

HB

75

HD1

A BILL FOR AN ACT

RELATING TO THE BOARD OF PHARMACY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the role of the
2 pharmacist has drastically evolved over the past fifty years.
3 Pharmacists have moved beyond their traditional compounding and
4 dispensing functions behind the pharmacy counter and now provide
5 more patient-centered, primary-care based services, such as
6 medication therapy management, preventative care screenings, and
7 immunizations. Pharmacists are therefore well situated to
8 provide patient education and increase access to health care.

9 The legislature also finds that there is a need to
10 continually improve the effectiveness of health care delivery
11 systems, including pharmacies. One way of accomplishing that
12 objective is to utilize new technologies that enable health care
13 personnel to reallocate health tasks to better and more
14 efficiently meet the health needs of the public. The
15 legislature further finds that experimentation with new
16 technologies and combinations of health care delivery systems



1 can enhance a pharmacist's ability to provide more patient-
2 centered services.

3 Accordingly, the purpose of this Act is to authorize the
4 board of pharmacy to approve pilot and demonstration research
5 projects for innovative applications in the practice of
6 pharmacy.

7 SECTION 2. Section 461-4.5, Hawaii Revised Statutes, is
8 amended by amending subsection (a) to read as follows:

9 "(a) In addition to any other powers and duties authorized
10 by law, the board:

11 (1) Shall adopt, amend, and repeal rules pursuant to
12 chapter 91, as it deems proper for the purposes of
13 this chapter, Public Law 100-293, and 21 Code of
14 Federal Regulations part 205;

15 (2) Shall examine, license, reinstate, and renew the
16 licenses of qualified applicants for registered
17 pharmacists and wholesale prescription drug
18 distributors, and issue and renew permits to operate
19 pharmacies;

20 (3) May require the inspection of any wholesale
21 prescription drug distributor premises in the State to



1 ensure compliance with this chapter and rules adopted
2 under this chapter, or may require an applicant for a
3 pharmacy license to submit a statement that the
4 premises, including but not limited to security and
5 sanitation, are in conformance with the board's
6 requirements and that the applicant possesses the
7 reference materials and technical clinical equipment
8 and supplies as may be specified in rules adopted
9 under this chapter;

10 (4) May fine, suspend, or revoke any license or permit for
11 any cause prescribed by this chapter, or for any
12 violation of the rules adopted under this chapter, and
13 refuse to grant or renew any license or permit for any
14 cause which would be ground for revocation or
15 suspension of a license or permit; [~~and~~]

16 (5) May deny a license to any applicant who has been
17 disciplined by another state or federal agency.
18 Notwithstanding any law to the contrary, a final order
19 of disciplinary action taken pursuant to this
20 paragraph shall be a matter of public record[~~-~~]; and



- 1 (6) May approve pilot and demonstration research projects
2 for innovative applications in the practice of
3 pharmacy; provided that the projects shall not include
4 therapeutic substitution or substitution of a medical
5 device used in patient care; provided further that
6 nothing in this paragraph shall be construed to expand
7 the definition of "practice of pharmacy" as defined
8 under section 461-1. The board may also:
- 9 (A) Approve a provision that grants an exception to
10 any rule adopted under this paragraph;
- 11 (B) Extend the time an exception to a rule is
12 granted, as may be necessary for the board to
13 adopt an amendment or modification to the rule;
- 14 (C) Condition approval of a project upon compliance
15 with this section and any rules adopted under
16 this section; and
- 17 (D) Rescind approval and terminate a project if, at
18 any time, a project fails to protect public
19 health or welfare."



1 SECTION 3. Statutory material to be repealed is bracketed
2 and stricken. New statutory material is underscored.

3 SECTION 4. This Act shall take effect on July 1, 2050.



Report Title:

Board of Pharmacy; Pilot and Demonstration Research Projects

Description:

Allows the board of pharmacy to approve pilot and demonstration projects for innovative applications in the practice of pharmacy under certain circumstances. (HB75 HD1)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.



Testimony of the Board of Pharmacy

**Before the
House Committee on Consumer Protection and Commerce
Thursday, February 7, 2019
2:00 p.m.
State Capitol, Conference Room 329**

**On the following measure:
H.B. 75, H.D. 1, RELATING TO THE BOARD OF PHARMACY**

Chair Takumi and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Pharmacy (Board). The Board supports this bill with the recommendation that its effective date be changed from July 1, 2050, to “upon approval.”

This bill proposes to allow the Board to approve pilot and demonstration projects for innovative applications in the practice of pharmacy under certain circumstances. This, in turn, will enhance the pharmacist’s ability to provide more patient-centered services.

During the summer, the Board established the Pharmacy Working Group (Group), which consisted of major stakeholders in the pharmacy industry, including, but not limited to, representatives from both local independent and chain store pharmacies, the medical community, and insurance groups. In particular, the Group discussed legislation introduced during the 2018 legislative session, including those measures that were enacted as law, those that did not pass, and other measures that affected the pharmacy scope of practice.

For the Committee’s information, one of the many topics discussed was the use of receptacles to allow pharmacies to participate in the national drug take-back initiative. Although this bill ultimately did not pass, the Group discussed how this project could benefit the public, as drug take-back is critical to ensuring the safe disposal of drugs. The Group also reviewed the laws of several states that allow pilot and demonstration research projects to be approved by the Board, including Virginia and California. The following are examples of some of the pilot projects California and Virginia Boards of Pharmacy approved:

Testimony of the Board of Pharmacy

H.B. 75, H.D. 1

Page 2 of 2

- In 2008, the California State Board of Pharmacy approved an E-Prescribing Pilot Project to determine the feasibility of, benefits of, and barriers to e-prescribing by a select group of Medi-Cal providers located in Los Angeles County. The goals were to improve patient safety, enhance prescribing process efficiency, reduce costs, and increase provider satisfaction. The Board has attached to this testimony the survey and utilization results of this pilot project.
- In 2013, the Virginia Board of Pharmacy initiated a pilot program that allowed persons to obtain prescription naloxone to administer to family members or friends to counteract opiate overdoses.

Thank you for the opportunity to testify on this bill.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Testimony Presented Before the
House Committee on Consumer Protection and Commerce
Thursday, February 7, 2019 at 2:00 p.m.

by

Marcia Sakai
Interim Chancellor
and

Carolyn Ma, Pharm D, BCOP
Dean

Daniel K. Inouye College of Pharmacy (DKICP)
University of Hawai'i at Hilo

HB 75 HD1 – RELATING TO THE BOARD OF PHARMACY

Chair Takumi, Vice Chair Ichiyama, 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 DKICP supports this bill that will allow the board of pharmacy to approve pilot and demonstration projects for innovative applications in the practice of pharmacy.

As the only accredited College of Pharmacy in the state and the Pacific Rim, the DKICP's mission is to provide cutting edge and progressive healthcare to our community through education, research and service. Our faculty are trained to the highest degree of expertise and the concepts of innovation and discovery are the keystones of our ability to advance the pharmacy profession. The most advanced teaching methods are employed with a progressive and dynamic curriculum.

Approximately 30% of the Doctor of Pharmacy curriculum is experiential based where our students, through their four years in the program will practice as student pharmacists under the mentorship of our Pharmacy Practice faculty. These faculty clinical pharmacists are placed into most health care hospitals and clinics on the four major islands of Hawai'i, O'ahu, Maui and Kaua'i with the primary responsibility to teach our students in the clinical setting and to advance the professions level of pharmacy practice within the institution. As the academic arm of the pharmacy profession, we partner with our health care institutions and other health care professionals to study, assess and evaluate innovative pharmacy practice patient care delivery models, technological medication distribution models and safety. Continued study to gain knowledge and data from pilot projects help us to seek advances may help to address the rising demands of complex patient care. Many of the registered pharmacists that practice in hospitals, clinics and community retail pharmacy sites also mentor or precept our students.

This bill will allow projects to lawfully proceed and keep the Board of Pharmacy informed of projects. These projects may be important to address needed changes and support a more progressive and current set of administrative rules.

Thank you for the opportunity to testify on behalf of HB 75 HD 1.

Testimony of
Jonathan Ching
Government Relations Specialist

Before:
House Committee on Consumer Protection & Commerce
The Honorable Roy M. Takumi, Chair
The Honorable Linda Ichiyama, Vice Chair

February 7, 2019
2:00 p.m.
Conference Room 329

Re: HB75 HD1, Relating to the Board of Pharmacy

Chair Takumi, Vice Chair Ichiyama, and committee members, thank you for this opportunity to provide testimony on HB75 HD1, which permits the Hawai'i State Board of Pharmacy to approve pilot and demonstration projects for innovative applications in the practice of pharmacy.

Kaiser Permanente Hawai'i SUPPORTS HB75 HD1.

Kaiser Permanente Hawai'i is the state's largest integrated health system that provides care and coverage for 255,000 members. Each day, over 4,500 dedicated employees and more than 600 Hawai'i Permanente Medical Group physicians come to work to care for our members at Moanalua Medical Center and 27 other clinic locations, providing high-quality care and delivering on our commitment to improve the health of the 1.4 million people in the communities we serve.

Kaiser Permanente Hawai'i believes in continuously improving the effectiveness of health care delivery systems, including our pharmacies. One way to accomplish this objective is to utilize new technologies which enable health care personnel to reallocate health tasks to better and more efficiently meet the health needs of the public. We note that HB75 HD1 appears to be modeled after the Texas Pharmacy Act in which the Texas State Board of Pharmacy has considered projects for review that expand pharmaceutical care services and contribute to positive patient outcomes. Many of these projects have gone on to be implemented because they aid a pharmacist's ability to provide more patient-centered services.

Therefore, we believe that authorizing the Board of Pharmacy to approve pilot and demonstration research projects can accelerate innovation and create opportunities for pharmacists to enhance patient care and safety, reduce barriers, and increase access to pharmaceutical services.

Mahalo for the opportunity to testify on this important measure.

HB-75-HD-1

Submitted on: 2/5/2019 1:57:46 PM

Testimony for CPC on 2/7/2019 2:00:00 PM

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

Comments:



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 7, 2019

TO: Representative Roy Takumi
Chair, Committee on Consumer Protection and Commerce
Submitted Via Capitol Website

FROM: Mihoko Ito

RE: **H.B. 75, H.D.1 – Relating to The Board of Pharmacy**
Hearing Date: Thursday, February 6, 2019 at 2:00 p.m.
Conference Room: 325

Dear Chair Takumi and Members of the Committee on Consumer Protection and Commerce:

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 19 stores on the islands of Oahu, Maui, and Hawaii.

Walgreens **supports H.B. 75, H.D.1**. This bill allows the board of pharmacy to approve pilot and demonstration projects for innovative applications in the practice of pharmacy under certain circumstances.

Walgreens supports the idea of pilot projects that could enhance patient care via the use of new technologies and believes that this bill would be a beneficial way to test innovation and demonstration projects. We are further in support of the amendment made in the H.D.1 to remove the reference to drug take back programs, because these programs are already strictly regulated at the federal level by the Drug Enforcement Agency.

Thank you for the opportunity to submit testimony regarding this measure.

Survey & Utilization Results



Safety

- 91% of providers believed e-Rx reduced pharmacy calls from illegible handwriting
- Alerts made providers aware of potential drug-drug interactions & drug allergies
- Providers reported the number of Adverse Drug Events dropped from 53 to 39

Effecting Prescribing Processes

- Significant reduction time spent on pharmacy calls regarding illegible handwriting (-3 min., $p=0.0104$) & dosing changes (-1.83 min., $p=0.0162$)
- 67% believed the e-Rx renewal feature saved provider and staff time
- But increased time spent on pharmacy calls regarding formulary clarification & prior authorizations

Impact

- Increased generic utilization rate from 65% to 78% ($p=0.013$, $n=20$)