SCR133

REQUESTING THAT THE DEPARTMENT OF HEALTH

ESTABLISH AND CONVENE A MEDICATION

Measure Title: SYNCHRONIZATION WORKING GROUP TO EXPLORE

AND PROPOSE LEGISLATION.

Report Title: Medication Synchronization Working Group;

Department of Health

Description:

Companion: <u>HCR164</u>

Package: None

Current

Referral:

BAKER, KIDANI, K. RHOADS, S. Chang, Espero,

Introducer(s): Gabbard, Ihara, Keith-Agaran, Kim, Nishihara,

Shimabukuro, Taniguchi, L. Thielen



STATE OF HAWAII DEPARTMENT OF HEALTH

P. O. Box 3378 Honolulu, HI 96801-3378 doh.testimony@doh.hawaii.gov

Testimony COMMENTING on SCR133 REQUESTING THAT THE DEPARTMENT OF HEALTH ESTABLISH AND CONVENE A MEDICATION SYNCHRONIZATION WORKING GROUP TO EXPLORE AND PROPOSE LEGISLATION.

SENATOR ROSALYN BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: March 28, 2017 Room Number: 229

- 1 **Fiscal Implications:** None for the Department of Health.
- 2 **Department Testimony:** The concept of medication synchronization appears promising and
- may be of benefit to patients for whom the Department of Health is direct care provider or for
- 4 whom care is coordinated through a case management or provider agency. Thus, the department
- 5 is interested in the findings to be proposed by a working group as it relates to patient care.
- The department is unable to comment on other specific issues requested by SCR133 with respect
- 7 to 90-day fills, pharmacist dispensing fees, patient copays, and continuing education
- 8 requirements.
- 9 **Offered Amendments:** N/A.

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Testimony Presented Before the Senate Committee of Commerce, Consumer Protection, and Health Tuesday, March 28, 2017 at 10:00 a.m.

By
Carolyn Ma, PharmD, BCOP
DEAN
UH Hilo - Daniel K. Inouye College of Pharmacy

SCR 133 – REQUESTING THAT THE DEPARTMENT OF HEALTH ESTABLISH AND CONVENE A MEDICATION SYNCHRONIZATION WORKING GROUP TO EXPLORE AND PROPOSE LEGISLATION.

Chair Baker, Vice Chair Nishihara, and Members of the Committee:

My name is Carolyn Ma, and I am the Dean for the Daniel K. Inouye College of Pharmacy (DKICP). The college fully supports this resolution that will allow for a working group to develop a program for medication synchronization and address issues related to patient medication adherence, refill, and education.

Thank you for the opportunity to testify on SCR 133. Aloha.

SanHi Government Strategies

a limited liability law partnership

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DATE: March 24, 2017

TO: Senator Rosalyn Baker

Chair, Committee on Commerce, Consumer Protection and Health

Submitted Via Capitol Website

SCR 133 – Requesting that the Department of Health Establish

and Convene a Medication Synchronization Working Group to

Explore and Propose Legislation.

Hearing Date: Tuesday, March 28, 2017 at 10:00 a.m.

Conference Room: 229

Dear Chair Baker and Members of the Committee on Commerce, Consumer Protection and Health:

We submit this testimony on behalf of Walgreen Co. ("Walgreens"). Walgreens operates stores at more than 8,200 locations in all 50 states, the District of Columbia, and Puerto Rico. In Hawaii, Walgreens now has 20 stores on the islands of Oahu, Maui, and Hawaii.

Walgreens **strongly supports** SCR 133, which would establish a working group tasked to gather information about medication synchronization practices across the nation with the goal of formulating a medication synchronization program for the state of Hawaii.

Medication synchronization can improve patient health by simplifying therapeutic regimens. Many patients who require long-term maintenance medications miss doses of their regular medications. Studies show that when the timing of medications is coordinated, medication adherence rates rise because patients can pick up their prescriptions on a single day.

There are 19 states that have approved medication synchronization, of which 14 states are poised to pass medication synchronization legislation. SCR 133 would create a working group tasked to review and recommend best practices learned from these other jurisdictions, with the goal of ultimately drafting proposed legislation to create standards for medication synchronization in Hawaii. Walgreens would be pleased to participate on the working group, and looks forward to contributing to the discussion. Thank you for the opportunity to submit testimony in support of this measure.



Eric P. Douglas

Senior Director, Government Affairs

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Senator Rosalyn Baker, Chair Senator Clarence Nishihara, Vice Chair Senate Committee on Commerce, Consumer Protection and Health

Tuesday, March 28, 2017 Conference Room 229; 10:00 AM

RE: SCR 133 – Requesting that the Department of Health Establish and Convene a Medication Synchronization Working Group to Explore and Propose Legislation - In Support

Aloha Chair Baker, Vice Chair Nishihara and members of the Committee:

CVS Health/Longs Drugs is in support of SCR 133 which requests that the Department of Health establish and convene a medication synchronization working group to explore and propose legislation.

We believe that the ability for a patient to consolidate prescription refills can not only help reduce the number of visits that the patient has to make to the pharmacy each month, but can also improve patient medication adherence as well. Longs Drugs/CVS Health offers medication synchronization as a service to patients in our stores (our own program's proprietary name is ScriptSync®). We have a keen interest in this patient-centered issue and would be pleased to participate as part of the working group.

CVS Health operates as the largest pharmacy chain in Hawaii under our Longs Drugs banner. We are proud to offer our patients and clients in Hawaii 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.

Thank you for the opportunity to submit testimony.

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Respectfully,

Eric P. Douglas

Times Pharmacy supports SCR133.

The management and treatment of patients with chronic diseases accounts for a huge portion of America's total healthcare cost each year, yet less then 50% of those people on chronic medications adhere to their prescription therapy. Prescription medications are a critical tool to prevent negative patient outcomes which results in healthcare cost-savings. But what good is a tool if you do not use it? This is one of the major problems that our healthcare system is facing. Patients are prescribed medications but they only take them when they feel like it or when they remember, if even at all. There are countless barriers to why a patient does not take their medication: costs, time, transportation, cognitive function, etc.

Times Pharmacy wants to do everything we can to help our patients be healthy and increase their quality of life. Medication synchronization is one step towards helping patients better manage and understand their medications. Medication synchronization creates an appointment-based system where patients will only have to pick up their medications once a month. The benefits of medication synchronization always focus around the patient but what most people do not realize is that it also helps to streamline the pharmacy's workflow. This allows pharmacists to spend more quality time educating and counseling their patients. Please feel free to contact me if you have any questions or want to chat!

Mahalo, Patrick Uyemoto, Pharm.D. Clinical Pharmacy Manager Times Pharmacy 808.675.8755 Patricku@times-supermarket.com From: mailinglist@capitol.hawaii.gov

Sent: Wednesday, March 22, 2017 8:39 PM

To: CPH Testimony
Cc: rontthi@gmail.com

Subject: *Submitted testimony for SCR133 on Mar 28, 2017 10:00AM*

SCR133

Submitted on: 3/22/2017

Testimony for CPH on Mar 28, 2017 10:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, 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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