

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony COMMENTING on HB1896  
RELATING TO CONTRACEPTIVE SUPPLIES**

REPRESANTATIVE DELLA BELATTI, CHAIR  
HOUSE COMITTE ON HEALTH

Hearing Date: February 4, 2016

Room Number: 329

- 1 **Fiscal Implications:** None for the Department of Health (DOH).
- 2 **Department Testimony:** The Department of Health supports increased access to safe and
- 3 reliable contraception. However, DOH defers to the Department of Human Services and
- 4 Department of Commerce and Consumer Affairs regarding benefit plan design and professional
- 5 licensing and scope of practice issues, respectively.
- 6 **Offered Amendments:** N/A

7

**PRESENTATION OF THE  
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON HEALTH

TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2016

Friday, February 5, 2016  
8:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 1896, RELATING TO CONTRACEPTIVE  
SUPPLIES.**

TO THE HONORABLE DELLA AU BELATTI, CHAIR,  
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Pharmacy (“Board”). I appreciate the opportunity to testify on House Bill No. 1896, Relating to Contraceptive Supplies, that authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age and older upon completion of certain requirements and requires all insurers in the State, including health benefits plans under chapter 87A, Hawaii Revised Statutes, and Medicaid managed care programs, to reimburse pharmacists who prescribe and dispense contraceptive supplies.

At this time, we would like to offer our comments regarding pharmacists “prescribing” contraceptive supplies.

Currently, Hawaii pharmacists’ scope of practice does not include “prescribing” of any prescription drug. Pharmacists may administer drugs pursuant to a valid prescription and a collaborative agreement with a practitioner. According to the 2016 National Association of Boards of Pharmacy Law Survey, twenty-one states that allow

Testimony on House Bill No. 1896  
Friday, February 5, 2016  
Page 2

pharmacists to “prescribe” based upon test outcomes must be in a collaborative practice agreement and/or protocol with a prescriber or practitioner with prescriptive authority.

Consideration of an individual’s health and welfare in regards to the practice of pharmacy is a Board concern and priority. Therefore, we respectfully request more time to provide any recommendations.

Thank you for the opportunity to testify on House Bill No. 1896.



DAVID Y. IGE  
GOVERNOR  
SHAN S. TSUTSUI  
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  
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[www.hawaii.gov/dcca](http://www.hawaii.gov/dcca)

CATHERINE P. AWAKUNI COLÓN  
DIRECTOR  
JO ANN M. UCHIDA TAKEUCHI  
DEPUTY DIRECTOR

TO THE HOUSE COMMITTEE ON HEALTH  
TWENTY-EIGHTH LEGISLATURE  
Regular Session of 2016  
Friday, February 5, 2016  
8:30 a.m.

**TESTIMONY ON HOUSE BILL NO. 1896 – RELATING TO CONTRACEPTIVE SUPPLIES.**

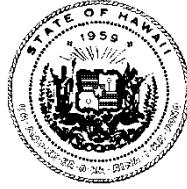
TO THE HONORABLE DELLA AU BELATTI, CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department submits the following comments. The companion bill is Senate Bill 2320.

Adding a new subsection (d) to section 431:10A-116.6 (contraceptive services), Hawaii Revised Statutes (“HRS”), applicable to health insurers, and adding a new subsection (d) to section 432:1-604.5 (contraceptive services), HRS, applicable to mutual benefit societies, would require insurance coverage to include reimbursement to a pharmacist who prescribes and dispenses contraceptive supplies. The Department supports the intent of this new language because it expands consumer access. The Department defers to the Legislature to determine the appropriate prescribing health care provider. Any proposed mandatory health insurance coverage for certain providers of health care services may also require the passage of a concurrent resolution requesting the State Auditor to prepare and submit a report assessing the social and financial impacts of the proposed expanded mandate, pursuant to section 23-51, HRS.

The Department takes no position on the proposed expansion under chapter 87A, HRS, and to Medicaid programs.

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



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**

P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 5, 2016

TO: The Honorable Della Au Belatti, Chair  
House Committee on Health

FROM: Rachael Wong, DrPH, Director

SUBJECT: **HB 1896 - RELATING TO CONTRACEPTIVE SUPPLIES**  
Hearing: Friday, February 5, 2016; 8:30 a.m.  
Conference Room 329, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) appreciates the opportunity to testify on this bill and provides comments.

**PURPOSE:** The purpose of this bill is to authorize pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age or older; specifies requirements pharmacists must meet prior to prescribing and dispensing contraceptive supplies; requires all insurers in the State, including health benefits plans under chapter 87A, Hawaii Revised Statutes, and Medicaid managed care programs, to reimburse pharmacists who prescribe and dispense contraceptive supplies.

The DHS understands the intent of the measure is to increase access to contraceptive supplies. The Medicaid program providers are required to meet State licensure requirements as part of the credentialing process.

The DHS defers to the Department of Commerce and Consumer Affairs regarding the licensure and prescriptive authority of pharmacists.

Thank you for the opportunity to testify on this measure.



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before the  
House Committee on Health  
Friday, February 5, 2016 at 8:30am

By

Carolyn Ma, PhD and Interim Dean  
UH Hilo - Daniel K. Inouye College of Pharmacy

HB 1896 – RELATING TO CONTRACEPTIVE SUPPLIES

Chair Belatti, Vice Chair Creagan and members of the committee:

My name is Carolyn Ma, and I am the interim Dean for the Daniel K. Inouye College of Pharmacy (DKICP). The college finds this an interesting proposal. The Pharmacy profession is still looking into the feasibility, however, the DKICP would be willing to be part of the planning process, specifically as it relates to the education and preparation of pharmacists in order to provide the services described should this bill become law.

Thank you for the opportunity to testify.



February 3, 2016

House's Committee on Health  
Hawaii State Capitol  
415 South Beretania Street, Room 329  
Honolulu, HI 96813

Hearing: Friday, February 5, 2016 – 8:30 a.m.

RE: **SUPPORT for House Bill 1896** – RELATING TO CONTRACEPTIVE SUPPLIES

Aloha Chairperson Belatti, Vice Chair Creagan and fellow committee members,

I am writing in SUPPORT to House Bill 1896 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. HB 1896 authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age or older.

The cornerstone to ensuring every woman is in control of her own future is by making sure that each and every woman has access to contraceptive protection. We at the LGBT Caucus believe that this bill will strengthen that cornerstone.

We would be in strong support of this bill if the age in this bill had been linked to the age of consent. If this legislative body believes a person is old enough to consent to have sex then logic dictates that they should also be old enough to have access to contraceptive protection of their choice.

Mahalo nui loa,

Michael Golojuch, Jr.  
Chair

To: Hawaii State House of Representatives Committee on Health  
Hearing Date/Time: Friday, February 5, 2016, 8:30 a.m.  
Place: Hawaii State Capitol, Rm. 329  
Re: Testimony of Planned Parenthood of Hawaii in support of H.B. 1896, Relating to Contraceptive Supplies, and offering an amendment

Dear Chair Belatti and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 1896, which authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age or older. However, we request that the committee remove the 18 year age requirement and including additional defining language so that that prescribers together with their patients are able to make the best decisions for patients’ health care.

PPVNH is dedicated to advocating for women’s full equality in health care access and supports H.B. 1896 because it will go far to reduce the barriers that women face when attempting to access consistent and reliable contraception. By allowing pharmacists to prescribe and dispense contraception, H.B. 1896 will make contraception more accessible and have the effect of reducing unintended pregnancy and its associated costs to taxpayers.

However, while we appreciate the interest in expanding access to birth control, we have some significant concerns about the bill as currently written. We want to make sure that any bill that appears to increase access to birth control will actually do so.

- First and foremost, we respectfully request removal of the age restriction in the bill. Hawaii state law explicitly extends the right to consent to and receive health care services, including reproductive health care, and allows them to contract for those services. By introducing an age restriction into minors’ access to contraceptive, this bill will reduce the positive impact that this bill will have on access to birth control.
- Further, we request that the bill ensure that women still get information about the full range of contraceptive options, including the most effective methods – long acting reversible contraceptives – which are available only through a health care provider. Pharmacists are experts in their field, but they are asked to do a lot for patients, so we should consider whether many pharmacists would have the time to add these areas of education and counseling to their work with patients, beyond those who already seek (or could seek) the opportunity to do so with a collaborative practice agreement.
- With that, this bill calls for the completion of a “continuing education program ... related to prescribing contraceptive supplies.” We are concerned that this does not provide enough detail to ensure that pharmacists receive comprehensive training about contraceptive counseling on the full range of birth control methods such a long-acting reversible contraception and injectables.



- We also request additional language defining “clinical visit for women’s health,” which could mean different things for different women. Depending on age and health history, women face different health care recommendations and without greater specificity in this language, it is unclear exactly what care women must get to qualify for pharmacist prescription.
- Finally, although the bill includes insurance coverage for “prescribing and dispensing” contraceptive supplies, we are concerned that this language does not include guarantees that pharmacists would also receive reimbursement for a contraceptive counseling session. High-quality contraceptive counseling sessions take time, and we want to ensure pharmacists are paid for that time.

Thank you for this opportunity to testify in support of H.B. 1896 and for considering amendments to further increase women’s access to health care and reduce unintended pregnancy and its cost to taxpayers.

Sincerely,  
Laurie Field  
Hawaii Legislative Director and Public Affairs Manager

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 03, 2016 4:49 PM  
**To:** HLTtestimony  
**Cc:** mrocca@hscadv.org  
**Subject:** \*Submitted testimony for HB1896 on Feb 5, 2016 08:30AM\*

**HB1896**

Submitted on: 2/3/2016

Testimony for HLT on Feb 5, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Michelle Rocca	Hawaii State Coalition Against Domestic Violence	Support	No

**Comments:**

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.

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## COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Richard P. Creagan, Vice Chair

DATE: Friday, February 05, 2016

TIME: 8:30 AM

PLACE: Conference Room 329

From: Hawaii Medical Association

Dr. Scott McCaffrey, MD, President

Dr. Linda Rasmussen, MD, Legislative Co-Chair

Dr. Ronald Keinitz, MD, Legislative Co-Chair

Dr. Christopher Flanders, DO, Executive Director

Lauren Zirbel, Community and Government Relations

## Re: HB 1896, Relating to Contraceptive Supplies

### Position: Support

The Hawaii Medical Association support the position of the Hawaii Section of the American Congress of Obstetricians and Gynecologists (HI ACOG) in support of HB 1896 and other legislative proposals that promote increased access to contraception.

ACOG's recommendations include:

1. Oral contraceptives (OCs) should be sold over the counter (OTC) in drugstores without a doctor's prescription. Easier access to OCs should help lower the nation's high unintended pregnancy rate, a rate that has not changed over the past 20 years and costs taxpayers an estimated \$11.1 billion annually.
2. Cost, access, and convenience issues are common reasons why women do not use contraception or use it inconsistently. There are no OCs currently approved for OTC access; OTC availability will improve women's access to and use of contraception. The benefits of making OCs easily accessible outweigh the risks.
3. Even though no drug is risk-free, the overall consensus is that OCs are safe. There is a risk of blood clots with OC use, but it is extremely low and significantly lower than the risk of blood clots during pregnancy and the postpartum period. Aspirin and acetaminophen are both available OTC even though they have well-known health risks.
4. Studies show women support OTC access to OCs and are able to self-screen with checklists to determine their health risks.

Evidence also shows that women will continue seeing their doctors for screening and preventive services even when allowed to purchase OCs without a prescription or doctor's appointment.

#### OFFICERS

**PRESIDENT – D. SCOTT MCCAFFREY , MD, PRESIDENT ELECT – BERNARD ROBINSON, MD**

**IMMEDIATE PAST PRESIDENT – ROBERT SLOAN, MD, SECRETARY - THOMAS KOSASA, MD,**

**TREASURER – MICHAEL CHAMPION, MD, EXECUTIVE DIRECTOR – CHRISTOPHER FLANDERS, DO**

For these reasons, **HMA supports this legislation.**

We stand ready to provide you with factual information on medical issues that come before the Legislature, and hope you will contact us at any time.

Over-The-Counter Access to oral contraception. Committee Opinion No. 554. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;120:1527-31 (reaffirmed 2014).

**American Congress of Obstetricians and Gynecologists  
District VIII, Hawaii (Guam & American Samoa) Section**

Greigh Hirata, MD, FACOG, Chair  
94-235 Hanawai Circle, #1B  
Waipahu, Hawaii 96797



To: Committee on Health  
Representative Della Au Bellati, Chair  
Representative Richard P. Creagen, Vice Chair

DATE: Friday, February 5, 2016  
TIME: 8:30 A.M.  
PLACE: Conference Room 229

FROM: Hawaii Section, ACOG  
Dr. Greigh Hirata, MD, FACOG, Chair  
Dr. Jennifer Salcedo, MD, MPH, MPP, FACOG, Vice-Chair  
Lauren Zirbel, Community and Government Relations

**Re: HB 1896, Relating to Contraceptive Supplies**

**Position: Support**

Dear Representative Bellati, Representative Creagen, and Committee Members,

The Hawaii Section of the American Congress of Obstetricians and Gynecologists (HI ACOG) supports HB 1896 and other legislative proposals that promote increased access to contraception.

As a Section of the Nation's leading group of physicians dedicated to improving health care for women, HI ACOG represents over 160 obstetrician/gynecologist physicians in our state.

ACOG's recommendations include:

1. Oral contraceptives (OCs) should be sold over the counter (OTC) in drugstores without a doctor's prescription. Easier access to OCs should help lower the nation's high unintended pregnancy rate, a rate that has not changed over the past 20 years and costs taxpayers an estimated \$11.1 billion annually.
2. Cost, access, and convenience issues are common reasons why women do not use contraception or use it inconsistently. There are no OCs currently approved for OTC access; OTC availability will improve women's access to and use of contraception. The benefits of making OCs easily accessible outweigh the risks.
3. Even though no drug is risk-free, the overall consensus is that OCs are safe. There is a risk of blood clots with OC use, but it is extremely low and significantly lower than the risk of blood clots during pregnancy and the postpartum period. Aspirin and acetaminophen are both available OTC even though they have well-known health risks.
4. Studies show women support OTC access to OCs and are able to self-screen with checklists to determine their health risks.

Evidence also shows that women will continue seeing their doctors for screening and preventive services even when allowed to purchase OCs without a prescription or doctor's appointment.

For these reasons, **HI ACOG supports HB 1896.**

We stand ready to provide you with factual information on medical issues that come before the Legislature, and hope you will contact us at any time.

Over-The-Counter Access to oral contraception. Committee Opinion No. 554. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2012;120:1527-31 (reaffirmed 2014).

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
House Committee on Health  
The Honorable Della Au Belatti, Chair  
The Honorable Richard P. Creagan, Vice Chair

February 5, 2016  
8:30 am  
Conference Room 329

**Re: HB 1896 Relating to Contraceptive Supplies**

Chair, Vice-Chair, and committee members thank you for this opportunity to provide testimony on HB 1896 relating to pharmacists prescribing and dispensing contraceptive supplies.

**Kaiser Permanente Hawaii supports the intent of this bill.**

Kaiser Permanente Hawaii supports this bill's intent to increase accessibility to prescription contraceptives by authorizing pharmacist to prescribe and dispense contraceptives to women 18 years or older.

Currently, Kaiser Permanente Hawaii's retail pharmacists already prescribe emergency contraception, which provides easy and convenient access to contraceptives without incurring an office visit. It naturally follows that the same pharmacists who prescribe such emergency contraceptive services should also be allowed to provide on-going contraception before the patients leave the pharmacy. Undoubtedly, this expansion of pharmacists' prescribing authority will assist in removing barriers to women gaining access to birth control and relieve the burden on women to seek physician approval for such preventative healthcare.

Thank you for your consideration.



**Eric P. Douglas**  
Senior Director, Government Affairs

2211 Sanders Road  
Northbrook, IL 60062

**p** 847.559.3422  
**c** 847.651.9807  
**f** 401.652.9342

[Eric.Douglas@CVSHealth.com](mailto:Eric.Douglas@CVSHealth.com)

The Honorable Della Au Belatti, Chair  
House Committee on Health

Friday, February 5, 2016  
Conference Room 329; 8:30 AM

**RE: HB 1896 – Relating to Contraceptive Supplies – IN SUPPORT**

Aloha Chair Belatti, Vice Chair Creagan and members of the Committee:

CVS Health appreciates the opportunity to testify on HB 1896. The bill, as written, would permit Hawaii licensed pharmacists to prescribe and dispense contraceptive supplies (as defined) to persons 18 years of age or older. While there remain some questions around coordination with PCPs, etc. the overall intent and basis for this bill is to fulfill a need and provide access to a key service and we believe the bill does both.

CVS Health understands and applauds the intent behind HB 1896, and we support this legislation for the following reasons:

- As a part of the passage of the ACA, contraceptives are required to be covered at \$0 copay, thus removing financial barriers to patients in order that they may have better opportunities to receive contraceptive care. We believe this bill goes one logical step further by increasing access to those prescriptions in more accessible locations, i.e. pharmacies.
- HB 1896 has the potential to save significant money once fully implemented. Those persons who choose to utilize a pharmacist to obtain their prescription contraceptive supplies will likely incur a lesser charge both on them as well as charges back to their plan sponsor, i.e. less than a typical office visit to a GP/PCP.
- Similar statutory authority already exists in the states of California and Oregon. In light of the rural population in Hawaii, HB 1896 can help fulfill a need while simultaneously saving on provider visit costs.

CVS Health proudly operates as the largest pharmacy chain in Hawaii, under our Longs Drugs banner and we also offer our patients and clients a wide range of comprehensive, integrated pharmacy and health operations statewide including: Pharmacy Benefit Management (PBM) services (CVS/caremark), Specialty Pharmacy (CVS/specialty), Mail-Order and Retail Pharmacy (CVS/pharmacy/Longs Drugs), Retail Health Clinics (CVS/minute clinic) and a distribution center.

We thank you for your consideration of our comments and ask that the Committee pass HB 1896.

Respectfully,

Eric P. Douglas





February 4, 2016

TESTIMONY: Written only

To: The Honorable Della Au Belatti, Chair  
The Honorable Richard P. Creagan, Vice Chair  
Members of the House Committee on Health

From: **Hawaii Public Health Association**

Subject: **SUPPORT – HB1896 RELATING TO CONTRACEPTIVE SUPPLIES**

Hearing: February 05, 2016 at 8:30am at State Capitol Room 329

The Hawaii Public Health Association (HPHA) is an association of over 600 community members, public health professionals, and organizations statewide dedicated to improving public health. HPHA also serves as a voice for public health professionals and as a repository for information about public health in the Pacific.

HPHA supports the passage of **HB1896** which authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age or older.

In 2010, 56% of all 16,000 pregnancies in Hawaii were unplanned. The unintended pregnancy rate was reported 61 per 1,000 women ages 15–44. Publicly supported family- planning centers aided 19,800 female contraceptive clients in 2013. These locations met 28% of women’s need for contraceptive services and helped avert 4,800 unintended pregnancies in 2013. This program was projected to have prevented 2,400 unplanned births and 1,600 abortions. However, many women do not seek care for unintended pregnancy, due to scheduling issues, costs of care, or not wanting to go through an embarrassing GYN examination to obtain a doctor’s prescription.

Over-The-Counter (OTC) contraceptives would expedite the process for women to receive a fitting birth control method and prevent pregnancy.

Birth control methods including pills, patches, and rings will still require prescriptions after taking a brief health questionnaire, but will be more easily accessible as OTC. Pharmacists who complete a specific training program can give prescriptions directly, and can determine which hormonal methods might be appropriate and safe. Women will still be highly encouraged to attend annual exams to test for cervical cancer, sexually transmitted infections, and other critical health concerns. This legislation will support more women through safe birth control

methods and will reduce rates of unintended pregnancy, as well as pregnancy termination. Ensuring that these OTC prescriptions are covered by health insurance is an important aspect of the access to care process.

HPHA supports the encouragement of safe and accessible birth control methods for women in Hawaii. OTC contraceptives are an attainable way to prevent unintended or unwanted pregnancies. This bill will deter the overuse of emergency contraception, pregnancy termination, and other methods of pregnancy prevention that can be considered unsafe if over-used or used improperly.

Thank you for considering our testimony concerning **HB1896**, which would allow pharmacists to administer OTC birth control methods to women in Hawaii.

Respectfully submitted,

Hoce Kalkas, MPH  
HPHA Legislative and Government Relations Committee Chair

HLTtestimony

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 04, 2016 2:22 PM  
To: HLTtestimony  
Cc: susan.wurtzburg@gmail.com  
Subject: \*Submitted testimony for HB1896 on Feb 5, 2016 08:30AM\*

**HB1896**

Submitted on: 2/4/2016

Testimony for HLT on Feb 5, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan J. Wurtzburg	American Association of University Women, Hawaii	Support	No

Comments:

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.

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## Hawaii Women's Coalition

### COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Richard P. Creagan, Vice Chair

DATE: Friday, February 05, 2016

TIME: 8:30 AM

PLACE: Conference Room 329

### STRONG SUPPORT for HB1896, RELATING TO CONTRACEPTIVE SUPPLIES

Aloha Chair Belatti, Vice Chair Creagan and members,

The Hawaii Women's Coalition is in support of HB1896, which mandates the filling of birth control prescriptions at twelve months. This bill if enacted will go far to reduce the barriers that women face when attempting to access consistent and reliable contraception. By allowing pharmacists to prescribe and dispense contraception, H.B. 1896 will make contraception more accessible and have the effect of reducing unintended pregnancy and its associated costs. Current insurance policy is to fill a prescription for 3 months even when the physician prescribes for 12. This makes it difficult for working women, particularly in neighbor islands and rural areas to get their needed contraceptives.

Planned Parenthood has shared some concerns with the bill and we support them as Coalition members.

Here they are:

- ⇒ First, Planned Parenthood respectfully requests removal of **the age restriction** in the bill. Hawaii state law explicitly extends the right to consent to and receive health care services, including reproductive health care, and allows them to contract for those services. By introducing an age restriction into minors' access to contraceptive, this bill will reduce the positive impact that this bill will have on access to birth control. (After all we do want to reduce pregnancy in sexually active teens.)
- ⇒ Further, they request that the bill ensure that women still get information about **the full range of contraceptive options**, including the most effective methods – long acting reversible contraceptives – which are available only through a health care provider.
- ⇒ This bill calls for the completion of a “continuing education program ... related to prescribing contraceptive supplies.” Planned Parenthood also states that they are concerned that this does not provide enough detail to **ensure that pharmacists receive comprehensive training about contraceptive counseling on the full range of birth control methods** such a long-acting reversible contraception and injectables.
- ⇒ They also **request additional language defining “clinical visit for women’s health,”** which could mean different things for different women. Depending on age and health history, women face different health care recommendations and without greater specificity

in this language, it is unclear exactly what care women must get to qualify for pharmacist prescription.

⇒ Finally, although the bill includes insurance coverage for “prescribing and dispensing” contraceptive supplies, we are concerned that this language **does not include guarantees that pharmacists would also receive reimbursement for a contraceptive counseling session**. High-quality contraceptive counseling sessions take time, and we want to ensure pharmacists are paid for that time.

Please pass this important bill out of committee.

Mahalo for the opportunity to testify,  
Ann S. Freed Co-Chair, Hawai'i Women's Coalition  
Contact: [annsreed@gmail.com](mailto:annsreed@gmail.com) Phone: 808-623-5676



February 5, 2016

To: Representative Della Au Belatti, Chair  
Representative Richard Creagan, Vice Chair and  
Members of the Committee on Health

From: Jeanne Y. Ohta, Co-Chair

RE: HB 1896 Relating to Contraceptive Supplies  
Hearing: Friday, February 5, 2015, 8:30 a.m., Room 329

POSITION: Strong Support

The Hawai'i State Democratic Women's Caucus writes in support of H.B. 1896, which authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age or older.

The Hawai'i State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls it is because of this mission that the Caucus strongly supports this measure. Passage of this measure will help to reduce the barriers that women face when attempting to access consistent and reliable contraception. By allowing pharmacists to prescribe and dispense contraception, H.B. 1896 will make contraception more accessible and have the effect of reducing unintended pregnancy and its associated costs to taxpayers.

We support the amendments suggested by Planned Parenthood Votes Northwest and Hawaii.

We ask the committee to pass this measure and thank the committee for the opportunity to provide testimony.

TESTIMONY OF THE AMERICAN COUNCIL OF LIFE INSURERS  
COMMENTING ON HOUSE BILL HB 1896 RELATING TO CONTRACEPTIVE SUPPLIES

February 5, 2016

Via e mail: [capitol.hawaii.gov/submittestimony.aspx](http://capitol.hawaii.gov/submittestimony.aspx)

Honorable Representative Della Au Belatti, Chair  
Committee on Health  
State House of Representatives  
Hawaii State Capitol, Conference Room 329  
415 South Beretania Street  
Honolulu, Hawaii 96813

Dear Chair Au Belatti and Committee Members:

Thank you for the opportunity to comment on HB 1896, relating to Contraceptive Supplies.

Our firm represents the American Council of Life Insurers (“ACLI”), a Washington, D.C., based trade association with approximately 300 member companies operating in the United States and abroad. ACLI advocates in federal, state, and international forums for public policy that supports the industry marketplace and the 75 million American families that rely on life insurers’ products for financial and retirement security. ACLI members offer life insurance, annuities, retirement plans, long-term care and disability income insurance, and reinsurance, representing more than 90 percent of industry assets and premiums. Two hundred nineteen (216) ACLI member companies currently do business in the State of Hawaii; and they represent 93% of the life insurance premiums and 88% of the annuity considerations in this State.

HB 1896 in part seeks to amend §431: 10A-116.6, relating to contraceptive services and benefits which all accident and health or sickness insurance policies, plans contracts or agreements are required to provide.

By its terms, *Article 10A of the Code (by reference to HRS §431:1-205) defines “accident and health or sickness insurance” to include disability income insurance.*

Disability income insurance provides cash payments designed to help individuals meet ongoing living expenses in the event they are unable to work due to illness or injury. Unlike health insurance, disability income insurance does not provide coverage for the insured’s health care or medical treatment; further, the cash payments are made directly to the insured – not to the insured’s health care providers or suppliers. Finally, the disability insurance policy typically does not dictate how the cash payments received by the insured are to be used by the insured.

HRS §431: 10A-102.5(a) provides a carve-out for “limited benefit health insurance” from the coverage and benefits requirements imposed upon all insurers issuing accident and health or sickness insurance which states:

Except as provided in subsection (b) and elsewhere in this article, when used in this article, the terms “accident insurance”, “health insurance”, or sickness

insurance” shall not include an accident-only, specified disease, hospital indemnity, long-term care, disability, dental, vision, Medicare supplement, or other limited benefit health insurance contract that pays benefits directly to the insured or the insured’s assigns and in which the amount of the benefit paid is not based upon the actual costs incurred by the insured.

Notwithstanding the foregoing, limited benefit health insurance is required to comply with the coverage and other requirements of certain sections of Article 10A of Hawaii’s Insurance Code. While the mandated sections enumerated in HRS §431: 10A-102.5(b) do not include the contraceptive coverage mandated by HRS §431: 10A-116.6(a), by its express terms that section (HRS §431: 10A-116.6(a)) inserts the requirement that all limited benefit insurance provide contraceptives as a benefit to the insured as it states:

*Notwithstanding any provision of law to the contrary* each employer group accident and health or sickness insurance policy, contract, plan or agreement issued or renewed in this state after January 1, 2000 shall cease to exclude contraceptive services or supplies for the subscriber or any dependent of the subscriber who is covered by the policy . . .” (Emphasis added)

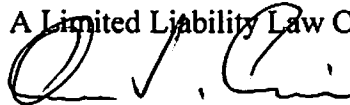
As drafted, section 3 of HB 1896 would amend §431: 10A-116.6 by adding a new paragraph (d) to that section which requires the insurer to provide coverage for reimbursement to a pharmacist as authorized and described section 2 of the bill.

In order to dispel any confusion that disability income insurers are required to provide coverage for contraceptive services and benefits and reimbursement to the prescribing and dispensing pharmacist of contraceptives that are provided to an insured ACLI suggests that HRS §431: 10A-116.6(a) be amended as follows:

*Notwithstanding any provision of law to the contrary* each employer group accident and health or sickness insurance policy, contract, plan or agreement issued or renewed in this state after January 1, 2000 shall cease to exclude contraceptive services or supplies for the subscriber or any dependent of the subscriber who is covered by the policy subject to the exclusion under section 431:10A-116.7 and the provisions of section 431: 10A-102.5.”

Again, thank you for the opportunity to comment on HB 1896.

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An Independent Licensee of the Blue Cross and Blue Shield Association

February 5, 2016

The Honorable Della Au Belatti, Chair  
House Committee on Health  
The Honorable Richard P. Creagan, Vice-Chair  
House Committee Health

**Re: HB 1896 – Relating to Contraceptive Supplies**

Dear Chair Belatti, Vice-Chair Creagan and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to offer testimony on HB 1896, which authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen year of age or older.

HMSA supports the intent of HB 1896, however, we would like to raise the following issues:

- Contraceptive supplies can include both oral and injectable forms of contraception; we would prefer language be included to define contraceptive supplies as only applying to those that are self-administered oral, transdermal or vaginal products.
- HB 1896 is currently unclear on the exact requirements needed to authorize refills; will members have to fill out a self-assessment and provide evidence of a PCP visit at each visit to the prescribing pharmacist in order to receive a refill?
- In order to maintain the best possible care for a member and avoid fragmented care, we believe it would be in the best interest of the patient to require pharmacists to report to a PCP upon dispensing a prescription. We urge the Committee to consider how best to ensure that notification requirements are met when members receive contraceptive supplies.

HMSA appreciates the intent of HB 1896 to remove barriers to particular prescription contraceptives for our members and look forward to working with the Committee to address the issues identified above.

Thank you for allowing us to testify on HB 1896.

Sincerely,

Jennifer Diesman  
Vice President, Government Relations

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Wednesday, February 03, 2016 5:41 PM  
**To:** HLTtestimony  
**Cc:** joyamarshall0416@gmail.com  
**Subject:** \*Submitted testimony for HB1896 on Feb 5, 2016 08:30AM\*

**HB1896**

Submitted on: 2/3/2016

Testimony for HLT on Feb 5, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joy Marshall	Individual	Support	No

Comments:

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.

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HLTtestimony

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From: mailinglist@capitol.hawaii.gov  
Sent: Thursday, February 04, 2016 7:54 PM  
To: HLTtestimony  
Cc: dylanarm@hawaii.edu  
Subject: \*Submitted testimony for HB1896 on Feb 5, 2016 08:30AM\*

**HB1896**

Submitted on: 2/4/2016

Testimony for HLT on Feb 5, 2016 08:30AM in Conference Room 329

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dylan Armstrong	Individual	Support	No

Comments:

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.

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TESTIMONY to House Committee on Health

H.B. 1896 RELATING TO CONTRACEPTIVE SUPPLIES

Friday, February 5, 2016 8:30 am,  
Conference Room 329

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chairman Dela Au Belatti Vice-Chair (Dr.) Creagan, and Members :

1. I most strongly **OPPOSE H.B. HB1896**. This initiative is another downgrade of skills and judgment required to protect the general population when they need medical services. This is a trend Hawaii should put to a stop. We have a [900 doctor shortage](#). Address that problem. Don't acquiesce to the problem and allow lesser trained people deliver our medical services.
2. If you truly care about women and women's health you would be more hesitant about promoting the use of contraceptives. This bill treats contraceptives as if they have no side effects or related health and environmental problems. In fact, the National Cancer Institute [reports](#) the risks of [endometrial](#) and [ovarian cancer](#) appear to be reduced with the use of oral contraceptives, whereas the risks of [breast](#), [cervical](#), and [liver cancer](#) appear to be increased (1). [BREASTCANCER.ORG](#) site confirms these concerns. Furthermore, the National Blood Clot Alliance, an authoritative [source](#) on blood clots warns that a women's chance of developing a blot clot increases by three to four times (300 - 400%) when she takes oral contraceptives. Young women should not have to worry about dying because of their birth-control pills, but they do as [reported](#) by a woman only 28 years of age who had honeymooned in Maui when she had her first incidence of pain associated with a blood clot. As reported in Forbes and other places, some women [die](#) from these side effects. [MedicineNet.com](#) reports a warning regarding oral contraceptives: "[Smoking](#) cigarettes while using this medication increases your chance of having heart problems. Do not smoke while using this medication. The risk of heart problems increases with age (especially in women greater than 35 years of age) and with frequent [smoking](#) (15 cigarettes per day or greater)."
3. Another concern with the expanded use of contraceptives is the opportunity to spread more sexually transmitted diseases/infections. According to the [Center for Disease Control](#) (CDC), Hawaii ranked 15th among 50 states for chlamydial infections and 39th for gonorrheal infections. The CDC reports that **chlamydia rates for women were 2.4 times greater than for men**. According to [Reproductive Health Technologies Project Study](#), " Women who chose Depo Provera for their method of contraception had higher rates of chlamydia and gonorrhea over the course of a year, when compared to those who did not use a hormonal birth control method. The report goes on to confirm that limiting the number of sexual partners is recommended to minimize contracting STDs. It states: " However, women at risk for STDs who use Depo Provera and other hormonal

contraceptives to prevent pregnancy should consider other ways to reduce their exposure to these infections – such as using condoms correctly and consistently and limiting the number of their sexual partners. "

4. Also, if you care about the environment and water resources, you would stop promoting hormonal contraceptives. Livescience [reports](#) that the active ingredient in birth control pills becomes a pollutant. From their report: "Not only is ethinyl estradiol quite potent — creating "intersex" fish and amphibians — but it is very difficult to remove from wastewater, which carries it into natural waterways." And even more disturbing in the report: " EE2, a synthetic hormone, is only one of a cocktail of natural and synthetic hormones that humans excrete into wastewater, including other estrogens. EE2 has a potent biological effect at low levels.

"Animals are exquisitely sensitive to it," Jobling told LiveScience.

The body of a fish or a frog reacts to EE2 as if it were a natural estrogen, "demasculinizing" male animals and creating [a condition called intersex](#) that interferes with an animal's ability to reproduce, Jobling said. Intersex males often produce eggs in their testes.

It's not yet clear if levels of EE2 found in waterways affect mammals' reproductive cycle, she said.""

5. Just as legislatures and city councils have banned less harmful plastic grocery bags and cosmetic micro-beads, **it would be wise to ban hormonal contraceptives since they are drastically more dangerous to our water resources and wildlife** (fish in particular which we later ingest as a food source). They aren't little scattered bits, they are pervasive through our water systems. This is a global problem and is well known but the issue appears to be **too politically incorrect to report and consider**. Government has been busy banning innocuous products while ignoring the real danger to people and wildlife. We are creating a problem for wildlife and the environment that is costly to resolve.

6. Insurance companies should not be forced to cover these products. They many have many reasons not to cover contraceptives, and least of all, not wanting to be sued for the dangerous side effect, or sued to clean up the environmental condition they cause. Encouraging more and more contraceptives on young girls and women with the problems listed above is unconscionable and is the true war on women and their femininity. Contraceptives have harmful side effects. In actuality they are not part of health care as they disable perfectly healthy organs. They do not repair a biological system. Their only purpose is to cause a dysfunction. While we still think we live in a free country, do not mandate the use of products and their coverage that are deemed by many to be harmful. By mandating the distribution of these products, the State may also become liable for damages and your residents can't afford. We are already over taxed.

7. **Vote NO on H.B. 1836.**