

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

**WRITTEN
TESTIMONY
ONLY**

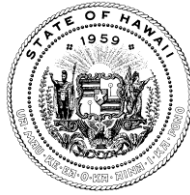
**Testimony in SUPPORT of SB2320 SD1
RELATING TO CONTRACEPTIVE SUPPLIES**

REPRESENTATIVE DELLA BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 11, 2016
Time: 9:00 AM

Room Number: 329

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



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
Phone Number: 586-2850
Fax Number: 586-2856
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, March 11, 2016
9:00 a.m.

**TESTIMONY ON SENATE BILL NO. 2320, S.D. 1 – 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.

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 without triggering a new mandate. The Department defers to the Legislature to determine the appropriate prescribing health care provider.

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.



March 9, 2016

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

Hearing: Friday, March 11, 2016 – 9:00 a.m.

RE: **SUPPORT for Senate Bill 2320 SD 1 – RELATING TO CONTRACEPTIVE SUPPLIES**

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

I am writing in SUPPORT to Senate Bill 2320 SD 1 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. SB 2320 SD 1 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 believes 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



healthy
mothers
healthy
babies

COALITION
OF HAWAII

Friday, March 11, 2016 at 9:00am

TO: Rep. Della Au Belatti, Chair, Rep. Richard P. Creagan, Vice Chair

FROM: Lisa Kimura, Executive Director, Healthy Mothers Healthy Babies

RE: SB2320 SD1 - RELATING TO CONTRACEPTIVE SUPPLIES

POSITION: Strongly Support

Dear Representative Belatti, Representative House Committee on Health Members:

As the leader of a maternal health organization that cares and advocates for women's health, **we strongly support S.B. 2320 SD1**, authorizing pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age or older, with the requested amendment that the committee remove the 18 year age requirement and include additional defining language so that prescribers, together with their patients, can make the best decisions for patients' health care. We also request that consideration be made to provide an evidence-based tool to assist prescribers with screening a woman's health before providing contraception, as well as requiring consistent training for prescribers.

The consideration to remove the age requirement is important for preventing teen pregnancies; a particularly vulnerable population with significant barriers to accessing contraception. Children who are born to teen mothers also experience a wide range of problems. For example, they are more likely to: have a higher risk for low birth weight and infant mortality; have lower levels of emotional support and cognitive stimulation; have fewer skills and be less prepared to learn when they enter kindergarten; have behavioral problems and chronic medical conditions; rely more heavily on publicly funded health care; have higher rates of foster care placement; be incarcerated at some time during adolescence; have lower school achievement and drop out of high school; give birth as a teen; and be unemployed or underemployed as a young adult¹.

These immediate and long-lasting effects continue for teen parents and their children even after adjusting for the factors that increased the teen's risk for pregnancy—e.g., growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having low attachment to and performance in school.

It is extremely important that we actively work to promote access to contraception to impact the rate of unintended pregnancies by increasing the accessibility of providers that can prescribe and dispense contraceptive supplies. Of U.S. women at risk for unintended pregnancy, two-thirds (68%) use contraceptives consistently and correctly throughout the course of any given year, and

¹ <http://youth.gov/youth-topics/teen-pregnancy-prevention/adverse-effects-teen-pregnancy>

account for only 5% of all unintended pregnancies. In contrast, the **18% of women at risk who use contraceptives inconsistently or incorrectly account for 41% of all unintended pregnancies, and the 14% who do not practice contraception at all, or who have gaps of a month or more during the year, account for 54% of all unintended pregnancies.**²

Healthy Mothers Healthy Babies Coalition of Hawaii is dedicated to advocating for women's health, equal access to health care, and to ensuring all babies are born healthy and welcomed. We support S.B. 2320 SD1 because it will reduce barriers that women currently face when attempting to access consistent and reliable contraception. S.B. 2320 SD1 would make contraception more accessible to women, reduce unintended pregnancy and its associated costs to taxpayers.

Expanding the right to pharmacists to prescribe and dispense contraceptive supplies to eligible women would create accessible, reliable contraceptive options. All women deserve the right to prevent unintended pregnancies and to control their right to family planning.

Please support women's and families' rights and the equality of healthcare by passing this bill with the proposed amendments.

Thank you for the opportunity to submit testimony on this important women's health issue.

² <https://www.gutmacher.org/pubs/FB-Unintended-Pregnancy-US.html>

**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
Rep. Della Au Belatti, Chair
Rep. Richard P. Creagan, Vice Chair
DATE: Friday, March 11, 2016
TIME: 9:00 A.M.
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

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: SB 2320, SD 1 Relating to Contraceptive Supplies

Position: Support

Dear Representative Belatti, Representative Creagan, and Committee Members,

The Hawaii Section of the American Congress of Obstetricians and Gynecologists (HI ACOG) supports SB2320 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 SB2320.**

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).



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

The Honorable Della Au Belatti, Chair
House Committee on Health

Friday, March 11, 2016
Conference Room 329; 9:00 AM

RE: SB 2320 SD1 – 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 SB 2320 SD1. 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 SB 2320 SD1, 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.
- SB 2320 SD1 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, SB 2320 SD1 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 SB 2320 SD1.

Respectfully,

A handwritten signature in black ink that reads "Eric P. Douglas". The signature is written in a cursive, flowing style.

Eric P. Douglas



March 10, 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 – SB2320 SD1 RELATING TO CONTRACEPTIVE
SUPPLIES**

Hearing: March 11, 2016 at 9:00AM 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 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 **SB2320 SD1** which authorizes pharmacists to prescribe and dispense self-administered hormonal 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 terminated pregnancies. 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 oral and injectable forms will still require a prescription, along with a brief patient health-questionnaire, but will be more easily accessible as OTC.

Measures such as board-approved continuing education programs relating to prescribing OTC for pharmacists and providing written documentation, patient consultation, and primary care provider referral to patients will ensure safe access to care. Further, patients will be encouraged to attend annual exams to test for cervical cancer, sexually transmitted infections, and other critical health concerns during their pharmacy visit.

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 **SB2320 SD1**, 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

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 10, 2016 2:56 PM
To: HLTtestimony
Cc: annsfreed@gmail.com
Subject: Submitted testimony for SB2320 on Mar 11, 2016 09:00AM

SB2320

Submitted on: 3/10/2016

Testimony for HLT on Mar 11, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Hawaii Women's Coalition	Support	No

Comments: Aloha Chair Belatti, Vice Chair Creagan and members, As in previous testimony the Coalition is in strong support of this measure. Requiring women to go back to a provider over and over again just to get her birth control is onerous and has resulted in missed dosages. This in turn can result in unwanted pregnancy with all the associated bad outcomes for the woman, her family and the community. Please pass this bill. Mahalo, Ann S. Freed Co-Chair, Hawaii Women's Coalition.

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

TESTIMONY OF THE AMERICAN COUNCIL OF LIFE INSURERS
IN OPPOSITION TO SB 2320, SD 1, RELATING
TO CONTRACEPTIVE SUPPLIES

March 11, 2016

Via e mail: 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 testify in opposition to SB 2320, SD 1, 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 sixteen (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.

SB 2320, SD 1, seeks to amend §431: 10A-116.6, relating to contraceptive services and benefits which all group 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, the above referenced subsection (b) of §431:10A-102.5 states that limited benefit health insurance is required to comply with coverage and other requirements of certain sections of Article 10A of Hawaii’s Insurance Code. While these coverage and other requirements do not include the contraceptive coverage mandated by the section of the Insurance Code SB 2320 seeks to amend (HRS §431: 10A-116.6), that section by its express terms reinserts 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 subject to the exclusion of section 431:10A-116.7. (Emphasis added)

Therefore, as currently worded §431: 10A-116.6 requires all group accident and health or sickness insurance, INCLUDING DISABILITY INSURANCE, to provide contraceptive services and supplies; and SB 2320 would now require disability insurers to reimburse a prescribing and dispensing pharmacist who prescribes and dispense contraceptive supplies as provided by other sections of the bill.

In order to dispel any confusion that DISABILITY INSURERS are required to provide coverage for contraceptive services and supplies and reimbursement to a prescribing and dispensing pharmacist for such services and supplies to an insured ACLI suggests that HRS §431: 10A-116.6 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 exclusion under section 431:10A-102.5.”**

Again, thank you for the opportunity to testify in opposition to SB 2320, SD 1.

LAW OFFICES OF
OREN T. CHIKAMOTO
A Limited Liability Law Company

Oren T. Chikamoto
1001 Bishop Street, Suite 1750
Honolulu, Hawaii 96813
Telephone: (808) 531-1500
E mail: otc@chikamotolaw.com



An Independent Licensee of the Blue Cross and Blue Shield Association

March 11, 2016

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

Re: SB 2320 SD1 – 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 SB 2320 SD1, which authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen year of age or older.

HMSA supports the intent of SB 2320 SD1 and worked closely with the stakeholders involved to reach consensus on areas of concern that existed in earlier drafts of this bill. HMSA appreciates the intent of SB 2320 SD1 to remove barriers to particular prescription contraceptives for patients and members and looks forward to working with the Committee to address any outstanding concerns that may exist.

Thank you for allowing us to testify on SB 2320 SD1.

Sincerely,

Jennifer Diesman
Vice President, Government Relations

To: Hawaii State House of Representatives Committee on Health
Hearing Date/Time: Friday, March 11, 2016, 9:00 a.m.
Place: Hawaii State Capitol, Rm. 329
Re: Testimony of Planned Parenthood of Hawaii with comments on S.B. 2320, SD1,
Relating to Contraceptive Supplies, and offering an amendment

Dear Chair Belatti and Members of the Committee on Health,

Planned Parenthood Votes Northwest and Hawaii ("PPVNH") writes with comments on S.B. 2320, SD1, which authorizes pharmacists to prescribe and dispense contraceptive supplies to persons eighteen years of age or older.

PPVNH is dedicated to advocating for women's full equality in health care access and, while we support the intent of S.B. 2320 to increase access to contraception, we have significant concerns and questions about the bill as written.

A Task Force Would Address Questions and Concerns and Lead to a Stronger Law.

As this bill proposes a new method of accessing contraception that has only been offered in Oregon and California for less than a year, we respectfully request that a task force be created so that stakeholders have the opportunity to consult with providers and patients in those states and in Hawaii to learn more about how the law is working and what about the law needs to be improved in order to appropriately increase women's access to contraception and reduce unintended pregnancy.

Concerns to Address:

- Age requirements are medically and legally unnecessary and limit access to contraception for those who are at high risk of unintended pregnancy.

In many areas of Hawaii, family planning providers are few and far between, so it is important that our law actually increase access for minors and help to reduce our high teen pregnancy rate. However, SB 2320 contains an 18-year age requirement that is not only inappropriate for a geographically isolated and diverse state like Hawaii, but also medically and legally unnecessary. Our state law explicitly extends minors the right to consent to, receive and contract for reproductive health care services.

Both Oregon and California laws allow pharmacists to dispense contraceptive supplies to minors, although Oregon's law only allows pharmacists to dispense to minors "if the person has evidence of a previous prescription from a primary care practitioner or women's health care practitioner for a hormonal contraceptive patch or self-administered oral hormonal contraceptive." Rather than limiting access for minors, Hawaii's law should seek to ensure the health of a minor by requiring that a visit to a pharmacist for contraceptive supplies includes patient counseling and education every time.

- Unanswered questions about patient counseling and reimbursement for pharmacists' time in providing counseling must be considered in order to promote women's health while increasing access to contraception.

SB 2320 does not appear to require patient counseling or reimbursement to pharmacists for their time spent counseling patients. SB 2320 as written is similar to Oregon's law, which requires only that pharmacists complete an education program and provide women with a self-assessment. We don't know whether SB 2320's education program directs pharmacists to provide counseling or educates pharmacists about what counseling should be provided. Family planning providers typically provide extensive counseling to women seeking birth control, including discussing with them the full range of contraceptive options and STI prevention, so as to better protect their health. This committee might look to California's law, which includes some counseling requirements, but still doesn't answer the question of whether insurers will pay for the time pharmacists spend counseling women, whether that cost will be shouldered by the patient or whether the pharmacist will forgo counseling altogether because they won't be reimbursed for their time. Without addressing these questions, we don't know whether SB 2320 appropriately balances its goal of increasing access to contraception with promoting women's health.

Thank you for this opportunity to testify.

Sincerely,
Laurie Field
Hawaii Legislative Director and Public Affairs Manager

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, March 09, 2016 12:54 PM
To: HLTtestimony
Cc: rontthi@gmail.com
Subject: *Submitted testimony for SB2320 on Mar 11, 2016 09:00AM*

SB2320

Submitted on: 3/9/2016

Testimony for HLT on Mar 11, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	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.

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

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, March 10, 2016 3:26 PM
To: HLTtestimony
Cc: sharon31@hawaii.edu
Subject: *Submitted testimony for SB2320 on Mar 11, 2016 09:00AM*

SB2320

Submitted on: 3/10/2016

Testimony for HLT on Mar 11, 2016 09:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Okamura	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.

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