 (a) That he is eligible, under section 64-3, for an
14 examination;

15 (b) That he has been licensed or holds a certificate
16 to practice medicine or surgery, upon having passed a written
17 examination, in another state; and

18 (c) That there exists between the state of Hawaii and
19 such other state a reciprocal agreement whereby each will,

1 subject to the conditions set forth in the agreement, issue without
2 examination a license or certificate to practice medicine or
3 surgery to any person who holds a license or certificate to so
4 practice in the other state."

5 Section 3. This Act shall take effect upon its approval.

6 INTRODUCED BY:

Thomas O'Neil
John De La Cruz
John C. Larkin
E. F. Dransfield
Donald S. H. Ching

MAR 14 1961

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(The following is an excerpt from the Journal of the American Medical Association of May 28, 1960, at page 132 et seq dealing with registration of physicians by reciprocity and endorsement in the various states.)

Registration by Reciprocity and Endorsement

The reciprocity and endorsement policies in medical licensure are summarized in table 8. Florida and the Virgin Islands do not have reciprocal relations with any state. Hawaii will endorse physicians certified by the National Board of Medical Examiners. Twenty-two boards require applicants for licensure to obtain a certificate from the board of examiners in the basic sciences of the state. In the section of this report pertaining to basic science boards is included a table outlining the reciprocity, endorsement, exemption, or waiver policies of the basic science boards.

Thirty-one boards have reciprocal agreements with specific states. In 19 states, the Canal Zone, and Guam, reciprocity is extended at the discretion of the licensing boards. Twenty states, which have reciprocal agreements, also have similar discretionary powers to endorse applicants from nonreciprocating states who meet the requirements of the board and who present credentials that correspond with those required by their respective states in the year issued. Also in this table is a column indicating the recognition afforded the certificate of the National Board of Medical Examiners.

Additional requirements, including professional practice, citizenship, oral examination and internship, and the fee for a license by reciprocity or endorsement are also recorded. In some states, physicians of Canadian birth are exempt from the citizenship requirement. This is indicated by a footnote. Few states will accept graduates of foreign faculties of medicine on a reciprocal basis. Other requirements or exemptions are indicated by footnote; footnote numbers are referred to in the "miscellaneous" column in the table.

This chart will be found helpful to physicians who are considering a change in location. The facts recorded in this table are intended merely to present statements of licensure policies. The information here given should be supplemented by direct communication with the licensing board. A list of the executive officers in charge of medical licensure appears elsewhere in this study.

The procedure for issuing licenses by reciprocity or endorsement varies. Some states entertain applications for licensure at any time; others hold monthly, quarterly, or semiannual meetings. (The policy in effect in each state is contained in table 24, which is presented later in this report.) In addition, The Journal publishes, biweekly, the exact dates when reciprocity or endorsement applications are considered.

The credentials presented by physicians granted licenses to practice medicine without written examination are given in table 9. There were 8,234 so registered on the basis of licenses from other states, the District of Columbia, the possessions of the United States, Canada and foreign countries, the certificate of the National Board of Medical Examiners, and by acceptance of service with an agency of the government of the United States. California issued the greatest number of licenses by this method. In this state, 1,732 were registered. New York licenses 1,169 by this method. Figures for other states were fewer than 400. Eight states licensed more than 200.

The largest number of candidates who presented the same type of credentials were the 3,377 diplomates certified by the National Board of Medical Examiners; 952 were licensed in New York; 659, in California; and 307, in Massachusetts. Other states registered fewer than 200. None were licensed in Arkansas, Florida, Indiana, Louisiana, North Carolina, South Dakota, and Texas.

There were 359 licenses issued in Pennsylvania, 349 in Michigan, 334 in Ohio, and 301 in Missouri, which were presented to other states for reciprocal registration. More than 250 licenses from Illinois and Maryland were endorsed for reciprocal licensure. Licenses from every state were used as the basis for registration by this method, ranging from 1 each from Alaska, Nevada, and Wyoming to 359 from Pennsylvania.

Six states registered 18 physicians by endorsement of credentials from one of the government services. Eleven physicians were licensed by four boards on the basis of a license issued in the Canal Zone and Puerto Rico; 46 physicians were licensed by 7 boards on the basis of Canadian or foreign credentials.

Table 10 records the number of individual schools represented by the 8,234 reciprocity licentiates. Every approved medical school in the United States, and the University of Puerto Rico were represented with the exception of the Albert Einstein College of Medicine which while graduating a class in 1959 did not have any of its graduates licensed during the year. All but one of the approved Canadian schools were so registered. The 8,234 licentiates included 7,589 graduates of approved schools in the United States and 165 from Canadian medical schools. Licenses without written examination were obtained by 289 foreign-trained physicians. Twenty-seven graduates of approved medical schools no longer in operation were registered, 12 graduates of unapproved medical schools, and 152 graduates of schools of osteopathy.

This table reflects the movement of graduates to states other than those in which they obtained their professional training or in which they first established their practice.

A BILL FOR AN ACT

RELATING TO APPLICATION OF A GRADUATE OF A FOREIGN MEDICAL SCHOOL TO TAKE EXAMINATION FOR LICENSE TO PRACTICE MEDICINE OR SURGERY.

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

1 Section 1 The purpose of this bill is to allow a graduate of a
2 foreign medical school who has fulfilled certain requirements to
3 apply for examination for a license to practice medicine or surgery.

4 Section 2. Subsection (d) of section 64-3 of the Revised Laws
5 of Hawaii 1955, as amended, is hereby further amended to read as
6 follows:

7 "(d)-(1) He is a graduate of a medical school or
8 college approved by the council on medical education and
9 hospitals of the American Medical Association; or

10 (2) He has actively practiced, either in some other
11 jurisdiction, or in the United States army or navy or public
12 health service, as a licensed physician of medicine or surgery
13 for ten out of the eleven years immediately preceding the date
14 of application to take such examination; or

15 (3) He is a graduate of a foreign medical school, who
16 has had at least three years' medical experience or training
17 in a hospital approved by the Council on Medical Education and
18 Hospitals of the American Medical Association for internship
19 or residency, and has passed the qualifying examination of

1 The Educational Council for Foreign Medical Graduates or
2 its successor.

3 Section 3. This Act shall take effect upon its approval.
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STAND. COM. REP. NO. 215

Honolulu, Hawaii
April 14, 1961

Re: H. B. No. 967

Honorable Elmer F. Cravalho
Speaker of the House
First Legislature
General Session, 1961
State of Hawaii

Sir:

Your Committee on Public Health to which was referred H. B. No. 967 entitled: "A BILL FOR AN ACT RELATING TO APPLICATIION OF A GRADUATE OF A FOREIGN MEDICAL SCHOOL TO TAKE EXAMINATION FOR LICENSE TO PRACTICE MEDICINE OR SURGERY", begs leave to report as follows:

The purpose of this bill is to allow foreign medical school graduates who fulfill certain requirements to apply for examination for a license to practice medicine or surgery.

The present law reads that certain foreign graduates may apply for the examination but sets the cut-off date as of June 30, 1960. As this date is already past, the effect is that foreign graduates are at present not allowed to apply.

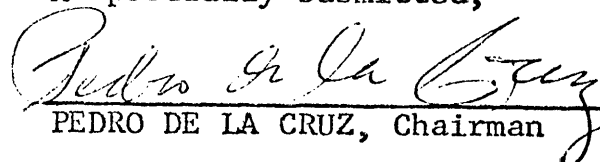
Dr. Richard Lee, director of health, testified that foreign medical schools range from very good to very, very poor. In order to protect our health standards, therefore, it is necessary to screen carefully those applicants who are foreign graduates.

Under H. B. No. 967, a graduate of a foreign medical school may apply if he (a) has had at least three years' medical experience or training in a hospital approved by the council on medical education and hospitals of the American Medical Association for internship or residency, or (b) has passed the American medical qualifications examination conducted by the educational council for foreign medical graduates.

Testimony was given that a foreign medical school graduate who meets either of the requirements just stated is adequately qualified to take an examination for a medical license in Hawaii.

Your Committee is in accord with the intent and purpose of H. B. No. 967 and recommends its passage on second and third readings.

Respectfully submitted,


PEDRO DE LA CRUZ, Chairman

Robert W. B. Chang
ROBERT W. B. CHANG, Member

Donald D. H. Ching
DONALD D. H. CHING, Vice Chrm.

Dorothy I. Devereux (with
resurrection)
DOROTHY I. DEVEREUX, Member

Eureka Forbes
EUREKA FORBES, Member

Richard M. Kennedy
RICHARD M. KENNEDY, Member

Frank W. C. Loo (with
resurrection)
FRANK W. C. LOO, Member

Akira Sakima
AKIRA SAKIMA, Member

Toshio Serizawa
TOSHIO SERIZAWA, Member

FOR: _____

APR 14 1961

AGAINST: _____

Maj. Herb Leader

STAND. COM. REP. NO. 215

Honolulu, Hawaii
April _____, 1961

Re: H. B. No. 967

OK
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Honorable Elmer F. Cravalho
Speaker of the House
First Legislature
General Session, 1961
State of Hawaii

Sir:

Your Committee on Public Health to which was referred H. B. No. 967 entitled: "A BILL FOR AN ACT RELATING TO APPLICABILITY OF A GRADUATE OF A FOREIGN MEDICAL SCHOOL TO TAKE EXAMINATION FOR LICENSE TO PRACTICE MEDICINE OR SURGERY", begs leave to report as follows:

The purpose of this bill is to allow foreign medical school graduates who fulfill certain requirements to apply for examination for a license to practice medicine or surgery.

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Dr. Richard Lee, director of health, testified that foreign medical schools range from very good to very, very poor. In order to protect our health standards, therefore, it is necessary to screen carefully those applicants who are foreign graduates.

Under H. B. No. 967, a graduate of a foreign medical school may apply if he (a) has had at least three years' medical experience or training in a hospital approved by the council on medical education and hospitals of the American Medical Association for internship or residency, or (b) has passed the American medical qualifications examination conducted by the educational council for foreign medical graduates.

Testimony was given that a foreign medical school graduate who meets either of the requirements just stated is adequately qualified to take an examination for a medical license in Hawaii.

Your Committee is in accord with the intent and purpose of H. B. No. 967 and recommends its passage on second and third readings.

Respectfully submitted,

PEDRO DE LA CRUZ, Chairman

ROBERT W. B. CHANG, Member

DONALD D. H. CHING, Vice Chrm.

DOROTHY L. DEVEREUX, Member

EUREKA FORBES, Member

RICHARD M. KENNEDY, Member

FRANK W. C. LOO, Member

AKIRA SAKIMA, Member

TOSHIO SERIZAWA, Member

FOR: _____

AGAINST: _____

A BILL FOR AN ACT

RELATING TO APPLICATION OF A GRADUATE OF A FOREIGN MEDICAL SCHOOL TO TAKE EXAMINATION FOR LICENSE TO PRACTICE MEDICINE OR SURGERY.

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

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2 foreign medical school who has fulfilled certain requirements to
3 apply for examination for a license to practice medicine or surgery.

4 Section 2. Subsection (d) of section 64-3 of the Revised Laws
5 of Hawaii 1955, as amended, is hereby further amended to read as
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8 college approved by the council on medical education and
9 hospitals of the American Medical Association; or

10 (2) He has actively practiced, either in some other
11 jurisdiction, or in the United States army or navy or public
12 health service, as a licensed physician of medicine or surgery
13 for ten out of the eleven years immediately preceding the date
14 of application to take such examination; or

15 (3) He is a graduate of a foreign medical school, who
16 has had at least three years' medical experience or training
17 in a hospital approved by the council on medical education
18 and hospitals of the American Medical Association for intern-
19 ship or residency; (or) and

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(4) He is a graduate of a foreign medical school and has passed the ~~American~~ medical qualifications examination conducted by the educational council for foreign medical graduates."

Section 3. This Act shall take effect upon its approval.

INTRODUCED BY:

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Amend House Bill No. 967 as follows:

1. On page 1, line 19, delete the semi-colon and the word "or"; *following*
2. On page 2, line 1, delete the parenthesis 4 and the words "He is a graduate of a foreign medical school".

Offered by

.....
Howard Y. Miyake
Representative, **14th** District

Date **April 15,** **61**.....

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1. On page 1, line 15, amend subsection (d)(3) to read as follows:

and Hospitals

"He is a graduate of a foreign medical school, who has had at least three years' medical experience or training in a hospital approved by the Council on Medical Education of the American Medical Association for internship or residency, and has passed the qualifying examination of The Educational Council for Foreign Medical Graduates or its successor."

2. On page 2, delete subsection (d)(4) in its entirety.

OFFERED BY: _____

April 18, 1961

EFFECT OF PROPOSED FLOOR AMENDMENT
TO H. B. NO. 967

Under H. B. 967, an applicant for medical examination, who is a graduate of a foreign medical school and who possesses the other qualifications set forth in Section 64-3 of the Revised Laws of Hawaii 1955, as amended, may qualify for such examination if:

1. He has had at least three years medical experience or training in a hospital approved by the council on medical education and hospitals of the American Medical Association for internship or residency; or
2. Has passed the American medical qualifications examination conducted by the educational council for foreign medical graduates.

Under the proposed floor amendment to H. B. 967, such a foreign medical school graduate must have both the three years medical experience or training and have passed the qualifications examination.

Foreign medical school graduates in Hawaii who have three years experience or training but have not passed the ECFMG examination can qualify by writing and passing the examination. All foreign medical school graduates presently taking internships and residencies must have passed the ECFMG examination, because, as of July 1, 1960, hospitals conducting approved internship and residency programs were required to continue training only those physicians who had passed the examination. The applicants who could qualify under the original provisions of HB 967 but who could not qualify under the amended version of the bill are those who have not had three years medical experience or training on an approved training program. These candidates can qualify for license by taking whatever additional training may be required for the completion of three years.

**GENERAL INFORMATION ON HOW DOMESTIC
MEDICAL GRADUATES BECOME ELIGIBLE FOR
EXAMINATION IN THE VARIOUS STATES**

A graduate of an American medical school receives a diploma evidencing that he has met all the requirements of his school and

has been awarded the degree of doctor of medicine. When the graduate applies to a hospital conducting an internship program, which has been approved by the Council on Medical Education of the American Medical Association for an internship appointment, he generally presents a photostatic copy of his diploma. Upon completion of his internship, he is awarded a certificate evidencing that he has fulfilled all the requirements of the program.

When the candidate applies for his first license to practice medicine, he generally presents photostatic copies of his diploma and his certificate evidencing the successful completion of his internship. He then is examined by whatever procedures are in effect in the state in which he is applying for licensure and upon fulfilling the requirements for licensure, is awarded a license to practice medicine in the particular state.

Generally, there is no examination required other than the examination given by the State Licensing Board and under no circumstances is a graduate of an American medical school required to take the ECFMG examination.

THE EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES

This council was organized in 1956 and was designed to fill the gap created when the American Medical Association discontinued the inspection and approval of foreign medical schools. It was created by the American Medical Association, the American Hospital Association, the Association of American Medical Colleges and the Federation of State Medical Boards of the United States. Its Executive Director is D. F. Smily, M. D., and its headquarters is at 1710 Orrington Avenue, Evanston, Illinois.

The purpose of the ECFMG is to examine graduates of foreign medical schools who desire to come to the United States for additional medical training. Since January 1, 1960, it has been required that a foreign medical school graduate have passed the examination before he can commence an internship or residency, and since July 1, 1960, hospitals conducting approved internship and residency programs, have been required to discontinue providing training to doctors who commenced their training prior to January 1, 1960 but who have not obtained a passing grade by June 30 of 1960.

EFFECT OF PROPOSED FLOOR AMENDMENT
TO H. B. NO. 967

Under H. B. 967, an applicant for medical examination, who is a graduate of a foreign medical school and who possesses the other qualifications set forth in Section 64-3 of the Revised Laws of Hawaii 1955, as amended, may qualify for such examination if:

1. He has had at least three years medical experience or training in a hospital approved by the council on medical education and hospitals of the American Medical Association for internship or residency; or
2. Has passed the American medical qualifications examination conducted by the educational council for foreign medical graduates.

Under the proposed floor amendment to H. B. 967, such a foreign medical school graduate must have both the three years medical experience or training and have passed the qualifications examination.

Foreign medical school graduates in Hawaii who have three years experience or training but have not passed the ECFMG examination can qualify by writing and passing the examination. All foreign medical school graduates presently taking internships and residencies must have passed the ECFMG examination, because, as of July 1, 1960, hospitals conducting approved internship and residency programs were required to continue training only those physicians who had passed the examination. The applicants who could qualify under the original provisions of HB 967 but who could not qualify under the amended version of the bill are those who have not had three years medical experience or training on an approved training program. These candidates can qualify for license by taking whatever additional training may be required for the completion of three years.

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Generally, there is no examination required other than the examination given by the State Licensing Board and under no circumstances is a graduate of an American medical school required to take the ECFMG examination.

THE EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES

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The purpose of the ECFMG is to examine graduates of foreign medical schools who desire to come to the United States for additional medical training. Since January 1, 1960, it has been required that a foreign medical school graduate have passed the examination before he can commence an internship or residency, and since July 1, 1960, hospitals conducting approved internship and residency programs, have been required to discontinue providing training to doctors who commenced their training prior to January 1, 1960 but who have not obtained a passing grade by June 30 of 1960.

EFFECT OF PROPOSED FLOOR AMENDMENT
TO H. B. NO. 967

Under H. B. 967, an applicant for medical examination, who is a graduate of a foreign medical school and who possesses the other qualifications set forth in Section 64-3 of the Revised Laws of Hawaii 1955, as amended, may qualify for such examination if:

1. He has had at least three years medical experience or training in a hospital approved by the council on medical education and hospitals of the American Medical Association for internship or residency; or
2. Has passed the American medical qualifications examination conducted by the educational council for foreign medical graduates.

Under the proposed floor amendment to H. B. 967, such a foreign medical school graduate must have both the three years medical experience or training and have passed the qualifications examination.

Foreign medical school graduates in Hawaii who have three years experience or training but have not passed the ECFMG examination can qualify by writing and passing the examination. All foreign medical school graduates presently taking internships and residencies must have passed the ECFMG examination, because, as of July 1, 1960, hospitals conducting approved internship and residency programs were required to continue training only those physicians who had passed the examination. The applicants who could qualify under the original provisions of HB 967 but who could not qualify under the amended version of the bill are those who have not had three years medical experience or training on an approved training program. These candidates can qualify for license by taking whatever additional training may be required for the completion of three years.

GENERAL INFORMATION ON HOW DOMESTIC
MEDICAL GRADUATES BECOME ELIGIBLE FOR
EXAMINATION IN THE VARIOUS STATES

A graduate of an American medical school receives a diploma evidencing that he has met all the requirements of his school and

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When the candidate applies for his first license to practice medicine, he generally presents photostatic copies of his diploma and his certificate evidencing the successful completion of his internship. He then is examined by whatever procedures are in effect in the state in which he is applying for licensure and upon fulfilling the requirements for licensure, is awarded a license to practice medicine in the particular state.

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(The following is an excerpt from the Journal of the American Medical Association of May 28, 1960, at Page 150, dealing with the licensing of foreign-trained physicians in the various states.)

12/15/60

LICENSURE OF FOREIGN-TRAINED PHYSICIANS

The Council on Medical Education and Hospitals of the American Medical Association and the Executive Council of the Association of American Medical Colleges for a period of ten years (1950-1960) published a listing of foreign medical schools whose graduates they have recommended for consideration on the same basis as graduates of approved medical schools in the United States and Canada. This list was offered as an advisory list for the use of state licensing boards, hospitals, specialty boards, and other organizations, in the United States concerned with the evaluation of medical schools. It was acknowledged that this was a tentative listing and that the position of the two councils with respect to foreign medical schools not listed was that they neither approved nor disapproved them. With the development and operation of the American Medical Qualifying Examination by the Educational Council for Foreign Medical Graduates (referred to elsewhere in this study), both councils have withdrawn this listing, effective January 1, 1960. The councils wish to emphasize that this notice of discontinuing the listing of foreign medical schools is not intended to indicate any lowering of standards of the foreign medical schools that have been on the list. Rather, this action reflects the councils inability to acquire and maintain a continuing, adequate knowledge of the educational programs of the foreign medical schools whose graduates come to the United States.

The two councils now recommend that agencies in the United States concerned with the medical qualifications of graduates of foreign medical schools consider certification by the Educational Council for Foreign Medical Graduates as evidence that the recipient of such certification is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States and Canada. These two councils further recommend that such certification be considered as evidence of the quality of medical training offered by the medical school attended by the holder of a certificate at the time of his graduation.

The current requirements for foreign-trained physicians seeking medical licensure in the United States and its possessions are given in table 28. Foreign-trained physicians are not eligible for licensure in Arkansas, Louisiana, Nevada, Oklahoma, Utah, and Wyoming. All but 13 boards have the requirement that the applicant must present the certificate obtained after successfully passing the American Medical Qualifying Examination of the Educational Council for Foreign Medical Graduates. A column in the table indicates the states which exact this requirement. The citizenship requirement of each board is specified in this table as well as separately in table 26. Thirty-two boards reported that the foreign-trained physician must serve an internship of one year or more in an approved hospital in the United

States before being eligible for licensure. In addition to the items tabulated in this table, many of the boards have specific requirements or varying exemptions. The factual data pertaining to these regulations are included in the text.

This chart was developed by the Council on Medical Education and Hospitals of the American Medical Association in an effort to assist the foreign-trained physician seeking licensure in the United States. An attempt has been made to present the situation as it exists; the table is intended to give only a summary of existing requirements. Persons interested in licensure should supplement these data by communicating with the licensing boards. Medical licensure in the United States is a "state right" and is entirely under the jurisdiction of the governments of the individual states. The power to license physicians is exercised through the medical licensing board of each state. Official supplementary information concerning the acceptability of foreign credentials and subsequent changes in the regulations should be obtained directly from the licensing board. There is also available from the office of either Council a pamphlet entitled "The Present and Future Status of Foreign Medical School Credentials in the United States," which contains helpful information to foreign-trained physicians.

Table 29 records the number of graduates of foreign faculties of medicine examined for medical licensure by 43 boards in 1959. The figures include both foreign-born and American citizens educated abroad. Graduates of medical schools of the Philippines, Iceland, 18 South and Central American countries, 21 European countries, and 21 countries in Asia and Africa were represented at examination. The number of examinees totaled 2,766. Graduates of 244 medical schools were examined. The number who were successful was 1,870; failures numbered 896 (32.4%). More than 75 graduates from seven schools were examined, and 19 schools had from 25 to 75 of their graduates examined for licensure in the United States in 1959.

The greatest number examined by any one state was 613 in New York; 343 passed, and 270 (44%) failed. Illinois examined the next greatest number 574; 345 passed, and 229 (39.8%) failed. More than 100 were also examined in California, Connecticut, New Jersey, Ohio, and Virginia.

Table 30 presents the number of graduates of foreign faculties of medicine examined for medical licensure in the United States in 30 years (1930-1959). In 1936, the number of foreign-trained physicians seeking licensure in the United States began to increase; by 1940, there were over three times as many as were tested in 1936. Beginning in 1944, the number examined began to decrease, until 1951, when there was a noticeable increase. In each succeeding year, the number examined has increased. In 1959, the increase over the previous year was 199. At no time in the 30-year period did fewer than 30% fail. The percentage of failures in 1959 was the lowest in 22 years.

In table 31 are given, for a 14-year period (1946-1959), the number of foreign-trained physicians licensed by each state board, both after written examination and by endorsement of credentials. Whereas table 29 reflects the candidates registered after examination

only and indicate the percentage failing in each year, table 31 records the total number licensed in each state. In the period from 1946 to 1959, there were 11,187 licenses issued to foreign-trained physicians after written examination and 2,322 by endorsement of credentials. The total number of such licentiates registered was 13,509.

Represented in table 32 are figures regarding the foreign-trained physicians registered in 1959 who were not previously licensed in the United States and who, therefore, are additions to the medical profession. There were 1,626 in this group. Of these, 1,605 were licensed by written examination and 21 by endorsement of credentials. Comparative figures for nine previous years, together with the figures for 1959, are given in table 33. In ten years (1950-1959), there were 8,349 foreign-trained physicians who were added to the physician population of the United States. Of these, 8,088 obtained licensure by written examination and 261 by endorsement of credentials.

TABLE 28.--Status of Requirements for Medical Licensure for Physicians Trained in Foreign Countries Other Than Canada.

| | Written Examination Required | Admitted Also on Reciprocal or Endorsement Basis | Citizenship | Basic Science Certificate | Internship in United States | Required to Pass Examination of Educational Council for Foreign Medical Graduates | Additional Requirements | Examination Fee, Dollars |
|-------------------------------|------------------------------|--|-------------|---------------------------|-----------------------------|---|-------------------------|--------------------------|
| Alabama | X | .. | X | X | X | X | X | 25 |
| Alaska | X | X | X | X | X | .. | .. | 35 |
| Arizona | X | .. | D | X | X | X | .. | 25 |
| Arkansas. | Not accepted | | | | | | | |
| California. | X | .. | .. | .. | X | .. | X | 25 |
| Canal Zone. | X | X | .. | .. | .. | .. | X | 10 |
| Colorado | X | .. | X | X | X | .. | X | 25 |
| Connecticut | X | .. | D | X | .. | X | X | 35 |
| Delaware | X | X | X | .. | X | X | X | 25 |
| District of Columbia. | X | X | .. | X | X | .. | .. | 25 |
| Florida | X | .. | X | X | .. | X | .. | 50 |
| Georgia | X | X | X | .. | .. | X | .. | 20 |
| Guam | X | X | .. | .. | X | X | .. | 50 |
| Hawaii | X | X | D | .. | X | .. | X | 50 |
| Idaho | X | .. | D | .. | X | X | X | 25 |
| Illinois. | X | .. | X | .. | X | .. | X | 50 |
| Indiana | X | .. | D | .. | .. | .. | X | 25 |
| Iowa | X | .. | D | X | X | X | .. | 25 |
| Kansas. | X | X | X | X | X | .. | X | 50 |
| Kentucky. | X | .. | X | .. | X | X | X | 50 |
| Louisiana | Not Accepted | | | | | | | |
| Maine | X | X | .. | .. | X | X | .. | 27 |
| Maryland. | X | .. | D | .. | X | X | X | 35 |
| Massachusetts | X | .. | D | .. | .. | .. | X | 50 |
| Michigan. | X | .. | D | X | X | X | X | 30 |
| Minnesota | X | .. | X | X | X | X | X | 25 |
| Mississippi | X | .. | D | .. | .. | X | X | 10 |
| Missouri. | X | .. | X | .. | X | X | .. | 25 |
| Montana | X | X | X | .. | X | X | .. | 50 |

X implies yes.
D declaration of intention to become citizen of the United States.

TABLE 28.--Status of Requirements for Medical Licensure for Physicians Trained in Foreign Countries Other Than Canada. (Continued)

| | Written Examination Required | Admitted Also on Reciprocal or Endorsement Basis | Citizenship | Basic Science Certificate | Internship in United States | Required to Pass Examination of Educational Council for Foreign Medical Graduates | Additional Requirements | Examination Fee, Dollars |
|-------------------------|------------------------------|--|-------------|---------------------------|-----------------------------|---|-------------------------|--------------------------|
| Nebraska. | x | .. | x | x | .. | x | .. | 25 |
| Nevada. | Not Accepted | | | | | | | |
| New Hampshire. | x | .. | x | .. | x | x | x | 30 |
| New Jersey. | x | x | x | .. | x | .. | x | 50 |
| New Mexico. | x | .. | D | x | .. | x | .. | 50 |
| New York. | x | .. | D | .. | .. | .. | .. | 40 |
| North Carolina. | x | .. | x | .. | .. | x | x | 50 |
| North Dakota. | x | .. | D | .. | x | x | x | 50 |
| Ohio. | x | .. | x | .. | .. | x | x | 50 |
| Oklahoma. | Not Accepted | | | | | | | |
| Oregon. | x | .. | D | x | x | x | x | 50 |
| Pennsylvania. | x | .. | D | .. | x | x | x | 25 |
| Puerto Rico. | x | .. | x | .. | x | .. | .. | 30 |
| Rhode Island. | x | x | D | x | x | x | x | 25 |
| South Carolina. | x | .. | x | .. | .. | .. | x | 75 |
| South Dakota. | x | .. | D | x | x | x | x | 20 |
| Tennessee. | x | x | x | x | .. | .. | x | 35 |
| Texas. | x | .. | D | x | .. | x | .. | 50 |
| Utah. | Not Accepted | | | | | | | |
| Vermont. | x | .. | x | .. | x | x | x | 20 |
| Virgin Islands. | x | .. | .. | .. | x | .. | x | 65 |
| Virginia. | x | .. | D | .. | x | x | x | 50 |
| Washington. | x | x | .. | x | x | x | .. | 25 |
| West Virginia. | x | .. | x | .. | x | x | x | 25 |
| Wisconsin. | x | x | D | x | x | x | x | 75 |
| Wyoming. | Not Accepted | | | | | | | |

This summary should be supplemented by direct communication with the secretary of the licensing board of the state in which the physician is interested.

X implies yes.

D declaration of intention to become citizen of the United States.

ADDITIONAL REQUIREMENTS

ALABAMA; Candidate is eligible if he is certified by the National Board of Medical Examiners and approved.

CALIFORNIA; Two-year internship in an approved hospital in the United States, one of said years being in California.

CANAL ZONE; Acceptable at the discretion of the Board of Medical Examiners.

COLORADO; Credentials must be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being visaed by the U.S. Consul in the country wherein the school of graduation is or was located.

CONNECTICUT; Minimum of three years of hospital training in approved hospital in United States or Canada required, one year of which must be in general medicine.

DELAWARE; Residence for one year required.

GEORGIA; Reciprocity applicants may furnish certification of passing examination of Educational Council for Foreign Medical Graduates in lieu of acceptable medical school, and applicants for examination are given consideration on an individual basis.

HAWAII; Residence for one year required. Diplomates of National Board eligible on reciprocity basis.

IDAHO; Considered on an individual basis.

ILLINOIS; Limited license for practice in hospitals maintained by the state.

INDIANA; Two years postgraduate training in approved hospital in United States required.

KANSAS; Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul.

KENTUCKY; Applicant required to complete at least five years' training in the United States in an institution approved by the board and to have successfully passed examination of National Board of Medical Examiners.

MARYLAND; Three years hospital service in the United States required, one year of which must be a rotating internship or one year of residency in internal medicine; also one of the three years must have been spent in an approved hospital in Maryland.

MASSACHUSETTS; Must furnish documentary evidence that education is equivalent to that of graduates of United States medical schools and shall be required to take examination of National Board of Medical

MASSACHUSETTS, Cont'd.--

Examiners who shall certify that the applicant has successfully passed said examination.

MICHIGAN; Temporary licenses for private practice may be granted to those foreign medical graduates who have served an approved internship in Michigan and have declared their intention to become a citizen of the United States.

MINNESOTA; Two-year internship is required.

MISSISSIPPI; Interview by examining board prior to examination required.

NEW HAMPSHIRE; Diplomates of National Board of Medical Examiners eligible on endorsement basis. Temporary license valid until citizenship is completed may be given. Considered on an individual basis. Certified copies of credentials and translations must be filed with application.

NEW JERSEY; Candidates graduated after June 30, 1960 required to have not less than three years of training in a hospital approved by the board.

NORTH CAROLINA; Considered on an individual basis.

NORTH DAKOTA; Considered on an individual basis. Must be licensed in country of school of graduation.

OHIO; Must serve at least two years as intern or resident in approved hospital in United States.

OREGON; The board at its discretion may utilize the facilities of the Educational Council for Foreign Medical Graduates. Must show evidence of internship and/or residency of not less than two years in not more than two hospitals approved for such training. Less than an unqualified recommendation from the heads of these training programs shall preclude further consideration.

PENNSYLVANIA; Graduates of foreign medical schools, with the exception of those who matriculated before Oct. 1, 1957 in the schools approved by the board or those licensed by examination in another state, are required to pass the examination of Educational Council for Foreign Medical Graduates.

SOUTH CAROLINA; Physicians holding foreign diplomas who are Board certified or Board eligible in their specialty and who received the training in the United States eligible. Permanent license issued to full citizens. Temporary permits issued on a yearly basis to those who have not received their final citizenship papers.

SOUTH DAKOTA; Applicant required to practice in an emergency area for four years under a temporary license and reappear before the board for permanent licensure.

TENNESSEE; All applicants must be from medical schools whose curriculum equals that of the University of Tennessee. Each applicant considered on an individual basis.

VIRGIN ISLANDS; Residence of six months required.

VIRGINIA; Applicant must be licensed to practice medicine and surgery in country in which school of graduation is located or must have completed

VIRGINIA; Cont'd.

the course of study and passed examination equivalent to those required for a diploma or license conferring such full right to practice. Two years of internship in approved hospital in the United States or Canada within the past five years prior to application. If citizenship is not acquired within seven years after licensure, the license automatically becomes void.

WEST VIRGINIA; Applicant must be resident of the state for three years preceding application and recommended by local society.

WISCONSIN; 1953 Legislature established One Year Temporary Educational Permit, which authorizes graduates of unapproved foreign schools to obtain residency training in approved hospitals. May be renewed for two additional years.

RESTRICTIONS ON THE SUPPLY
OF MEDICAL SERVICES IN HAWAII

by

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February 1961

FOREWORD

How the older members of our population can best be assisted in meeting the costs of medical care during their years of declining earning power has become an overriding national legislative concern. Fundamental to this is the basic economic problem of how such costs may be influenced by supply and demand conditions. Whereas the forces underlying demand lie largely outside individual or institutional control, control of supply has been used to increase the return to producers of a wide variety of goods and services.

Whether or not such practices are prevalent in Hawaii and the forms they may take have been matters of concern to members of the State Legislature. This is reflected in the request from the House Committee on Public Health through the House Policy Committee for a study of restrictions on the supply of medical services in Hawaii.

As in previous and forthcoming Economic Research Center reports, the author, a thoroughly experienced researcher, has been encouraged to develop his subject freely and fully. It is only in this way that academic research can continue to make the optimal contribution to democratic policy-making processes.

Shelley M. Mark
Director

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PART ONE
STATEMENT OF FINDINGS

Introduction

This report is in response to a legislative request to investigate restrictions on the supply of medical services in the State of Hawaii. It is concerned both with legal restrictions and with certain practices which, although not illegal, may be potentially restrictive. All of these could have in common the effect or potential effect of raising medical costs to the public. Not all restrictions, however, are economically motivated. Some are primarily designed to maintain the quality of medical care in the interests of public health and safety, and with restrictions of this character the present report does not attempt to deal.

The author of the report did not uncover any collusive agreements or practices with respect to referrals or prices. Such agreements or practices may, in fact, exist, but to prove this would be a most difficult process and probably an impossible one for an independent investigator. Given the time and funds available for the study, it seemed more practical to concentrate on overt restrictions and on those openly engaged-in practices which tend to make collusion attractive and easy.

In any event, the restrictions embodied in the present law on medical practices do more to curtail supply and raise price than any private collusive agreement could accomplish. Nor is it uncommon for groups like the medical profession, which have considerable political power but which are of such

size as to make concerted action difficult, to seek such legal protection from competition. Both the Fair Trade laws and the agricultural price support programs are illustrative of successful efforts by other groups in this direction. We are not, however, questioning the motives of those responsible for the existing law on medical practice but only pointing to the economically restrictive effects of several of its provisions.

Summary of Findings

The most serious restrictions on the supply of medical services in Hawaii are embodied in the existing Medical Practice Act. They take the form of several requirements for licensure which do not appear to be necessary from the standpoint of protecting the health and welfare of the people of the state, yet which significantly reduce the number of competently trained physicians who would otherwise be eligible to practice in Hawaii. The most restrictive of these requirements are that any applicant for licensure must (1) have been a resident of the State for one year, (2) be a graduate of an American or Canadian medical school or of a limited number of foreign medical schools,¹ and (3) be or have declared his intent to become an American citizen.

While there is no reciprocity on licensure with other states, the

¹This restriction is being reviewed by the Attorney General and may or may not be liberalized. For more details, see pp. 9-12.

otherwise restrictive effect of this is probably of little practical moment because of the year's residence requirement. However, if the residence requirement should be abolished, the lack of reciprocity would act as a barrier to local practice by doctors out of medical school so long as to be reluctant to take the required medical examination.

These restrictions are partly but imperfectly offset by a provision of the present law which allows unlicensed physicians to practice under the supervision of doctors who are locally licensed. Such unlicensed physicians may not, however, engage in independent practice but must rather work as employees either of the supervising doctors or of institutions.

In addition to the aforementioned legal restrictions, the existing system for granting hospital privileges restricts the supply of specialist services and provides a mechanism for discrimination which could lead to serious abuse. Under this system, the Credentials Committee of each hospital determines which doctors may have privileges and how extensive those privileges shall be. The license to practice issued by the state, on the other hand, imposes no restrictions on the type of practice in which a doctor may engage.

There may be good medical reasons for limiting, on the basis of training and experience, the type of practice in which a doctor may engage. From an economic viewpoint, however, it does not seem the course of wisdom to allow the specialist or specialists in a particular hospital to be the judge or judges of the qualifications of potential competitors. If the state is to

determine who is to be allowed to practice, it would seem appropriate that the state also determine the limits that are to be imposed on that right.

Finally, there is potential for undesirable collusive action in the present freedom of medical societies to restrict membership on grounds other than medical qualifications. While these groups are technically private in character, their position in the eyes of the public is quasi-official, and denial or revocation of membership in the societies could have serious adverse effects on the practice of any doctor. Because of this, it would seem worthy of consideration that such societies be required to open membership on an automatic basis to any licensed physician. The local medical societies do not appear to have abused their powers in this respect, but there is no assurance that this will continue to be true in the future. Open membership would lessen the possibility of collusive action and, from a purely economic standpoint, is much to be preferred to the present system.

PART TWO
LEGAL RESTRICTIONS ON THE SUPPLY
OF MEDICAL SERVICES

Restrictions on Medical Practice

In order to practice medicine in the State of Hawaii, one must either be possessed of a license issued by the State Department of Health¹ or must practice under the supervision of one possessing such a license. In this latter category are included both those directly employed by a licensed physician or an institution and those enrolled in intern and resident training programs. These persons, while augmenting the supply of medical services to the community, may not engage in independent practice nor charge patients directly for their services.

It is clear from the outset that the number of practicing physicians in the state may be limited in two respects. First, the requirements for licensure may disqualify some who are regarded by the profession in other states and in other countries as competent to engage in general and independent practice. Second, the fact that unlicensed physicians must practice under supervision means that the number of unlicensed physicians in the state will be limited as a maximum to the number that locally licensed doctors are willing to supervise. A further and probably more serious consideration is that many doctors licensed in other states may be unwilling to practice under

¹The issuing department may be changed under reorganization plans now in the course of implementation, but this in no way alters the basic information which is relevant here.

supervision, especially if they are already established as specialists or practitioners elsewhere.

We will first examine the requirements for licensure and attempt to differentiate between those which clearly appear to be designed to protect the health and welfare of the community and those which are or which may be imposed primarily in the interests of reducing the number of physicians for economic reasons -- that is to raise the incomes of those already in practice. After this, we will turn to some of the problems which result from allowing physicians who are not locally licensed to practice under the supervision of physicians who do have such licenses.

Requirements for Licensure¹

The requirements for obtaining a license to practice medicine in the State of Hawaii are spelled out in Chapter 64 of the Revised Laws of Hawaii. These may be divided into two categories. First, there are requirements clearly designed to establish the professional competence of the applicant for a license. Second, there are requirements whose connection with medical competence is less clear or which have nothing directly to do with medical competence.

Professional Requirements

The requirements intended to establish the professional competence of

¹See Appendix A in which the relevant parts of the State law on the practice of medicine are reproduced.

applicants for licensure cover four areas. The first is designed to insure that the applicant shall have had adequate medical school training. More specifically, it is required that the applicant shall be a graduate of a medical school or college approved by the Council on Medical Education and Hospitals of the American Medical Association. As we shall presently see, this requirement has in the past been discriminatory against the graduates of some foreign medical schools and may now discriminate against almost all foreign medical school graduates unless interpreted in a particular fashion. Secondly, it is required that the applicant shall have served an internship in an American hospital accredited by the same body as above. However, the Board of Medical Examiners may, at its option, accept internship in other than American hospitals if such training is regarded by the Board as satisfactory. A third requirement is that the applicant should have visited the Hansen's disease center. Finally, and only after satisfying these as well as the other requirements discussed below, the applicant must either pass an examination given by the local Board of Medical Examiners or present evidence that he has successfully passed the examination administered by the National Board of Medical Examiners.¹

¹The purpose of this nationally administered examination is to provide such evidence of competence that legal agencies governing the practice of medicine within each state may, in their discretion, grant successful candidates a license without further examination.

Non-Professional Requirements

The additional requirements for eligibility for the examination and hence for licensure do not have such clear bearing on medical competence as those noted above. Firstly, it is required that applicants be or have signified their intent to become citizens of the United States. Secondly, applicants must have been residents of the state for one year prior to the time they apply for licensure. And thirdly, applicants must be of good moral character.

Restrictive Elements in Licensure Requirements

The establishment of any sort of requirements for licensure clearly reduces the number of persons eligible to practice medicine. We are concerned here, however, only with those which do not have some clear foundation in protecting the general public against unqualified practitioners. As far as we can determine, four of the requirements are of this sort; that is they have a restrictive effect which is not clearly necessary in the interests of public safety. This is not to say that these requirements have no bearing at all on the quality of medical services; we would only take the position that it is by no means self-evident that the relationship is close enough to justify imposing the requirements in view of their restrictive effects.

Medical School Training

The requirement that the applicant be a graduate of an accredited medical school has in the past eliminated the graduates of some foreign medical schools which may well have been of very high quality. The AMA¹ did not attempt to examine all foreign schools with the result that graduates of some schools which might have been accredited if examined could not be regarded as acceptable because the schools were not on the approved list.

The more serious problem raised by this requirement has come about because of the fact that the AMA no longer accredits foreign medical schools at all. In lieu of accreditation, the two agencies that had been responsible for accreditation have recommended the acceptance of the results of an examination given by the Educational Council for Foreign Medical Graduates as evidence that the individual has a satisfactory medical school background. This examination is intended to qualify graduates of foreign medical schools for internships and residencies in lieu of the older accreditation procedure, and the two former accrediting agencies make it quite clear that they regard this examination as an adequate substitute for that procedure. This is plainly evidenced in the following quotation from the official journal of the AMA.

¹AMA is used here instead of the full title Council on Medical Education and Hospitals of the American Medical Association.

The two councils (The Council on Medical Education and Hospitals of the American Medical Association and the Executive Council of the Association of American Medical Colleges) now recommend that agencies in the United States concerned with the medical qualifications of graduates of foreign medical schools consider certification by the Educational Council for Foreign Medical Graduates as evidence that the recipient of such certification is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States and Canada. These two councils further recommend that such certification be considered as evidence of the quality of medical training offered by the medical school attended by the holder of a certificate at the time of his graduation.¹

Because of the way in which the law is written, the present status of foreign medical school graduates is uncertain to say the least. The law provides explicitly that candidates for licensure must be graduates of accredited medical schools and does not provide the loophole which exists with respect to internship. Differently phrased, the Board of Medical Examiners is explicitly empowered to accept internships in foreign hospitals but their right to accept graduates of foreign medical schools which are not accredited has no such modifying exemption.

This problem has been referred by the Board of Medical Examiners to the Attorney General for legal interpretation. Two possibilities exist, and there is no indication at the present time which will be realized. First of all, the Attorney General may decide that the examination previously described is, within the law, an acceptable substitute for graduation from an

¹Journal of the American Medical Association, State Board Number, Council on Medical Education and Hospitals, Vol. 173, No. 4, May 28, 1960, pp. 407-408.

accredited school. This, it seems to the author, would be a proper interpretation of the spirit of the law, but lawyers might put an entirely different interpretation on the matter. If this procedure is followed, the result will actually be some lessening of restriction, since graduates of schools which were not formerly accredited might then be able to qualify for the licensure examination by first demonstrating their competence on the other examination. On the other hand, however, the Attorney General may insist on a strict reading of the law¹ in which case graduates of foreign medical schools would be deprived of the right to take the examination for licensure unless their schools were accredited under the old procedure. Such an interpretation would close the door entirely on many foreign medical school graduates without reference to their competence or ability. Given this interpretation, the world's most prominent doctor in a given field might not qualify for licensure examination in Hawaii even though the Board recognized his ability as unquestioned.

We do not have totals for previous years, but, in 1959, 12 out of the total of 34 persons examined for licensure in the state of Hawaii were graduates of foreign medical schools, and 9 of these 12 passed the examination.² And on the staff of the Kaiser Hospital alone, there are six doctors who are graduates of foreign medical schools and who, under present construction

¹Since this report was written, the Attorney General has delivered the opinion that the law should be interpreted strictly, that is that only graduates of accredited medical schools are eligible for the examination. See Appendix F.

²Ibid., Table 3, pp. 384-385.

of the law, are ineligible to take the examination for licensure.

The public at large would appear to receive little protection from this restriction if a strict interpretation is accepted. One can hardly argue that closing the door on all persons with foreign medical training serves the health and welfare of the community unless at the same time one is willing to argue that all graduates of American and Canadian medical schools make better doctors than all graduates of foreign medical schools.

Internship

The requirement that an applicant have completed an internship in an accredited or Board-approved hospital may or may not operate restrictively. In view of the lack of any accreditation of foreign training hospitals, it must certainly be difficult for a state board to determine the adequacy of such training programs. The author is not familiar enough with the problems of medical training to know whether an examination could be devised which, like the examination discussed above, would provide the Board with sufficient information to pass judgment on the qualifications of a particular applicant. If such an examination could be devised, it would seem desirable that this be done. If, on the other hand, such an examination could not be prepared, the present procedure is preferable to a policy of blanket exclusion.

It is rather clearly the intent of the law that this source of supply should be kept open. Otherwise one can hardly explain the power vested in the Board of accepting for examination persons who interned in non-accredited

institutions if, in the eyes of the Board, such institutions provided adequate training.

We do not have information on the quantitative effect of this restriction. Its practical effect of necessity depends on the reasonability of the Board of Medical Examiners in passing judgment on the quality of foreign training programs, and we are in no position to pass judgment on this.

Citizenship

Probably the most difficult of the licensure requirements to understand is the requirement that an applicant be or have evidenced his intent to become an American citizen. One suspects the intent of the requirement is to erect what is in effect a tariff barrier, the motive being a combination of American-Firstism and the desire to preserve the domestic market against foreign competition.

The author of this report feels that the issues involved in this particular restriction are too broad for adequate discussion here. He can only point out that the requirement, as in the case of a tariff, does reduce the potential supply of doctors. And considering the apparent differential between the income of physicians in America and in other countries, the reduction may be a very material one.

Residency

During the course of interviews with local physicians, two medical reasons were advanced to the author for the residency requirement. One

doctor believed it necessary to insure continuity of medical care. He argued that without such a restriction physicians from the mainland would come to Hawaii for vacations and engage in practice to defray part of the cost of such vacations. He further argued that this would lower the quality of medical services because those who used the services of such physicians would have to change doctors when the "vacation" was over and that this would be medically undesirable. Another doctor advanced the argument that the restriction was needed to prevent a large number of physicians from coming to Hawaii to go into semi-retirement. He believed that these doctors, because of their age, would not be willing to engage in full medical practice and might, in fact, be less well-qualified than younger and more active doctors. They would take enough business, however, to reduce the number of full-time and active doctors practicing in the state and would thereby reduce the incentives to younger men to settle here and take up practice.

On the other hand, a number of those interviewed expressed the belief that the motivation behind this restriction is purely economic in origin. These doctors expressed the belief that the residence requirement in no way raises the standards of medical service and that the sole purpose of the requirement is to reduce the number of doctors in the state in order to raise the incomes of those already in practice here.

Once again, the writer does not feel qualified to pass judgment on the merits of the medical arguments that were raised. However, there is little

doubt that this is one of the most serious of the restrictions imposed by law in terms of its effect on the supply of physicians in the state. Few doctors are in a position to sit idle for a year before they can go into practice, yet this is what the residency provision requires. It is true that a certain number of doctors may enter practice under another doctor's license, but the opportunities for this are limited and it is virtually certain that many highly qualified physicians would rather forego moving here than to take this route to fulfilling the residency requirement.

This restriction does not affect those in organized intern and residency training programs because such persons would not be engaging in the private and independent practice of medicine in any case. It operates primarily against those physicians who would otherwise be attracted to the islands either because of higher incomes here or because they were attracted by the climate and other conditions of living.

The potential impact of this on the local supply of doctors can hardly be exaggerated. In the absence of the requirement, most of the doctors already in practice or eligible for practice in other states would be potentially available for meeting the medical needs of the people of Hawaii. The nation's pool of physicians would then be at Hawaii's disposal, and the possibility that doctors' fees could get seriously out of line with those elsewhere would be remote. As matters stand and because of this barrier to the free flow of physicians in response to normal market incentives, a considerable spread could develop.

There are, of course, alternate sources of supply -- residents of the state coming out of training programs, physicians leaving the armed forces who have met local residence requirements, products of local intern and resident programs, and physicians willing to practice under the licenses of local doctors. Nonetheless, the sheer magnitude of the share of the market eliminated is so great that the reasons advanced in favor of such a restriction need to be of considerable weight.

Requirements for Practice Without a License

Section 64-1 of the Revised Laws of Hawaii contains the following phrase:

"...provided, that nothing herein contained shall forbid any person from the practice of any method, or the application of any remedial agent or measure under the direction of a licensed physician. "

Technically, this proviso makes it possible for any individual, whether or not he has ever had any medical training, to practice medicine under the supervision of a licensed physician. In fact, the proviso does not have this effect, because the licensed doctor is responsible for the actions of the person whose work he supervises and is most unlikely to permit him to engage in activities for which he is patently not qualified.

The practical effect of the proviso is to make it possible for individual doctors, for doctor groups, or for hospitals to employ doctors who are not locally licensed. It provides a way to get around the residence requirement, thereby permitting clinics to "import" specialists who can "work out" their

residency and hospitals to employ as staff physicians persons who are either establishing residency or who cannot for some other reason qualify for licensure under present law. It also makes it legally possible for hospitals to establish and maintain intern and residence specialty programs, though the acceptance of such programs by the medical profession itself is determined by various professional accrediting agencies.

As a means of increasing the total supply of physicians over what it would otherwise be because of the various restrictions in the licensing law, the "loophole" is of rather limited significance. It has been important, however, in increasing supply in certain limited but important areas. The clinics insist that without the loophole they would not be able to obtain the services of certain specialists. The hospitals which are not accredited for training maintain it substantially reduces the cost of house physicians. And, in certain rural areas to which it is difficult to attract new doctors who can qualify for licensure, it provides what appears to be the only practicable method of augmenting the local supply.

While the escape clause does have a favorable effect on supply, it poses certain problems of regulation which do not appear to have received much consideration. And, as matters stand, it is technically possible to circumvent the professional requirements applying to licensure. The clause, in effect, enables any physician to act as a one-man licensing board. He is obligated to provide supervision to any unlicensed physician he employs,

and general guides for supervision have been provided by the State Department of Health.¹ However, there is nothing to prevent a locally licensed physician from "importing" an individual who is not properly qualified except the fear on the part of the supervising physician that something might go wrong.

From the standpoint of the public, the danger is that, while rules for supervision are laid down, there is no active policing by any agency of government to insure that supervision follows these rules. In fact, the Department of Health does not even maintain a list of the physicians who are practicing under the licenses of others. And where specialists are concerned, the idea of supervision may be meaningless anyway since the specialist may be practicing under the license of a doctor who has had no training in the specialty field involved. In such a situation, action can be taken only after some damage has been done. While it does not necessarily follow from the above that the "escape clause" should be abolished, it does seem reasonable to expect that more active policing by the Department of Health or some other agency should be required.

Proposed New Legislation

A revised medical practice act has been prepared by the State Medical

¹See Appendix B.

Society for the consideration of the legislature.¹ The economic effect of this proposed legislation would be to further restrict the supply of physicians; whether the quality of medical care would be correspondingly improved is apparently a matter of serious debate among members of the society. The proposed changes are analyzed below in some detail.

The "Loophole"

Under the proposed act, it would no longer be legal for one doctor to practice under the license of another, because the draft law no longer contains the phrase in the present law which reads: "...provided, that nothing herein contained shall forbid any person from the practice of any method, or the application of any remedial agent or measure under the direction of a licensed physician."

This change would make it virtually impossible to attract already qualified doctors to Hawaii, i. e., those who have already completed their intern and residence training, except those who have already met the residence requirement. The aggregate impact cannot be measured because of the fact that no records are kept of the number of unlicensed physicians that have, in the past, been imported into the state. Totals would be somewhat misleading in any case, however, because the most important effect of the loophole has probably been on the supply of specialists of various kinds. The

¹See Appendix C.

character of medical practice today is such that there are, in practical effect, a number of markets each involving some medical specialty. As a result, a restriction that would have little effect on the total supply of doctors might result in a serious reduction in the supply of doctors in certain specialty areas.

Hardest hit by the change will be the medical clinics. Over the past ten years the Straub Clinic has "imported" 13 doctors and the Medical Group, 3. Most of these have been specialists who would almost certainly not have come to the state without the promise of income during the time the residency requirement was being met. In the case of Kaiser Hospital, we do not have historical data, but there were 17 doctors on the Kaiser staff on January 26, 1961, who were not licensed to practice locally.

The impact on hospitals is by no means as clear as that on the clinics. The draft bill exempts "students" in training programs in hospitals but, significantly, makes no provision for accreditation of such hospitals. Since the concept of "training" is given no clear definition, it would seem that any hospital could claim to be a training institution and employ unlicensed physicians as "residents" to meet their house staff requirements. These same hospitals, however, might not be able to meet the standards of the accrediting agencies referred to in the clauses relating to qualifications for licensure. In fact, a literal reading of the act makes it appear to be specifically directed against the clinics (and perhaps some independent physicians), though the organization of the bill tends to disguise this.

Citizenship

The present law, which is itself economically restrictive, provides that candidates for licensure must have declared their intent to become U. S. citizens. The draft law would require that applicants have already become citizens. Again, we cannot fully judge the economic impact of the measure, but that it is discriminatory is beyond question and there is certainly no discernible medical justification either for the old or for the new restriction.

Foreign Medical School Training

The draft law makes no attempt to clarify the old one or to eliminate the inconsistency of allowing the Board of Medical Examiners to waive accreditation for intern training but not for medical school training. The remarks in the earlier part of the paper on this subject apply here with equal force.

National Board Examination

The draft law provides that diplomates of the national board of medical examiners (those certified as having passed) need not take the local examination if they apply for licensure within ten years of graduation from medical schools. No such time provision exists in the law as it presently stands.

This requirement would further discourage already established doctors from coming to the state to practice. Doctors who have been out of school for a number of years and in specialized practice may find it very difficult

to pass or may be unwilling to take the local examination which is a general one. Perhaps the most inconsistent aspect of the requirement is that it is not made applicable to local physicians. If the public welfare demands that some doctors be tested for competence at least every ten years, it is difficult to understand why the same requirement should not be imposed on all doctors.

Other Changes

The other changes proposed in the draft law do not appear to be of economic significance.

PART THREE
EXTRA-LEGAL RESTRICTIONS

Restrictions Imposed by Hospitals¹

Unless he engages in a very limited type of practice, a doctor must today have access to the facilities of a hospital. Hospitals, however, have come to be more than institutions to provide facilities with which doctors may work. They have become quasi-legal licensing agencies that determine which doctors shall have access to hospital facilities and the terms on which this access may be exercised.

Each hospital has a Credentials Committee which passes on applications for the privilege of practicing in the hospital, determining not only whether the doctor may admit patients but also the type of medicine he may practice on his patients. Since these committees are composed of doctors, this amounts to self-regulation by the profession itself.

¹For interesting articles taking opposing sides on the merits and demerits of the hospital privilege system see Kessel, Reuben A., "Price Discrimination in Medicine," The Journal of Law and Economics, I, October 1958, pp. 20-53; Chase, Edward T., "The Politics of Medicine," Harper's Magazine, October 1960, pp. 125-131; Hall, Oswald, "Some Problems in the Provision of Medical Services," Canadian Journal of Economics and Political Science, XX, November 1954, pp. 456-466 and "The Informal Organization of the Medical Profession," ibid., Vol. 12, No. 1, February 1946, pp. 30-44; Stern, Bernhard J., American Medical Practice in the Perspectives of a Century (New York: The Commonwealth Fund, 1945), p. 93; "Testimony of Dr. Herbert Berger" New York Medicine, XVI, 16, August 1960, pp. 682-688; "I. F. /I. O. ", ibid., pp. 679-681; and Berg, Ronald H., "Why Hospitals Lock Doctors Out," Look, January 17, 1961, pp. 73-76.

The basic argument in favor of such a system is that the patient must be protected against an improper choice of doctors, at least while he is in the hospital. Individual physicians are thereby prohibited from doing things which they are not competent to do either because they have demonstrated incompetence in their practice or because they do not have sufficient specialized training.

This method of restricting hospital practice is generally followed throughout the nation, and in many areas it is also required that a doctor be a member of the local medical society before he is eligible for hospital privileges. This last restriction does not apply in any of the hospitals in Hawaii, however.

In sharp contrast to these restrictions imposed by the hospitals, the law provides that any one licensed physician can do anything that can be done by any other. The law thus takes no account of the medical specialties that have developed over the years and of the highly specialized training and experience which certain types of medical practice now require. It is, in fact, perfectly legal for any doctor to hold himself out as a specialist even though his qualifications as such are not recognized by the medical association's specialty boards.¹

Because of the failure of the law on medical practice to recognize the

¹He may not, however, hold himself out as "Board Certified."

present importance of specialized training for certain types of medical practice, it may be that some measures are required to protect patients against physicians who are tempted by the relatively high incomes of specialists to try to do things for which they lack the necessary qualifications. There are, however, real economic dangers in placing the authority for restricting the power to practice in hospitals in the hands of those who have a personal financial interest involved.

In areas in which there are not sufficient hospital beds for all doctors to have hospital privileges, this system often has the result that many doctors are denied access to hospitals at all. Since hospital facilities are an absolute necessity for many of the medical specialties, this gives the committee the power to negate or to neutralize the licenses to practice issued by the state.

The possibilities for economic abuse inherent in such a situation are clear. Those doctors who have hospital privileges occupy a vastly superior economic position to those who do not, and the fewer doctors on the staff of a given hospital, the more those who are on the staff can exploit the facilities to which they alone have access. It is also possible to engage in discrimination on the basis of race or religion, a practice apparently not uncommon in many sections of the country.

Nor is the practice free from danger in states such as Hawaii where there is a relative surplus rather than a shortage of hospital beds. Those

responsible for the financial well-being of a hospital -- and these persons have review authority over the medical screening groups -- may well be tempted in such situations to exert pressure on the credentials committees to grant privileges to any and all comers in order to fill up the hospital's empty beds. Since the hospital implicitly endorses those doctors who have privileges, this can be seriously misleading to patients who have the right to assume that this indorsement has a solid medical foundation.

It may well be that some restrictions on medical practice are needed in addition to those embodied in the present medical practice act, but it is by no means self-evident that the authority to impose these restrictions should rest with the specialists on hospital staffs. As matters stand, the licenses to practice issued by the state are in effect no more than permits to petition the hospitals for the right to engage in active practice in a given area. And those who pass on the petitions are the very parties who stand to gain the most from reducing supply in their own fields of specialization. If restrictions are, in fact, necessary -- and we would not contest the point -- some consideration should be given to embodying these restrictions into the law on medical practice. It is asking a great deal of a group whose own livelihood is involved to regulate their activities in the public rather than in their own interest. It was presumably because of such considerations that the state itself undertook to establish standards for licensure rather than leaving the matter in the hands of the professional groups involved. It would seem to follow from this that restrictions on specialty practice should, like those on

general practice, be determined by and enforced by the state, acting, of course, on the basis of competent medical advice.

Professional Society Restrictions¹

Local and higher level medical societies are professional associations which perform a variety of functions. Among these, most are beneficial to the community at large, an example being educational programs of various kinds. While ostensibly private in character, over the years these societies have come to be regarded by the public as the more or less official agencies representing the medical community at large. For this reason, the actions of these societies are of considerable public interest, and the positions taken by them are extremely influential in the establishment of public policy.

Because of their great influence, these societies are in fact if not at law of a quasi-public character. In many communities, membership in the local society is a requirement for hospital privileges, and there is often a difference in malpractice insurance rates charged to members and non-members. While neither of these practices is followed in Hawaii, it is nonetheless probably true that the local societies do exert considerable influence on both public opinion and public policy.

¹See especially Kessel, The Journal of Law and Economics, I, pp. 20-53, Hall, Canadian Journal of Economics and Political Science, Vol. 12, No. 1, pp. 30-44, and Chase, Harper's Magazine, October 1960, pp. 125-131.

Given the fact that the societies do occupy a position of influence, membership in his local society is a matter of considerable economic importance to the individual physician. And, the reverse of the coin, inability to obtain or to retain membership may involve serious economic loss. Among the most simple and obvious of the factors involved is that membership provides the contacts which are important if referrals are to be obtained or made. Less obvious but probably of equal importance is the fact that because active members of the society are likely to be in positions of importance on hospital credentials committees, membership in the society may be an unofficial requirement for hospital privileges. Finally, if any publicity is attendant upon refusal to admit a doctor to membership or upon disciplinary action against him resulting in expulsion or suspension, the practice of the physician involved is almost certain to be adversely affected.

There is, unfortunately, potential for abuse in the existing method of admission of new members to societies. The societies are not required to accept applicants even though their medical qualifications are above question, and an applicant has no right of appeal from the decision of the local society. Because of this, a local society could, if it chose, restrict membership for various reasons having no bearing on the medical capabilities of the applicants concerned. Persons denied membership have access to the courts, of course, but this is a remedy of which individual doctors may well hesitate to avail themselves. To win membership by such a method might well be a hollow victory considering the applicant's dependence on the good

will of his fellow doctors.

The same basic objection applies to the expulsion and suspension process. Disciplinary action by a local society is almost certain to reflect on a physician's practice, yet such action may result from causes having nothing to do with medical competence or conduct. For example, action may be taken against members on the basis of alleged personal misconduct which is not illegal or against which no legal action has been taken. If the societies were purely social organizations, their conduct would be of no legitimate public concern. But, since an individual's livelihood is involved, it seems to us that the grounds for disciplinary action should be specific and detailed and that normal legal safeguards should apply in society proceedings without forcing the individual to bring suit for reinstatement. Otherwise, the societies become quasi-licensing agencies, a function which has not been assigned to them by law.

In fairness to the societies in Hawaii, it should be noted that the ability to control membership in these societies does not appear to have been used for the purpose of limiting the economic opportunities of newcomers or non-conformists. As far as the writer has been able to determine, the record of these societies is an enviable one in most respects. With all credit to the present membership of the local societies for their circumspect use of their powers, however, the potential for collective restrictive action exists under the present arrangement. Because of this, some thought might be given to revamping admission and disciplinary procedures so that the conditions for

obtaining and retaining membership are more clearly defined and are concerned only with medical qualifications and conduct. Given the professional rather than social character of the societies, it would seem that membership should be contingent only on clearly defined rules and should not in individual cases be dependent upon votes of approval by those who have already obtained membership.

* * * *

APPENDIX A

Revised Laws of Hawaii, 1955

CHAPTER 64

MEDICINE AND SURGERY

Sec. 64-1. Practice of medicine defined. For the purposes of this chapter the practice of medicine shall include the use of drugs and medicines, water, electricity, hypnotism or any means or method, or any agent, either tangible or intangible, for the treatment of disease in the human subject; provided, that nothing herein contained shall forbid any person from the practice of any method, or the application of any remedial agent or measure under the direction of a licensed physician; and provided further, that when a duly licensed physician pronounces a person affected with any disease hopeless and beyond recovery and shall give a written certificate to that effect to the person affected or his attendant nothing herein contained shall forbid any person from giving or furnishing any remedial agent or measure when so requested by or on behalf of such affected person.

The provisions of this section shall not amend or repeal the law respecting the treatment of those affected with Hansen's disease. (L. 1896, c. 60, s. 2; am. L. 1909, c. 133, s. 1; R. L. 1925, s. 1023; R. L. 1935, s. 1201; R. L. 1945, s. 2502; am. L. 1949, c. 53, s. 29 and c. 63, s. 1.)

Sec. 64-2. License required; exceptions. Except as otherwise provided by law, no person shall practice medicine or surgery in the Territory either gratuitously or for pay, or shall offer to so practice, or shall advertise or announce himself, either publicly or privately, as prepared or qualified to so practice, or shall append the letters "Dr." to his name, with the intent thereby to imply that he is a practitioner of medicine or surgery, without having a valid unrevoked license, obtained from the board of health, in form and manner substantially as hereinafter set forth. Such license shall only be granted upon the written recommendation of the board of medical examiners.

Nothing herein contained shall (a) apply to so-called Christian Scientists so long as they merely practice the religious tenets of their church without pretending a knowledge of medicine or surgery; (b) prohibit service in the case of emergency or the domestic administration of family remedies; (c) apply to any commissioned medical officer in the United States army, navy, marine corps or public health service, engaged in the discharge of his official duty, nor to any practitioner of medicine and surgery from another state when in actual consultation with a licensed practitioner of this Territory if such practitioner from another state, at the time of such consultation, is licensed to practice in the state in which he resides; provided, that such practitioner from another state shall not open an office, or appoint a place to meet patients, or receive calls within the limits of the Territory; and provided further, that the laws and regulations relating to contagious diseases are not violated. (L. 1896, c. 60, s. 1; am. L. 1905, c. 48, s. 1; am. L. 1909, c. 124, s. 1; am. L. 1919, c. 22, s. 1; am. L. 1920, c. 37, s. 2; am. L. 1921, c. 14; R. L. 1925, s. 1022; am. L.

1925, c. 26, s. 1; R. L. 1935, s. 1200; am. L. 1939, c. 183, s. 1; R. L. 1945, s. 2501.)

Prior to enactment of this chapter, both license and certificate from board of health were necessary, 4 H. 9; treasurer could not revoke licenses issued on recommendation of board of health. 15 H. 273.

As to pleading and proof in prosecution for practicing medicine without license, 21 H. 465. L. 1905, c. 48, requiring applicant to pay fee held invalid, 17 H. 389. Sec. 25 H. 445. 452; 29 H. 422.

Sec. 64-3. Qualifications for examination. Except as otherwise provided by law, no person shall be licensed to practice medicine or surgery except upon the written report of a board of medical examiners, to be appointed and constituted as in this chapter provided, setting forth that the applicant named therein has passed an examination and has been found to be possessed of the necessary qualifications.

Before any applicant shall be eligible for such examination he shall furnish proof satisfactory to the board of examiners that:

(a) He (1) is a citizen of the United States; or (2) if not a citizen of the United States, has declared his intention to become a citizen of the United States, as provided by law;

(b) He has been a resident of the Territory for at least one year; except that a person who has changed his residence to the Territory shall have been continuously physically present in the Territory for at least nine months of his legal residence in the Territory;

(c) He is of good moral character;

(d) He is a graduate of a medical school or college approved by the council on medical education and hospitals of the American medical association, or in lieu thereof has actively practiced, either in some other jurisdiction, or in the United States army or navy or public health service, as a licensed physician of medicine or surgery for ten out of the eleven years immediately preceding the date of application to take such examination;

(e) He has served an internship of at least one year either in a hospital which has been certified or approved for the training of interns and resident physicians by the American medical association council on medical education and hospitals, or if outside the United States, in a hospital which is shown by the applicant to the satisfaction of the board of medical examiners to possess standards substantially the equivalent of those required for such American medical association approval;

(f) He has visited a territorial institution devoted to the care of patients suffering from Hansen's disease and has a written statement from the physician in charge that he is familiar with the general clinical manifestations of Hansen's disease.

Diplomates of the national board of medical examiners who meet the requirements of sub-paragraphs (a), (b), (c), (d), (e) and (f) above, shall be licensed without the necessity of any further examination.

The governor, upon the recommendation of the board of medical examiners, where in their opinion a public emergency precludes obtaining an adequate number of physicians or surgeons who have the residence qualifications required by this section, may waive the residential requirement in each instance during the period of emergency. (L. 1896, c. 60, s. 3; am. L. 1920, c. 37, s. 1; R. L. 1925, s. 1024; am. L. 1925, c. 26, s. 2; R. L. 1935, s. 1203; am. L. 1939, c. 183, s. 1; am. L. 1941, c. 181, s. 1; am. L. Sp. 1941, c. 40, ss. 1, 2, 3; R. L. 1945, s. 2503; am. L. 1951, c. 173, s. 1.)

Sec. 64-4. Board of medical examiners; appointment, removal, qualifications. For the purpose of carrying out the provisions of this chapter the governor shall appoint in the manner prescribed in section 80 of the Organic Act, a board of medical examiners, whose duty it shall be to examine all applicants for license to practice medicine or surgery, and to report the result of such examination to the board of health.

The board of medical examiners shall consist of seven persons, all of whom shall be licensed physicians or surgeons under the laws of the Territory. The appointments, unless to fill out unexpired terms, shall be for five years, subject, however, to removal by the governor in the manner prescribed in section 80 of the Organic Act; provided, that of the members first appointed, one shall be appointed for a term of one year, one for a term of two years, one for a term of three years, two for terms of four years and two for terms of five years. Of such seven members, one shall be appointed from each of the counties of Hawaii, Maui and Kauai and four shall be appointed from the city and county of Honolulu. The successors of the members initially appointed and all successors thereafter, shall be appointed for terms of five years from the date of the expiration of the terms for which their predecessors were appointed. Each member shall serve until his successor is appointed and qualified. The members of the board shall serve without pay; provided, that they shall be allowed their reasonable expenses for travel and other costs incurred in the discharge of their duties. A majority of the board shall constitute a quorum. (L. 1896, c. 60, s. 4; R. L. 1925, s. 1025; R. L. 1935, s. 1204; R. L. 1945, s. 2504; am. L. 1953, c. 86, s. 1.)

APPENDIX B

TERRITORY OF HAWAII

Department of Health

Circular No. 36
(To be placed in Dept.
of Health binder)

March 2, 1956

TO ALL PHYSICIANS:

Re: LEGAL RESPONSIBILITIES AND THE PRACTICE OF MEDICINE

Repeated inquiries are received regarding the role of unlicensed physicians performing under the responsibility of physicians licensed to practice medicine and surgery in the Territory. This generally pertains to the following groups of individuals:

1. Physicians who do not have certification by the National Board of Medical Examiners or who have not qualified themselves by virtue of passing the Territorial Medical Board examinations.
2. Interns and residents not licensed in the Territory.
3. Medical students from the Mainland serving preceptorships under a physician or in a hospital.
4. Medical practitioners of the Trust Territory receiving training under local physicians or in local hospitals.

The problems encountered usually relate to the kind of supervision required of the unlicensed person by the responsible licensed physician and the acts which the unlicensed individual may perform in this relationship. The question of the legal responsibility of both the licensed physician and the unlicensed person is involved.

Based upon the Territorial law and past opinions from the Attorney General's Office, the following legal principles on this subject may be expressed.

The law "specifically provides that no person shall practice medicine or surgery in the Territory unless such person shall possess a valid unrevoked license." The law makes it a misdemeanor if any person violates any of the provisions of the laws relating to medicine and surgery. Therefore, it would not be lawful for a licensed physician to turn over his practice to an unlicensed physician and for an unlicensed physician to carry on the practice, unless under the close supervision of a licensed physician. If he does so turn over his practice, he makes himself liable to have his license revoked for professional misconduct or gross carelessness and to be punished as an accessory for violating

the laws requiring a license to practice medicine in the Territory. "A licensed physician can lawfully turn over his medical practice only to a licensed physician." The law does provide that "any person can practice any method or apply any remedial agent or method with the approval of a licensed physician without being liable to any penalty for violating the legal requirements pertaining to the practice of medicine." "An unlicensed physician can lawfully do medical and surgical work under the direction of a licensed physician. The burden of proof is, however, upon the unlicensed physician to show that he is doing such work under such direction and that such direction is sufficient to include the reasonableness, comprehensiveness, and honesty, which are a necessary part of such direction. Any licensed physician giving direction insufficient to meet any of those requirements is liable to revocation of his license for professional misconduct."

"If the unlicensed physician practices apart from the licensed physician, so that he is in a separate establishment and appears to be a practitioner practicing without connection with the licensed physician, proof of sufficient direction would be either impossible or extremely difficult."

"An unlicensed physician may do medical work as an intern or resident in the employ of a hospital or as an employee of one or more licensed physicians, if he works in general under the direction of a licensed physician. He need not have specific and detailed direction for every act if the direction is sufficiently reasonable, comprehensive, and honest to include every act. But in general he should work in or from the same office establishment, or hospital, in or from which the licensed physician operates."

"Every person is liable under the law of Torts for his own acts. Every employer is liable under the law for the acts of his employees within the scope of the employment. A licensed physician might be held liable under the law of Torts for misleading a patient in reference to the ability or competence of another licensed or unlicensed physician." A licensed physician who employs an unlicensed physician to work under his direction is liable for the negligence of his employee while performing his duties within the scope of his employment.

Licensed practitioners from another state may practice if in actual consultation with a licensed practitioner of the Territory.

This information was developed with the advice and counsel of the Attorney General's Office.

/s/ Richard K. C. Lee
RICHARD K. C. LEE, M.D.
President, Board of Health

APPENDIX C

(Proposed) MEDICAL PRACTICE ACT

Chapter 64

Medicine and Surgery

Sec. 64-1. Practice of medicine defined. For the purposes of this chapter the practice of medicine by any person shall mean the diagnosis, treatment or correction of, or the attempt to, or the holding of oneself out as being able to diagnose, treat, or correct any and all human conditions, ailments, diseases, injuries or infirmities, whether physical or mental, by any means, methods, devices or instrumentalities. Provided that when a duly licensed physician pronounces a person affected with any disease hopeless and beyond recovery and shall give a written certificate to that effect to the person affected or his attendant nothing herein contained shall forbid any person from giving or furnishing any remedial agent or measure when so requested by or on behalf of such affected person.

The provisions of this section shall not amend or repeal the law respecting the treatment of those affected with Hansen's disease.

Sec. 64-2. License required; exceptions. Except as otherwise provided by law, no person shall practice medicine or surgery in the State either gratuitously or for pay, or shall offer to so practice, or shall advertise or announce himself, either publicly or privately, as prepared or qualified to so practice, or shall append the letters "Dr." to his name, with the intent thereby to imply that he is a practitioner of medicine or surgery, without having a valid unrevoked license, or a temporary license, or a temporary educational permit, obtained from the Department of Health in form and manner substantially as hereinafter set forth. Such license shall only be granted upon the written recommendation of the Board of Medical Examiners.

Nothing herein contained shall (a) apply to so-called Christian Scientists so long as they merely practice the religious tenets of their church without pretending a knowledge of medicine or surgery; (b) prohibit service in the case of emergency or the domestic administration of family remedies; (c) apply to any commissioned medical officer in the United States army, navy, marine or air corps, United States public health service, medical officers of the Veterans' administration of the United States, engaged in the discharge of his official duty, nor to any practitioner of medicine and surgery from another state when in actual consultation with a licensed practitioner of this state if such practitioner from another state, at the time of such consultation, is licensed to practice in the state in which he resides; provided, that such practitioner from another state shall not open an office or appoint a place to meet patients, or receive calls within the limits of the State; and provided further, that the laws and regulations relating to contagious diseases are not violated; (d) apply to students who have had training in medicine and who are continuing their training and

performing the duties of an intern or resident in any hospital or institution maintained and operated by the State or the United States or in any hospital within the State operating under the supervision of a medical staff, the members of which are licensed to practice medicine in the state.

(e) The definition of the practice of medicine shall not apply to a person licensed to practice a limited field of the healing arts which constitutes a part of the practice of medicine in accordance with the provisions and limitations established by the state laws. (L. 1896, c. 60, s I; sm. 21 1905, c. 48 s I; am. L. 1909, c. 124, s. I; am L. 1919, c. 22 s. I; am L. 1920, c. 37, s. 2; am L. 1921, c. 14; R. L. 1925, s. 1022; am L. 1925, c 26, s. I; R. L. 1935, s. 1200; am. L. 1939, c. 183, s. I; R. L. 1945, s. 2501.)

Sec. 64-3. Qualifications for examination. Except as otherwise provided by law, no person shall be licensed to practice medicine or surgery except upon the written report of the board of medical examiners, to be appointed and constituted as in this chapter provided, setting forth that the applicant named therein has passed an examination and has been found to be possessed of the necessary qualifications.

Before any applicant shall be eligible for such examination he shall furnish proof satisfactory to the board of examiners that:

(a) He is a citizen of the United States;

(b) He has been a resident of the State for at least one year immediately preceding the first day of the examination; except that a person who has changed his residence to the State shall have been continuously physically present in the State for at least nine months of his legal residence in the State;

(c) He is of good moral character;

(d) He is a graduate of a medical school or college approved by the council on medical education and hospitals of the American Medical Association;

(e) He has served an internship of at least one year either in a hospital which has been certified or approved for the training of interns and resident physicians by the American Medical Association council on medical education and hospitals, or if outside the United States, in a hospital which is shown by the applicant to the satisfaction of the board of medical examiners to possess standards substantially the equivalent of those required for such American Medical Association approval;

(f) He has visited a state institution devoted to the care of patients suffering from Hansen's disease and has a written statement from the physician in charge that he is familiar with the general clinical manifestations of Hansen's disease.

Within 10 years after graduation from medical school diplomates of the national board of medical examiners who meet the requirements of subparagraphs (a), (b), (c), (d), (e), and (f) above, may be licensed at the direction of the board of medical examiners without the necessity of any further examination.

(g) No person shall be issued a limited and temporary license to practice medicine or surgery except upon the written report of the board of medical examiners setting forth that there is an absence or shortage of qualified physicians, that a public emergency exists, and that the requirements or qualifications and examinations established by this chapter be

waived and that the applicant holds a certificate of the National Board of Medical Examiners or that he has been duly licensed as a physician under the laws of another state or territory of the United States and that, in the opinion of the board of medical examiners, the applicant meets the qualifications required of physicians in this State and sets forth the limitations of the temporary license with respect to special place, purpose, and time and that the applicant be subject to qualifying for regular license at the next examination conducted by the board for which he is eligible. Such limited and temporary license shall be automatically cancelled when such person has been examined by the board of medical examiners.

(h) The Board of medical examiners shall have power to recommend a temporary educational permit to a graduate of a foreign medical school not recognized by the board for licensure. (L. 1896, c. 60, s. 3; am L. 1920, c. 37, s. 1; R. L. 1925, s. 1024; am. L. 1925, c. 26, s. 2; 1941, c. 181, s. 1; am. L. Sp. 1941, c. 40, ss. 1, 2, 3; R. L. 1945, s. 2503; am. L. 1951, c. 173, s. 1.)

APPENDIX D

INFORMATION ON PHYSICIANS
(As of April 15, 1960)

| | | |
|----------------------------|-----|-------------------------|
| Private Practice | 464 | |
| Other (Gov't., Inst., etc) | 171 | (10 on outside islands) |
| Retired | 3 | |

| | | |
|---------------|-----|---------------------------------|
| Hawaii | 54 | (595,000 - Population of State) |
| Oahu | 534 | (461,770 - Population of Oahu) |
| Kauai | 13 | (115.6: 100,000 Oahu) |
| Lanai | 1 | (106.0: 100,000 State) |
| Maui | 34 | |
| Molokai | 2 | |
| Non-Residents | 206 | TOTAL 844 |

Private Physicians to Population:

| | |
|------------------|--------|
| Oahu: | 1:1200 |
| Outside Islands: | 1:1465 |

American Board Only

| | | | |
|---------------------------|----|------------------------|----|
| Anaesthesiology | 4 | Pathology | 10 |
| Dermatology & Syphilology | 5 | Prev. Med. & P. H. | 2 |
| Internal Medicine | 22 | Psychiatry & Neurology | 15 |
| Neurological Surgery | 3 | Pediatrics | 28 |
| Obstetrics & Gynecology | 14 | Radiology | 16 |
| Ophthalmology | 18 | Surgery | 29 |
| Otolaryngology | 11 | Urology | 1 |
| | | Plastic Surgery | 1 |

Source: Department of Health, State of Hawaii.

APPENDIX E

Medical Licensure Statistics

1959

1. Number of Licenses Issued by Examination or by Reciprocity or Endorsement 54 Hawaii ranked 41st among 50 states, District of Columbia, Guam, Puerto Rico, Virgin Islands, and Canal Zone. Range: 2277 (California), 1648 (N.Y.) to none in Guam
2. Failure Rates in State Medical Board Examination 17.6% Hawaii ranked 45th among 50 states, and 5 outlying possessions. Range: 21-0.0%; 15-0.1 to 9.9%, 10-10.0 to 19.9%, 2-20.0 to 29.9%, 3-30.0 to 39.9%, 2-40.0 to over 50.0%
3. Internship Requirement of Medical Licensing Boards Hawaii together with 37 states, territories and possessions require one year of internship for licensure.
4. Citizenship Requirement Nine boards have no requirement for citizenship; 17 boards require that applicants to have declared his intentions of becoming a citizen; 29 boards require that the applicant be a full citizen. Hawaii requires declaration of intent.
5. Licensure by Reciprocity Only Hawaii, Florida, and Virgin Islands do not grant licenses on reciprocity.
6. Licensure by Endorsement Except for Florida, all states and possessions (including Hawaii) issue licenses by endorsement of physicians certified by the National Board of Medical Examiners.
7. Licenses Granted on the Basis of National Board Certificates 26 Hawaii with 26 licenses granted ranked 23rd among 46 states and possessions. Other than Florida (see 6 above) 7 boards, Arkansas, Guam, Indiana, Louisiana, N. C., S. D., and Texas did not grant licenses on the basis of National Board Certificates in 1959.

8. Foreign-Trained Physicians Licensed in Hawaii 9 Hawaii granted 9 licenses in 1959 to foreign-trained physicians by examination. Licenses are not issued to foreign-trained physicians on reciprocity or endorsement, and 1959 was the first time that foreign-trained physicians were granted licenses since 1946. 12 foreign-trained physicians were examined in 1959. These represented medical training in Germany (2), Japan (3), Mexico (1), Netherlands (2), Philippines (1). Three of these (Japan, 2 and Philippines, 1) failed, or a failure rate of 33.3%.
9. Licensure Fees \$50 Hawaii charges the same amount for licensing by examination or by endorsement. This is a practice followed in 8 other states and possessions. Fees range from \$10 to \$110 with the majority of states and possessions charging \$25 or \$50.
10. Annual Registration Hawaii along with 34 other states and possessions requires annual registration of licensed physicians. 5 states (Illinois, New Hampshire, New York, North Carolina, and West Virginia) require biennial registration. The fee for the annual registration in Hawaii is \$5.00.

Source: "State Board Number, Council on Medical Education and Hospitals," The Journal of the American Medical Association, Vol. 173, No. 4, (May 28, 1960), pp. 379-426.

Address Reply to
"The Attorney General of Hawaii"
and Refer to
Initials and Number
WKW: hmm
9a, 17c

OP. 61-14

APPENDIX F

STATE OF HAWAII
Department of the Attorney General
Honolulu

February 17, 1961

Dr. Harry L. Arnold, Jr.
Secretary, Board of Medical Examiners
State of Hawaii
1000 Ward Avenue
Honolulu 14, Hawaii

Dear Dr. Arnold:

You have asked for the opinion of this office regarding the interpretation of subsection 64-3 (d). Revised Laws of Hawaii 1955 as amended, wherein it is provided that an applicant for a license to practice medicine must be a graduate of a medical school or college approved by the Council on Medical Education and Hospitals of the American Medical Association. You are concerned because said Council no longer officially approves of foreign medical schools but instead accepts the results of an examination for foreign medical graduates given by the Educational Council for Foreign Medical Graduates. You have further called to our attention Assistant Secretary Ruhe's letter of January 9, 1961, from said Council on Medical Education and Hospitals wherein Dr. Ruhe states: "For the foreign graduate, the examination of the Educational Council for Foreign Medical Graduates remains the best single measure for determining his qualification for licensure and positions of responsibility. We are still assuming, therefore, that his having passed the examination is the equivalent of his having graduated from an approved medical school or college."

It is the opinion of this office that receiving a passing grade on the examination of the Educational Council for Foreign Medical Graduates is not the equivalent to the individual's having graduated from a medical school or college approved by said Council on Medical Education and Hospitals since the subject provision on subsection 64-3 (d) is not ambiguous.

In June of 1958 the Council on Medical Education and Hospitals announced that effective January 1, 1960, it was withdrawing its list of approved foreign medical schools and accepting in lieu thereof the requirement of passing the ECFMG examination. Subsequently, the legislature in Act 149 of the Regular Session of 1959 amended said subsection 64-3 (d) as to the content of its proviso but did not change the requirement that all candidates must

Dr. Harry L. Arnold, Jr. - page 2

February 17, 1961'

have graduated from a medical school approved by the Council on Medical Education and Hospitals. Thus, it can be inferred that the legislature in 1959 chose not to amend subsection 64-3 (d) to provide that a foreign medical school graduate seeking to take the medical examination of the Hawaii State Board of Medical Examiners would need only to have received a passing mark on the ECFMG examination instead of the requirement of having to be a graduate from an approved medical school.

For reasons of the above-stated laws and facts, it is the opinion of this office that receiving a passing grade on the ECFMG examination is not the equivalent of having graduated from a medical school or college approved by the Council on Medical Education and Hospitals of the American Medical Association.

Very truly yours,

/s/ W. K. Watkins, Jr.
W. K. WATKINS, JR.
Deputy Attorney General

- Enclosures: (1) The Present and Future Status of Foreign Medical School Credentials in the United States by Council on Medical Education and Hospitals, June 1, 1958;
(2) Medical Licensure Statistics from Journal of the American Medical Association, May 28, 1960;
(3) Medical Education in the United States and Canada from Journal of the American Medical Association, November 12, 1960.

cc: Dr. Frank H. Jackson
Econ. Survey Dept., Univ. of Hawaii

APPROVED:

/s/ Shiro Kashiwa
SHIRO KASHIWA
Attorney General

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OTHER SOURCES

Included below are the names of only a few of those who were interviewed. They are by no means necessarily in agreement with all or any of the views expressed in the study but their aid was nonetheless invaluable to its conduct. The names of many others who were also helpful have not been included in the list because of considerations of length, but the author wishes to express his appreciation to them and to extend his apologies for not giving explicit recognition to their contributions.

Dr. Harry L. Arnold, Jr., Straub Clinic, Honolulu
Dr. Leo Bernstein, Department of Health, State of Hawaii
Dr. Maurice L. Brodsky, Leahi Hospital, Honolulu
Dr. Philip T. Chu, Hawaii Permanente Medical Group, Honolulu
Dr. John Clarkin, Hawaii Permanente Medical Group, Honolulu
Roderick Gudgel, Department of Treasury and Regulation
Dr. Alfred S. Hartwell, Straub Clinic, Honolulu
Kent W. Longnecker, Assistant Director, Leahi Hospital, Honolulu
Miss. Elizabeth Middleton, Administrator, G. N. Wilcox Memorial
Hospital, Lihue, Kauai
Dr. Clifford F. Moran, Maui
Dr. Barristor Allen Richardson, Honolulu
Dr. Irvin L. Tilden, Straub Clinic, Honolulu
Thomas Vance, Administrator, Puumaile-Hilo Memorial Hospital, Hilo
Dr. Samuel R. Wallis, Kauai
W. K. Watkins, Jr., Deputy Attorney General
Lee G. Wheeler, Acting Chief, Office of Hospitals and Medical
Facilities, Department of Health

12/3/66

notes on Med. Lic. Law.

Pro: Claxton, John P.
Aggins, Mariano
Salcedo, Arturo
Lahr, Daniel Y

- ① 57 law O.K. RLH 64-3 (d)
3 yrs can include G.P. in
many hospitals now.
1 - Internship
2 - G.P. w/ Internat. med.
& Gen. Surgery
- ② 1 yr Residency
maybe 6 mo
- ③ Reciprocity
could waive:
1. Residency
2. Lic. Req. of Exam. or both
How Admin.?
- ④ "Educational Council on Foreign Medical
Graduates" - AMA
gives FOR students medical graduates
Exam. - Req. of all Drs. before