

NEIL ABERCROMBIE
GOVERNOR

BRIAN SCHATZ
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
P.O. Box 541
HONOLULU, HAWAII 96809
Phone Number: 586-2850
Fax Number: 586-2856
www.hawaii.gov/dcca

KEALI' I. LOPEZ
DIRECTOR

EVERETT KANESHIGE
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE
Regular Session of 2012

Tuesday, January 24, 2012
10:00 a.m.

TESTIMONY ON HOUSE BILL NO. 1741 – RELATING TO PRESCRIPTION DRUG.

TO THE HONORABLE RYAN I. YAMANE, CHAIR, AND MEMBERS OF THE
COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner (“Commissioner”),
testifying on behalf of the Department of Commerce and Consumer Affairs
(“Department”).

The Department opposes this bill, which requires the Commissioner to develop a
standardized form and process for handling prior authorizations for prescription drugs in
the health insurance area. The Department does not object to the concept of the bill,
but objects to the Commissioner being required to develop the prescription drug prior
authorization form.

The Insurance Division does not regulate or oversee the contractual provisions or
requirements between health insurers and medical providers.

We thank the Committee for the opportunity to present testimony on this matter.

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

January 24, 2012

The Honorable Ryan Yamane, Chair
The Honorable Dee Morikawa, Vice Chair
House Committee on Health

Re: HB 1741 – Relating to Prescription Drugs

Dear Chair Yamane, Vice Chair Morikawa and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1741 which would mandate the Insurance Commissioner to establish a single, standard prescription coverage request form. While we understand the intent of the Bill, HMSA opposes this measure.

While standardization is an ideal, the form must be structured to provide sufficient information for reasonable and appropriate decisions to be made, and in a timely manner. Sufficiency of information is paramount to avoiding denials. For example, how would a single form be designed to allow us to distinguish between a \$100 per month drug for hypertension, as opposed to a \$20,000 per month drug for a rare condition?

For the provider and patient alike, timeliness is imperative. That is why HMSA has made great strides to have information and processes available electronically. The formularies and application and appeals forms and procedures already are available on-line for providers.

While we cannot support this measure as drafted, we would reiterate our support to engage in a discussion on this important topic and respectfully suggest that instead of directing the Insurance Commissioner to create standardized forms and processes, the stakeholders meet to begin discussing the appropriate direction that this initiative should take. With all due respect to the Insurance Commissioner, we believe the responsibility for this should lie with a more independent third-party which could convene a community-wide discussion on this topic, such as the University of Hawaii's John A. Burns School of Medicine.

Thank you for the opportunity to testify today.

Sincerely,

Mark K. Oto
Director
Government Relations



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

Tuesday, January 24, 2012

10:00 a.m.

Conference Room 329

To: COMMITTEE HEALTH
Rep. Ryan I. Yamane, Chair
Rep. Dee Morikawa, Vice Chair

From: Hawaii Medical Association
Dr. Roger Kimura, MD, President
Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: HB 1741 RELATING TO PRESCRIPTION DRUG.

In Support

Chairs & Committee Members:

HMA recognizes that standardizing Prior Authorizations reduces some administrative burden for physicians. This is a step in the right direction. **This bill should be passed.** It applies to all health plans, both public and private, and thus covers a wide range of territory that will decrease burdens for health care providers to provide appropriate care to their patients. **Having different prior authorization forms is completely unnecessary and confusing for providers and patients alike. We look forward to working with the plans to accomplish this small step.**

One way to make Hawaii a less expensive and more viable place to practice is to reduce administrative burden.

Especially in the case of Medicaid, which is now reimbursing at around 57% of 2006 Medicare rates, the bottom line is that providers lose money whenever they see Medicaid patients. The least that can be done is to reduce the extra administrative costs associated with treating these patients so that instead of losing money and a lot of extra administrative time for working, providers simply lose money when they see Medicaid patients.

The costs of hassles related to prior authorizations are a large part of the reason we have a severe access to care crisis in Hawaii.

Thank you for the opportunity to testify.

OFFICERS

PRESIDENT - ROGER KIMURA, MD, PRESIDENT ELECT - STEVE KEMBLE, MD
IMMEDIATE PAST PRESIDENT – MORRIS MITSUNAGA, MD, SECRETARY - THOMAS KOSASA, MD, TREASURER –
WALTON SHIM, MD, EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO



Cynthia Laubacher
Senior Director,
Western Region

Medco Health Solutions, Inc.
1100 Kimberly Court
Roseville, CA 95661

tel 916-771-3328
fax 916-771-0438
cynthia_laubacher@medco.com
www.medco.com

January 23, 2012

To: Representative Yamane and Members of the House Health Committee

Fr: Cynthia Laubacher, Senior Director, State Government Affairs
Medco Health Solutions, Inc.

Re: HB 1741 – Oppose
Hearing: January 24, 2012

On behalf of Medco Health Solutions, Inc., I regret to inform you that we must respectfully oppose House Bill 1741 which proposes the creation of an electronic prior authorization form. Medco agrees with prescribers and pharmacies that an electronic prior authorization (ePA) process would be desirable and beneficial and have, with assistance from the federal Centers for Medicare & Medicaid Services (CMS), made several good-faith efforts to create a standard for ePA. Unfortunately, HB 1741 is not the answer.

Prior authorization is used to manage the utilization of drugs that may pose a safety risk, have a high potential for off-label or experimental use, are very high in cost, are prescribed at dosages exceeding the highest FDA-approved dose, etc. The proposed prior authorization requirements in HB 1741 would undermine plan formulary and drug management tools, and if not done correctly, will create a “rubber stamp” for approval as opposed to allowing a meaningful review of medical necessity that protects both the patient and the plan sponsor.

Medco has a physician-facing portal where once a physician signs up, they can complete their Medco-initiated Prior Authorizations electronically. This is a handy process (they typically receive approvals immediately, if possible), but not a truly wired process as the physician has to be aware that a PA is required and then has to use a PIN and password to complete the request.

Medco is participating in an National Council for Prescription Drug Programs (NCPDP) task group that will be looking at a transaction set to expedite a true ePrescribing path for ePA. However, even though there's an expedited on-ramp for this effort using background from a Pilot in 2006 and some efforts that some payers are about to Pilot now, **there is no fast and simple structure for an Industry solution for ePA at this time-** even if the Pilots are successful, the standards will require 'tweaking', approval and development.

In order to expedite an ePA pathway, Medco is working on a process that would utilize existing, NCPDP approved ePrescribing standards to provide physicians seamless access to the Medco portal I noted initially. The physician would route a prescription as they do today, when the PA requirement is identified we'll send back an NCPDP transaction with a link to the Medco portal- all the physician (or their staff) would have to do is click the link and since we have secure connectivity to the EMR we will bring them into the case that requires PA- they fill out the criteria on-line and will typically receive a real-time approval (or notification that the case is in process). We expect to have a limited-availability pilot in Q2 of this year. As the larger NCPDP effort matures, we're likely to adopt the new process as well.

The requirements placed on the prior authorization process by this bill do not take into account the intricacies of the process and would be onerous, unwieldy, and unfeasible for the technology companies that would have to comply with it. Passing this bill would compromise the prior authorization process and severely curtail its use as a tool to promote appropriate drug use. This would result in negative financial and operational effects on both private and public health plans, including Medicaid and other state-sponsored plans.

According to a study conducted by the Federal Trade Commission (FTC), upon a plan sponsor's request, "[l]arge PBMs and small or insurer-owned PBMs have used step-therapy and prior authorization programs to *lower prescription drug costs and increase formulary compliance.*" The FTC also determined that "[p]rior authorization often involves a clinical justification for the use of drugs that are prone to misuse or are especially costly."¹

Undermining the use of prior authorization will result in inappropriate clinical use of certain drugs, and will fundamentally alter the nature of a benefit plan by essentially mandating coverage without regard to safety and cost factors. In a time of rising health care costs and with employers struggling to provide health care benefits to their employees, HB 1741 would undermine the tools available that help employers design a plan that assures the quality and safety of prescription drugs as well as controls utilization and cost.

For these reasons, we must respectfully oppose. Please feel free to contact me with any questions. Thank you.

¹ Federal Trade Commission, "Pharmacy Benefit Managers: Ownership of Mail-Order Pharmacies," August 2005, available at <http://ftc.gov/reports/index.htm#2005>. [Emphasis added].



THE OFFICIAL SPONSOR OF BIRTHDAYS.™

January 23, 2012

House Committee on Health
Representative Ryan Yamane, Chair
Representative Dee Morikawa, Vice Chair

Hearing:

State Capitol Room 329
January 24, 2012, 10:00 a.m.

HB 1741 - Relating to Prescription Drug

Thank you for the opportunity to testify in support of HB 1741, which requires the Insurance Commissioner to develop a uniform prescription drug prior authorization form.

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.

The American Cancer Society believes that standardizing the prior authorization process will have a positive impact on patients. The Society routinely takes calls from patients needing assistance in obtaining prescription medication from their pharmacy provider. We see that many delays are due to prior authorization communication problems between patient, physician, and pharmacist. This measure will streamline the process for the benefit of all the parties involved in the health care delivery chain.

Thank you for allowing us the opportunity to provide this testimony on this measure.

Sincerely,

A handwritten signature in black ink that reads "Cory Chun".

Cory Chun
Government Relations Director



**EPILEPSY
FOUNDATION®**
HAWAII

"Not another moment lost to seizures"

1240 Ala Moana Blvd., Suite 225 • Honolulu, HI 96814

January 23, 2012

The Honorable Ryan I. Yamane
Hawaii state capitol, room 420
Honolulu, HI 96813

RE: HB 1741 Support

Dear Representative Yamane:

The Epilepsy Foundation of Hawaii (EFH) supports HB 1741 requiring streamlining the Prior Authorization (PA) process for prescription drugs.

More than 15,000 Hawaii residents live with a diagnosis of epilepsy and require daily medication to manage or better control their seizures. The Epilepsy Foundation of Hawaii is a 501(c)(3) nonprofit organization established in 1971 providing direct services, programs, support and advocacy to those living with epilepsy and their families and caregivers.

Currently there are at least six different Prior Authorization forms from various insurance carriers, or specific plans under the same carrier. Some may take one day to review and provide a decision; others often take up to 14 days to review and provide a decision.

The current PA process impacts the time to treatment and timely access to needed medications. The potential for error is also increased because clinic staff must navigate a system that is unnecessarily complex. Most PA forms do require the same information be provided from the prescriber; however the form can be rejected if an incorrect form was submitted or an outdated form was submitted.

Having one PA form used by all insurers makes sense. Mandating a two day turn around will improve patient care, decrease lapse in medications and hold insurers accountable to provide swift, timely medication decisions.

HB 1741 is an important health care bill for people living with epilepsy. The Epilepsy Foundation of Hawaii strongly supports HB 1741.

Sincerely,

Nancy E. Brown
Executive Director

"You are not alone"

Phone: 808-528-3058, 866-528-3058 • Fax: 866-846-8078 • www.hawaiiepilepsy.com

THE EPILEPSY FOUNDATION OF HAWAII IS A MEMBER AGENCY OF ALOHA UNITED WAY AND
AN INDEPENDENTLY INCORPORATED AFFILIATE OF THE EPILEPSY FOUNDATION

Faith Action for



Community Equity

Gamaliel Foundation Affiliate

1352 Liliha Street, Room 2
Honolulu, HI 96817

Phone (808) 522-1304
Fax (512) 532-7448
face.office@facehawaii.org
www.facehawaii.org

The Rev. Alan Mark
Statewide President

The Rev. Sam Domingo
Oahu President

The Rt. Rev. Monsignor
Terrence Watanabe
Maui President

Mr. Rosario Baniaga
Statewide Treasurer

Ms. Judy Ott
Statewide Secretary

Mr. Drew Astolfi
Executive Director

Mr. Patrick Zukemura
Oahu Lead Organizer

COMMITTEE ON HEALTH
Rep. Ryan I. Yamane, Chair

RELATING TO PRESCRIPTION DRUG
HB 1741
DATE: January 24, 2012 @ 10:00 am
Room 329

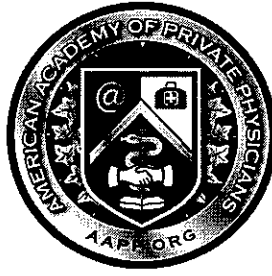
Good morning Chair Yamane and committee members:

I am Rev. Bob Nakata and I am the Vice-Chair of the FACE Health Care Committee and its past President. FACE is the largest State inter-faith and community organizing non-profit. We have 24 institutions on Maui, 27 on Oahu and one statewide. There are 38 churches, a Buddhist Temple, 2 Jewish congregations, 10 community groups and non-profit organizations and one labor union. FACE has a statewide participating membership base in excess of 40,000.

We SUPPORT this measure with one change. We request that this measure include FACE as the representative of healthcare consumers, also be consulted by the Insurance commissioner in the development of the prior authorization form. All too often the patient suffers the consequences of a delay in the ability of their physician to prescribe the right medications. Physicians should be able to promptly provide their patients the medications they need to take right away that will help with pain management and chronic diseases. The administrative requirements for physicians to locate the correct prior authorization form do follow up phone calls with patients, pharmacies, and the requirement of faxing the document, is time consuming and creates unnecessary delays for patients. FACE recommends that a standardized prior authorization process would not only benefit the people of Hawaii but save time and money for payers and providers.

Please pass this measure.

Rev. Bob Nakata
Vice-Chair
FACE Health Care Committee



January 22, 2012

On behalf of the American Academy of Private Physicians and our membership, I am pleased to support HB 1741 and its attempt to streamline the medication prior authorization process.

Simplifying the prior authorization process in order to get our patients the medications that they need in a timely fashion is essential to maintaining patient access. As it is today, the prior authorization process consumes a doctor's day. We too often find ourselves waiting on hold only to talk to a clerk without any authority to give us an answer about a drug approval that might save our patient's life. Every health plan has a different form, a different process, and a different formulary. That is just not acceptable in a milieu where health care professionals are all trying so desperately to make our health care delivery system work on behalf of our patients.

The staff in a doctor's office needs to be able to get back to the work of patient care and should not be spending needless time trying to figure out which health plan has what protocol and what paper work.

The American Academy of Private Physicians (AAPP) is pleased to see that HB 1741 states that a standardized prior authorization form must be electronically available and transmittable.

As the nation adopts HIT (health information technology) it is imperative that we make sure that the technology works for doctors' offices and for our patients and that it does not decrease the productivity of doctors or their staffs who are already working overtime in overdrive trying to keep their patients healthy and productive.

This legislation is an important step to creating a better patient centered medical home. We thank you for taking on this critical issue. If we can answer any questions, please feel free to contact me by phone or email (below).

Sincerely,

Marcy Zwelling-Aamot, MD

Marcy Zwelling-Aamot, MD FACEP
President, American Academy of Private Physicians
562-900-2650 (iphone)
marcy@choicecare.md



January 22, 2012

The Honorable Ryan I. Yamane
Hawaii State Capitol, Room 420
Honolulu, HI 96813

RE: HB 1741 – SUPPORT

Dear Representative Yamane,

The Neuropathy Action Foundation (NAF), which is dedicated to ensuring neuropathy patients obtain the necessary resources and tools to access individualized treatment to improve their quality of life, supports HB 1741. HB 1741 protects provider autonomy and preserves patient access to life and limb saving treatments by streamlining and strengthening the Prior Authorization (PA) process.

HB 1741 is important for all Hawaii patients who suffer from neuropathy. The NAF receives many calls from Hawaii informing us that their health plan suddenly made them to go through a PA process forcing them to go days and/or weeks before they obtain/continue treatments deemed necessary by their provider. Additionally, many patients are forced to go through the PA process multiple times a year for the same medication for the same condition. We would love to see your bill amended to include a provision prohibiting more than one PA per year if possible.

Hawaii insurers are increasingly interfering in the sacred provider-patient relationship. The PA process is currently highly complex, lacks transparency, and the criteria and processes vary significantly among health plans. Health plans have differing preauthorization, appeal, benefit advisory, and admission notification requirements; and these differing requirements create training and logistical complexity for providers, as their staff tries to keep track of the various requirements and the different methods of communicating the information.

The NAF is pleased to see that HB 1741 states that a standardized PA form must be electronically available and transmittable. Widespread adoption and effective implementation of health information technology (HIT) such as electronic prior authorizations carries with it the promise of improved patient care, increased cooperation and coordination among health care professionals and reduced health care costs by making patient care more efficient.

HB 1741 institutes patient protections for PAs that will preserve the provider-patient relationship and prevent insurers from exploiting HIT to further deny or delay patient access to care.

Should you have any questions please contact me at 877-512-7262.

Regards,

A handwritten signature in black ink, appearing to read "James D. Lee".

James D. Lee
Public Affairs Chair



GBS|CIDP

Foundation International

Executive Director
Patricia A. Bryant

Founding Director
Estelle L. Benson

Chief Financial Officer
Camille Yee

Officers

Theilma Gifford, RN
President

Joel S. Steinberg, MD PhD
Vice President

K. Robert Doehrman
Vice President

Philip Kinnicutt
Secretary

Kassandra Ulrich
Secretary

Jerry R. Jones
Treasurer

Board of Directors

Sue D. Baier
Robert Benson, CLU, ChFC
Patricia H. Blomkwist-Markens
Elizabeth Emerson
Susan Keast
Glennys Sanders
Laura E. Stegossi, Esq.
Marilyn Tedesco

Medical Advisory Board

Arthur K. Asbury, MD
Richard J. Barohn, MD
Mark J. Brown, MD
David R. Comblath, MD
Marinos C. Dalakas, MD
Peter D. Donofrio, MD
Jonathan Goldstein, MD
Clifton L. Gooch, MD
Kenneth C. Gorson, MD
Michael C. Graves, MD
John W. Griffin, MD
Angelika F. Hahn, MD
Hans-Peter Hartung, MD
Thomas L. Hedge, MD
Professor Richard A.C. Hughes
Jonathan Katz, MD
Carol Lee Koski, MD
Richard A. Lewis, MD
Robert Lisak, MD
Gareth J. Parry, MD
David S. Saperstein, MD
Kazim A. Sheikh, MD
John T. Sladky, MD
Joel S. Steinberg, MD, PhD
Pieter A. van Doorn, MD
Hugh J. Willison, MMBS, Ph.D., FRCP

Non-profit 501(c)(3)

January 22, 2012

To: COMMITTEE ON HEALTH
Rep. Ryan I. Yamane, Chair
Rep. Dee Morikawa, Vice Chair

From: GBS/CIDP FOUNDATION INTERNATIONAL
Phil Kinnicutt, Board President and Hawai'i Liaison

Re: HB 1741 Relating to Prescription Drugs

In Support

Chairs & Committee Members:

The GBS/CIDP Foundation International is an organization of more than 30,000 people diagnosed with or recovered from Guillain-Barré syndrome (GBS), chronic inflammatory demyelinating polyneuropathy (CIDP) and variants, or who have joined loved ones on their path to recovery. Members deeply understand the needs of patients and caregivers.

The Foundation urges that this bill be passed.

Having different prior authorization forms is completely unnecessary and confusing for providers and patients alike and makes it difficult for health care providers to provide appropriate and timely care for their GBS, CIDP and variants patients. It also adds to administrative costs thus increasing the cost of health care.

Mahalo for the opportunity to provide testimony on this bill.

Aloha,
Phil Kinnicutt
Board President and Hawaii Liaison
341 Iliaina Street, Kailua, HI 96734-1807
808-254-4534
phil.kinnicutt@gbs-cidp.org

Guillain-Barre
Syndrome

Chronic
Inflammatory
Demyelinating
Polyneuropathy

The Holly Building
104 1/2 Forrest Avenue
Narberth, PA 19072

610.667.0321 tel
866.234.3201 tel
610.667.7036 fax

www.gbs-cidp.org
www.gbs-cidp.org



Power Of Pain Foundation



~ Motivation For A Cure ~

January 23, 2012

Representative Ryan Yamane
Hawaii State Capitol
Room 420
Honolulu, HI 96813

RE: HB 1741 - SUPPORT

Dear Representative Yamane,

The Power of Pain Foundation (POPF) supports HB 1741, which streamlines and simplifies the Prior Authorization (PA) process for patients. Under the guise of cost containment, Hawaii health insurers have implemented procedures and protocols such as prior authorization that threaten the doctor-patient relationship and interfere with effective patient care by denying or delaying access to treatment.

Prior- and pre-authorization policies – when an insurer requires a doctor to obtain authorization from the insurance carrier before the carrier will agree to cover the cost of medication or treatment – deliver costly bureaucratic hassles that take a physician's time and attention from patient care. The fact that each health plan has its own distinct prior authorization form only compounds the problem and adds to the time physicians must spend navigating the managed care maze in order to get patients access to the treatments they need.

HB 1741 is important for all Hawaiians who suffer from pain. The POPF receives calls from Hawaii patients in pain informing us that their health plan suddenly made them to go through a PA process forcing them to go days and/or weeks before they obtain/continue treatments deemed necessary by their provider.

The PA process is currently highly complex, lacks transparency, and the criteria and processes vary significantly among health plans. Health plans in Hawaii have differing preauthorization, appeal, benefit advisory, and admission notification requirements; and these differing requirements create training and logistical complexity for providers, as their staff tries to keep track of the various requirements and the different methods of communicating the information.

HB 1741 institutes patient protections for PAs that will preserve the provider-patient relationship.

Should you have any questions please contact me at 804-657-PAIN (7246).

Sincerely,

A handwritten signature in black ink that reads "Barbby Allyn Ingle".

Barbby Ingle
Executive Director
Power of Pain Foundation
Author: RSD in Me! and ReMission Possible
barby@powerofpain.com

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Monday, January 23, 2012 8:16 AM
To: HLTtestimony
Cc: Dmessiii@aol.com
Subject: Testimony for HB1741 on 1/24/2012 10:00:00 AM

Testimony for HLT 1/24/2012 10:00:00 AM HB1741

Conference room: 329
Testifier position: Support
Testifier will be present: No
Submitted by: David H Messer,III
Organization: Hawaii Academy of Physician Assistants (HAPA)
E-mail: Dmessiii@aol.com
Submitted on: 1/23/2012

Comments:

HAPA recognizes that standardizing Prior Authorizations reduces some administrative burden for physicians. This is a step in the right direction. ¶;This bill should be passed. ¶;It applies to all health plans, both public and private, and thus covers a wide range of territory that will decrease burdens for health care providers to provide appropriate care to their patients. Having different prior authorization forms is completely unnecessary and confusing for providers and patients alike. We look forward to working with the plans to accomplish this small step.

David H Messer III PA-C
President Elect
Hawaii Academy of Physician Assistants

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 22, 2012 6:29 PM
To: HLTtestimony
Cc: wailua@aya.yale.edu
Subject: Testimony for HB1741 on 1/24/2012 10:00:00 AM

Testimony for HLT 1/24/2012 10:00:00 AM HB1741

Conference room: 329
Testifier position: Support
Testifier will be present: No
Submitted by: Wailua Brandman APRN-Rx BC FAANP
Organization: Hawaii Association of Professional Nurses
E-mail: wailua@aya.yale.edu
Submitted on: 1/22/2012

Comments:
HB 1741 RELATING TO PRESCRIPTION MEDICATIONS

Chair Yamane, Vice Chair Morikawa, and members of the House Committee on Health,

Thank you for this opportunity to provide testimony on this bill, HB 1741, requiring the insurance commissioner to develop a standardized prior authorization request form and process for prescription medications for use by health care providers and insurance carriers.

The Hawai'i Association of Professional Nurses (HAPN) believes the mandating of a uniform waiver process for prescription authorizations and standardizing the criteria for such waivers would be effective.

HAPN supports HB 1741 and requests that page 3, line 10 be amended by adding "APRN" to the definition of "Prescriber" as APRNs are authorized to prescribe OTC, legend and controlled drugs (Schedule II-V).

We appreciate your continuing support of nursing and healthcare in Hawai'i. Thank you for the opportunity to testify.

Wailua Brandman APRN-Rx BC FAANP
Hawai'i Association of Professional Nurses Immediate Past President and Legislative Chair

morikawa2 - Grant

From: Danielle Bass on behalf of Rep. Ryan Yamane
Sent: Monday, January 23, 2012 8:25 AM
To: HLTtestimony
Subject: FW: HB 1741 Single Prior Auth Bill

From: Jeffrey Akaka [<mailto:jakaka@gmail.com>]
Sent: Monday, January 23, 2012 8:24 AM
To: Rep. Ryan Yamane
Subject: HB 1741 Single Prior Auth Bill

COMMITTEE ON HEALTH
Rep. Ryan I. Yamane, Chair
Rep. Dee Morikawa, Vice Chair

Rep. Della Au Belatti
Rep. John M. Mizuno
Rep. Faye P. Hanohano
Rep. Jessica Wooley
Rep. Jo Jordan
Rep. Corinne W.L. Ching
Rep. Chris Lee
Rep. Kymberly Marcos Pine

NOTICE OF HEARING

DATE:
Tuesday, January 24, 2012
TIME:
10:00 a.m.
PLACE:
Conference Room 329
State Capitol
415 South Beretania Street

HB 1741
Status

RELATING TO PRESCRIPTION DRUG.

Requires the insurance commissioner to develop a uniform prescription drug prior authorization form no later than 07/01/2013. Beginning 01/01/2014, requires the uniform prescription drug prior authorization form to be used by prescribers and health care insurance providers.

Dear Chair Yamane and members of the House Committee on Health,

While we look forward to the eventual formation of a standard formulary for which no prior authorization would be required, a uniform prior authorization form is a step in the right direction.

We are in strong support of this measure.

Thank you for your consideration of my testimony.

Aloha and mahalo,

Jeffrey Akaka, MD
President, Hawaii Psychiatric Medical Association

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 22, 2012 10:17 PM
To: HLTtestimony
Cc: lauren@rodier.com
Subject: Testimony for HB1741 on 1/24/2012 10:00:00 AM

Testimony for HLT 1/24/2012 10:00:00 AM HB1741

Conference room: 329
Testifier position: Support
Testifier will be present: No
Submitted by: Lauren Rodier
Organization: Individual
E-mail: lauren@rodier.com
Submitted on: 1/22/2012

Comments:

morikawa2 - Grant

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, January 22, 2012 6:48 PM
To: HLTtestimony
Cc: belovedofkrsna@me.com
Subject: Testimony for HB1741 on 1/24/2012 10:00:00 AM

Testimony for HLT 1/24/2012 10:00:00 AM HB1741

Conference room: 329
Testifier position: Comments Only
Testifier will be present: No
Submitted by: Elizabeth Bush
Organization: Individual
E-mail: belovedofkrsna@me.com
Submitted on: 1/22/2012

Comments:
HB 1741 RELATING TO PRESCRIPTION MEDICATIONS

Chair Yamane, Vice Chair Morikawa, and members of the House Committee on Health,

Thank you for this opportunity to provide testimony on this bill, HB 1741, requiring the insurance commissioner to develop a standardized prior authorization request form and process for prescription medications for use by health care providers and insurance carriers.

The Hawai'i Association of Professional Nurses (HAPN) believes the mandating of a uniform waiver process for prescription authorizations and standardizing the criteria for such waivers would be effective.

HAPN supports HB 1741 and requests that page 3, line 10 be amended by adding "APRN" to the definition of "Prescriber" as APRNs are authorized to prescribe OTC, legend and controlled drugs (Schedule II-V).

We appreciate your continuing support of nursing and healthcare in Hawai'i.

Thank you for the opportunity to testify.

O au me ka ha`a ha`a (I am humbly yours),

Elizabeth Bush, MSN, APRN-Rx, CARN-AP, CSAC, CCDP-D Board Certified Psychiatric Advanced Practice Nurse (NP and CNS) Certified Addiction Registered Nurse, Advanced Practice Certified Substance Abuse Counselor Certified Co-Occurring Disorder Professional-Diplomate

"The best way to find yourself is to lose yourself in the service of others." ~ Mahatma Gandhi

To: Chair Yamane, Vice Chair Morikawa, and members of the House Committee on Health:

Re: HB 1741 RELATING TO PRESCRIPTION MEDICATIONS

Thank you for this opportunity to provide testimony on this bill, HB 1741, requiring the insurance commissioner to develop a standardized prior authorization request form and process for prescription medications for use by health care providers and insurance carriers.

The Hawai`i Association of Professional Nurses (HAPN) believes the mandating of a uniform waiver process for prescription authorizations and standardizing the criteria for such waivers would be effective.

HAPN supports HB 1741 and requests that page 3, line 10 be amended by adding "APRN" to the definition of "Prescriber" as APRNs are authorized to prescribe OTC, legend and controlled drugs (Schedule II-V).

We appreciate your continuing support of nursing and healthcare in Hawai`i. Thank you for the opportunity to testify.

Terri Pacheco RN

University of Hawaii at Manoa

APHN/FNP student