

LATE Testimony

Health Committee Chairman
State of Hawaii- Legislative House
Testimony on the "Remote Dispensing Bill" regarding pharmacy ; SB 2459

Catherine Ann Shimabukuro, RPh
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There are some major issues facing your committee in regards to the "remote dispensing bill" currently before you.

1) This bill is in direct contradiction to the guidelines of the NABP (National Association of Boards of Pharmacy) of which Hawaii is a member. "The National Association of Boards of Pharmacy (NABP) is the independent, international, and impartial association that assists its member boards and jurisdictions in developing, implementing and **enforcing** uniform standards for the purpose of protecting the public health." "The NABP also has model language supporting remote dispensing in areas where **patients have limited access to pharmacy services...**" The member boards of pharmacy are as attached. Please read the "Preamble" from the NABP.

"Given that medications are an integral part of disease management, medication therapies and their delivery systems are becoming more complex, technological enhancements have improved the capabilities for patient monitoring, and entities motivated by economic gain are eroding standards of care, there is greater potential harm to the public and a greater need for patients' medication use to be managed by a licensed pharmacist and **State regulatory agencies to aggressively enforce standards of care.**

If this bill should pass it does not meet the stated guidelines set out by the NABP. To explain why, I move on to my second point.

2) We're having a misunderstanding regarding the definition of "remote dispensing." In this bill "remote dispensing" refers to the fact that the pharmacist is at another location and the dispensing will be done by automated machines supervised by a pharmacist via camera, video, etc.

The NABP defines “remote dispensing” as a place “that there is limited access to pharmacy services in the community.” Their guidelines clearly state, “A Coordinating Pharmacy shall demonstrate to the Board that there is limited access to pharmacy services in the community prior to engaging in the Practice of Telepharmacy via the Remote Pharmacies and Remote Dispensing Sites.” The NABP states, “the following rules are essential.” That means, literally, that no pharmacy services can be or are available in the community for which it serves. In this case, the Waimea location has a “brick and mortar” pharmacy **ACROSS THE LOBBY** in the same building! There is also another pharmacy, Menehune, within a 1-mile radius. Clearly this “remote dispensing pharmacy” does **NOT** meet the NABP’s stated definition.

3) Referring back to point #1. In the preamble of the NABP it states that State Regulatory agencies must aggressively enforce standards of care. Are you aware that the State of Hawaii Board of Pharmacy is a non-funded, volunteer board without inspectors? I have practiced pharmacy in Oklahoma and 32 years on Kauai. In Oklahoma I was inspected by the state board a minimum of once a month. In 32 years in Hawaii I have **NEVER** once been inspected. Why? We have no inspectors!! The public is at risk every day as pharmacists in Hawaii are on “the honor system.” We have no enforcement! If this bill is to be passed we must fund a Board of Pharmacy with state inspectors like every other state has. Please contact the State Board of Pharmacy in California for assistance in this area.

4) The NABP states that the “remote dispensing pharmacy” shall be staffed with a Certified Technician or a Pharmacy Intern. That is not addressed in this bill.

5) If this bill is allowed to pass it opens the possibility of any “kiosk” opening anywhere in the state without enforcements of patient standards of care. It is in direct violation of Federal guidelines for the practice of pharmacy. This bill re-writes the practice of pharmacy and does not meet the “standard of care” set by the association of which we are a member.


6) It is clear to me that the intention of the legislature is to provide prescription care to those who are without insurance. This is a noble goal but misguided in its approach to a solution. There are many other

avenues that can address this need, and all are viable and doable without rewriting the laws that govern the practice of pharmacy.

Thank you,
Catherine Ann Shimabukuro

Preamble and Mission Statement of the National Association of Boards of Pharmacy

Preamble



Given that medications are an integral part of disease management, medication therapies and their delivery systems are becoming more complex, technological enhancements have improved the capabilities for patient monitoring, and entities motivated by economic gain are eroding standards of care, there is greater potential harm to the public and a greater need for patients' medication use to be managed by a licensed pharmacist and State regulatory agencies to aggressively enforce standards of care.

NABP Mission Statement

The National Association of Boards of Pharmacy (NABP) is the independent, international, and impartial Association that assists its member boards and jurisdictions in developing, implementing, and enforcing uniform standards for the purpose of protecting the public health.

NABP Member Boards of Pharmacy

Alabama State Board of Pharmacy	Mississippi Board of Pharmacy	West Virginia Board of Pharmacy
Alaska Board of Pharmacy	Missouri Board of Pharmacy	Wisconsin Pharmacy Examining Board
Arizona State Board of Pharmacy	Montana Board of Pharmacy	Wyoming State Board of Pharmacy
Arkansas State Board of Pharmacy	Nebraska Board of Pharmacy	Africa:
California State Board of Pharmacy	Nevada State Board of Pharmacy	South African Pharmacy Council*
Colorado State Board of Pharmacy	New Hampshire Board of Pharmacy	Australia:
Connecticut Commission of Pharmacy	New Jersey Board of Pharmacy	Pharmacy Board of New South Wales*
Delaware State Board of Pharmacy	New Mexico Board of Pharmacy	Pharmacy Board of Victoria*
District of Columbia Board of Pharmacy	New York Board of Pharmacy	Canada:
Florida Board of Pharmacy	North Carolina Board of Pharmacy	Alberta College of Pharmacists*
Georgia State Board of Pharmacy	North Dakota State Board of Pharmacy	College of Pharmacists of British Columbia*
Guam Board of Examiners for Pharmacy	Ohio State Board of Pharmacy	Manitoba Pharmaceutical Association*
Hawaii State Board of Pharmacy	Oklahoma State Board of Pharmacy	New Brunswick Pharmaceutical Society*
Idaho Board of Pharmacy	Oregon State Board of Pharmacy	Nova Scotia College of Pharmacists*
Illinois Department of Financial and Professional Regulation, Division of Professional Regulation – State Board of Pharmacy	Pennsylvania State Board of Pharmacy	Ontario College of Pharmacists*
Indiana Board of Pharmacy	Puerto Rico Board of Pharmacy	Prince Edward Island Pharmacy Board*
Iowa Board of Pharmacy	Rhode Island Board of Pharmacy	Quebec Order of Pharmacists*
Kansas State Board of Pharmacy	South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy	New Zealand:
Kentucky Board of Pharmacy	South Dakota State Board of Pharmacy	Pharmacy Council of New Zealand*
Louisiana Board of Pharmacy	Tennessee Board of Pharmacy	
Maine Board of Pharmacy	Texas State Board of Pharmacy	
Maryland Board of Pharmacy	Utah Board of Pharmacy	
Massachusetts Board of Registration in Pharmacy	Vermont Board of Pharmacy	
Michigan Board of Pharmacy	Virgin Islands Board of Pharmacy*	
Minnesota Board of Pharmacy	Virginia Board of Pharmacy	
	Washington State Board of Pharmacy	

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To: HOUSE COMMITTEE ON HEALTH
Rep. Josh Green, Chair
Rep. John Mizuno, Vice Chair

LATE TESTIMONY

From: Gavin Sanjume, PharmD.
45-211 Haunani Place
Kaneohe, HI 96744

Testimony in Support
SB 2459, SD2 Relating to Remote Dispensing
Tuesday March 25, 2008, 9:00am Conference Room 329

I am writing this letter in support of SB 2459 SD2 to allow remote prescription dispensing. I am a pharmacist with 10 years of work experience in both the inpatient and retail pharmacy settings, and I believe that this piece of legislation offers a unique opportunity to impact an often underserved population in a profoundly positive way. The predominant population that this bill would benefit is severely impoverished with unique circumstances, most notably small household incomes coupled with logistical problems which make access to quality medical care difficult. Subsequently, these patients often forgo medication which, in turn, leads to a further burden of the already inundated healthcare system with increased hospitalizations, loss of worker productivity, and intangible costs such as decreased quality of life. In light of this cascading change of events, I believe that it would be an egregious error to not allow remote prescription dispensing. Remote dispensing is one answer to ease one of the numerous difficulties these patients face. Remote dispensing is an option patients can choose to take advantage of in order to gain easy access to medication they vitally need while visiting their provider. The remote dispensing unit is a cost effective, safe method of dispensing medication and is no different than other automated systems such as Pyxis ® which are used in medical centers across the country, and here in Hawai'i as well. The remote dispensing units provide these patients an alternative to traditional prescription dispensing without compromising quality of care and is a win-win situation for all involved. I strongly urge you to move expeditiously to facilitate our ability to serve this patient population

Sincerely,
Gavin A. Sanjume, PharmD.

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Testimony of
Barbara Kashiwabara, RPh, Pharm.D.
Chair, Government Affairs Committee

Before:
House of Representatives
Committee on Health
The Honorable Josh Green, M.D., Chair
The Honorable John Mizuno, Vice Chair

Tuesday, March 25, 2008
9:00 am
Conference Room 329

SB 2459, SD2 Relating to Remote Dispensing

Chair Green, Vice Chair Mizuno and Committee members. Mahalo for this opportunity to provide testimony on SB 2459, SD2 which will permit the operation of remote dispensing pharmacies.

The Hawaii Pharmacists Association strongly supports this bill, as it reflects the collaborative work done in 2007 by the Association, the Board of Pharmacy, the Department of Health Food & Drug Branch, the Narcotics Enforcement Division, as well as various pharmacies and health care organizations.

Enabling remote dispensing pharmacies via passage of this bill will help meet the pharmaceutical needs of patients in various settings and for various health care conditions using innovative, safe and secure technology. In November 2007, the Hawaii Pharmacists Association sponsored a Remote Dispensing demonstration day at the State Capitol to familiarize the Legislators with this technology and to answer any questions and/or concerns related to use of this technology. The demonstration was well attended and information shared that day is still available from the Hawaii Pharmacists Association, upon request.

Remote dispensing technology can be used in areas within the state where there is no licensed pharmacy, or when access to a licensed pharmacy is limited, or at times of the day or week where pharmacist availability is limited due to the national shortage of pharmacists, such as on "graveyard" shifts, evenings, weekends, or holidays.

The Hawaii Pharmacists Association recommends the following minor amendments:

1. Require that all Remote dispensing pharmacies either be registered with the Board of Pharmacy, or the Responsible pharmacy notifies the Board of Pharmacy when a Remote dispensing pharmacy opens or ceases to operate.
2. Page 6, Line 1: Change "technician" to "Remote dispensing technician".
3. Change the effective date of this Act to "upon approval" and remove the repeal date of January 1, 2013.

We ask for your favorable consideration of these amendments to this bill, recommend passage of this bill with amendments, and thank you for this opportunity to testify on SB 2459, SD2.

LATE TESTIMONY

Josh Green, M.D.**03-25-08**

6th Representative District
Hawaii State Capitol, Room 327
415 South Beretania Street
Honolulu, HI 96813

Testimony in **STRONG OPPOSITION** to SB 2459 SD2

Good Morning. My name is Kevin Glick, and I have been a practicing pharmacist in Hawaii since 1982. I have worked in a variety of settings including hospital, long term institutional as well as retail settings. Currently I am self employed as a community pharmacist on Kauai, where I have worked for more than 16 years. I come before you today to voice my strong opposition to SB2459. In order to testify I have covered my own expenses, including a replacement pharmacist, air fare etc.

I have read and re-read SB2459 and tried to understand how people within the legislature could foster its movement through the various committees necessary for its adoption into law. Frankly I still don't fully understand the logic of this bill. To the best of my understanding this is what is being asked of the law makers.

Special interest groups have made a great effort to convince the legislature that there is a shortage of access to traditional pharmacy services in the State of Hawaii and in particular on Kauai. They have failed to provide any concrete evidence or data to substantiate their claim of inadequate access. In fact as the bill is currently written, the institutions noted as potential locations for these automated dispensing kiosks all have existing operational pharmacies. This simple fact alone questions the sincerity of their claim of limited access.

Let us examine the testimony provided for a moment. On February 11th, 2008 Jerry Smead and Barbara Kashiwabara (as representatives of HPHA) provided testimony in opposition to SB 2459, because they found it to restrictive to require that the machine be stocked by a pharmacist as this would add additional costs. Their proposal was to allow unlicensed "technicians" to stock and maintain the dispensing machine as a cost control measure. The position put forth in the testimony was that the technology provided adequate checks and balances. So when cost is an issue, good enough becomes the standard of care. On that same day David Peters, CEO, Ho'ola Lahui voiced his opposition to SB 2459, calling it overly restrictive stating it was drafted by individuals with little or no experience in operating remote dispensing machines for telepharmacy. It would seem Mr. Peters has neither the education, qualifications or experience necessary to hold forth on the practice of pharmacy. On the other hand the collective education, experience, and commitment of the community pharmacists on Kauai alone exceeds several hundred years. As a profession we have always been the first to embrace new technology as an adjunct to good, safe patient care. The Kauai County Subarea Health Planning Council also submitted testimony on February 26th, 2008 in favor of the bill, stating in part "Affordability and accessibility to essential medications are long standing barriers to good health for the under served". Further the testimony states that

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"telepharmacy may also have the potential to assist many insured patients stated wide who are struggling with the high cost of drugs and its accessibility during evenings/weekends and from outlying areas". It is of interest to note the following. The planning council generally relies on statistical data and hard facts in making any recommendation. There is the implication that somehow "telepharmacy" will decrease the drug expenses for insured patients. In fact the routine "forgiving" or failure to actively collect the patients share or co-pay as it were is a violation of every insurance contract, and federal law as well. Regarding access to essential medications after hours and on weekends there is no mention in any of the renditions of SB2459 of hours of operation, while in fact community pharmacies routinely make them selves available on weekends and after hours for patients in need. Also of note David Peters served on this same planning council for a number of years and as such the testimony provided seems more of a favor than a statement of fact. HMSA also provided testimony in favor of this bill stating in part that "This measure would give individuals in rural areas of the state the ability to gain access to their prescription medications in their own community. This statement is in conflict with the fact HMSA makes a substantial effort to encourage its members to obtain their medications from a company located on the mainland going so far as to reward physicians for driving patients to participate in obtaining medications from outside their community. Does HMSA anticipate being able to utilize this bill to push for a distribution network utilizing unlicensed technicians so as to eliminate the "unnecessary" cost of the immediate direct supervision of a pharmacist? Their support of this bill would suggest so.

Other states have considered remote dispensing provisions within their pharmacy practice act, and a variety of approaches have been utilized to address the issue of access. Solutions such as distance limitations from traditional pharmacies based upon Medicare guidelines have been adopted in states such as Texas, and have been based upon either driving time or a mileage threshold. Other states have required the remote pharmacy to provide proof that there is a barrier to access before a permit is issued, and in the event a traditional pharmacy later opens in the service area, the remote permit is removed as there is no longer a proven access barrier. SB2459 as proposed has none of these limitations, or restrictions.

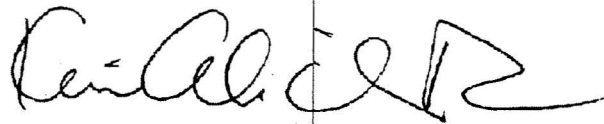
What then is being asked today of this committee and indeed the State Legislature is to redefine so many terms of the pharmacy practice act so as to make it the weakest such act in the nation. They ask you to trust them to determine what constitutes a "qualified" technician, knowing full well there are no regulations regarding education or experience, to allow for the provision of dangerous medications to some of the most fragile members of our state by unqualified, unlicensed personnel, with only the aid of a vending machine, and a video link.

The motivation for pushing for such a radical revision of the practice of pharmacy in Hawaii seems obvious. If successful, proponents of this bill will be able to greatly expand their business footprint in the state without the associated cost of traditional pharmacy. They are willing to compromise the quality of healthcare delivery by elimination or dilution of a vital link in the chain of care.

To close I would submit that at a time when the State has embarked on the development of a School of Pharmacy in Hilo, with the potential impact on taxpayers in the tens of million of dollars; when we tout ourselves as the "Health State" and hold forth the value of quality care to our residents, and especially our elders where in this vision does SB2459 fit? It doesn't fit. This bill strives to set good enough as the standard of pharmacy care in Hawaii. In fact when you strip away all of the unsubstantiated claims of barriers to access, and promises of great savings to those in need what is left is a special interest bill designed to benefit very at the expense of many.

I respectfully request that this committee refuse to pass this bill onto the floor for a full vote as the impact on the health and welfare residents of Hawaii have not been considered in either the short or long term.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Glick", with a stylized flourish at the end.

Kevin Glick, R.Ph.

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Brian Carter RPh., Pharmacist in Charge
Lihue Professional Pharmacy
3-3420b Kuhio highway Suite 101
Lihue, HI 96766
808.245.3800

LATE TESTIMONY

Testimony Regarding SB2459, SD2 (SSCR2725)

Submitted 03-24-08

Hearing Date:

DATE: Tuesday, March 25, 2008
TIME: 9:00 a.m.
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

TO:

COMMITTEE ON HEALTH
Rep. Josh Green, M.D., Chair
Rep. John Mizuno, Vice Chair

Rep. Karen Leinani Awana	Rep. Karl Rhoads
Rep. Della Au Belatti	Rep. Maile S. L. Shimabukuro
Rep. Joe Bertram, III	Rep. James Kunane Tokioka
Rep. Rida T.R. Cabanilla	Rep. Gene Ward, Ph.D.

I would like to thank those responsible for allowing e-mail testimony for this bill.

I, Brian Carter testify. This bill is an insult to the health of our community and the health care system we have today. It will further degrade the quality and safety of the health care services patients receive without concern. Ho'ola Lahui has received money from the federal government to provide aid to the poor and needy people of Hawaii. What Ho'ola is doing is using the money that they have received, in good faith, to profit for themselves and put the pharmacies that have served this community for the past 50 years out of business. There are 10 independent pharmacies and 7 chain retail pharmacies, a total of 17 pharmacies for a population less than 50,000. It seems incredible that there could be testimony given by anyone that claimed the access to their medications was due to the lack of pharmacies. There are problems in pharmacy and most of the responsible parties are those exact insurance companies that have testified in favor of this bill. In fact

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Kaiser in their testimony stated that "With a nationwide shortage of pharmacists it is not just geographically isolated locations that would not have a pharmacist or a pharmacy available." And at the same time would not give me a contract. I begged for 3 months and was told that they had sufficient coverage by Penny Lee. She stated to me that Kaiser had done an impact study and it was not necessary for my pharmacy to have a contract with them. So Kaiser patients who go to the emergency room at Wilcox hospital are forced walk (or limp) by my pharmacy (which is in the clinic) and drive to another pharmacy that can fill their prescriptions using their insurance.

This brings up deceptive testimony. Every bit of the testimony received by the committee has been fraudulent in some way. I have already mentioned above how much Kaiser "cares" about access for their patients. HMSA and all insurers only see possible cheaper pharmacy costs for their year end profits. Jerry Smead and Barbra Kashiwabara both have testified for HPHA – Hawaii Pharmacists Association who are supposed to look out for the pharmacist's best interest– but are on Kaiser's payroll. This seems to be a conflict of interest. Their testimony in favor of this bill needs to be seen as a deceptive way for large business to have another voice.

The system we have now may not be a perfect one but solutions that only enhance the profitability of private interest corporations such as Ho'ola Lahui, HMSA, Kaiser, (and all insurers in business in Hawaii) at the expense of patient safety and quality of care are not solutions at all. The best interest of all patients needs to be examined closely here and by people who are intimately familiar with the current healthcare system. Why don't we ask the patients who are trying to care for their child who has a fever and has questions about the right dose or therapy. Who are they going to ask when the doctor's office is full and cannot see any more patients and the ER is miles away? Or the man who was given Naprosyn by his primary care doctor for his arthritis and Ibuprofen by the orthopedic surgeon for his knee. Who will tell him not to take them together? Maybe Gary Hoosier will help him when he

**has a bleeding stomach ulcer from taking the combination,
since they are not "dangerous" drugs.**

Kill this bill before it kills someone you care about.

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