UNIVERSITY OF HAWAIʻI SYSTEM ANNUAL REPORT

REPORT TO THE 2025 LEGISLATURE

Annual Report on the
Hawaiʻi Medical Education Council

HRS 304A-1704

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INTRODUCTION

Executive Summary

Physician workforce shortages persist

Significant physician shortages persist in Hawai‘i. With an aging provider workforce, Hawai‘i falls short by 768 full-time equivalents of physicians when accounting for the neighbor island and specialty demands. This shortage remains more pronounced in all areas of the state outside of urban Honolulu. It is projected to worsen as demands for medical care increase, with an aging population burdened by increasing chronic illness, including diabetes, cardiovascular disease, strokes, and cancer, and aging providers retiring or moving out of state. The most significant shortages statewide, on all islands, are in primary care (family medicine, internal medicine, pediatrics, and geriatrics). Insufficient access to primary care frequently delays care and causes more costly care in emergency departments or hospitals. Other specialties have significant shortages, including Pediatric Gastroenterology, Pediatric and Adult Endocrinology, Pediatric and Adult Pulmonology, Colorectal Surgery and Thoracic Surgery, according to the 2024 Hawai‘i Physician Workforce report, reflecting the increasing chronic disease burden across the lifespan. The economic challenges of practicing in a state with the highest cost of living, high cost of private practice, and low reimbursement rates continue to hasten physician retirements and worsen the primary care and physician shortage crisis, especially on the neighbor islands. The lack of affordable housing options and insufficient practice support, worse for independent and neighbor island providers, contribute to the challenge of recruiting and retaining physicians. The excess cost associated with avoidable emergency care due to insufficient primary care providers is borne by the State and Hawai‘i hospitals.

Why GME Matters

Physicians who train in Hawai‘i are far more likely to practice in Hawai‘i. Studies of the physician population in Hawai‘i consistently show that most physicians have robust and long-standing family ties to our state. The University of Hawai‘i John A. Burns School of Medicine (UH JABSOM) is the medical school source and/or residency program source for more than half of the physicians in Hawai‘i (See Appendix C for locations). Physicians who train in Hawai‘i-based residency programs (also known as Graduate Medical Education or GME programs) are more likely to practice and remain in Hawai‘i. The retention rate (i.e., practicing in Hawai‘i) for physicians who do medical school education and full GME training in Hawai‘i is, on average, 80%.

Despite extreme physician shortages and the expansion of the JABSOM medical student class size from 62 (2009) to 77 (since 2019) matriculants per year, there has been limited growth in GME position to meet the growing needs. In 2009, there were 227 actual GME filled positions, which remained largely unchanged through 2023. However, through a combination of new federal funding opportunities and health system support over the past 3 years, the number of residents and fellows increased by seventeen, to 244. While the increases are laudable, especially in the face of continued fiscal challenges, there is still a critical need of certain subspecialties and need to increase training opportunities on the neighbor islands of Hawai‘i.

Our GME programs, especially those in primary care, geriatrics, psychiatry (adults and children), and addiction medicine, serve a high proportion of O‘ahu's most vulnerable populations – in outpatient and inpatient settings. The economic realities continue to worsen existing health inequities, with one-third of the State’s population now receiving MedQUEST benefits. Our GME learners and faculty members continue working with health system leaders to ensure that

members of our diverse populations suffering disproportionately receive the highest quality of care.

The challenges to growing new GME training positions based in Hawai‘i during critical physician shortages is of grave concern to this Council.

Federal and local GME funding are inadequate to support actual training costs in Hawai‘i

Funding is the most significant barrier to expanding GME in Hawai‘i. The federal GME reimbursement from the Centers for Medicare & Medicaid Services (CMS) to teaching hospitals is already lower than in most other states and does not account for the increased costs of education and training. Despite new federal legislation proposing a modest increase in GME positions, the current definitions do not favor Hawai‘i receiving priority scoring for allocating new GME positions. The major community teaching hospitals in Hawai‘i (The Queen’s Health Systems hospitals, Hawai‘i Pacific Health hospitals, and Kuakini Medical Center) have historically funded the gap between the actual cost of training and federal GME support, and face challenges due to declining reimbursement for medical care, steeply rising hospital costs, and increasing amounts of under-compensated care for specific high-risk populations. As a result, significant GME training expansion in the next few years will not be possible on the shoulders of our health systems alone. However, because many of our O‘ahu hospitals have a CMS rural classification, in the past two years, we have seen small increases in primary care and in a few subspecialty GME programs. More detail is discussed in Table 4 and pages 8-9.

We are grateful to the legislature who, in recent years, approved postions and funding for part-time faculty who will work to expand medical education training sites on the neighbor islands. The state positions (whether G funded or tuition funded) or philanthropic sources are critical to buy out non-clinical time to develop and run high quality GME and medical student education programs. Nevertheless, we continue to have insufficient state funding for the required critical mass of clinician educators needed to significantly expand or create new, larger GME programs. Thus, sustainably financing GME to address future provider training costs remains a critical challenge for JABSOM, teaching hospitals, and the state legislature.

Many other factors negatively impact our ability to retain our GME trainees in Hawai‘i or attract and retain them to practice on neighbor islands or more rural community settings. This report documents strategies to understand the challenges surrounding the growth of GME training opportunities. Expanding GME to meet the needs of the state’s population will require close collaboration and synergistic efforts with the state, teaching hospitals, private practicing physicians, businesses, private foundations, and federal government agencies, including the United States Department of Defense, United States Department of Veterans Affairs, and the United States Health and Human Services Departments.

The Hawai‘i Medical Education Council (HMEC) discussed these findings and recommendations, considering the current economy, healthcare financing, and the overall health system. The healthcare sector is one of the busiest parts of the state’s economy. Numerous studies have demonstrated a strong correlation between a healthy economy and the health and education conditions of the population. A vibrant medical school that addresses the underlying contributors to health disparities and brings federal dollars to Hawai‘i to address those mechanisms is critical to improving Hawai‘i's overall health. As the state wrestles with the long-term consequences of the pandemic on health, the impacts of climate change as evidenced by the recent tragic wildfires on Maui, and worsening health disparities in some populations, a key economic growth area is in the health sciences through service delivery and federally-supported

innovation and discovery through research. Having sufficient numbers of JABSOM faculty members who contribute to instruction and innovation/discovery will be essential to ramp up the health science sector and mobilize effective partnerships to assist economic recovery. Additionally, stronger connectivity and coordination are needed to help high school students from rural and underserved areas pursue health care, science, or medicine careers. This would also require additional faculty and staff to support the mentoring required.

RECOMMENDATION #1

In an ongoing effort to encourage educational rotations and future careers in healthcare on the less populated and/or rural island communities throughout the state of Hawai‘i, the UH/HMEC recommends the State Legislature develop a long-term plan to address the unaffordability of housing on the neighbor islands, which also contributes to worsening health care shortages when physicians leave because they cannot afford a home or to practice on a neighbor island. The legislature should continue supporting JABSOM and specific county efforts to pursue affordable housing options for health professional learners (i.e. students, residents), so that we can continue to expand training opportunities and exposure to non-O‘ahu sites. Students and residents cannot afford paying high rent on O‘ahu and additional high rent when they are doing their neighbor island rotations. Housing prospects are currently underway on Kaua‘i, Maui, and Hawai‘i island.

Statutes and Definitions

The University of Hawai‘i System (UH) and it's John A. Burns School of Medicine (JABSOM) administer two (2) statutes related to graduate medical education (GME) and addressing the severe physician shortage needs in Hawai‘i. *See the excerpted text of statutes in Appendix A.*

- [HRS § 304A-1702] – **GRADUATE MEDICAL EDUCATION (GME) PROGRAM** was established to formally encompass the administration of UH JABSOM’s institutional graduate medical education (GME) program.
- [HRS §§304A-1703, 1704, 1705] – **MEDICAL EDUCATION COUNCIL** was created within UH JABSOM and called “The Hawai‘i Medical Education Council” (HMEC). HMEC was given the administrative **DUTIES AND POWERS** to:
    1) Analyze the State healthcare workforce for the present and future, focusing in particular on the state’s need for physicians;
    2) Assess the state’s healthcare training programs, focusing on UH JABSOM’s institutional GME enterprise to determine its ability to meet the workforce needs identified by HMEC;
    3) Recommend to the Legislature and UH Board of Regents (BOR) ways in which identified GME and other healthcare training programs can improve and change in order to effectively meet the HMEC assessment;
    4) Work with other entities and state agencies, and in consultation with the Legislature and BOR, develop and implement a Plan to ensure the adequate funding of healthcare training programs in the state, with an emphasis on UH JABSOM GME programs;
    5) Seek funding to implement the Plan from all public (county, state, and federal government) and private sources;
    6) Monitor and continue to improve the funding Plan; and,
    7) Submit an annual report to the Legislature no later than twenty days before the convening of each regular Legislative session.

HRS §304A-1701 defines **“GRADUATE MEDICAL EDUCATION”** or **GME** as that period of clinical training of a physician following receipt of the medical doctor (or osteopathic doctor) degree and prior to the beginning of an independent practice of medicine.

"GRADUATE MEDICAL EDUCATION PROGRAM" means a GME program accredited by the Accreditation Council for Graduate Medical Education (ACGME). UH JABSOM has maintained full ACGME institutional accreditation for its GME programs.

"HEALTHCARE WORKFORCE" includes physicians, nurses, physician assistants, psychologists, social workers, etc. **"HEALTHCARE TRAINING PROGRAMS"** means a healthcare training program that is accredited by a nationally recognized accrediting body.

HMEC Membership

Membership in the Hawai'i Medical Education Council (HMEC) comprises eight Governor-appointed and Legislature-confirmed individuals and five ex-officio members depicted in Table 1.

Table 1: Hawai'i Medical Education Council Membership & Staff

Member #	Last Name	First Name	Representing	Appointment Date
Ex-Officio	Shomaker	Samuel	Dean, UH JABSOM	Not Applicable
Ex-Officio	Ceria-Ulep	Clementina	Dean, UH Nancy Atmospera-Walch School of Nursing	Not Applicable
Ex-Officio	Ueno	Naoto	Director, UH Cancer Center	Not Applicable
Ex-Officio	Buenconsejo-Lum	Lee	Interim Associate Dean for Academic Affairs, UH JABSOM	Not Applicable
Ex-Officio	Fink	Kenneth	Director, Hawai'i State Department of Health	Not Applicable
1	Antonelli	Mary Ann	The Federal Healthcare Sector	4/1/2021
2	Segawa	Lance	The Health Professions Community (Kaua'i)	Submitted
3	Kamaka	Martina	The Health Professions Community	Submitted
4	TBD		A person from the General Public (Hawai'i Island)	
5	Chun	Leslie	A Hospital at Which Accredited Graduate Medical Education Programs are Conducted	7/1/2021
6	Seto	Todd	A Hospital at Which Accredited Graduate Medical Education Programs are Conducted	7/1/2021
7	Sullivan	Rachel	A Hospital at Which Accredited Graduate Medical Education Programs are Conducted	Submitted
8	Inouye Baum	Colleen	The Health Professions Community (Maui)	11/23/2021
HMEC/GME Administrator	Steinemann	Susan	Designated Institutional Official, GME Director, UH JABSOM	Not Applicable
Administrative Support Staff	Costa	Crystal	GME Program Specialist, UH JABSOM	Not Applicable

PART 1. FINDINGS

HMEC Meetings

Four (4) HMEC meetings were convened in 2024, and the recommendations are included in this report from meetings held on February 7, April 29, July 22, and October 14, 2024. Appendix B includes a sample meeting agenda. Each item provides members with an opportunity for strategic brainstorming, synthesis, and development of specific next steps, recommendations, or directives to the HMEC/GME administrator.

Statutory Duties of HMEC

DUTY (1): *Analyze the State healthcare workforce for the present and future, focusing in particular on the state's need for physicians*

The 2024 Hawai'i Physician Workforce Assessment Project showed 3,672 physicians practicing in non-military settings in Hawai'i. These physicians provide 3,075 estimated full-time equivalents (FTE) of direct care to patients, an increase of 73 individual providers and 55 FTEs more than last year. However, there remains a shortage of about 543 FTE of physician services to meet the demand [Figure 1] and over 768 FTE short when examining specific island and specialty needs. Table 2 reflects the physician shortage by county. The 2024 Hawai'i Physician Workforce Report provides more detail on the methodology and includes information utilizing Hawai'i county-specific

data. Table 3 shows that the most significant shortages continue to be in primary care. However, other specialties and subspecialties are also needed throughout the state. Selected information from the *Report to the 2025 Legislature, "Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project",* is included below. The full report can be found on the University of Hawai'i, Legislative Reports website.

Figure 1: Hawai'i Physician Supply and Demand FTE Comparison over Time as of October 2024

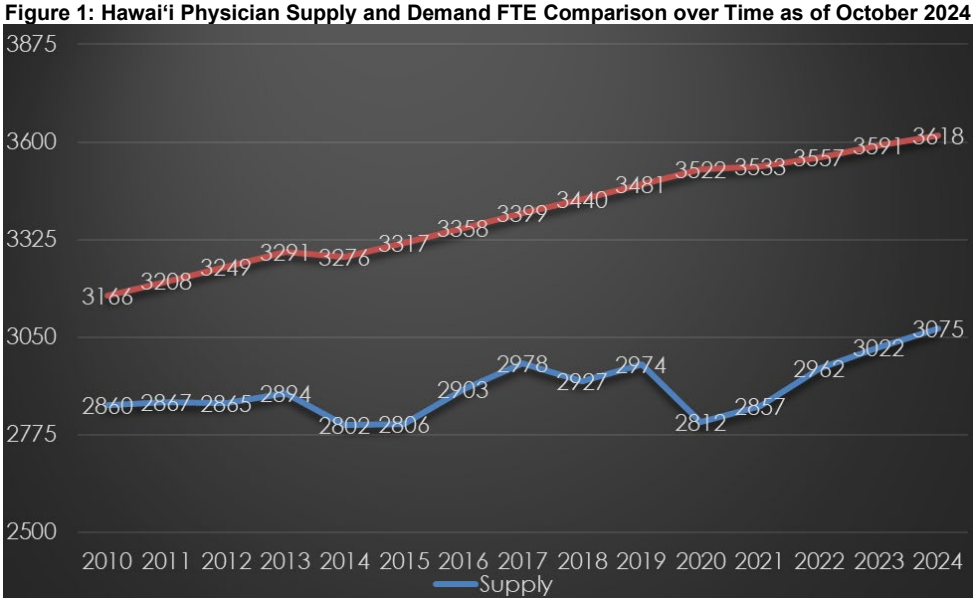


Table 2: Physician Shortage, in Numbers & % Shortage, by County, 2023, 2024

Shortage	Honolulu		Hawai'i County		Maui County		Kaua'i County		Statewide	
Years	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
FTE	318	328	206	201	181	174	52	43	757	768
%	13%	13%	41%	40%	43%	41%	30%	24%	21%	21%

Table 3: Primary Care Physician Shortage, in Numbers & % Shortage, by County, 2023, 2024

Shortage	Honolulu		Hawai'i County		Maui County		Kaua'i County		Statewide	
Years	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
FTE	59	86	17	20	42	41	6	6	123	152
%	7%	11%	12%	13%	33%	32%	11%	12%	11%	13%

- The most significant number of physicians needed is in primary care (family medicine, internal medicine, pediatrics, and geriatrics), with 152 FTEs needed across the islands. The impact of the physician shortages on access to care is felt most severely on the neighbor islands because of the geographic limitations to access.
- There are also significant shortages of Pediatric Pulmonology (64%), Pediatric Gastroenterology (81%), Pediatric Endocrinology (59%), Adult Pulmonology (57%), Colorectal Surgery (56%), Thoracic Surgery (56%), and Adult Endocrinology (60%) throughout the islands. Because of the relatively small population, most subspecialists (surgical or medical) would have insufficient patients to maintain a full-time practice on a neighbor island.
- Physician retirement is a significant factor in widening the gap between demand and supply. The average age of practicing Hawai'i physicians is 54.7 (compared to 53.9 U.S. average) and slightly up from 53.4 last year (2023), with 24% already over 65, which means they will likely retire within 5-10 years. In addition, payment transformation and other significant health

system changes push some older physicians in small practices (those with less than five physicians per practice) toward early retirement. From 2017-23, at least 532 physicians retired, and 906 physicians are known to have left the state. In 2024, at least 91 retired, 10 passed away (4 in 2023), and 174 moved out of state (55 in 2023).

- The JABSOM GME programs graduate about 80 residents and fellows per year. Still, most surgeons and orthopedic surgeons, about half of pediatricians, and about two-thirds of internal medicine residents go to the continental U.S. for additional training in subspecialty fellowships. Many of those with Hawai‘i ties do eventually return home. Still, their return may occur 10-15 years later, depending on the specialty and the availability of Hawai‘i jobs with salaries and benefits that can adjust for the high cost of living. The Hawai‘i Island Family Medicine Residency Program (Hawai‘i Health Systems Corporation (HHSC-sponsored)) graduated five physicians in 2024 and is anticipated to graduate six in 2025 (an increase of one per year). Most of their graduates have stayed in Hawai‘i to practice. On average, the Kaiser Permanente Hawai‘i Internal Medicine Residency Program graduates four to five per year, with all of their recent five graduates (2024) currently practicing primary care internal medicine or hospital medicine in Hawai‘i.
- Appendix C provides a snapshot of JABSOM medical school or GME graduates practicing in federally or state-designated health professional shortage areas or medically underserved areas.

DUTY (2): Assess the State's healthcare training programs, focusing on UH JABSOM's Institutional GME enterprise to determine its ability to meet the workforce needs identified by HMEC

The UH JABSOM is the Sponsoring Institution for nineteen ACGME-accredited programs and one unaccredited fellowship (not eligible for accreditation) (Table 4). In 1965, without a UH-owned-and-operated hospital, UH JABSOM collaborated with private community hospitals/clinics and state and federal healthcare departments and agencies to form an integrated network of teaching hospitals/clinics. UH JABSOM learners, i.e., residents and fellows (and 3rd and 4th-year medical students), are educated and trained within this network of clinical learning environments. In addition, the core teaching hospitals and clinics house UH JABSOM's eight clinical departments: Family Medicine (Hawai‘i Pacific Health-Pali Momi Medical Center), Geriatric Medicine (Kuakini Medical Center and Queen's Medical Center), Pediatrics and Obstetrics/Gynecology (Hawai‘i Pacific Health-Kapi‘olani Medical Center and Queen's Medical Center), and Internal Medicine, Pathology, Psychiatry and Surgery (The Queen's Medical Center).

An average of 235 physician trainees (residents and fellows) train annually in our accredited GME programs listed in Table 4. About a third of these physicians are graduates of UH JABSOM, a third from U.S. Medical Schools outside Hawai‘i, and a third from international medical schools. This mix of Hawai‘i, U.S. national, and international medical graduates (IMG) is ideal for Hawai‘i-based GME programs. It is particularly appropriate for Hawai‘i with its diverse, multicultural population of indigenous and migrant ethnic groups. JABSOM's GME programs produce primary care, specialty, and subspecialty physicians who become independent licensed practitioners in Hawai‘i and the U.S.. More than ten graduates practice in the U.S. Affiliated Pacific Island jurisdictions, and many JABSOM faculty (who were once JABSOM students or residents) provide training to health providers in the Territory of Guam, Commonwealth of the Northern Mariana Islands, Territory of American Samoa, and the Freely Associated States of the Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau. In addition, a few graduates have returned to Japan to transform the medical education system to become more consistent with the competency-based training model used by all ACGME-accredited residency

and fellowship programs. Our graduates also serve as teachers for JABSOM medical students or residents doing electives in Japan.

Table 4: UH JABSOM GME RESIDENT & FELLOW POSITIONS COMPARED TO 2009 HMEC REPORT

UH JABSOM GME PROGRAM	2009 Actual Positions	*2009 projected Additional Positions Needed to Address Shortage	2024 Actual GME Positions	Current GAP positions	Desired Total GME Positions in 2025
CORE RESIDENCY PROGRAMS (9):					
Family Medicine (FM)[A]	18	18	21	15	36
Internal Medicine (IM)[B]	58	9	62	5	67
Internal Medicine Primary Care (IMPC) [B]	n/a	n/a	4	8	12
Obstetrics & Gynecology (OB/GYN)	25	0	25	0	25
Orthopedic Surgery (ORTHO)	10	5	11	4	15
Pathology (PATH)	10	6	11	5	16
Pediatrics (PEDS)	24	0	21	3	24
Psychiatry (PSY)[C]	28	0	27	1	28
Surgery (SURG)[D]	23	7	23	7	30
Core Program TOTALS	**196**	**45**	**205**	**48**	**253**
SUBSPECIALTY FELLOWSHIP PROGRAMS (11):					
FM-Sports Medicine (SM)	1	0	1	0	1
IM – Cardiovascular Disease (CVD)[E]	6	3	11	1	12
IM – Geriatric Medicine (Geri-Med)	10	0	7	3	10
IM – Movement Disorders (Neuro specialty)[B]	n/a	n/a	0	1	1
OB/GYN – Maternal Fetal Medicine (MFM)	1	3	3	0	3
OB/GYN – Complex Family Planning (CFP)	n/a	n/a	2	0	2
PEDS-Neonatal Perinatal (Neo-Peri)	4	0	4	0	4
PSY-Addictions Psychiatry (Addict-PSY)	2	2	0	4	4
PSY-Child & Adolescent Psychiatry (CAP)[F]	4	2	7	0	6
PSY-Geriatric Psychiatry (closed 2023)[G]	1	0	0	0	0
PSY- Addiction Medicine (ADM)	n/a	n/a	1	1	2
SURG-Surgical Critical Care	2	0	2	0	2
NISURG - Neurointerventional Surgery	n/a	n/a	1	0	0
Subspecialty Program TOTALS	**31**	**10**	**39**	**10**	**47**
Core + Subspecialty TOTALS	**227**	**55**	**244**	**58**	**300**

Priorities for new or expanded GME programs at JABSOM (superscripts are from Table 4).

[A] Family Medicine (FM) (3-year core program). Given the high need for primary care, as well as the JABSOM FM Program's track record of retaining 75-85% of its graduates in Hawai'i (including several on Hawai'i Island, Maui, Kaua'i, and Lana'i), the program was gradually able to expand from 18 to 21 residents over the past three years. Ideally, the UH Family Medicine program would have 36 residents, with at least 12 in rural training tracks, where the last two years of their training would be done on a neighbor island (i.e., Kaua'i, Maui). Expansion to the neighbor islands requires teaching and clinical space, faculty personnel, judicious use of telehealth to connect to specialists and FM colleagues on O'ahu, and funding to support high housing and transportation costs.

(future JABSOM Kaua'i Rural FM track) In August 2023, the UH program was awarded the HRSA-23-037 Rural Residency Planning and Development grant in close partnership with Hawai'i Pacific Health/Wilcox Medical Center, the Kaua'i District Health Office, and Hawai'i Health Systems Corporation – Kaua'i region. Detailed planning has been underway for a rural JABSOM Family Medicine program on Kaua'i, where four new residents would spend their first year of training on O'ahu and the remaining two years on Kaua'i. The Kaua'i FM residents and residency program requires attention to necessary relocation costs (moving from O'ahu to Kaua'i). The program successfully obtained designation as a Rural Track Program (RTP) in September 2024, as a prerequisite to attaining provisional accreditation status with the first cohort starting on O'ahu in

July 2026. When the UH JABSOM Kauaʻi program matures (meaning three classes of four residents per class) in 2028, that will add 12 residents to the current 21 JABSOM trainees, for a total of 33, still short by three of the project 36 projected needed by 2025.

(future JABSOM Hawaiʻi Island Rural FM track) In August 2024, the Queen's Health System was awarded a HRSA Rural Residency Planning and Development grant, in partnership with JABSOM. While still early in planning, the goal is to develop a rural training track on Hawaiʻi island, with the continuity training site centered at the Queen's North Hawaiʻi Community Hospital.

[B] Internal Medicine (IM) – Primary Care and subspecialty fellowships.

Primary Care IM: The core Internal Medicine program developed a Primary Care Track several years ago, with increasing numbers of recent graduates choosing careers in Primary Care. The Department, with The Queen's Health Systems, launched a new, separate *Primary Care Internal Medicine Residency Program, which matriculated four residents in July 2024, replacing the original Primary Track. Given the high need, we anticipate increasing the size of the UH program over time.

Movement Disorders (1-year, non-ACGME fellowship): In 2023, a pilot program in neurology focusing on movement disorders (i.e., Parkinson's disease and similar) at Queen's was started with a 2022 legislative grant-in-aid funding to the Hawaiʻi Parkinson's Association. The first fellow completed the program in 2024 and is staying in Hawaiʻi to practice. The program will not recruit another fellow until sufficient funding for the fellow's salary and faculty time are secured.

Neurointerventional Surgery (2-year, non-ACGME fellowship): This is a subspecialty that overlaps the domains of Neurosurgery, Neurology and Interventional Radiology, and accepts graduates from those core residency programs. These specialists provide technologically advanced treatment for stroke, trauma, and neurologic cancer, and the demand for this specialty is expected to grow exponentially. The first fellow matriculated in July 2024.

Gastroenterology (3-year Fellowship): This subspecialty remains highly needed, especially given the increased prevalence of liver disease in specific Asian and Pacific populations and more endoscopic procedural needs for early cancer detection in the elderly. The pledge of philanthropic support has permitted planning of this fellowship, which is applying for ACGME accreditation this year.

Medical Oncology (2-year Fellowship): Given the high burden of cancer, which is expected to increase as the population of Hawaiʻi ages, and the anticipated retirement of almost 25% of our current oncology workforce within the next ten years, we are actively exploring planning for a medical oncology fellowship (2-4 fellows per year). JABSOM, the UH Cancer Center, Queen's Health System, and Hawaiʻi Pacific Health are working to develop the academic faculty base, research infrastructure, and clinical sites.

There is also high interest in developing GME programs in Neurology, Anesthesia, and Pulmonary Medicine, given the high need for these specialty services and the shortage of providers across the state. However, more academic faculty members with protected time, including some who provide clinical care on the neighbor islands, sustainable funding for residents and fellows, and more capacity for required clinical research across the health systems and the University of Hawaiʻi will need to be in place before actively pursuing any of these options.

[C] Addiction Medicine (ADM) (1-year fellowship). This new fellowship began on July 1, 2019, with one fellow. Ideally, we should be training 2-3 fellows per year, given the growing need. However, this will require additional salary support and additional faculty time.

[D] General Surgery (SURG) (5-year core program). This program recently expanded to 25 residents (5 per year). This allows for increased training on the neighbor islands and Leeward Oʻahu. However, significantly increasing the neighbor island training rotations will require additional faculty resources and sufficient patient volume.

[E]Cardiovascular Disease (CVD) (3-year fellowship). The CVD program recently expanded to 12 fellows (graduating four new cardiologists annually). The expansion of fellows and faculty allows exploring the feasibility of having some components of training done on the neighbor islands.

[F]Child and Adolescent Psychiatry (CAP) (2-year fellowship). The residual effects of the COVID-19 pandemic continue to exacerbate pre-existing shortages in caring for this highly vulnerable population of children and adolescents. Lack of inpatient beds and provider shortages negatively impact wait times, and these factors, along with increasing societal stressors, increase the risk of successful suicide attempts. In addition, insufficient providers and programs in ambulatory settings increase the risk of poor performance in school, negatively impacting the individual's potential to be a healthy, independent, and contributing adult. Funding is needed to restore the program to six fellows (three fellows per year) and increase faculty providers to expand services on the neighbor islands.

[G] Geriatric Psychiatry Fellowship (1-year fellowship). Unfortunately, due to nationwide difficulty in recruiting for this subspecialty of psychiatry, the retirement of the program director, and few job opportunities, this program formally closed in 2023. Psychiatric conditions in older patients are taught in the general psychiatry program.

Significant Gaps remain in the number of GME positions needed

- Table 4 shows the large gap of 58 (down from 73 in 2023) positions in GME needed to address current and 2025 projected Hawaiʻi Workforce Shortages.
- As Federal CMS funding for resident FTE has generally remained flat, our partner health systems have paid for the fellowships, some of the newer core positions from their operation funds, and the incremental salary increases for the residents/fellows. Constant changes in CMS payments to hospitals and providers, lower reimbursement rates for Hawaiʻi providers, and residual post-pandemic budget challenges cause us to slowly and very strategically expand GME programs based on the highest need, readiness, and capacity for an excellent educational program with research opportunities. According to the Association of American Medical Colleges (AAMC) physician supply and demand projections (June 2021), population growth and aging continue to have the greatest impact on physician workforce demands. With the anticipated U.S. population projections to increase by 10.6% between 2019 and 2034, the Western region is anticipated to see an increase in need from 186,700 to 240,300 by 2034, a growth by 53,600 physicians. Because it takes seven to 15 years to train a doctor, supporting an increase in the number of GME slots is part of a multifaceted strategy to support population care demands. For this reason, the UH System, JABSOM, and HMEC continue to work with the Hawaiʻi congressional delegation, AAMC, Alaska, and other advocacy partners to modify the future legislation that creates more GME positions, so that the eligibility and priority criteria are move favorable to the island geography of Hawaiʻi.

- Resources beyond resident positions and administrative support are also needed for training faculty members and adding clinical training sites to ensure the provision of appropriate clinical supervision in the context of providing high-quality and safe patient care. Currently, many of the patients receiving care on academic teaching services are under- or uninsured or highly medically and socially complex.

Continuing work on improving retention (or return to Hawai‘i) of GME program graduates

- JABSOM has increased its class size to maximum capacity, given physical space constraints at the Kaka‘ako campus and crowded clinical rotations on O‘ahu. Since July 2019, JABSOM has accepted seventy-seven (77) medical students annually. In July 2024, 88% (87% in 2023) of the entering students were from Hawai‘i, including two residents from Kaua‘i, and one from Maui (last year there were seven neighbor island residents from Maui (six) and Hawai‘i Island (one)). Nine new students entered the Class of 2028 through the challenging one-year ‘Imi Ho‘ōla Post-Baccalaureate Program (an increase of three from last year). Eight students are from the U.S. continent (nine last year), and one is from Canada.
- Many of our GME programs retain more than 75% of their program graduates if the trainees also completed their medical education at JABSOM: Family Medicine, Obstetrics-Gynecology, Complex Family Planning, Geriatrics, General Psychiatry, Addiction Psychiatry, Addiction Medicine, and Child and Adolescent Psychiatry. In Pediatrics, those who subspecialize after residency often return to Hawai‘i. Internal Medicine is also steadily improving its retention or return of its graduates (these numbers include the internal medicine subspecialties, in addition to primary care). All GME programs recruit residents who are more likely to practice in Hawai‘i, but the National Resident Matching Program rules disallow direct recruitment or guaranteed placement. Therefore, our programs do not completely control who is hired into the residency program. For those programs whose graduates continue in subspecialty fellowships in the continental U.S., those graduates with Hawai‘i ties eventually return home. Still, depending on the specialty, it may be 10-15 years later.
- Continued work is needed to develop more teachers of JABSOM students and residents throughout the state. Further increases in medical student class size and residency (GME) positions in Hawai‘i will require additional faculty members for teaching and supervision. Our GME program graduates are actively recruited to help fill this gap.

Additional barriers to physician retention that must be addressed

- The high student loan burden, lower salaries, and reimbursement rates (compared to other parts of the country), and the very high cost of living in Hawai‘i may entice JABSOM graduates to the continental U.S. or keep them there for most of their careers. UH and JABSOM partner with many independent and other physician organizations to advocate for an increase to the Medicare Geographic Practice Cost Index (GPCI).
- In 2023, according to the Association of American Medical Colleges Graduate Survey, the average educational debt (undergraduate plus medical school) of JABSOM graduates who reported educational debt was $151,710, with 14% having debt higher than $200,000. This figure does not account for some students needing additional personal loans to cover their housing or other living expenses. Medical students start repaying their loans while in residency; for some, the high debt and high cost of housing/living in Hawai‘i contribute to their decision to seek their residency training on the continent. The continued growth of philanthropy (4-year scholarships including tuition and fees, with a service commitment) is needed to recruit talented and promising Hawai‘i students to JABSOM. As of 2024, 22% of JABSOM students receive four-year, full-tuition scholarships. Additionally, 93% of JABSOM

students receive some form of financial aid. Expansion of loan repayment programs or scholarships, especially those prioritizing practice in rural areas or with underserved communities, helps attract our JABSOM graduates to help meet our state's workforce needs. More information on the successes of the Hawai'i State Loan Repayment Program and the new Healthcare Education Loan Repayment Program (HELP) are noted in Duty 5.

- Rapid changes in medicine and reimbursement sway many young physicians away from primary care specialties and ambulatory practices in the communities where they are most needed. As a result, local health systems and insurers must work together to create attractive and meaningful jobs for JABSOM graduates and other Hawai'i-born physicians who have completed their schooling in the continental U.S.. In addition, more group practices with staffing to provide team-based, high-quality care are needed, especially on the neighbor islands.
- The disturbing trend of UH JABSOM residents being named as parties in malpractice claims during training – when they were providing proper care while supervised by a fully licensed physician as a part of the resident's formal training program – has further limited our teaching hospitals' ability to fund GME fully and consider expanding residency positions in high-need specialties. In addition, being named in a malpractice claim during training, even when the trainee is subsequently removed from the claim, has discouraged some GME residency graduates from accepting future jobs in Hawai'i.

GME Programs Outside of JABSOM

- Hawai'i Health Systems Corporation (HHSC) Hilo Medical Center has welcomed its eleventh class of residents to the Hawai'i Island Family Medicine Residency Program. In 2024, they have a total of 18 residents meeting their initial program size goal.
- The Waianae Coast Comprehensive Community Health Center is also starting small HRSA-supported Teaching Health Center GME Family Program, with eventual attainment of 6-9 residents once the program matures in 2028. UH JABSOM will synergize with the WCCHC program and is currently coordinating with the Hawai'i Island Family Medicine Residency Program. If resources are obtained as planned, then by 2028, Hawai'i's civilian Family Medicine Programs will total ~63 residents and graduate 20-21 per year (UH at Pali Momi 7 + UH at Kaua'i 4 + UH at Queen's North Hawaii 1-2 + HHSC Hilo 6 + WCCHC 2-3), which will help narrow the primary care gaps.
- Kaiser Permanente on O'ahu recruited its tenth class of five (5) residents to its Internal Medicine Residency Program and has 15 residents in total. By 2027, when the new UH primary care Internal Medicine program matures, there should be nine new primary care internal medicine graduates per year combined.
- Tripler Army Medical Center's (TAMC) 11 GME programs also continue to help serve the physician workforce needs of the military community. Some trained at TAMC eventually return to Hawai'i to practice in the military and stay in the civilian community upon retirement. UH also jointly sponsors our neonatal-perinatal fellowship with TAMC. Recent fellows have been active-duty military, with a current civilian fellow who will stay in Hawai'i to work after completing their fellowship.

Funding GME is the largest barrier to UH JABSOM's ability to meet workforce needs

Declining federal and hospital funding of GME is a challenge for the state of Hawai'i because Hawai'i, unlike most states, does not currently directly appropriate state funds for resident GME positions. Hawai'i is one of the few states that does not have access to Federal Medicaid GME funding. Most of our major hospital training sites, especially those primarily supporting our GME

fellowships, are paying for GME training costs out of operations, since we have insufficient CMS-reimbursable GME positions. For this reason, the UH System, JABSOM, and HMEC continue to work with the Hawai‘i congressional delegation, AAMC, Alaska, and other advocacy partners to modify the proposed future legislation that would create 14,000 more GME positions in the US, so that the eligibility and priority criteria to obtain new CMS GME positions are more favorable to the island geography of Hawai‘i. JABSOM and the healthcare systems have begun re-exploration of medical GME financing options. If the preliminary discussions seem feasible in both the Hawai‘i and changing federal landscape, we anticipate a formal recommendation to support state medicaid GME financing in 2026.

Given the challenges described above, a significant focus of HMEC since 2016 has been to strengthen partnerships and examine possibilities for additional GME resources.

State-level collaboration and coordination of GME efforts are needed

- To the extent possible, it is in Hawai‘i’s best interest to have the HMEC serve as a systems-level forum through which statewide strategic planning of GME programs can help find the optimal economies of scale to train and deploy graduating residents/fellows into the physician workforce.
- Currently, there is a strong collaboration with the Veterans Administration (VA) Pacific Islands Healthcare System. The VA representative on the HMEC provides essential information regarding current and anticipated VA needs and funding opportunities and how the UH GME programs may help the VA meet future workforce needs, particularly outside of urban Honolulu on the neighbor Hawaiian Islands, Guam, and American Samoa. Given different curricular requirements and clinical constraints at the VA, we have maximized the rotation opportunities in Internal Medicine, Family Medicine, Geriatrics, and Psychiatry. In addition, we are exploring options to expand training in addictions for general psychiatry residents, addiction medicine, and addiction psychiatry fellows. As VA faculty capacity and clinical operations are reconfigured to accommodate resident learners, we hope to have more primary care or psychiatry experiences at neighbor island VA clinics or the new Akaka clinic, which opened in Leeward O‘ahu in April 2024.
- As part of a long-standing collaboration with the Tripler Army Medical Center (TAMC), several UH residency and fellowship programs have a portion of their clinical rotations at TAMC. Similarly, several TAMC programs rotate their residents at The Queen’s Medical Center and Kapi‘olani Medical Center for Women and Children. In addition, the only neonatal-perinatal program in the U.S. Pacific is shared between UH and TAMC. For this academic year, we have four fellows in the neonatal-perinatal program. The program includes educational experiences and collaborations with neighbor island hospitals, with the aim to improve birth and early childhood outcomes. Overall, the state will benefit from having more fellowship trained neonatologists trained in a systems-approach to health care delivery and health outcomes.
- Stronger partnerships between JABSOM and its two major clinical affiliates (Hawai‘i Pacific Health and Queen’s Health System) have been in place since 2021 to attract and retain academic faculty committed to working with diverse populations, teaching, and conducting scholarly activity to reduce health disparities and improve health for all Hawai‘i's populations. These partnerships are critical for medical student education and residency/fellowship GME training. In the past year alone, 38 new faculty appointments have been processed to help support medical student and/or resident/fellow learning throughout HPH (21 new) and

Queen's (17 new) systems. Most of these faculty do not receive funding from the state but volunteer a portion of their time to teaching in the clinical setting.

- JABSOM and the HMEC have partnered with the UH Rural Health Research and Policy Center to provide data and advocate for policy changes at the local (i.e., the GET tax waiver for independent health care providers) and the federal level (i.e., GME positions, non-contiguous designation).

DUTY (3): Recommend to the Legislature and UH Board of Regents (BOR) ways in which identified GME and other healthcare training programs can improve and change in order to effectively meet the HMEC assessment

The UH JABSOM's Institutional Program and each of its individual GME training programs continually address any citations, concerns, or anticipated threats to success and utilize the ACGME requirements as minimum requirements. The Annual Institutional Review meeting in September 2024 refined the numerous activities used for continuous improvement of the Institution (across programs) and supported program-specific quality improvement efforts that largely focus on creating excellent, safe, supportive, inclusive, and diverse clinical learning environments that support the provision of high quality, safe patient care for all patients, and especially those suffering disproportionate health disparities. Details of the JABSOM GME Annual Institutional Review and strategic focus areas can be found on our GME website. Since late 2016, the UH JABSOM GME programs, their primary hospital partner training sites, and key community stakeholders, including the HMEC, have been operationalizing a long-term strategic plan to develop a physician workforce that continues to advance the health and well-being of the people of Hawai'i. The HMEC, JABSOM, and key stakeholders continue to work on these strategic areas, most of which were described in more detail earlier or below in Duty 5:

1. Secure additional **resources** to maintain and expand GME programs. This includes funding for resident positions, supplemental educational activities, and additional faculty and clinical training sites (especially on the neighbor islands).
2. Develop a multi-pronged approach to improve physician **retention** in Hawai'i. This includes ongoing activities before and during residency training, policy advocacy related to payment, work with health systems, insurers, the state, and other partners to make Hawai'i a desirable place to practice, and advocating with state, county, and private entities for more affordable housing – especially for those still in training and those who want to spend a portion of their training on a neighbor island.
3. In partnership with the health systems and insurers, develop strategies to address and prevent physician burnout and **promote physician well-being**.
4. Expand **neighbor island** and telehealth training opportunities for residents and fellows. Numerous national studies prove that the best ways to attract and retain physicians in rural settings are to 'grow your own' and provide clinical training embedded within local community clinics and hospitals. Resources will be needed to develop clinical sites and faculty, as well as for resident housing and transportation. The lack of these resources constrains most programs' ability to offer neighbor island rotations.
5. Incorporate more aspects of **population health** and **interprofessional education and training** into all GME programs to better equip future physicians to practice in team-based, patient and population-centered clinical settings. This effort includes primary care-behavioral health integration.

DUTY (4): Work with other entities and state agencies, and in consultation with the Legislature and BOR, develop and implement a Plan to ensure the adequate funding of healthcare training programs in the state, with an emphasis on UH JABSOM GME programs

The information and strategies articulated in Duties 2, 3 and 5 comprise the Plan to ensure the adequate funding of healthcare training programs in the state, with an emphasis on UH JABSOM GME programs. The recommendations below support expansion to the neighbor islands and increasing pathways to grow other highly needed health professionals, particularly from rural and underserved areas. Both recommendations augment additional efforts by the Healthcare Association of Hawai‘i, health systems on all islands, county officials, the Department of Education, UH community colleges, and other UH health professions schools to help address our dire shortages.

RECOMMENDATION #1

In an ongoing effort to encourage educational rotations and future careers in healthcare on the less populated and/or rural island communities throughout the state of Hawai‘i, the UH/HMEC recommends the State Legislature develop a long-term plan to address the unaffordability of housing on the neighbor islands, which also contributes to worsening health care shortages when physicians leave because they cannot afford a home or to practice on a neighbor island. The legislature should continue supporting JABSOM and specific county efforts to pursue affordable housing options for health professional learners (i.e. students, residents), so that we can continue to expand training opportunities and exposure to non-O‘ahu sites. Students and residents cannot afford paying high rent on O‘ahu and additional high rent when they are doing their neighbor island rotations. Housing prospects are currently underway on Kaua‘i, Maui, and Hawai‘i island.

DUTY (5): Seek funding to implement the Plan from all public (county, state, and federal government) and private sources

- Federal and private funding to retain health providers through loan repayment programs was obtained in 2012. The 2017 Legislature and Governor Ige approved matching funds to increase educational loan repayments offered through the Hawai‘i State Loan Repayment Program, which is matched with Federal Dollars. The program works to retain existing primary care and behavioral health providers through loan repayment, contingent on a commitment to practice in a Health Professional Shortage Area in Hawai‘i for two years after loan repayment. Hawai‘i has one of the most successful programs in the country, with 63% (as of 2022) of loan repayers continuing to work in the area after completing their service requirement. We are grateful to the 2023 Legislature for $1 million per year into the Department of Health’s base budget, which will be used to match the Federal loan repayment dollars that support primary care and behavioral health in health professional shortage areas. Additional details on the success of the Hawai‘i State Loan Repayment Program can be found in the 2025 Hawai‘i Physician Workforce Report.
- Hawai‘i Healthcare Education Loan Repayment (HELP) program. We thank Governor Green and the 2023 Legislature for authorizing $30 million over two years for the HELP, which benefits physicians, nurse practitioners, nurses, psychologists, and other high-shortage health professions. As of October 1, 2024, 892 applications were approved with 104 of those loans paid off completely, disbursing $13.7 million since inception, with another 1,328 applications on the waiting list. The disbursements include the generous donation from Mark and Lynn Benioff to support loan repayments for health providers on Hawai‘i Island. All awardees are expected to complete a minimum two-year service commitment working and serving patients

in Hawai‘i. If the State can continue these loan repayment funds, we anticipate this will be a good method to recruit our physicians back home earlier and help encourage careers in lower-paying medical specialties. JABSOM will closely monitor this novel program's short- and long-term impacts. More information on the HELP program can be found at https://www.ahec.hawaii.edu/hawai%ca%bbi-help/

- The Hawai‘i/Pacific Basin Area Health Education Center (AHEC)’s three Federal grants support the “Pre-Health Career Core” program that establishes a pathway for health careers. The program has already guided more than 3000 high school and college students interested in health careers. The program is funded for four years and covers health sciences, shadowing, mentoring, research experiences, and Medical College Admissions Test preparation. These and other JABSOM pathway programs coordinated by the Office of Medical Education, Native Hawaiian Center of Excellence, and JABSOM’s Huaka‘i program target middle school and high school public school students from underserved or educationally or socially disadvantaged areas, including the neighbor islands.
- Philanthropic support for 4-year scholarships to medical school will need to increase. Currently, about 22% (decrease from 24% last year) of JABSOM first-year students have 4-year tuition scholarships. Ninety-three percent (increase from 89% last year) of JABSOM students receive some form of scholarship or other financial aid. Reducing the educational debt for JABSOM graduates will allow those considering high-need specialties (for Hawai‘i) to choose to stay in Hawai‘i, with its high cost of living and a generally lower salary compared to some markets in the continental U.S. Some states have provided such scholarship funds to the state medical school.
- Preservation of current state (general) funding and full restoration of tuition funding to support JABSOM faculty and staff members is needed to preserve our excellence in medical education, including expanding current training on the neighbor islands and with underserved populations throughout the state.
- Continued work with our major health system partners as detailed in Duties 2 and 3. These partnerships allow system improvements and additional resources to support faculty in achieving excellent clinical learning opportunities for our medical students and residents/fellows.
- JABSOM greatly appreciates the 2022 Act 248 new 6.0 faculty FTE and additional base budget funding for salaries and operational expenses (neighbor island rotation expenses). The FTE has been split and leveraged with existing G funds or private (health system or other employer) funding for eight part-time faculty on the neighbor islands, and seven new core JABSOM faculty who support medical school (medical students and residency) innovations and expansion of training sites across Hawai‘i.
- JABSOM is extremely appreciative of the 2022 Act 262 one-time appropriation to JABSOM with an emphasis on supporting residency training on the neighbor islands and in medically underserved populations throughout the State ($2.7 million); and to create further medical residency and training opportunities through a partnership between JABSOM and the U.S. Department of Veterans Affairs ($4 million). $3.2 million of the one-time appropriations for fiscal year 2022-2023 supported faculty, administrative staff, resident salaries, transportation, and travel costs when they rotated on a neighbor island. Unfortunately, the VA could not develop the mechanisms to support faculty expansion in sufficient time to expend funds. As noted in Duty 2, creating new residency positions and programs requires educational experiences, including faculty and space, that meet accreditation standards. Additionally, sustained funding (federal, state, and private) for resident/fellow salaries is required to support

and finish a resident or fellow once we accept them into their training program (3-5 years for core programs, 1-3 years for fellowships).

- JABSOM appreciates the 2024 Act which added 3.0 new FTE to support neighbor island expansion of medical education (UME and GME) and increased capacity for numerous health workforce and STEM pathways and connectivity to and with the UH Community Colleges, and UH's four year colleges providing advanced degrees in healthcare and science. The pair of 0.5 FTE physician coordinator and 0.5 FTE non-physician coordinator – one pair for Hawai'i Island, Maui County, and Kaua'i – supports Duty 2.
- The Council greatly appreciates the 2024 Legislature's passage of SB1035 (GET Exemptions on Medical Care) as the GET has been a major factor in provider attrition and closures of independent practices; this disproportionately impacts the neighbor island and rural O'ahu.

DUTY (6): Monitor and continue to improve the funding Plan

See recommendations under DUTY 4 and DUTY 5. The ACGME requires the UH JABSOM's Graduate Medical Education Committee (GMEC), with oversight by the Office of the Designated Institutional Official (DIO) to monitor the implementation and effectiveness of the plans to improve and grow GME in the shortage specialties. HMEC input and guidance, in addition to the ongoing engagement by health systems, the Department of Health, and the legislative and Executive branches, addresses the matching of state specialty provider needs with training program growth and development. A summary of the results will annually be incorporated in our HMEC report to the Legislature.

DUTY (7): Submit an annual report to the Legislature no later than twenty days before the convening of each regular Legislative session.
This annual report for the Legislature serves that purpose.

Respectfully submitted,

T. Samuel Shomaker, MD, JD, MSM
Dean
Barry and Virginia Weinman Endowed Chair
John A. Burns School of Medicine
University of Hawai'i at Mānoa

PART II. SUMMARY

HMEC Recommendations to 2025 Legislature

RECOMMENDATION #1

In an ongoing effort to encourage educational rotations and future careers in healthcare on the less populated and/or rural island communities throughout the state of Hawai‘i, the UH/HMEC recommends the State Legislature develop a long-term plan to address the unaffordability of housing on the neighbor islands, which also contributes to worsening health care shortages when physicians leave because they cannot afford a home or to practice on a neighbor island. The legislature should continue supporting JABSOM and specific county efforts to pursue affordable housing options for health professional learners (i.e. students, residents), so that we can continue to expand training opportunities and exposure to non-O‘ahu sites. Students and residents cannot afford paying high rent on O‘ahu and additional high rent when they are doing their neighbor island rotations. Housing prospects are currently underway on Kaua‘i, Maui, and Hawai‘i island.

PART III. APPENDIX

Appendix A: State Statutes Related to HMEC

HRS excerpts below were downloaded on December 22, 2014 from the following sites:
HRS0304A-1701 Definitions
HRS0304A-1702 Graduate Medical Education Program
HRS0304A-1703 Medical Education Council
HRS0304A-1704 Council Duties
HRS0304A-1705 Council Powers

CHAPTER 304A
UNIVERSITY OF HAWAIʻI SYSTEM

Part I. System Structure Section

Part IV. Divisions, Departments, and Programs

J. Medical Education Council
304A-1701 Definitions
304A-1702 Graduate medical education program
304A-1703 Medical education council
304A-1704 Council duties
304A-1705 Council powers

J. MEDICAL EDUCATION COUNCIL

[§304A-1701] Definitions. As used in this subpart:

- "Centers for Medicaid and Medicare Services" means the Centers for Medicaid and Medicare Services within the United States Department of Health and Human Services.
- "Council" means the medical education council created under section [304A-1703].
- "Graduate medical education" means the period of clinical training of a physician following receipt of the medical doctor degree and prior to the beginning of an independent practice of medicine.
- "Graduate medical education program" means a graduate medical education training program accredited by the American Council on Graduate Medical Education.
- "Healthcare training program" means a healthcare training program that is accredited by a nationally-recognized accrediting body. [L 2006, c 75, pt of §2]

[§304A-1702] Graduate Medical Education Program.

a) There is created a graduate medical education program to be administered by the medical education council in cooperation with the department of health.
b) The program shall be funded with moneys received for graduate medical education and deposited into the Hawaiʻi medical education special fund established under section [304A-2164].
c) All funding for the graduate medical education program shall be non-lapsing.
d) Program moneys shall only be expended if:
    1) Approved by the medical education council; and
    2) Used for graduate medical education in accordance with sections [304A-1704] and [304A-1705]. [L 2006, c 75, pt of §2]

[§304A-1703] Medical Education Council.

A. There is established within the University of Hawaiʻi, the medical education council consisting of the following thirteen members:
    1) The dean of the school of medicine at the University of Hawaiʻi;

2) The dean of the school of nursing and dental hygiene at the University of Hawai‘i;
3) The vice dean for academic affairs at the school of medicine who represents graduate medical education at the University of Hawai‘i;
4) The director of health or the director’s designated representative;
5) The director of the Cancer Research Center of Hawai‘i; and
6) Eight persons to be appointed by the governor as follows:
    a. Three persons each of whom shall represent a different hospital at which accredited graduate medical education programs are conducted;
    b. Three persons each [of] whom represent the health professions community;
    c. One person who represents the federal healthcare sector; and
    d. One person from the general public.

B. Except as provided in subsection (a) (1), (2), (3), and (4), no two council members may be employed by or affiliated with the same:
1) Institution of higher education;
2) State agency outside of higher education; or
3) Private entity.

C. Terms of office of council members shall be as follows:
1) Except as provided in paragraph (2), the dean of the school of medicine, dean of the school of nursing and dental hygiene, vice dean for academic affairs of the school of medicine at the University of Hawai‘i, and the director of health, or the director’s designated representative, shall be permanent ex officio members of the Council, and the remaining nonpermanent council members shall be appointed to four-year terms of office;
2) Notwithstanding paragraph (1), the governor at the time of the initial appointment shall reduce the terms of four nonpermanent council members to two years to ensure that approximately half of the nonpermanent council members are appointed every two years; and
3) If a vacancy occurs in the membership for any reason, the replacement shall be appointed by the governor for the unexpired term in the same manner as the original appointment was made.

D. The dean of the school of medicine at the University of Hawai‘i shall chair the Council. The Council shall annually elect a vice chair from among the members of the Council.

E. All council members shall have voting rights. A majority of the council members shall constitute a quorum. The action of a majority of a quorum shall be the action of the Council.

F. Per diem and expenses incurred in the performance of official duties may be paid to a council member who:
    a. Is not a government employee; or
    b. Is a government employee, but does not receive salary, per diem, or expenses from the council member’s employing unit for service to the Council.

A council member may decline to receive per diem and expenses for service to the Council. [L 2006, c 75, pt of §2]

[§304A-1704] Council Duties. The medical education council shall:
1) Conduct a comprehensive analysis of the healthcare workforce requirements of the state for the present and the future, focusing in particular on the state’s need for physicians;
2) Conduct a comprehensive assessment of the state’s healthcare training programs, focusing in particular on graduate medical education programs and their role in and ability to meet the healthcare workforce requirements identified by the Council;
3) Recommend to the legislature and the board of regents changes in or additions to the healthcare training programs in the state identified by the Council’s assessment;
4) Work with other entities and state agencies as necessary, develop a plan to ensure the adequate funding of healthcare training programs in the state, with an emphasis on graduate medical education programs, and after consultation with the legislature and the board of regents, implement the plan. The plan shall specify the funding sources for healthcare training programs and establish the methodology for funding disbursement. Funds shall be expended for the types of costs normally associated with

healthcare training programs, including but not limited to physician salaries and other operating and administrative costs. The plan may include the submission of an application in accordance with federal law for a demonstration project to the Centers for Medicaid and Medicare Services, for the purpose of receiving and disbursing federal funds for direct and indirect graduate medical education expenses;

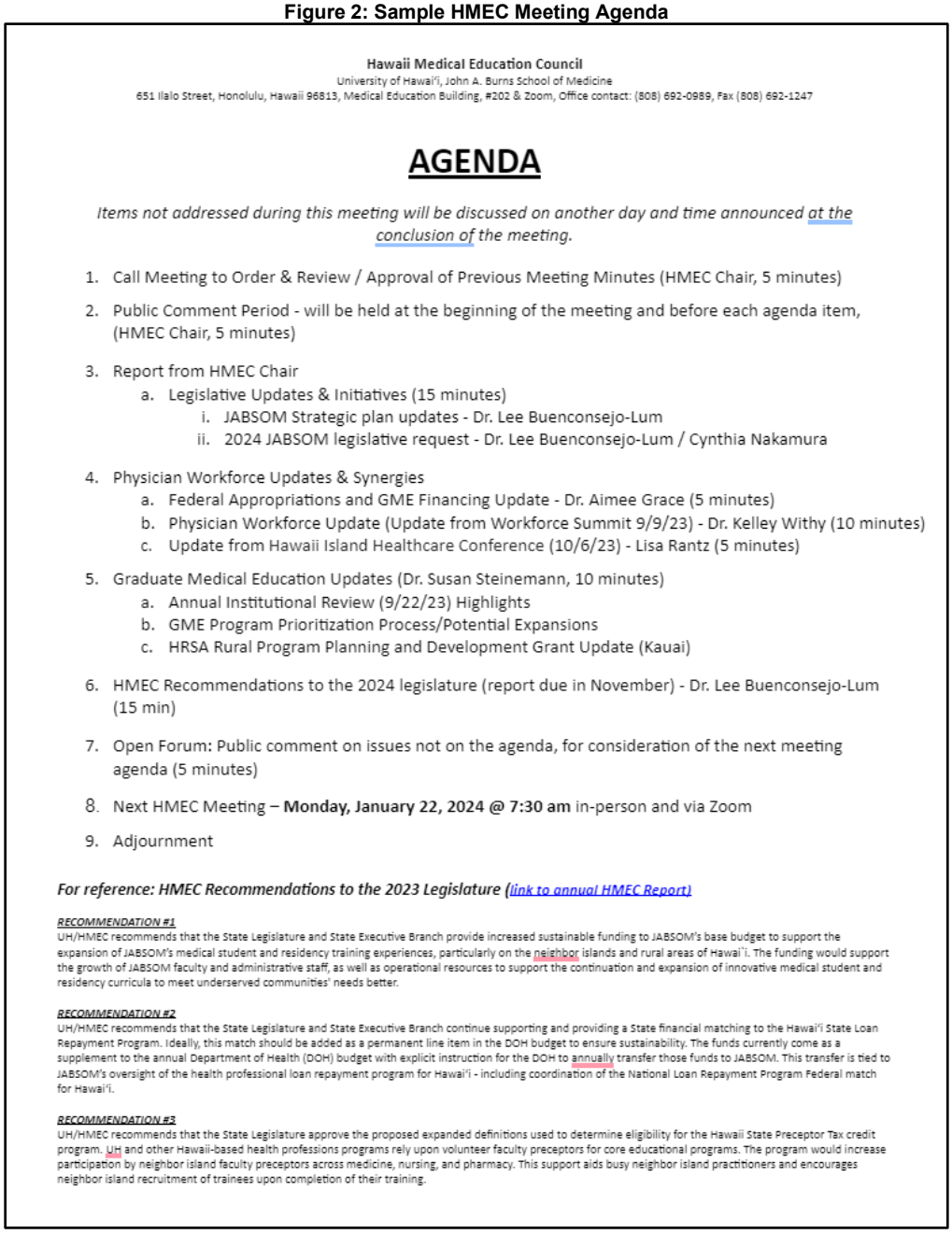
5) Seek funding from public sources, including state and federal government, and private sources to support the plan required in paragraph (4);
6) Monitor the implementation and effectiveness of the plan required in paragraph (4), making such modifications as may be required by future developments and changing needs and after consulting with the legislature and the board of regents, as appropriate; and
7) Submit a summary report to the legislature no later than twenty days before the convening of each regular session, of the expenditures of program moneys authorized by the Council under this subpart. [L 2006, c 75, pt of §2]

[§304A-1705] Council Powers. The medical education council may:

1) Conduct surveys, with the assistance of the department of health and the department of commerce and consumer affairs, to assess and meet changing market and education needs;
2) Appoint advisory committees of broad representation on interdisciplinary clinical education, workforce mix planning and projections, funding mechanisms, and other topics as is necessary;
3) Use federal moneys for necessary administrative expenses to carry out its duties and powers as permitted by federal law;
4) Distribute program moneys in accordance with this subpart; provided that any expenditures authorized shall be for a public purpose and shall not be subject to chapters 42F, 103, 103D, and 103F;
5) Hire employees not subject to chapters 76 and 89 necessary to carry out its duties under this subpart; and
6) Adopt rules in accordance with chapter 91, necessary to carry out the purposes of this subpart. [L 2006, c 75, pt of §2]

Appendix B: Sample HMEC Meeting Agenda

Figure 2: Sample HMEC Meeting Agenda



Hawaii Medical Education Council
University of Hawai'i, John A. Burns School of Medicine
651 Ilalo Street, Honolulu, Hawaii 96813, Medical Education Building, #202 & Zoom, Office contact: (808) 692-0989, Fax (808) 692-1247

AGENDA

Items not addressed during this meeting will be discussed on another day and time announced at the conclusion of the meeting.

1. Call Meeting to Order & Review / Approval of Previous Meeting Minutes (HMEC Chair, 5 minutes)
2. Public Comment Period - will be held at the beginning of the meeting and before each agenda item, (HMEC Chair, 5 minutes)
3. Report from HMEC Chair
    a. Legislative Updates & Initiatives (15 minutes)
        i. JABSOM Strategic plan updates - Dr. Lee Buenconsejo-Lum
        ii. 2024 JABSOM legislative request - Dr. Lee Buenconsejo-Lum / Cynthia Nakamura
4. Physician Workforce Updates & Synergies
    a. Federal Appropriations and GME Financing Update - Dr. Aimee Grace (5 minutes)
    b. Physician Workforce Update (Update from Workforce Summit 9/9/23) - Dr. Kelley Withy (10 minutes)
    c. Update from Hawaii Island Healthcare Conference (10/6/23) - Lisa Rantz (5 minutes)
5. Graduate Medical Education Updates (Dr. Susan Steinemann, 10 minutes)
    a. Annual Institutional Review (9/22/23) Highlights
    b. GME Program Prioritization Process/Potential Expansions
    c. HRSA Rural Program Planning and Development Grant Update (Kauai)
6. HMEC Recommendations to the 2024 legislature (report due in November) - Dr. Lee Buenconsejo-Lum (15 min)
7. Open Forum: Public comment on issues not on the agenda, for consideration of the next meeting agenda (5 minutes)
8. Next HMEC Meeting – **Monday, January 22, 2024 @ 7:30 am** in-person and via Zoom
9. Adjournment

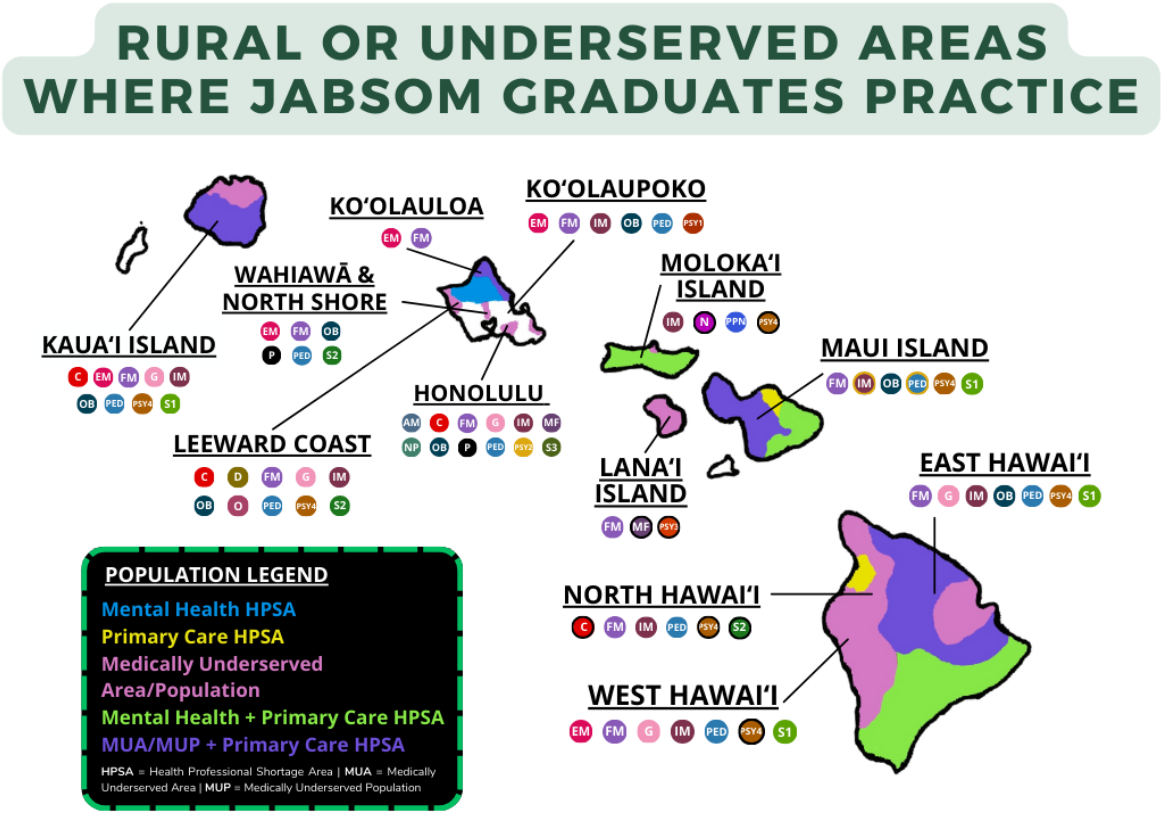
For reference: HMEC Recommendations to the 2023 Legislature (link to annual HMEC Report)

RECOMMENDATION #1
UH/HMEC recommends that the State Legislature and State Executive Branch provide increased sustainable funding to JABSOM's base budget to support the expansion of JABSOM's medical student and residency training experiences, particularly on the neighbor islands and rural areas of Hawai'i. The funding would support the growth of JABSOM faculty and administrative staff, as well as operational resources to support the continuation and expansion of innovative medical student and residency curricula to meet underserved communities' needs better.

RECOMMENDATION #2
UH/HMEC recommends that the State Legislature and State Executive Branch continue supporting and providing a State financial matching to the Hawai'i State Loan Repayment Program. Ideally, this match should be added as a permanent line item in the DOH budget to ensure sustainability. The funds currently come as a supplement to the annual Department of Health (DOH) budget with explicit instruction for the DOH to annually transfer those funds to JABSOM. This transfer is tied to JABSOM's oversight of the health professional loan repayment program for Hawai'i - including coordination of the National Loan Repayment Program Federal match for Hawai'i.

RECOMMENDATION #3
UH/HMEC recommends that the State Legislature approve the proposed expanded definitions used to determine eligibility for the Hawaii State Preceptor Tax credit program. UH and other Hawaii-based health professions programs rely upon volunteer faculty preceptors for core educational programs. The program would increase participation by neighbor island faculty preceptors across medicine, nursing, and pharmacy. This support aids busy neighbor island practitioners and encourages neighbor island recruitment of trainees upon completion of their training.

Appendix C: Rural or Underserved areas where JABSOM graduates practice



MEDICAL SPECIALTY LEGEND

- AM Addiction Medicine
- C Cardiology
- D Dermatology
- EM Emergency Medicine
- FM Family Medicine
- G Geriatrics
- IM Internal Medicine
- MF Maternal - Fetal Medicine
- NP Neonatal - Perinatal
- N Nephrology
- OB Obstetrics and Gynecology
- O Ophthalmology
- P Pathology
- PED Pediatrics
- PPN Pediatrics/Peds Neurology
- PSY1 Psychiatry
- PSY2 Psychiatry - Addiction, Child, General
- PSY3 Psychiatry - Child
- PSY4 Psychiatry - Child, General
- S1 Surgery
- S2 Surgery - General, Orthopedics
- S3 Surgery - General, Orthopedics, Critical Care
- ○ *Denotes visiting physician from O'ahu or telemedicine*
- ○ *Denotes visiting some visiting subspecialists*