

SB667

LATE

TESTIMONY

To whom it may concern

I would like to start by explaining what a local pharmacy/retail pharmacist does.

- We counsel patients on proper use of their medicines
- We build face to face relationships patient to pharmacist
- We build relationships pharmacist to doctor.
- This builds triage--patient--doctor--pharmacist
- This allows us to individualize the correct and most beneficial therapy rather than based on a formulary from an insurance company.
- We are easily accessible, our advice is free.
- We are members of our community(create jobs locally, including jobs that support our industry)
- We are immunizers--flu shots, tetanus, shingles
- We are health care screeners--blood pressure, osteoporosis, medication reviews
- We organize and are part of health fairs--women's health, falls prevention program.
- We are there for routine over-the-counter questions. "My baby has a fever", "I have a cold", "and I don't understand the label on this medicine."
- **We are the last line of defense between potential medication errors--some that could be fatal!**
- We are CPR certified--"nice to have in every community"
We help MD's get insurance companies to pay for medications not on formulary--also known as Prior Authorization.
- **We are the most trusted face of health care.**

If mail order and exclusive contracts are forced on to our patients all the above is gone. Local pharmacies, even chain pharmacies cannot survive on acute (emergency) meds. All those services, all those convenient locations are lost to the community forever. Including jobs lost, wages lost, tax revenues lost.

It has come to my attention that Longs/CVS/Caremark has forced state

employees to mandatory mail order. Furthermore HMSA has made a special deal with Longs/CVS/Caremark for both its mail order and retail settings. Having worked for Longs/CVS/Caremark I am concerned about the following patient safety issues.

Temperature control—how long do items sit in a P.O. Box or mail room. Can mail order guarantee these temperatures follow Hawaii guidelines for storage such as controlled room temperature? On that subject how about refrigerated items such as xalatan, insulin, and other temperature sensitive meds. How long are these sitting in a mailbox, store room, etc. Do the patients have the knowledge to know not to use these if they are not stored properly? Do we depend on UPS, DHL, and the Post Office to safely monitor this?

Diversion---mail order typically allows the patient 21 days or more to refill meds. This includes controls. This means excess narcotics, sedatives, and amphetamines are being stockpiled in patient's homes and possibly hitting the streets. How are we identifying who is actually receiving these meds. DPS requires we check ID on all controls. Do we again depend on UPS, DHL, and the Post office to check ID's? Will Longs/CVS/Caremark send a pharmacist to each and every home to check ID? Is this not a violation of Hawaii control laws?

Accuracy--- The average retail pharmacist verifies 150-200 prescriptions daily. Mail order pharmacists are required to check 1000's of prescriptions daily. . However mail order is not referred to as a pharmacy in industry speak. It is referred as production or production line. Their pay is based on numbers, numbers, and numbers. They are allowed so many Class I errors per 1000 prescriptions verified. A class I error is defined as **wrong drug, drug strength, patient, or directions**. Again if they verify more correctly than they mess up it is acceptable. ---**IS THIS SAFE???**

High doses are often allowed to be filled and shipped. Many with just a courtesy call to a medical receptionist to verify what was written in the chart. Other times no call at all; the pharmacist just uses "judgment". "Judgment is encouraged it gets work/prescriptions out the door. Again not a pharmacy a production line... Do you think effexor 300mg/day does not need a call to MD? How about 600mg/day, 900mg/day? I have seen it, and yes this happens. No call to MD no contact to patient. Just judgment. **IS THIS SAFE???**

Red vs. Blue—No this is not a political statement. Caremark uses a computer program that uses several different colors for its verification process. **Pt name,**

drug, drug strength, directions in blue (class I errors). All other info such as **refills, MD, date written in red (class II or III) errors.** There are Pharmacists who ignore the info in red. Why you ask? "You can't get fired for class II errors only class I errors. Again not a pharmacy a production line. It's simply Herd mentality. I have seen many of good pharmacist start out trying to do the right thing but in order to keep up with the high rates of production must join the herd in order to survive. Their pay, their job depends on their numbers.

IS THIS SAFE???

Denying access to health care and access to choice is not good for anyone. Punishing patients with higher copays that use their local neighborhood pharmacies, and talk to their local pharmacist. With whom they have a pharmacist/patient relationship. We know their disease states, preferences, and needs this is built up over time and handwork.

This begs the question "is Hawaii becoming a one pharmacy state?" Currently 90% of the island uses HMSA. Add this to state and County and it's looking like one big CVS/Longs/Caremark production line. If CVS/Longs/Caremark is the Pharmacy benefits manager (insurance), mail order, and local pharmacy then Hawaiian's are being denied choice. If one operation has all the control is this not Socialized medicine?

Additionally we are accessible where mail order is not. We have counseled many of CVS/Longs/Caremark's patients on proper use of their medications because they cannot reach anyone at mail order. They just sit on hold for hours being bounced around to different departments. This is a BARRIER to good health care!

This will probably anger you even more. Hawaii may not be the priority of mail order. You see companies like Caremark have several contracts. Many of those contracts are much bigger than this current contract. Those bigger contracts take priority over Hawaii. Sorry it's a money thing. Ask CALPERS (California teachers association). They became a back seat for customer service when Caremark/CVS/Longs landed the FEP contract (Federal employees). Again not a pharmacy a production line.

There is some precedence in reviewing and changing course. The state of New York passed S3510B/A5502 which prevents health insurances from mandating that customers purchase prescriptions from mail order pharmacies. It was the

state of New York's opinion that mail order pharmacies present unreliable service, barriers to traditional health care, and the diversion of prescription drugs to the streets.

I implore you to sponsor legislation similar to that of New York bill S3510B/A5502 to stop mandatory mail order and exclusive behind the door contracts

I thank you for your time and consideration: feel free to contact me on this email or at 808-895-2201 cell phone or at work 808-885-2075

Aloha and Mahalo

PS see additional info for New York legislation on following page.

S3510B/A5502--bill

Nicole Malliotakis

New York State Assembly member Nicole Malliotakis 718-987-0197 or 518-455-5716 district 60
<http://assembly.state.ny.us/mem/Nicole-Malliotakis/contact>

District Office
7408 Fifth Avenue
Brooklyn, NY 11209
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

District Office
11 Maplewood Place
Staten Island, NY 10306
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

Albany Office
LOB 529
Albany, NY 12248
518-455-5716

[Albany Office Directions](#)

malliotakisn@assembly.state.ny.us

Also Senator Marty Golden(R, C, I-Brooklyn)

<http://www.nysenate.gov/senator/martin-j-golden/contact>

Senator Marty Golden

Albany Office
188 State Street Room 409, Legislative Office Building
Albany, NY 12247
United States
Phone: (518) 455-2730

See map: [Google Maps](#)

District Office
7408 5th Avenue 1st Floor
Brooklyn, NY 11209
United States
Phone: (718) 238-6044
Fax: (718) 238-6170

To whom it may concern

I would like to start by explaining what a local pharmacy/retail pharmacist does.

- We counsel patients on proper use of their medicines
- We build face to face relationships patient to pharmacist
- We build relationships pharmacist to doctor.
- This builds triage--patient--doctor--pharmacist
- This allows us to individualize the correct and most beneficial therapy rather than based on a formulary from an insurance company.
- We are easily accessible, our advice is free.
- We are members of our community(create jobs locally, including jobs that support our industry)
- We are immunizers--flu shots, tetanus, shingles
- We are health care screeners--blood pressure, osteoporosis, medication reviews
- We organize and are part of health fairs--women's health, falls prevention program.
- We are there for routine over-the-counter questions. "My baby has a fever", "I have a cold", "and I don't understand the label on this medicine."
- **We are the last line of defense between potential medication errors--some that could be fatal!**
- We are CPR certified--"nice to have in every community"
We help MD's get insurance companies to pay for medications not on formulary--also known as Prior Authorization.
- **We are the most trusted face of health care.**

If mail order and exclusive contracts are forced on to our patients all the above is gone. Local pharmacies, even chain pharmacies cannot survive on acute (emergency) meds. All those services, all those convenient locations are lost to the community forever. Including jobs lost, wages lost, tax revenues lost.

It has come to my attention that Longs/CVS/Caremark has forced state

employees to mandatory mail order. Furthermore HMSA has made a special deal with Longs/CVS/Caremark for both its mail order and retail settings. Having worked for Longs/CVS/Caremark I am concerned about the following patient safety issues.

Temperature control—how long do items sit in a P.O. Box or mail room. Can mail order guarantee these temperatures follow Hawaii guidelines for storage such as controlled room temperature? On that subject how about refrigerated items such as xalatan, insulin, and other temperature sensitive meds. How long are these sitting in a mailbox, store room, etc. Do the patients have the knowledge to know not to use these if they are not stored properly? Do we depend on UPS, DHL, and the Post Office to safely monitor this?

Diversion---mail order typically allows the patient 21 days or more to refill meds. This includes controls. This means excess narcotics, sedatives, and amphetamines are being stockpiled in patient's homes and possibly hitting the streets. How are we identifying who is actually receiving these meds. DPS requires we check ID on all controls. Do we again depend on UPS, DHL, and the Post office to check ID's? Will Longs/CVS/Caremark send a pharmacist to each and every home to check ID? Is this not a violation of Hawaii control laws?

Accuracy--- The average retail pharmacist verifies 150-200 prescriptions daily. Mail order pharmacists are required to check 1000's of prescriptions daily. . However mail order is not referred to as a pharmacy in industry speak. It is referred as production or production line. Their pay is based on numbers, numbers, and numbers. They are allowed so many Class I errors per 1000 prescriptions verified. A class I error is defined as **wrong drug, drug strength, patient, or directions**. Again if they verify more correctly than they mess up it is acceptable. ---**IS THIS SAFE???**

High doses are often allowed to be filled and shipped. Many with just a courtesy call to a medical receptionist to verify what was written in the chart. Other times no call at all; the pharmacist just uses "judgment". "Judgment is encouraged it gets work/prescriptions out the door. Again not a pharmacy a production line... Do you think effexor 300mg/day does not need a call to MD? How about 600mg/day, 900mg/day? I have seen it, and yes this happens. No call to MD no contact to patient. Just judgment. **IS THIS SAFE???**

Red vs. Blue—No this is not a political statement. Caremark uses a computer program that uses several different colors for its verification process. **Pt name,**

drug, drug strength, directions in blue (class I errors). All other info such as **refills, MD, date written in red (class II or III) errors.** There are Pharmacists who ignore the info in red. Why you ask? "You can't get fired for class II errors only class I errors. Again not a pharmacy a production line. It's simply Herd mentality. I have seen many of good pharmacist start out trying to do the right thing but in order to keep up with the high rates of production must join the herd in order to survive. Their pay, their job depends on their numbers.

IS THIS SAFE???

Denying access to health care and access to choice is not good for anyone. Punishing patients with higher copays that use their local neighborhood pharmacies, and talk to their local pharmacist. With whom they have a pharmacist/patient relationship. We know their disease states, preferences, and needs this is built up over time and handwork.

This begs the question "is Hawaii becoming a one pharmacy state?" Currently 90% of the island uses HMSA. Add this to state and County and it's looking like one big CVS/Longs/Caremark production line. If CVS/Longs/Caremark is the Pharmacy benefits manager (insurance), mail order, and local pharmacy then Hawaiian's are being denied choice. If one operation has all the control is this not Socialized medicine?

Additionally we are accessible where mail order is not. We have counseled many of CVS/Longs/Caremark's patients on proper use of their medications because they cannot reach anyone at mail order. They just sit on hold for hours being bounced around to different departments. This is a BARRIER to good health care!

This will probably anger you even more. Hawaii may not be the priority of mail order. You see companies like Caremark have several contracts. Many of those contracts are much bigger than this current contract. Those bigger contracts take priority over Hawaii. Sorry it's a money thing. Ask CALPERS (California teachers association). They became a back seat for customer service when Caremark/CVS/Longs landed the FEP contract (Federal employees). Again not a pharmacy a production line.

There is some precedence in reviewing and changing course. The state of New York passed S3510B/A5502 which prevents health insurances from mandating that customers purchase prescriptions from mail order pharmacies. It was the

state of New York's opinion that mail order pharmacies present unreliable service, barriers to traditional health care, and the diversion of prescription drugs to the streets.

I implore you to sponsor legislation similar to that of New York bill S3510B/A5502 to stop mandatory mail order and exclusive behind the door contracts

I thank you for your time and consideration: feel free to contact me on this email or at 808-895-2201 cell phone or at work 808-885-2075

Aloha and Mahalo

PS see additional info for New York legislation on following page.

S3510B/A5502--bill

Nicole Malliotakis

New York State Assembly member Nicole Malliotakis 718-987-0197 or 518-455-5716 district 60
<http://assembly.state.ny.us/mem/Nicole-Malliotakis/contact>

District Office
7408 Fifth Avenue
Brooklyn, NY 11209
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

District Office
11 Maplewood Place
Staten Island, NY 10306
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

Albany Office
LOB 529
Albany, NY 12248
518-455-5716

[Albany Office Directions](#)

malliotakisn@assembly.state.ny.us

Also Senator Marty Golden(R, C, I-Brooklyn)

<http://www.nysenate.gov/senator/martin-j-golden/contact>

Senator Marty Golden

Albany Office
188 State Street Room 409, Legislative Office Building
Albany, NY 12247
United States
Phone: (518) 455-2730

See map: [Google Maps](#)

District Office
7408 5th Avenue 1st Floor
Brooklyn, NY 11209
United States
Phone: (718) 238-6044
Fax: (718) 238-6170

To whom it may concern

I would like to start by explaining what a local pharmacy/retail pharmacist does.

- We counsel patients on proper use of their medicines
- We build face to face relationships patient to pharmacist
- We build relationships pharmacist to doctor.
- This builds triage--patient--doctor--pharmacist
- This allows us to individualize the correct and most beneficial therapy rather than based on a formulary from an insurance company.
- We are easily accessible, our advice is free.
- We are members of our community(create jobs locally, including jobs that support our industry)
- We are immunizers--flu shots, tetanus, shingles
- We are health care screeners--blood pressure, osteoporosis, medication reviews
- We organize and are part of health fairs--women's health, falls prevention program.
- We are there for routine over-the-counter questions. "My baby has a fever", "I have a cold", "and I don't understand the label on this medicine."
- **We are the last line of defense between potential medication errors--some that could be fatal!**
- We are CPR certified--"nice to have in every community"
We help MD's get insurance companies to pay for medications not on formulary--also known as Prior Authorization.
- **We are the most trusted face of health care.**

If mail order and exclusive contracts are forced on to our patients all the above is gone. Local pharmacies, even chain pharmacies cannot survive on acute (emergency) meds. All those services, all those convenient locations are lost to the community forever. Including jobs lost, wages lost, tax revenues lost.

It has come to my attention that Longs/CVS/Caremark has forced state

employees to mandatory mail order. Furthermore HMSA has made a special deal with Longs/CVS/Caremark for both its mail order and retail settings. Having worked for Longs/CVS/Caremark I am concerned about the following patient safety issues.

Temperature control—how long do items sit in a P.O. Box or mail room. Can mail order guarantee these temperatures follow Hawaii guidelines for storage such as controlled room temperature? On that subject how about refrigerated items such as xalatan, insulin, and other temperature sensitive meds. How long are these sitting in a mailbox, store room, etc. Do the patients have the knowledge to know not to use these if they are not stored properly? Do we depend on UPS, DHL, and the Post Office to safely monitor this?

Diversion---mail order typically allows the patient 21 days or more to refill meds. This includes controls. This means excess narcotics, sedatives, and amphetamines are being stockpiled in patient's homes and possibly hitting the streets. How are we identifying who is actually receiving these meds. DPS requires we check ID on all controls. Do we again depend on UPS, DHL, and the Post office to check ID's? Will Longs/CVS/Caremark send a pharmacist to each and every home to check ID? Is this not a violation of Hawaii control laws?

Accuracy--- The average retail pharmacist verifies 150-200 prescriptions daily. Mail order pharmacists are required to check 1000's of prescriptions daily. . However mail order is not referred to as a pharmacy in industry speak. It is referred as production or production line. Their pay is based on numbers, numbers, and numbers. They are allowed so many Class I errors per 1000 prescriptions verified. A class I error is defined as **wrong drug, drug strength, patient, or directions**. Again if they verify more correctly than they mess up it is acceptable. ---**IS THIS SAFE???**

High doses are often allowed to be filled and shipped. Many with just a courtesy call to a medical receptionist to verify what was written in the chart. Other times no call at all; the pharmacist just uses "judgment". "Judgment is encouraged it gets work/prescriptions out the door. Again not a pharmacy a production line... Do you think effexor 300mg/day does not need a call to MD? How about 600mg/day, 900mg/day? I have seen it, and yes this happens. No call to MD no contact to patient. Just judgment. **IS THIS SAFE???**

Red vs. Blue—No this is not a political statement. Caremark uses a computer program that uses several different colors for its verification process. **Pt name,**

drug, drug strength, directions in blue (class I errors). All other info such as **refills, MD, date written in red (class II or III) errors.** There are Pharmacists who ignore the info in red. Why you ask? "You can't get fired for class II errors only class I errors. Again not a pharmacy a production line. It's simply Herd mentality. I have seen many of good pharmacist start out trying to do the right thing but in order to keep up with the high rates of production must join the herd in order to survive. Their pay, their job depends on their numbers.

IS THIS SAFE???

Denying access to health care and access to choice is not good for anyone. Punishing patients with higher copays that use their local neighborhood pharmacies, and talk to their local pharmacist. With whom they have a pharmacist/patient relationship. We know their disease states, preferences, and needs this is built up over time and handwork.

This begs the question "is Hawaii becoming a one pharmacy state?" Currently 90% of the island uses HMSA. Add this to state and County and it's looking like one big CVS/Longs/Caremark production line. If CVS/Longs/Caremark is the Pharmacy benefits manager (insurance), mail order, and local pharmacy then Hawaiian's are being denied choice. If one operation has all the control is this not Socialized medicine?

Additionally we are accessible where mail order is not. We have counseled many of CVS/Longs/Caremark's patients on proper use of their medications because they cannot reach anyone at mail order. They just sit on hold for hours being bounced around to different departments. This is a BARRIER to good health care!

This will probably anger you even more. Hawaii may not be the priority of mail order. You see companies like Caremark have several contracts. Many of those contracts are much bigger than this current contract. Those bigger contracts take priority over Hawaii. Sorry it's a money thing. Ask CALPERS (California teachers association). They became a back seat for customer service when Caremark/CVS/Longs landed the FEP contract (Federal employees). Again not a pharmacy a production line.

There is some precedence in reviewing and changing course. The state of New York passed S3510B/A5502 which prevents health insurances from mandating that customers purchase prescriptions from mail order pharmacies. It was the

state of New York's opinion that mail order pharmacies present unreliable service, barriers to traditional health care, and the diversion of prescription drugs to the streets.

I implore you to sponsor legislation similar to that of New York bill S3510B/A5502 to stop mandatory mail order and exclusive behind the door contracts

I thank you for your time and consideration: feel free to contact me on this email or at 808-895-2201 cell phone or at work 808-885-2075

Aloha and Mahalo

PS see additional info for New York legislation on following page.

S3510B/A5502--bill

Nicole Malliotakis

New York State Assembly member Nicole Malliotakis 718-987-0197 or 518-455-5716 district 60
<http://assembly.state.ny.us/mem/Nicole-Malliotakis/contact>

District Office
7408 Fifth Avenue
Brooklyn, NY 11209
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

District Office
11 Maplewood Place
Staten Island, NY 10306
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

Albany Office
LOB 529
Albany, NY 12248
518-455-5716

[Albany Office Directions](#)

malliotakisn@assembly.state.ny.us

Also Senator Marty Golden(R, C, I-Brooklyn)

<http://www.nysenate.gov/senator/martin-j-golden/contact>

Senator Marty Golden

Albany Office
188 State Street Room 409, Legislative Office Building
Albany, NY 12247
United States
Phone: (518) 455-2730

See map: [Google Maps](#)

District Office
7408 5th Avenue 1st Floor
Brooklyn, NY 11209
United States
Phone: (718) 238-6044
Fax: (718) 238-6170

To whom it may concern

I would like to start by explaining what a local pharmacy/retail pharmacist does.

- We counsel patients on proper use of their medicines
- We build face to face relationships patient to pharmacist
- We build relationships pharmacist to doctor.
- This builds triage--patient--doctor--pharmacist
- This allows us to individualize the correct and most beneficial therapy rather than based on a formulary from an insurance company.
- We are easily accessible, our advice is free.
- We are members of our community(create jobs locally, including jobs that support our industry)
- We are immunizers--flu shots, tetanus, shingles
- We are health care screeners--blood pressure, osteoporosis, medication reviews
- We organize and are part of health fairs--women's health, falls prevention program.
- We are there for routine over-the-counter questions. "My baby has a fever", "I have a cold", "and I don't understand the label on this medicine."
- **We are the last line of defense between potential medication errors--some that could be fatal!**
- We are CPR certified--"nice to have in every community"
We help MD's get insurance companies to pay for medications not on formulary--also known as Prior Authorization.
- **We are the most trusted face of health care.**

If mail order and exclusive contracts are forced on to our patients all the above is gone. Local pharmacies, even chain pharmacies cannot survive on acute (emergency) meds. All those services, all those convenient locations are lost to the community forever. Including jobs lost, wages lost, tax revenues lost.

It has come to my attention that Longs/CVS/Caremark has forced state

employees to mandatory mail order. Furthermore HMSA has made a special deal with Longs/CVS/Caremark for both its mail order and retail settings. Having worked for Longs/CVS/Caremark I am concerned about the following patient safety issues.

Temperature control—how long do items sit in a P.O. Box or mail room. Can mail order guarantee these temperatures follow Hawaii guidelines for storage such as controlled room temperature? On that subject how about refrigerated items such as xalatan, insulin, and other temperature sensitive meds. How long are these sitting in a mailbox, store room, etc. Do the patients have the knowledge to know not to use these if they are not stored properly? Do we depend on UPS, DHL, and the Post Office to safely monitor this?

Diversion---mail order typically allows the patient 21 days or more to refill meds. This includes controls. This means excess narcotics, sedatives, and amphetamines are being stockpiled in patient's homes and possibly hitting the streets. How are we identifying who is actually receiving these meds. DPS requires we check ID on all controls. Do we again depend on UPS, DHL, and the Post office to check ID's? Will Longs/CVS/Caremark send a pharmacist to each and every home to check ID? Is this not a violation of Hawaii control laws?

Accuracy--- The average retail pharmacist verifies 150-200 prescriptions daily. Mail order pharmacists are required to check 1000's of prescriptions daily. . However mail order is not referred to as a pharmacy in industry speak. It is referred as production or production line. Their pay is based on numbers, numbers, and numbers. They are allowed so many Class I errors per 1000 prescriptions verified. A class I error is defined as **wrong drug, drug strength, patient, or directions**. Again if they verify more correctly than they mess up it is acceptable. ---**IS THIS SAFE???**

High doses are often allowed to be filled and shipped. Many with just a courtesy call to a medical receptionist to verify what was written in the chart. Other times no call at all; the pharmacist just uses "judgment". "Judgment is encouraged it gets work/prescriptions out the door. Again not a pharmacy a production line... Do you think effexor 300mg/day does not need a call to MD? How about 600mg/day, 900mg/day? I have seen it, and yes this happens. No call to MD no contact to patient. Just judgment. **IS THIS SAFE???**

Red vs. Blue—No this is not a political statement. Caremark uses a computer program that uses several different colors for its verification process. **Pt name,**

drug, drug strength, directions in blue (class I errors). All other info such as **refills, MD, date written in red (class II or III) errors.** There are Pharmacists who ignore the info in red. Why you ask? "You can't get fired for class II errors only class I errors. Again not a pharmacy a production line. It's simply Herd mentality. I have seen many of good pharmacist start out trying to do the right thing but in order to keep up with the high rates of production must join the herd in order to survive. Their pay, their job depends on their numbers.

IS THIS SAFE???

Denying access to health care and access to choice is not good for anyone. Punishing patients with higher copays that use their local neighborhood pharmacies, and talk to their local pharmacist. With whom they have a pharmacist/patient relationship. We know their disease states, preferences, and needs this is built up over time and handwork.

This begs the question "is Hawaii becoming a one pharmacy state?" Currently 90% of the island uses HMSA. Add this to state and County and it's looking like one big CVS/Longs/Caremark production line. If CVS/Longs/Caremark is the Pharmacy benefits manager (insurance), mail order, and local pharmacy then Hawaiian's are being denied choice. If one operation has all the control is this not Socialized medicine?

Additionally we are accessible where mail order is not. We have counseled many of CVS/Longs/Caremark's patients on proper use of their medications because they cannot reach anyone at mail order. They just sit on hold for hours being bounced around to different departments. This is a BARRIER to good health care!

This will probably anger you even more. Hawaii may not be the priority of mail order. You see companies like Caremark have several contracts. Many of those contracts are much bigger than this current contract. Those bigger contracts take priority over Hawaii. Sorry it's a money thing. Ask CALPERS (California teachers association). They became a back seat for customer service when Caremark/CVS/Longs landed the FEP contract (Federal employees). Again not a pharmacy a production line.

There is some precedence in reviewing and changing course. The state of New York passed S3510B/A5502 which prevents health insurances from mandating that customers purchase prescriptions from mail order pharmacies. It was the

state of New York's opinion that mail order pharmacies present unreliable service, barriers to traditional health care, and the diversion of prescription drugs to the streets.

I implore you to sponsor legislation similar to that of New York bill S3510B/A5502 to stop mandatory mail order and exclusive behind the door contracts

I thank you for your time and consideration: feel free to contact me on this email or at 808-895-2201 cell phone or at work 808-885-2075

Aloha and Mahalo

PS see additional info for New York legislation on following page.

S3510B/A5502--bill

Nicole Malliotakis

New York State Assembly member Nicole Malliotakis 718-987-0197 or 518-455-5716 district 60
<http://assembly.state.ny.us/mem/Nicole-Malliotakis/contact>

District Office
7408 Fifth Avenue
Brooklyn, NY 11209
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

District Office
11 Maplewood Place
Staten Island, NY 10306
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

Albany Office
LOB 529
Albany, NY 12248
518-455-5716

[Albany Office Directions](#)

malliotakisn@assembly.state.ny.us

Also Senator Marty Golden(R, C, I-Brooklyn)

<http://www.nysenate.gov/senator/martin-j-golden/contact>

Senator Marty Golden

Albany Office
188 State Street Room 409, Legislative Office Building
Albany, NY 12247
United States
Phone: (518) 455-2730

See map: [Google Maps](#)

District Office
7408 5th Avenue 1st Floor
Brooklyn, NY 11209
United States
Phone: (718) 238-6044
Fax: (718) 238-6170

To whom it may concern

I would like to start by explaining what a local pharmacy/retail pharmacist does.

- We counsel patients on proper use of their medicines
- We build face to face relationships patient to pharmacist
- We build relationships pharmacist to doctor.
- This builds triage--patient--doctor--pharmacist
- This allows us to individualize the correct and most beneficial therapy rather than based on a formulary from an insurance company.
- We are easily accessible, our advice is free.
- We are members of our community(create jobs locally, including jobs that support our industry)
- We are immunizers--flu shots, tetanus, shingles
- We are health care screeners--blood pressure, osteoporosis, medication reviews
- We organize and are part of health fairs--women's health, falls prevention program.
- We are there for routine over-the-counter questions. "My baby has a fever", "I have a cold", "and I don't understand the label on this medicine."
- **We are the last line of defense between potential medication errors--some that could be fatal!**
- We are CPR certified--"nice to have in every community"
We help MD's get insurance companies to pay for medications not on formulary--also known as Prior Authorization.
- **We are the most trusted face of health care.**

If mail order and exclusive contracts are forced on to our patients all the above is gone. Local pharmacies, even chain pharmacies cannot survive on acute (emergency) meds. All those services, all those convenient locations are lost to the community forever. Including jobs lost, wages lost, tax revenues lost.

It has come to my attention that Longs/CVS/Caremark has forced state

employees to mandatory mail order. Furthermore HMSA has made a special deal with Longs/CVS/Caremark for both its mail order and retail settings. Having worked for Longs/CVS/Caremark I am concerned about the following patient safety issues.

Temperature control—how long do items sit in a P.O. Box or mail room. Can mail order guarantee these temperatures follow Hawaii guidelines for storage such as controlled room temperature? On that subject how about refrigerated items such as xalatan, insulin, and other temperature sensitive meds. How long are these sitting in a mailbox, store room, etc. Do the patients have the knowledge to know not to use these if they are not stored properly? Do we depend on UPS, DHL, and the Post Office to safely monitor this?

Diversion---mail order typically allows the patient 21 days or more to refill meds. This includes controls. This means excess narcotics, sedatives, and amphetamines are being stockpiled in patient's homes and possibly hitting the streets. How are we identifying who is actually receiving these meds. DPS requires we check ID on all controls. Do we again depend on UPS, DHL, and the Post office to check ID's? Will Longs/CVS/Caremark send a pharmacist to each and every home to check ID? Is this not a violation of Hawaii control laws?

Accuracy--- The average retail pharmacist verifies 150-200 prescriptions daily. Mail order pharmacists are required to check 1000's of prescriptions daily. . However mail order is not referred to as a pharmacy in industry speak. It is referred as production or production line. Their pay is based on numbers, numbers, and numbers. They are allowed so many Class I errors per 1000 prescriptions verified. A class I error is defined as **wrong drug, drug strength, patient, or directions**. Again if they verify more correctly than they mess up it is acceptable. ---**IS THIS SAFE???**

High doses are often allowed to be filled and shipped. Many with just a courtesy call to a medical receptionist to verify what was written in the chart. Other times no call at all; the pharmacist just uses "judgment". "Judgment is encouraged it gets work/prescriptions out the door. Again not a pharmacy a production line... Do you think effexor 300mg/day does not need a call to MD? How about 600mg/day, 900mg/day? I have seen it, and yes this happens. No call to MD no contact to patient. Just judgment. **IS THIS SAFE???**

Red vs. Blue—No this is not a political statement. Caremark uses a computer program that uses several different colors for its verification process. **Pt name,**

drug, drug strength, directions in blue (class I errors). All other info such as **refills, MD, date written in red (class II or III) errors.** There are Pharmacists who ignore the info in red. Why you ask? "You can't get fired for class II errors only class I errors. Again not a pharmacy a production line. It's simply Herd mentality. I have seen many of good pharmacist start out trying to do the right thing but in order to keep up with the high rates of production must join the herd in order to survive. Their pay, their job depends on their numbers.

IS THIS SAFE???

Denying access to health care and access to choice is not good for anyone. Punishing patients with higher copays that use their local neighborhood pharmacies, and talk to their local pharmacist. With whom they have a pharmacist/patient relationship. We know their disease states, preferences, and needs this is built up over time and handwork.

This begs the question "is Hawaii becoming a one pharmacy state?" Currently 90% of the island uses HMSA. Add this to state and County and it's looking like one big CVS/Longs/Caremark production line. If CVS/Longs/Caremark is the Pharmacy benefits manager (insurance), mail order, and local pharmacy then Hawaiian's are being denied choice. If one operation has all the control is this not Socialized medicine?

Additionally we are accessible where mail order is not. We have counseled many of CVS/Longs/Caremark's patients on proper use of their medications because they cannot reach anyone at mail order. They just sit on hold for hours being bounced around to different departments. This is a BARRIER to good health care!

This will probably anger you even more. Hawaii may not be the priority of mail order. You see companies like Caremark have several contracts. Many of those contracts are much bigger than this current contract. Those bigger contracts take priority over Hawaii. Sorry it's a money thing. Ask CALPERS (California teachers association). They became a back seat for customer service when Caremark/CVS/Longs landed the FEP contract (Federal employees). Again not a pharmacy a production line.

There is some precedence in reviewing and changing course. The state of New York passed S3510B/A5502 which prevents health insurances from mandating that customers purchase prescriptions from mail order pharmacies. It was the

state of New York's opinion that mail order pharmacies present unreliable service, barriers to traditional health care, and the diversion of prescription drugs to the streets.

I implore you to sponsor legislation similar to that of New York bill S3510B/A5502 to stop mandatory mail order and exclusive behind the door contracts

I thank you for your time and consideration: feel free to contact me on this email or at 808-895-2201 cell phone or at work 808-885-2075

Aloha and Mahalo

PS see additional info for New York legislation on following page.

S3510B/A5502--bill

Nicole Malliotakis

New York State Assembly member Nicole Malliotakis 718-987-0197 or 518-455-5716 district 60
<http://assembly.state.ny.us/mem/Nicole-Malliotakis/contact>

District Office
7408 Fifth Avenue
Brooklyn, NY 11209
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

District Office
11 Maplewood Place
Staten Island, NY 10306
718-987-0197
Fax: 718-987-0863

[District Office Directions](#)

Albany Office
LOB 529
Albany, NY 12248
518-455-5716

[Albany Office Directions](#)

malliotakisn@assembly.state.ny.us

Also Senator Marty Golden(R, C, I-Brooklyn)

<http://www.nysenate.gov/senator/martin-j-golden/contact>

Senator Marty Golden

Albany Office
188 State Street Room 409, Legislative Office Building
Albany, NY 12247
United States
Phone: (518) 455-2730

See map: [Google Maps](#)

District Office
7408 5th Avenue 1st Floor
Brooklyn, NY 11209
United States
Phone: (718) 238-6044
Fax: (718) 238-6170

To whom it may concern

Although I am a new pharmacist that lacks the years of experience many other pharmacists do, I have seen many of the following examples below. The state and University of Hawaii spent years and millions of dollars to build a College of Pharmacy in Hawaii. I am one of those new graduates. The state of Hawaii was in dire need of pharmacists prior to its construction. Mandatory mail order not only robs patients of their right to choose, it also robs new pharmacists of the opportunity to be employed in their home state.

I ask that you please support legislation that will regulate mandatory mail order. I agree with the following views and thank you for your time in reading it.

I would like to by explaining what a local pharmacy/retail pharmacist does.

- We counsel patients on proper use of their medicines
- We build face to face relationships patient to pharmacist
- We build relationships pharmacist to doctor.
- This builds triage--patient--doctor--pharmacist
- This allows us to individualize the correct and most beneficial therapy rather than based on a formulary from an insurance company.
- We are easily accessible, our advice is free.
- We are members of our community(create jobs locally, including jobs that support our industry)
- We are immunizers--flu shots, tetanus, shingles
- We are health care screeners--blood pressure, osteoporosis, medication reviews
- We organize and are part of health fairs--women's health, falls prevention program.
- We are there for routine over-the-counter questions. "My baby has a fever", "I have a cold", "and I don't understand the label on this medicine."
- **We are the last line of defense between potential medication errors--some that could be fatal!**
- We are CPR certified--"nice to have in every community"
We help MD's get insurance companies to pay for medications not on formulary--also known as Prior Authorization.
- **We are the most trusted face of health care.**

If mail order and exclusive contracts are forced on to our patients all the above is gone. Local pharmacies, even chain pharmacies cannot survive on acute (emergency) meds. All those services, all those convenient locations are lost to the community forever. Including jobs lost, wages lost, tax revenues lost.

It has come to my attention that Longs/CVS/Caremark has forced state employees to mandatory mail order. Furthermore HMSA has made a special deal with Longs/CVS/Caremark for both its mail order and retail settings.

Temperature control—how long do items sit in a P.O. Box or mail room. Can mail order guarantee these temperatures follow Hawaii guidelines for storage such as controlled room temperature? On that subject how about refrigerated items such as xalatan, insulin, and other temperature sensitive meds. How long are these sitting in a mailbox, store room, etc. Do the patients have the knowledge to know not to use these if they are not stored properly? Do we depend on UPS, DHL, and the Post Office to safely monitor this?

Diversion---mail order typically allows the patient 21 days or more to refill meds. This includes controls. This means excess narcotics, sedatives, and amphetamines are being stockpiled in patient's homes and possibly hitting the streets. How are we identifying who is actually receiving these meds. DPS requires we check ID on all controls. Do we again depend on UPS, DHL, and the Post office to check ID's? Will Longs/CVS/Caremark send a pharmacist to each and every home to check ID? Is this not a violation of Hawaii control laws?

Accuracy--- The average retail pharmacist verifies 150-200 prescriptions daily. Mail order pharmacists are required to check 1000's of prescriptions daily. . However mail order is not referred to as a pharmacy in industry speak. It is referred as production or production line. Their pay is based on numbers, numbers, and numbers. They are allowed so many Class I errors per 1000 prescriptions verified. A class I error is defined as **wrong drug, drug strength, patient, or directions**. Again if they verify more correctly than they mess up it is acceptable. ---**IS THIS SAFE???**

High doses are often allowed to be filled and shipped. Many with just a courtesy

call to a medical receptionist to verify what was written in the chart. Other times no call at all; the pharmacist just uses "judgment". "Judgment is encouraged; it gets work/prescriptions out the door. Again not a pharmacy a production line... Do you think effexor 300mg/day does not need a call to MD? How about 600mg/day, 900mg/day? I have seen it, and yes this happens. No call to MD no contact to patient. Just judgment. **IS THIS SAFE???**

Red vs. Blue—No this is not a political statement. Caremark uses a computer program that uses several different colors for its verification process. **Pt name, drug, drug strength, directions in blue (class I errors)**. All other info such as **refills, MD, date written in red (class II or III) errors**. There are Pharmacists who ignore the info in red. Why you ask? "You can't get fired for class II errors only class I errors. Again, not a pharmacy, but a production line. It's simply Herd mentality. I have seen many of good pharmacists start out trying to do the right thing but in order to keep up with the high rates of production must join the herd in order to survive. Their pay, their job depends on their numbers. **IS THIS SAFE???**

Denying access to health care and access to choice is not good for anyone. Punishing patients with higher copays that use their local neighborhood pharmacies, and talk to their local pharmacist. With whom they have a pharmacist/patient relationship. We know their disease states, preferences, and needs this is built up over time and handwork.

This begs the question "is Hawaii becoming a one pharmacy state?" Currently 90% of the island uses HMSA. Add this to state and County and it's looking like one big CVS/Longs/Caremark production line. If CVS/Longs/Caremark is the Pharmacy benefits manager (insurance), mail order, and local pharmacy then Hawaiian's are being denied choice. If one operation has all the control is this not Socialized medicine?

Additionally we are accessible where mail order is not. We have counseled many of CVS/Longs/Caremark's patients on proper use of their medications because they cannot reach anyone at mail order. They just sit on hold for hours being bounced around to different departments. This is a BARRIER to good health care!

This will probably anger you even more. Hawaii may not be the priority of mail order. You see companies like Caremark have several contracts. Many of those contracts are much bigger than this current contract. Those bigger

contracts take priority over Hawaii. Sorry it's a money thing. Ask CALPERS (California teachers association). They became a back seat for customer service when Caremark/CVS/Longs landed the FEP contract (Federal employees). Again not a pharmacy a production line.

There is some precedence in reviewing and changing course. The state of New York passed S3510B/A5502 which prevents health insurances from mandating that customers purchase prescriptions from mail order pharmacies. It was the state of New York's opinion that mail order pharmacies present unreliable service, barriers to traditional health care, and the diversion of prescription drugs to the streets.

I implore you to sponsor legislation similar to that of New York bill S3510B/A5502 to stop mandatory mail order and exclusive behind the door contracts

I thank you for your time and consideration: feel free to contact me on this email or at 808-895-2201 cell phone or at work 808-885-2075

Aloha and Mahalo,

Paige Kurosawa

PS see additional info for New York legislation on following page.

S3510B/A5502--bill

Nicole Malliotakis

New York State Assembly member Nicole Malliotakis 718-987-0197 or 518-455-5716 district 60
<http://assembly.state.ny.us/mem/Nicole-Malliotakis/contact>

District Office
7408 Fifth Avenue
Brooklyn, NY 11209
718-987-0197
Fax: 718-987-0863
[District Office Directions](#)

District Office
11 Maplewood Place
Staten Island, NY 10306
718-987-0197
Fax: 718-987-0863
[District Office Directions](#)

Albany Office
LOB 529
Albany, NY 12248
518-455-5716
[Albany Office Directions](#)

malliotakisn@assembly.state.ny.us

Also Senator Marty Golden(R, C, I-Brooklyn)

<http://www.nysenate.gov/senator/martin-j-golden/contact>

Senator Marty Golden

Albany Office
188 State Street Room 409, Legislative Office Building
Albany, NY 12247

United States

Phone: (518) 455-2730

See map: [Google Maps](#)

District Office

7408 5th Avenue 1st Floor

Brooklyn, NY 11209

United States

Phone: (718) 238-6044

Fax: (718) 238-6170

From: mailinglist@capitol.hawaii.gov
To: [HTHTestimony](#)
Cc: sepenner@gmail.com
Subject: Submitted testimony for SB667 on Feb 6, 2013 14:00PM
Date: Wednesday, February 06, 2013 7:55:28 PM

SB667

Submitted on: 2/6/2013

Testimony for HTH/CPN on Feb 6, 2013 14:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Penner	Individual	Support	No

Comments: I am a full-time family physician providing primary care on Kauai. I am very concerned about the degree to which unregulated pharmacy benefit managers are interfering with patient care. Especially since the start of this year, my staff and I are spending more and more time on the phone getting the run around for prior authorizations for basic medications and supplies for our patients. It does not make sense to me that this integral part of the insurance company's function is not held to the same standards as the insurance company itself. It is even more worrisome that they are making clinical decisions regarding which medications my patients should receive. Please enact this bill to hold the PBMs accountable to the people of Hawaii, increase transparency in their practice, and level the playing field for the pharmacies so that my patients are no longer forced to submit to inferior customer service. Steven Penner, MD

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov