SB1210

Measure Title:	RELATING TO INSURANCE.
Report Title:	Insurance; Health Insurance; Corporate Governance; National Association of Insurance Commissioners; Corporate Governance Annual Disclosure Model Act; Trade Name; Assumed Name; Pre-Existing Disclosure; Provider Reimbursement; Reimbursement By Provider; Medical Service Provider; Pharmacist; Contraceptive; Advanced Practice Registered Nurses; ... (see document for full report title)
Description:	Amends various portions of the Hawaii Insurance Code under Hawaii Revised Statutes title 24 to update and improve existing Insurance Code provisions.
Companion:	HB984
Package:	Governor
Current Referral:	CPH
Introducer(s):	KOUCHI (Introduced by request of another party)

DAVID Y. IGE
GOVERNOR

JOSH GREEN
LT. GOVERNOR

STATE OF HAWAII
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 310
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CATHERINE P. AWAKUNI COLÓN
DIRECTOR

JO ANN M. UCHIDA TAKEUCHI
DEPUTY DIRECTOR

Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committee on Commerce, Consumer Protection, and Health
Friday, February 15, 2019
9:30 a.m.
State Capitol, Conference Room 229

On the following measure:
S.B. 1210, RELATING TO INSURANCE

Chair Baker and Members of the Committee:

My name is Colin Hayashida, and I am the Insurance Commissioner of the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department supports this administration bill.

Sections 1, 5, 20, and 21 of this bill are necessary for the State's continued accreditation with the National Association of Insurance Commissioners (NAIC), and the Department believes the remaining provisions proposed in this bill will update and improve Hawaii Revised Statutes title 24 (Insurance Code) in a number of areas. Specifically, this measure will do the following:

Section 1 of this bill adopts the NAIC's Corporate Governance Annual Disclosure Model Act to maintain the State's accreditation with the NAIC by adding a new article to chapter 431. This bill provides more information on an annual basis to regulators regarding insurers' corporate governance practices. Currently, regulators obtain a significant amount of information on insurers' corporate governance practices during

full-scope examinations, which typically occur once every three to five years. However, information on governance practices, including changes that can substantially impact current and prospective solvency, is not widely available to regulators in the period between onsite examinations. Through the adoption of standards in this area, regulators can ensure that sufficient information on governance practices is available to assess insurer solvency on an annual basis.

The Department respectfully proposes the following amendment to section 1 of this bill: On page 6, line 20 to page 7, line 1, subsection (b), the first sentence should read: “Notwithstanding subsection (a), the corporate governance annual disclosure shall be prepared consistent with rules promulgated by the Commissioner."

Sections 2, 7,12, 13, 14, 15, and 27 of this bill allow the Department and the Insurance Commissioner to determine whether an applicant’s request to add or change a trade name or an assumed name satisfies Insurance Code and corporation law requirements. This will ensure that both the Department and the Insurance Commissioner will receive notice of a proposed name change and that both have express authority to permanently retire or bar the use of a trade name or an assumed name associated with a revoked license. The Department respectfully requests a delayed effective date of October 1, 2019 for sections 2, 7,12, 13, 14, 15, and 27 to allow for electronic filing and notification update modifications.

Sections 3 and 16 of this bill move the newly enacted section 431:10-104(5) from article 10 to article 10A, which is the more appropriate section for the short-term health insurance pre-existing disclosure requirement. In addition, sections 3, 6, 17, 18, 32, and 36 of this bill clearly provide for reimbursement to providers who deliver coverage managed by chapter 431, article 10A and chapter 432, article 1 and delete reimbursement mandates added to the Insurance Code in conjunction with medical service provider practice acts. These amendments do not remove any existing mandates. Instead, these amendments will clarify that coverage for services mandated by chapter 431, article 10A should include reimbursement to providers and will discourage the practice of creating reimbursement mandates in the Insurance Code to accompany expansions in provider practice acts.

The Department respectfully proposes the following amendment to section 3 of this bill: On page 16, line 7, section 431:10A-A, insert “accident-only,” after “income,” to be consistent with federal regulations governing accident-only exemptions to the disclaimer requirement.

Sections 4 and 35 of this bill move the limited benefit health insurance provision from part I to part VI of article 10A, which clarifies that this provision applies to both individual and group policies.

Sections 5, 20, and 21 of this bill adopt 2014 revisions to the NAIC’s Insurance Holding Company System Regulatory Act to maintain the State’s accreditation with the NAIC. This bill provides clear legal authority to a designated state to act as the group-wide supervisor for an internationally active insurance group.

Section 8 of this bill eliminates optional language in the NAIC’s Standard Valuation Model Law to streamline how changes to the valuation manual become effective.

Sections 9 and 11 of this bill remove references to class 1 money market mutual funds to conform with the NAIC Securities Valuation Office Purposes and Procedures Manual of the NAIC Investment Analysis Office.

Section 10 of this bill amends the title to part VI of article 6 to reflect amendments to this part.

Sections 19, 33, and 34 of this bill correct a technical drafting error by replacing “designed” with “assigned” in the definition of “perceived gender identity” and accordingly conform State law to federal guidance on gender identity.

Sections 22, 23, 24, and 25 of this bill remove obsolete language and clarify existing language to avoid ambiguity for insurers submitting rate filings.

Section 26 of this bill amends section 431:14G-105 by removing obsolete language and clarifying existing language to avoid ambiguity for managed care plans submitting rate filings.

Section 28 of this bill amends section 431:19-115 to give the Insurance Commissioner additional regulatory authority to supervise or liquidate a captive, rather than simply suspending or revoking its insurance license.

Sections 29 and 30 of this bill temporarily allow the Insurance Division to create stopgap measures to implement the NAIC's Network Adequacy Model Act and to promulgate administrative rules with the benefit of any future NAIC guidance and input from other jurisdictions.

Section 31 of this bill removes the opt-out provision for long-term care insurance under the Interstate Insurance Product Regulation Commission (IIPRC) to give states the option of using the IIPRC's proven stricter standards of substantive rate review or conducting their own review.

Finally, the Department respectfully requests minor technical amendments be made to this bill as follows:

1. Page 1, line 6: delete "purposes", insert "purpose"
2. Page 1, line 7: delete "are", insert "is"
3. Page 2, lines 16 – 17: delete definition of "Commissioner", as this definition already appears in HRS section 431:2-102(b)
4. Page 3, line 4: delete "article 1", insert "section 431:1-202", which is a more specific citation than "article 1"
5. Page 9, line 7: delete "," and insert ";"
6. Page 43, lines 6 – 9: correct Ramseyer formatting as follows:

   [~~and trade name, if applicable.~~

   ~~(b) An insurance producer doing business under any name other than the producer's legal name shall notify the commissioner in writing prior to using the assumed name.~~].
   (b) An

The Department supports this administration bill and requests that it pass out of this committee with the requested amendments, including a delayed effective date of October 1, 2019 for sections 2, 7,12, 13, 14, 15, and 27. Thank you for the opportunity to testify.

Testimony of the Board of Nursing

Before the
Senate Committee on Commerce, Consumer Protection, and Health
Friday, February 15, 2019
9:30 a.m.
State Capitol, Conference Room 229

On the following measure:
S.B. 1210, RELATING TO INSURANCE

Chair Baker and Members of the Committee:

My name is Lee Ann Teshima, and I am the Executive Officer of the Board of Nursing (Board). The Board appreciates the Insurance Commissioner's concerns for creating reimbursement mandates in Hawaii Revised Statutes (HRS) chapter 431 to accompany expansions in provider practice acts. Accordingly, the Board supports the following portions of this bill that pertain to reimbursement of advanced practice registered nurses:

- Page 17, lines 1-6;
- Page 28, lines 1-2; and
- Page 52, lines 12-20.

The Board takes no position regarding the other sections of the bill.

One of the purposes of this bill is to provide for reimbursement to providers who deliver coverage managed by HRS chapter 431, article 10A and chapter 432, article 1 and deletes reimbursement mandates added to HRS title 24 (Insurance Code) in conjunction with medical service provider practice acts. These amendments will clarify that coverage for services mandated by HRS chapter 431, article 10A and chapter 432, article 1 should include reimbursement to providers and will discourage the practice of creating reimbursement mandates in the Insurance Code to accompany expansions in provider practice acts.

In light of Act 169, Session Laws of Hawaii 2009, which recognizes advanced practice registered nurses as primary care providers who require reimbursement for practicing within their scope of practice, and the new definition of "heath care provider" on page 17, lines 1-6 of this bill, advanced practice registered nurses will continue to be reimbursed for services provided within their scope of practice.

Thank you for the opportunity to testify on this bill.

Testimony of the Board of Pharmacy

Before the
Senate Committee on Commerce, Consumer Protection, and Health
Friday, February 15, 2019
9:30 a.m.
State Capitol, Conference Room 229

On the following measure:
S.B. 1210, RELATING TO INSURANCE

Chair Baker 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 appreciates the Insurance Commissioner's concerns for creating reimbursement mandates in Hawaii Revised Statutes (HRS) chapter 431 to accompany expansions in provider practice acts. Accordingly, the Board supports the following portions of this bill that pertain to reimbursement of pharmacists practicing within their scope:

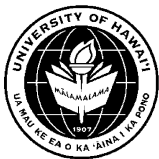
- Page 17, lines 1-6;
- Page 28, lines 1-2;
- Page 54, lines 9-12; and
- Page 73, lines 19-22.

The Board takes no position regarding the other sections of the bill.

One of the purposes of this bill is to provide for reimbursement to providers who deliver coverage managed by HRS chapter 431, article 10A and chapter 432, article 1 and deletes reimbursement mandates added to HRS title 24 (Insurance Code) in conjunction with medical service provider practice acts. These amendments will clarify that coverage for services mandated by HRS chapter 431, article 10A and chapter 432, article 1 should include reimbursement to providers and will discourage the practice of creating reimbursement mandates in the Insurance Code to accompany expansions in provider practice acts.

Given the new definition of "health care provider" on page 17, lines 1-6 of this bill, pharmacists will continue to be reimbursed for services provided within their scope of practice.

Thank you for the opportunity to testify on this bill.



UNIVERSITY OF HAWAIʻI SYSTEM

Legislative Testimony

Testimony Presented Before the
Senate Committee on Commerce, Consumer Protection and Health
Friday, February 15, 2019 at 9:30 a.m., Room 229
by
Marcia Sakai
Interim Chancellor
and
Carolyn Ma, Pharm D, BCOP
Dean
Daniel K. Inouye College of Pharmacy (DKICP)
University of Hawaiʻi at Hilo

SB 1210 – RELATING TO INSURANCE

Chair Baker, Vice Chair Chang, and members of the committee:

My name is Carolyn Ma, and I am the Dean for the UH Hilo Daniel K. Inouye College of Pharmacy (DKICP). The University of Hawaiʻi fully supports this bill especially stated in Section 6, amending Chapter 432, §432:1 - Reimbursement to providers, (a) coverage for services provided shall include reimbursement to health care providers who perform services required by this article, or to the insured members as appropriate and (b) a health care provider who performs as service shall be eligible for reimbursement for the performed services.

The DKICP graduates highly trained professionals with the terminal degree of Doctor of Pharmacy. The four-year professional curriculum includes didactic integrated sciences, therapeutics and disease, treatment and management, communication, and interprofessional education. More than 30% of the curriculum is held in experiential clinical rotations at sites for hospital acute care medicine, acute care ambulatory care clinics, retail community pharmacies, pharmacy specialty clinics, and a variety of medicine and public health areas.

Due to the complexities of today's patient care, pharmacists have become indispensable primary care extenders for physicians and advanced practice nurse practitioners. Common medication therapy problems include inadequate therapy (56.86%), Non-adherence (14.89%), Adverse Reaction (14.7%), Too High of a Dose (6.83%), and Unnecessary Therapy (6.68%).[1] Pharmacist expertise in Medication Therapy Management (MTM) encompasses intervention in all of the aforementioned areas, as well as skill in managing new medication regimes, monitoring and adjusting medications especially in the chronic diseases of diabetes, cardiovascular disease, anticoagulation and other diseases. [2,3,4] A multitude of research studies and published articles detail the value of a clinical pharmacist on a care team. In 2010, Chisolm et al, provided a comprehensive literature review (298 studies) that describe positive results

of pharmacist interventions in a number of areas such as lowered cholesterol, diabetes markers (hgbA1c), blood pressure and adverse drug events.[5] Results also support the fact that pharmacists improve patient education, help with medication adherence and improve measures of better general health.[5]

Clinical pharmacists, especially in the ambulatory care, specialty care and acute care settings, provide direct patient care through collaborative practice agreements with physicians and nurse under either general or direct supervision. Almost all health care professions have the ability to bill for provided services for third party insurers and Medicare fee structures. Pharmacists do not have reimbursement privileges. Very limited billing and reimbursement can be made under "incident-to billing", which is inadequate in terms of reimbursing for cost, time or expertise. This lack of insurance coverage severely limits primary care providers from affording the expertise and skill of a clinical pharmacist.

This bill will allow for coverage of activities that the clinical pharmacist provides and will help make it feasible for health care organizations, clinics and areas to improve patient care and health outcomes. Pharmacists are also the most accessible health care professional and can help to bridge the primary care provider shortage in this state.

Thank you for the opportunity to submit testimony.

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1. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Transitional-Care-Management-Services-Fact-Sheet-ICN908628.pdf.
2. Isetts BJ, Schondelmeyer SW, Artz MB, Lenzard LA, Heaton AH. Clinical and economic outcomes of medication therapy management services: The Minnesota Experience. *J Am Pharm Assoc*. 2008;48:203-211.
3. Kiel PJ, McCord AD. Pharmacist Impact on Clinical Outcomes in Diabetes Disease Management Program via Collaborative Practice. *Ann Pharmacother* 2005;39:1828-32.
4. Machado M, Bajcar J, Guzzo GC, Einarson TR. Sensitivity of Patient Outcomes to Pharmacist Interventions. Part I: Systematic Review and Meta-Analysis in Diabetes Management. *Ann Pharmacother* 2007;41:1569-82.
5. Chisolm-Burns, MA, Lee JK, Spivey, CA, Slack, M, Herrier RN, et a. US Pharmacists' Effect as Team Members on Patient Care Systematic Review and Meta-analyses. *MedCare* 2010;48:923-933

February 14, 2019

The Honorable Rosalyn H. Baker, Chair
The Honorable Stanley Chang, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

Re: SB 1210 – Relating to Insurance

Dear Chair Baker, Vice Chair Chang, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 1210, which amends various portions of the Hawaii Insurance Code under Hawaii Revised Statutes Title 24 to update and improve existing Insurance Code provisions.

HMSA supports this bill and respectfully requests the committee consider the following amendments:

- Remove the following language found in Section 3, page 16, lines 14-22 (§431: 10A-B) and Section 6, page 27, lines 13-22 (§431: 1-)

  > [**Reimbursement to providers**. (a) Coverage for services required by this part shall include reimbursement to health care providers who perform services required by this part, or to the insured member, as appropriate.
  >
  > (b) Notwithstanding any law to the contrary, whenever an individual or group policy, contract, plan or agreement that provides health care coverage under this article provides for reimbursement for any service, a health care provider who performs a service shall be eligible for reimbursement for the performed service.]

  This language could require health plans to reimburse providers for services that are not medically necessary or are not included in negotiated health plans with providers.

- As a result of the previous recommendation, the committee may want to consider retaining the portions of Sections 17, 18, 32, 36 that address the reimbursement for services provided by advanced practice registered nurses and prescribing/dispensing pharmacists.

- HMSA understands that Sections 29 and 30 are being amended to temporarily allow the Insurance Division to carry out stopgap measures, by order or rule, to implement NAIC’s Network Adequacy Model Act. We appreciate the Commissioner’s intent to streamline the process and would like to request a sunset provision be applied to this section of the bill.

Thank you for allowing us to testify on SB 1210. Your consideration of our comments is appreciated.

Sincerely,

Pono Chong
Vice President, Government Relations

McCORRISTON MILLER MUKAI MACKINNON LLP

ATTORNEYS AT LAW

February 13, 2019

Honorable Rosalyn H. Baker, Chair
Honorable Stanley Chang, Vice Chair
Committee on Commerce, Consumer Protection and Health
The Senate
State Capitol
415 South Beretania Street
Honolulu, Hawai'i 96813

Re: S.B. NO. 1210 RELATING TO INSURANCE

Dear Chair Baker, Vice Chair Chang and Committee Members:

On behalf of the American Family Life Assurance Company of Columbus (AFLAC), we respectfully submit the following written comments on Senate Bill No. 1210, relating to insurance, which is to be heard by your Committee on Commerce, Consumer Protection and Health on February 15, 2019.

Section 3 of Senate Bill No. 1210 adds two new sections, one of which requires a disclaimer that the subject policy does not satisfy the health coverage requirement of the Affordable Care Act. As drafted, Senate Bill No. 1210 exempts from the disclosure requirement "specified disease, long-term care, disability income, medicare supplement, dental, or vision" policies.

AFLAC respectfully submits that "accident-only" policies also should be included in the exemption as follows:

"**§431:10A-A Required disclaimer.** Any limited benefit policy, certificate, application, or sales brochure that provides coverage for accident and sickness, excluding specified disease, accident-only, long-term care, disability income, medicare supplement, dental, or vision shall disclose in a conspicuous manner and in not less than fourteen-point

390334.1

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boldface type the following, or substantially similar, statement:

"THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT."

(Additional language underscored.)

This would be consistent with 45 CFR §148.220, which also exempts the other policies excluded from the disclaimer requirement under Section 3 of Senate Bill No. 1210.

Thank you for your consideration of the foregoing.

Very truly yours,

McCORRISTON MILLER MUKAI MACKINNON LLP

Peter J. Hamasaki

PJH:fk

TESTIMONY ON SENATE BILL NO. 1210
RELATING TO INSURANCE

THE SENATE
COMMITTEE ON COMMERCE, CONSUMER PROTECTION & HEALTH
Senator Rosalyn H. Baker, Chair
Senator Stanley Chang, Vice Chair

Friday, February 15, 2019, 9:30 a.m.
Conference Room 229
State Capitol
415 South Beretania Street

To Senator Rosalyn H. Baker, Chair; Senator Stanley Chang, Vice Chair; and members of the Senate Committee on Commerce, Consumer Protection & Health:

My name is Matthew Takamine and I am submitting this testimony as a director and President of the Hawaii Captive Insurance Council ("HCIC"). The HCIC is a nonprofit corporation that is committed to promoting, developing, and maintaining a quality captive insurance industry in the State of Hawaii. In partnership with the State of Hawaii Insurance Division, the HCIC provides information and education on issues affecting captive insurance companies, and assists the State of Hawaii in promoting Hawaii as a quality captive insurance domicile on the local, national, and international level.

The HCIC **supports** Sections 27 and 28 of Senate Bill No. 1210 ("SB1210"), which amend Sections 431:19-103 and 431:19-115 of Article 19 of the Hawaii Insurance Code. The HCIC takes no position regarding the other sections of SB1210.

Section 27 of SB1210 requires captive insurance companies to apply to the Hawaii Department of Commerce and Consumer Affairs and the Hawaii Insurance Commissioner ("Commissioner") for approval of the use or change of a trade name or an assumed name.

Section 28 of SB1210 adds Article 15 to the list of other articles or sections within the Hawaii Insurance Code that are applicable to all captive insurance companies licensed in Hawaii. Article 15, which does not currently apply to certain captive insurance companies, pertains to Insurers Supervision, Rehabilitation, and Liquidation, and provides the Commissioner with broad oversight powers in the event of certain adverse circumstances, such as financial difficulty or insolvency.

Thank you for this opportunity to submit testimony on SB1210.

Respectfully submitted:
Matthew Takamine
Director and President
Hawaii Captive Insurance Council

SB-1210
Submitted on: 2/12/2019 9:05:18 PM
Testimony for CPH on 2/15/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nikko Magtoto	Individual	Support	No

Comments:

Aloha,

My name is Nikko Magtoto, a student pharmacist set to graduate in 2022. I support this bill that will allow insurance reimbursement under the Omnibus Act for services.

Mahalo nui loa for your consideration,

-Nikko Magtoto

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CHAD KAWAKAMI PHARM.D., BCPS,CDE

95-1060 Inana Street, Mililani, HI 96789 | chadkkaw@hawaii.edu

February 13, 2019

Dear Senator Baker and Committee Members:

My name is Dr. Chad Kawakami and I am an Assistant Professor of Pharmacy Practice with the Daniel K. Inouye College of Pharmacy. Thank you very much for your time in considering this bill and my testimony.

Integration of clinical pharmacists in patient care may offer increased access to health care and improved patient care outcomes. Pharmaceutical care involves pharmacist collaboration with health team members to optimize therapeutic outcomes. The scope of practice for clinical pharmacists includes pharmaceutical care or comprehensive medication management for patients with chronic diseases in addition to less complex services, such as counseling patients on medications or responding to questions about drug information.

A 2014 systematic review evaluated outpatient medication therapy management interventions.[1] The researchers concluded that pharmacists may reduce the frequency of medication-related problems and decrease some health care use and costs. Another 2016 review published in the Annals of Internal Medicine[2] concluded that pharmacist-led chronic disease management was associated with effects similar to those of usual care for resource utilizations and may improve physiologic goal attainment.

Mental health integration in primary care is becoming a standard of practice in order to break down barriers to care. More than half of all patients with depression receive their care exclusively from their primary care providers. The pharmacologic management of depression in primary care has been reported as inadequate with suboptimal clinical outcomes. Depression is frequently treated for an inadequate length of time or with insufficient antidepressant doses. Furthermore, patients often discontinue medication because of adverse effects, lack of benefit, or cost.[3-6] Depression has a huge negative impact on our

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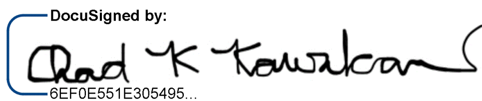
economy. Published in the Journal of Clinical psychiatry in 2015, Greenberg and colleagues examined trends in costs associated with major depressive disorder (MDD).[7] Among their major findings is that the total economic burden of MDD is now estimated to be a $210.5 billion per year. Nearly half of these costs are attributed to the workplace, including absenteeism (missed days from work) and presenteeism (reduced productivity at work), where as 45%-47% are due to direct medical costs which are shared by employers, employees, and society. In mental health, pharmacists have shown improve the quality of care and outcomes by enhancing compliance, adjustment of medications, and monitoring and managing adverse effects. Pharmacists can also facilitate the use of patient assistance programs if cost is a barrier to treatment.[8]

Pharmacist are trained to recognize and manage many chronic diseases that include high blood pressure, diabetes, and depression. We are the drug experts. Pharmacists have been shown to improve therapeutic outcomes when working in conjunction with prescribers. Pharmacists are the most accessible health care providers in the community allowing us to help improve access to- and quality of care while helping to decrease the overall cost of health care. Thank you very much for your time in considering my testimony.

Very Humbly Submitted,



Chad Kawakami Pharm.D., BCPS,CDE

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References:

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7. Greenberg, P. E., Fournier, A. A., Sisitsky, T., Pike, C. T., & Kessler, R. C. (2015). The economic burden of adults with major depressive disorder in the United States (2005 and 2010). *Journal of Clinical Psychiatry*, 76, 155–162. doi: 10.4088/JCP.14m09298
8. Capoccia, K., Boudreau, D., Blough, D., Ellsworth, A., Clark, D., Stevens, N., . . . Sullivan, S. (n.d.). Randomized trial of pharmacist interventions to improve depression care and outcomes in primary care. *American Journal of Health-system Pharmacy: AJHP., 61*(4), 364-372.

SB-1210
Submitted on: 2/13/2019 8:48:08 AM
Testimony for CPH on 2/15/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Kim	Individual	Support	No

Comments:

As an ambulatory care pharmacist and I support this bill because it will help to progress the care we provide in our community and create more opportunities for our profession.

SB-1210
Submitted on: 2/13/2019 8:52:37 AM
Testimony for CPH on 2/15/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Nguyen	Individual	Support	No

Comments:

I am a pharmacy student and I support this bill.

SB-1210
Submitted on: 2/14/2019 8:22:50 AM
Testimony for CPH on 2/15/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sheri Tokumaru	Individual	Support	No

Comments:

I support this bill as a pharmacy school faculty member and practicing pharmacist in Hawaii.

SB-1210
Submitted on: 2/13/2019 4:58:44 PM
Testimony for CPH on 2/15/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marie Flore Cidera	Individual	Support	No

Comments:

SB-1210
Submitted on: 2/13/2019 8:23:45 PM
Testimony for CPH on 2/15/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robyn Rector	Individual	Support	No

Comments:

SB 1210 - Relating to Insurance

Honorable Chair Baker, Vice Chair Chang, and members of the committee:

My name is Robyn Rector, and I am a third-year pharmacy student at UH Hilo Daniel K. Inouye College of Pharmacy (DKICP). I am in strong support of this bill especially stated in S432:1-Reimbursement to providers, (a) coverage for services provided shall include reimbursement to health care providers who perform services required by this article, or to the insured members as appropriate and (b) a health care provider who performs as service shall be eligible for reimbursement for the performed services.

Thank for the opportunity to submit testimony.

SB-1210
Submitted on: 2/13/2019 8:07:46 PM
Testimony for CPH on 2/15/2019 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Krishelle Kamakeeaina-Mendoza	Individual	Support	No

Comments:

I am a student pharmacist and I support bill SB1210 because it's acknowledges the benefits of pharmacists in primary care.