

HOUSE COMMITTEE ON FINANCE
The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair

S.B. NO. 693, S.D. 1, H.D. 2 RELATING TO PHARMACISTS

Hearing: Thursday, March 30, 2023, 3:00 p.m.

The Office of the Auditor offers the following comments on S.B. No. 693, S.D. 1, H.D. 2, which requests the Auditor to conduct an assessment on the social and financial impacts of mandating health insurance coverage for care provided by a participating registered pharmacist practicing within the scope of a pharmacist's license. However, we note that there is *no* bill that proposes to mandate health insurers to include coverage for care provided by a registered pharmacist. Rather, the bill directs us to assess the social and financial impacts of a mandate contained in a *prior* version of this bill, specifically S.B. No. 693, S.D. 1, H.D. 1.

Section 23-51, Hawai'i Revised Statutes (HRS) states, before any legislative measure that proposes to mandate health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies can be considered, the Legislature shall request the Auditor to assess the social and financial effects of the proposed mandated coverage *through a concurrent resolution*. The concurrent resolution is supposed to designate the bill introduced in the Legislature which must include, at minimum, the following information identifying the (1) specific health service, disease, or provider that would be covered, (2) extent of the coverage, (3) target groups that would be covered, (4) limits of utilization, if any, and (5) standards of care. As noted above, there is no bill currently pending before the Legislature that proposes to mandate the health insurance coverage.

The intent of Section 23-51, HRS, is that the bill proposing the new health insurance mandate can be considered the following legislative session after receipt of our assessment. However, without a bill containing the proposed mandate, there is no proposal for the Legislature to consider next session. And, if the proposal is re-introduced with substantive changes, Section 23-51, HRS, may require that the Auditor to once again assess the social and financial impacts.

We note that the Senate Committee on Commerce and Consumer Protection passed S.C.R. No. 17 with amendments. That concurrent resolution refers to S.B. No. 693 as the legislation proposing the new health insurance mandate. S.C.R. No. 17 requests the Auditor to conduct a similar assessment of the social and financial impacts of the proposed mandate as requested by the current version of S.B. No. 693, specifically S.B. No. 693, S.D. 1, H.D. 2.

Thank you for considering our testimony related to S.B. No. 693, S.D. 1, H.D. 2.



**Testimony to the House Committee on Finance
Thursday, March 30, 2023; 3:00 p.m.
State Capitol, Conference Room 308
Via Videoconference**

RE: SENATE BILL NO. 0693, SENATE DRAFT 1, HOUSE DRAFT 2, RELATING TO PHARMACISTS.

Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 0693, Senate Draft 1, House Draft 2, RELATING TO PHARMACISTS.

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This bill, as received by your Committee, would require the Auditor to conduct an impact assessment report on the social and financial impacts of mandating reimbursement for services provided by pharmacists within their scope of practice by public and private health plans, and appropriating an unspecified amount of general funds for the Auditor to conduct this study. This bill would take effect on June 30, 3000, to further discussion.

Due to significant and longstanding shortages in Hawaii's health care work force, most primary care providers have had to find new ways of delivering services to meet the ever present needs of patients. This has especially been the case in dealing with chronic diseases such as asthma, diabetes, and heart maladies to name a few.

FQHCs have found patient education and constant interaction between providers and patients to be extremely effective in improving health care outcomes. Because of physician shortages, FQHCs have begun to rely on teams consisting of a physician, advanced practice registered nurse, pharmacist, and medical assistants to oversee the patient's management of chronic diseases. Each professional has

a specific role that complements the activities of others. In this arrangement, the pharmacist does more than merely dispense medication.

For example, in diabetes management, the pharmacist meets with the patient to explain when and how to use diagnostic tools such as glucose monitors, and instructs the patient on the use of injectable medications. These activities supplement and reinforces the therapeutic treatments that are conducted by the physician and advanced practice nurse. The medical assistants provide logistical and other support services needed by the patient and partner providers.

In the case of pharmacists, because these types of services are currently not eligible for insurance reimbursement, FQHCs have had to find other resources to offset these costs. As such, there are limits to the number of patients who can be serviced in this manner. Yet, due to the benefits demonstrated in patient outcomes, it is clear that this approach works, and will be how health care is provided moving forward.

Because of this, the HPCA urges your favorable consideration of this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or eabe@hawaiiipca.net.

Kevin L. Johnson, Ko Olina, Hawai'i

**The State Legislature
House Committee on Finance
Thursday, March 30, 2023, Conference Room 308, 3:00p.m.**

TO: The Honorable Kyle T. Yamashita, Chair
RE: Support for SB 693, SD1, HD2 Relating to Pharmacists

My **support of SB693, as originally proposed**, comes from nearly 40 years of pharmacy practice. Throughout my career, I found pharmacists to be the most underutilized practitioners in our healthcare system. To become licensed, a pharmacist must attend six years of post-secondary education, four of which are extensively pharmacologically focused. They often go on to residencies for one or two years.

Medications, when used properly, are the most cost effective tool in our healthcare arsenal. Unfortunately, drug regimens can be confusing, sometimes require monitoring and very often are inconvenient and even uncomfortable. Comprehensive counseling by a pharmacist, often identifies issues that can make things easier, improving compliance and thus improving outcomes.

I was an asthma educator at one point in my career. The patients we dealt with were taught how to properly use their inhalers and the incorporation of available tools for self monitoring, thus preventing major attacks and hospitalizations. Our patients decreased their emergency room visits and some were able to maintain better control on fewer medications. We had grants to pay for this service but were unable to bill insurance, Medicare or Medicaid.

While Hawaii Revised Statutes section 23-51 may require an audit prior to passage of this measure, it should be noted that advanced practice registered nurses were similarly added as a sole provider, without such an audit. Due to the crisis of dwindling medical care experienced in our State, such an audit would cause further delay and cause unnecessary suffering for many of our residents. Pharmacy reimbursement is tied to a product and the current margins allowed by the health insurance industry, do not allow for comprehensive medication counseling. Without the ability to bill for this service, we waste a valuable medical resource. Your **support of SB693, as originally proposed**, will help fill that need.

Sincerely,

Kevin L. Johnson

Testimony of the Board of Pharmacy

**Before the
House Committee on Finance
Thursday, March 30, 2023
3:00 p.m.**

Conference Room 308 and Videoconference

**On the following measure:
S.B. 693, S.D. 1, H.D. 2, RELATING TO PHARMACISTS**

Chair Yamashita and Members of the Committee:

My name is James Skizewski, and I am the Executive Officer of the Board of Pharmacy (Board). The Board supports this bill.

The purpose of this bill is to require the auditor to conduct an assessment on the social and financial impacts of mandating health insurance coverage for care provided by a participating registered pharmacist practicing within the scope of the pharmacist's license and report to the legislature prior to the 2024 regular session.

The Board would like to stress the challenges the State currently faces regarding the shortage of healthcare providers, especially in rural areas and the neighbor islands. Pharmacies are geographically dispersed throughout the community with extended hours of operation, making access to health care provided through pharmacies convenient for patients in each locality. Patients have established relationships of trust with and recognize pharmacists as healthcare professionals. The Board's preference is the H.D. 1, which will aide in the development of access to quality health care across the State, most importantly, in underserved rural areas of Hawaii.

The Board would like to further emphasize that the H.D. 1 will only mandate reimbursement of pharmacists practicing within their scope. Pharmacists provide services such as: dispensing emergency contraception, performing immunizations, ordering routine drug therapy related tests, consultations, and prescribing and dispensing opioid antagonists. In response to the COVID-19 pandemic, pharmacists aided in ordering and administering COVID-19 tests and vaccines in pharmacies across the State, safely expanding patient access to care.

Additionally, the H.D. 1 ensures that pharmacists are able to continue to serve their communities and provide access to quality health care across the State. Other

Testimony of the Board of Pharmacy

S.B. 693, S.D. 1, H.D. 2

Page 2 of 2

States that have enacted similar legislation include, but are not limited to, California, Colorado, Idaho, Nevada, Ohio, Oregon, Texas, Virginia, Washington, and Wisconsin.

The Board acknowledges that Hawaii Revised Statutes section 23-51 and 23-52, requires a social and financial audit prior to passage of this measure, but notes that advanced practice registered nurses were similarly added as a sole provider pursuant to Act 169, Session Laws of Hawaii 2009, without such an audit.

Thank you for the opportunity to testify on this bill.



March 29, 2023

[submitted electronically via: capitol.hawaii.gov]

The Honorable Kyle T. Yamashita
Chair, Committee on Finance
Conference Room 308
415 South Beretania Street
Honolulu, HI 96813

RE: SB 693 – SUPPORT FOR THE PREVIOUS LANGUAGE - passed by two Senate Committees, the full Senate, and the House Committee on Health & Homelessness

Dear Chair Yamashita, Vice Chair Kitagawa, and members of the Committee on Finance:

The American Pharmacists Association (APhA) appreciates the opportunity to submit testimony on [Senate Bill \(SB\) 693](#) (Senator Lee). The version of SB 693 that was passed by two Senate Committees, the full Senate, and the House Committee on Health & Homelessness would have increased patient access to health care services provided by pharmacists practicing within their scope of practice in a state facing a significant health care workforce shortage. Following amendments by the House Committee on Consumer Protection & Commerce, SB 693 has been transitioned to an audit that will result in a report being submitted to the Legislature prior to the 2024 Regular Session. **We are supportive of the language that was passed by two Senate Committees, the full Senate, and the House Committee on Health & Homelessness, and are concerned about the new language for three reasons.**

First, we feel that such a significant change in the legislation is misaligned with the intent of the majority of Hawai'i lawmakers when they supported and passed SB 693 through the Senate. Second, since the intent of this legislation is to treat pharmacists as other health care providers in the state are treated, we feel that the precedent should be followed that was set in Hawai'i when advanced practice registered nurses passed comparable legislation in 2009¹ and an audit was not required. Finally, the services pharmacists will be providing are within Hawai'i pharmacists' state scope of practice which are already being provided by many pharmacists in Hawai'i. Thus, there is expected to be minimal negative financial impact from this legislation, which is justified by evidence from comparable programs established in other states.

To exemplify the low cost of comparable legislation and the lack of a need for an audit to be conducted, APhA submitted a public records request in Ohio, where comparable legislation had been passed in 2019 and had gone into effect in January 2021. According to the State of Ohio Board of Pharmacy, there are 23,267

¹ HB1378 HD2 SD2 CD1. Hawai'i State Legislature. Available at: https://www.capitol.hawaii.gov/session/archives/measure_indiv_Archives8-12.aspx?billtype=HB&billnumber=1378&year=2009.

active license pharmacists in Ohio.² The response to the public records request was received on March 28, 2023, reported that in the first two years of implementation of a comparable program there was a total of 26,607 claims paid for a net payment of \$500,359.53.³ This does not take into account cost savings and avoidance of hospital admissions and expensive emergency department visits, which would further justify the low cost of the legislation. According to the U.S. Bureau of Labor Statistics there are 900 licensed pharmacists in Hawai'i.⁴ Using the evidence from the Ohio program to proportionally estimate, we expect the direct provider costs to Hawai'i to increase access to healthcare services provided by pharmacists would be \$19,354.60 over two years. Taking cost savings into account, we expect the costs to be less with the potential for a positive budget impact for Hawai'i .

Substantial published literature clearly documents the proven and significant improvement to patient outcomes⁵ and reduction in health care expenditures⁶ when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Hawai'i is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and others. In states where such programs have already been implemented, we are observing health plans recognizing the value of the pharmacist and investing in the services they provide in order to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided patient care services.⁷

Given the unique patient population and barriers to care due to the primary health care worker shortage⁸ in Hawai'i (**3 of the top 14 counties in the U.S.**), we strongly believe considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists as the medication experts. As the most accessible healthcare professionals, pharmacists are vital providers of care, especially for those living in underserved and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall healthcare expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Hawai'i's recognition of many other health care providers.

² State of Ohio Board of Pharmacy Annual Report FY 2021 & FY 2022. Available at:

<https://www.pharmacy.ohio.gov/documents/pubs/reports/annualreports/fy%202021%20and%202022%20annual%20report.pdf>.

³ American Pharmacists Association Public Record Request of Ohio Department of Medicaid received on March 28, 2023.

⁴ 29-1051 Pharmacists. U.S. Bureau of Labor Statistics. Last modified: March 31, 2022. Available at:

<https://www.bls.gov/oes/current/oes291051.htm#st>.

⁵ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

⁶ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

⁷ CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at

<https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

⁸ Counties with the biggest primary health care worker shortages. NursingEducation. Published August 25, 2021. Available at


<https://nursingeducation.org/counties-with-the-biggest-primary-health-care-worker-shortages/>.

The creation of programs that allow for the direct reimbursement of services provided by pharmacists through Med-Quest, Medicaid Managed Care Organizations, and private health plans is expected to increase access to health care services in a state facing a significant health care workforce shortage while causing minimal negative social and financial impact. Given the precedent set in Hawai'i with other health care professionals, the documented evidence of minimal negative social and financial impact of programs in other states, and the significant need for Hawai'i, we feel that an audit is not necessary, and SB 693 should be amended to the language passed by two Senate Committees, the full Senate, and the House Committee on Health & Homelessness.

If the Committee on Finance is unable to make such amendments, we recommend that the study period of the audit be conducted over a 5–10-year period and there be allocated enough appropriations to support the development and implementation of the program across the state. It will take time for providers to implement the administrative and operational workflow updates necessary. Additionally, this study period reflects one that is more appropriate to account for the reduction in long-term healthcare expenditures, such as reducing hospital admissions and impacting societal factors, such as a reduction in non-productive workdays.

Thank you for this opportunity to submit testimony on SB 693. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at mmurphy@aphanet.org.

Sincerely,



Michael Baxter
Acting Head of Government Affairs
American Pharmacists Association

cc: Representative Lisa Kitagawa, Vice Chair
Representative Micah P.K. Aiu
Representative Cory M. Chun
Representative Elle Cochran
Representative Andrew Takuya Garrett
Representative Kirstin Kahaloa
Representative Darius K. Kila
Representative Bertrand Kobayashi
Representative Rachele F. Lamosao
Representative Dee Morikawa
Representative Scott Y. Nishimoto
Representative Mahina Poepoe
Representative Jenna Takenouchi
Representative David Alcos III
Representative Gene Ward



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: March 29, 2023

TO: Representative Kyle Yamashita
Chair, House Committee on Finance

FROM: Mihoko Ito / Tiffany Yajima

RE: **S.B. 693, S.D. 1, H.D. 2 – Relating to Health**
Hearing Date: Thursday, March 30, 2023 at 3:00 p.m.
Conference Room: 308 & videoconference

Dear Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee on Finance:

We submit this testimony on behalf of Walgreen Co. (“Walgreens”). Walgreens operates stores at more than 9,000 locations in all 50 states, the District of Columbia, and Puerto Rico. In Hawaii, Walgreens has 17 stores on the islands of Oahu and Maui.

Walgreens **supports** S.B. 693, S.D. 1, H.D. 2, which requires the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. We note that Walgreens also supports prior versions of this measure which mandated reimbursement for services provided by pharmacists practicing within their scope of practice by private and public health plans.

While the current practice of pharmacy allows registered pharmacists to provide direct patient care, pharmacists currently are unable to bill for their services. Today, pharmacists provide direct patient care based on scope of practice regulations and deliver care beyond the traditional practice of dispensing prescription medications. Pharmacists routinely provide services such as CLIA-waived testing, testing for COVID-19, the ordering and dispensing of emergency contraception, and performing immunizations, wellness screenings, routine laboratory tests, and routine drug therapy-related patient assessment procedures.

Pharmacists are convenient, accessible and frequent direct points-of-contact for patients, especially for those with chronic conditions requiring complex medication therapies. Direct reimbursement to pharmacies would serve patient interests by improving quality of life and health outcomes in a cost-effective manner.

Based on the above, we urge the committee to pass this bill. Thank you for the opportunity to submit testimony in support of this measure.



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Finance
Thursday, March 30, 2023 at 3:00 p.m.

By

Bonnie Irwin, Chancellor

and

Miriam Mobley Smith, Interim Dean

Daniel K. Inouye College of Pharmacy

University of Hawai'i at Hilo

SB 693 SD1 HD2 – RELATING TO PHARMACISTS

Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee:

Thank you for the opportunity to submit testimony on SB 693 SD1 HD2. The University of Hawai'i at Hilo (UH Hilo) supports SB 693 SD1 HD2, which requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by certain pharmacists.

Our original testimonies in support of the evolving drafts of SB 693 were based on the value in mandating reimbursement for services provided by pharmacists within their state scope of practice by private and public health plans in Hawai'i. We do recognize this assessment as being a necessary step to take prior to mandating the reimbursement as in the prior versions of the bill.

Under the prior draft of this bill, SB 693 SD1 HD1, services will be reimbursed under the medical benefit using current procedural terminology (CPT) codes similar to those used by other health care professionals (physicians, advanced practice registered nurses, physician assistants, etc.) providing outpatient services.

Under Medicaid, it is intended for pharmacists to be able to render and be reimbursed for services provided to both Medicaid fee-for-service and managed care beneficiaries. It is intended that reimbursement for pharmacist services would apply to the managed care organizations medical loss ratio and not their administrative costs similar to other health care professionals, like physicians, advanced practice nurses, physician assistants, etc. Mandating pharmacy services reimbursement can clarify expectations and prevent confusion for pharmacists, patients and health plans.

It is intended for pharmacists to be able to render and be reimbursed for services provided via telehealth or in-person in the pharmacy, office, home, walk-in retail health clinic, federally qualified health center, rural health clinic, skilled nursing facility, assisted living facility, or other place of service not identified in prior versions of the bill.

SB 693 SD1 HD1 would align with and not change the pharmacist state scope of practice.

BENEFIT OF LEGISLATION

A variety of stakeholders that will benefit from legislation mandating reimbursement for services provided by pharmacists, including patients, health plans, and pharmacists.

Patients. Within the next 10 years, the U.S. could see a shortage of over 55,000 primary care physicians.¹ In Hawai'i there are 31 areas that are designated as health professional shortage areas.² All Hawai'i counties include areas designated as "medically underserved" with limited access to healthcare. There were over 2,600 pharmacists in Hawai'i who stepped up to provide high level health care services during the COVID-19 pandemic and are ready to provide valuable healthcare services to communities that have limited access to care. By realigning financial incentives and reimbursing pharmacists for their services similar to other health care professionals there will be greater access to the vital health care services pharmacists provide. Pharmacists are currently permitted to provide a variety of patient care services including hormonal contraception, Paxlovid™ for COVID-19, naloxone education, tobacco cessation, and medication management. However, patients may have little access to these services because a payment pathway is lacking. Extensive published evidence, such as the hundreds of studies highlighted in the Report to the U.S. Surgeon General: Improving Patient and Health System Outcomes through Advanced Pharmacy Practice showcase the positive therapeutic outcomes for patients that come when pharmacists are more involved in their care.³

Public and Private Health Plans. Exhaustive published literature has shown there is a significant return on investment and long-term cost savings when pharmacists are more involved in the provision of patient care. Compilation of studies have found themes in these cost savings, including "decreased total health expenditures, decreased unnecessary care (e.g., fewer hospitalizations, emergency department [ED] visits, and physician visits), and decreased societal costs (e.g., missed or nonproductive workdays)."⁴ By investing in the pharmacist, health plans will see a return on their investment in increased access to medical services throughout the state, decreased health care expenditures, more controlled chronic conditions, and decreased hospitalizations.

¹ Association of American Medical Colleges. 2019 UPDATE The Complexities Of Physician Supply And Demand Projections From 2017 To 2032. Available at: https://aamcblack.global.ssl.fastly.net/production/media/filer_public/31/13/3113ee5c-a038-4c16-89af-294a69826650/2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf Accessed 3/11/20.

² Kaiser Family Foundation. Primary Care Health Professional Shortage Areas (HPSAs). Timeframe: as of September 30, 2019. Available at: <https://www.kff.org/other/stateindicator/primary-care-health-professional-shortage-areashpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed 3/11/2020

³ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

⁴ Murphy EM, Rodis JL, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. *Journal of the American Pharmacists Association*. 2020;e116ee124. <https://doi.org/10.1016/j.japh.2020.08.006>.

Pharmacists. As the only College of Pharmacy in the State of Hawai'i, our mission is to educate pharmacy practitioners and leaders who will improve health in Hawai'i and throughout the Pacific through education, research and service. We prepare our student pharmacists to serve patients in pharmacies and as members of interprofessional health care teams. However, a great number of our students, upon graduation, will be employed as pharmacists in pharmacy and health care settings where the current business models of those practices are financially unsustainable. As pharmacists' roles have evolved to encompass a greater focus on the provision of services, a reimbursement methodology has not been created for pharmacists providing these services in addition to the primary way they generate revenue, by dispensing medications. For example, it is difficult for pharmacists to be integrated into primary health care clinics without the clinics' ability to submit reimbursement claims for services provided by those pharmacists. In addition, the practices of other entities in the drug supply chain, such as pharmacy benefit managers (PBMs), have prevented the dispensing of medications alone to sustainably generate revenue for the variety of services pharmacists provide to their communities. This has resulted in pharmacies closing, often those concentrated in racial and ethnic minority⁵ and rural communities⁶, dramatically limiting patient access to care. The pandemic has exacerbated this problem as there have been reports across the country of pharmacies closing and patients not being able to fill their medications.⁷

The lack of access to pharmacist services disproportionately affects Hawai'i patient populations in the most isolated areas of the state. Aligning the pharmacist reimbursement practices with the provision of their services, comparable to other health care professionals will allow many of these cornerstones of communities to remain open and providing vital care to their patients. Pharmacists work closely with other health care providers to enhance quality of care delivery to all patients and improve their health care outcomes. Mandating reimbursement for pharmacy services is an important step toward those goals.

Thank you for the opportunity to testify in support of SB 693 SD1 HD2.

⁵ Guadamuz JS, Wilder JR, Mouslim MC, et al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021;40(5). <https://doi.org/10.1377/hlthaff.2020.01699>

⁶ Hawryluk M. Large parts of rural America are becoming drugstore deserts. These small towns found an escape. *The Washington Post*. Published December 15, 2021. Available at <https://www.washingtonpost.com/business/2021/12/03/drugstore-desserts-rural-america/>. Accessed December 21, 2021.

⁷ Richardson M. The Pillbox Pharmacy, a Kaimuki fixture for 46 years, to close its doors. *Hawaii News Now*. Published September 4, 2020. Available at <https://www.hawaiinewsnow.com/2020/09/04/pillbox-pharmacy-plans-shut-down-after-years/>. Accessed March 1, 2021.



March 30, 2023

To: Chair Yamashita, Vice Chair Kitagawa, and Members of the House Committee on Finance

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 30, 2023; 3:00 p.m., Conference Room 308/Videoconference

Re: Testimony providing comments on SB 693 SD1 HD2 – Relating to pharmacists

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to provide comments on SB 693 SD1 HD2. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

We thank the legislature for its attention to strengthening the health care sector. We support reimbursement of in-network pharmacists practicing within their scope and feel that the auditor's study called for in this HD2 version of this bill is a prudent first step to ensure that we can maximize the role of pharmacists in our care delivery system.

Thank you for allowing us to testify and provide comments on SB693 SD1 HD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members

AlohaCare | HMAA | HMSA | Humana | HWMG | Kaiser Permanente | MDX Hawaii | Ohana Health Plan | UHA Health Insurance | UnitedHealthcare

hahp.org | 818 Keeaumoku Street, Honolulu, HI 96814 | info@hahp.org



March 29, 2023

To: HOUSE OF REPRESENTATIVES
THE THIRTY-SECOND LEGISLATURE, REGULAR SESSION OF 2023

COMMITTEE ON FINANCE

Rep. Kyle T. Yamashita, Chair

Rep. Lisa Kitagawa, Vice Chair

Rep. Micah P.K. Aiu

Rep. Cory M. Chun

Rep. Elle Cochran

Rep. Andrew Takuya Garrett

Rep. Kirstin Kahaloa

Rep. Darius K. Kila

Rep. Bertrand Kobayashi

Rep. Rachele F. Lamosao

Rep. Dee Morikawa

Rep. Scott Y. Nishimoto

Rep. Mahina Poepoe

Rep. Jenna Takenouchi

Rep. David Alcos III

Rep. Gene Ward

From: East Hawaii Independent Physicians Association (dba Big Island Docs)

Subject: Support for SB693

Dear House Representatives,

We represent 50 independent private practice providers on Hawai'i Island delivering care to over 50,000 patients. We urge the legislature to support SB693 to allow registered pharmacists to receive reimbursement for services they provide within their scope of practice. Pharmacists provide an invaluable service to our patients which includes reconciling medications, providing invaluable chronic disease management education and guidance. The work done by registered pharmacists allows us to provide increased access to care and manage our patients more effectively in a region experiencing a severe and growing shortage of physicians.

On behalf of our membership, we urge you to pass SB693 into law.

Mahalo,

A handwritten signature in black ink, appearing to read "Lynda Dolan".

Lynda Dolan, MD
President

A handwritten signature in black ink, appearing to read "Brenda Camacho".

Brenda Camacho, MD
Secretary & Treasurer

A handwritten signature in black ink, appearing to read "Craig Shikuma".

Craig Shikuma, MD
Medical Director, BIHC

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Phone: (808) 797-3113 | Fax: (808) 935-4472

March 29, 2023

Committee: Finance

Testimony in Support: SB693

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee,

On behalf of Community First Hawai'i, I would like to express our support of SB693 that allows for reimbursement for service provided by participating registered pharmacists practicing within the scope of practice by both private and public health plans in the State of Hawaii beginning January 1, 2024.

We recognize that there is a shortage of physicians statewide and access to care is a crisis. Building more capacity for our community to receive care is a priority and this bill will expand the availability of care by utilizing Pharmacists to deliver care that they are already trained to do with people they already have the trust and relationships with. This bill provides a payment pathway for this.

Mahalo nui,



Randy Kurohara
Executive Director
Community First Hawaii

Thursday, March 30, 2023 at 3:00 PM
Via Video Conference; Conference Room 308

House Committee on Finance

To: Representative Kyle Yamashita, Chair
Representative Lisa Kitagawa, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **Testimony in Support of SB 693, SD1, HD2
Relating to Pharmacists**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes in SUPPORT of SB 693, SD1, HD2 which requests the auditor to conduct an assessment on the social and financial impacts of mandating health insurance coverage for care provided by a registered pharmacist practicing within the scope of the pharmacist's license.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas and the neighbor islands. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare communities.

Through the COVID-19 pandemic pharmacists have demonstrated how invaluable their services are. Pharmacists practicing at local pharmacies in every community are more accessible and provide a wide range of health care services. The practice of pharmacy has evolved to encompass a greater focus on the provision of services. As such, pharmacists should be reimbursed for the patient care they provide.

Additionally, as a health care provider committed to aims of value based and team-based care, the bill will help establish an economic model to make those aspirations viable. We therefore ask the legislature to support these efforts and create an opportunity to strengthen the health care workforce and achieve a more sustainable health care system.

Thank you for the opportunity to testify.

SB-693-HD-2

Submitted on: 3/29/2023 11:42:58 AM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Leila Chee	Individual	Support	Written Testimony Only

Comments:

TESTIMONY: HOUSE BILL NO. SB693 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Yamashita, Vice Chair Kitagawa and members of the Finance Committee:

My name is Leila Chee, Pharmacy Student and Intern. I appreciate the opportunity to submit testimony in support of House Bill No. SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I currently practice in the community pharmacy setting with plans to intern in clinical settings. Some examples of services that pharmacists provide without direct reimbursement include telehealth, and counseling on medications, administration of inhalers, smoking cessation, diet, and exercise. With financial leverage created by this bill we would be able to expand vaccination services, conduct diabetes prevention programs, opioid abuse consultations, and more. Pharmacists have also taken on the role of prescribing Paxlovid

for COVID-19, Naloxone for opioid overdose, hormonal birth control and the emergency contraceptive pill.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are medication therapy management. Many times medication and medical history gets lost in translation. It is important to run this extensive search, because we need to be sure that there are no drug interactions, duplicated medications, and that each medication is efficiently and safely administered per the correct indications. By doing so we can assure adherence, improvement of condition and our patient's quality of life. I believe that provider status will help our community by providing them with more access to be cared for by pharmacists. Our main priority is to support our community in getting better by making patient's feel safe and comfortable with discussing their health.

I respectfully and strongly urge the Committee to see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Leila Chee



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
Members, House Committee on Finance

From: Jacce Mikulanec, Director, Government Relations, The Queen's Health System

Date: March 30, 2023

Re: Support of SB 693, SD1, HD2: Relating to Pharmacists

The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's supports the intent of SB 693, SD1, HD2, which requires the auditor to conduct an assessment on the social and financial impacts of mandating health insurance coverage for care provided by a participating registered pharmacist practicing within the scope of the pharmacist's license, and requires a report to the legislature before the 2024 regular session.

We believe the original intent of this measure will ultimately provide greater access to health care services, particularly for our neighbor island patients; QHS hospitals, Molokai General Hospital and North Hawaii Community Hospital, serve rural communities that have limited access to care in many cases. Allowing reimbursement to registered pharmacists to safely provide certain health care services is a cost-effective measure that brings us closer to meeting the health care needs of our community and helps strengthen the integrated care team model that has proven so effective for many of our most vulnerable patients.

Thank you for the opportunity to testify on this measure.

The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.



THE FAMILY MEDICINE CENTER

409 Kilauea Avenue Hilo, Hawaii 96720 Ph: (808) 933-9187 Fax: (808) 961-5905

Daniel H. Belcher, MD

Lynda M. Dolan, MD

Erin Kalua, MD

Jessica Anahu, DNP, APRN

Haley Rosehill-Reiger, APRN

March 29, 2023

Testimony RE: SB 693 A Bill to Mandate Reimbursement for Pharmacy Services

To The Honorable Chair Yamashita, Vice Chair Kitagawa and members of the Finance Committee:

The Family Medicine Center is a multi-provider primary care clinic located in Hilo, Hawaii and we appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacists' Services.

Our practice has funded and employed a clinical pharmacist since 2018. The pharmacist plays an essential role in our healthcare team and has proved to be an invaluable resource to our patients. They are able to help manage patient's chronic disease states, offer in-person training on new medications and provide medication reconciliation services, which are all within their current scope of practice. SB 693 would provide coverage for licensed pharmacists' services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. With the passage of this bill, we could see many more primary care clinics, like ours, employing pharmacists to increase the quality and access to medical services throughout the State.

We respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Mahalo,

Lynda Dolan, MD

Daniel Belcher, MD

Erin Kalua, MD

Jessica Anahu, DNP APRN

Haley Rosehill-Reiger, APRN

Dayna Wong-Otis, PharmD



March 30, 2023

The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Finance

Re: SB693 SD1 HD2– Relating to Pharmacists

Dear Chair Yamashita, Vice Chair Kitagawa, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB693 SD1 HD1, which would require the auditor to conduct an assessment on the social and financial impacts of mandating health insurance coverage for care provided by a participating registered pharmacist practicing within the scope of the pharmacist's license.

HMSA supports increasing accessibility to care for Hawaii's residents and we support further conversation and an auditor's study to explore potential cost and implementation implications.

HMSA truly values Hawaii's pharmacists and their unique skill set and want to ensure that we're supporting our pharmacists by strategically capitalizing on their role in the design of the ideal team-based care model.

Thank you for the opportunity to provide comments on SB693 SD1 HD1.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations



Testimony presented before the
House Finance Committee
Thursday March 30, 2023

Dr. Corrie L. Sanders on behalf of
The Hawai'i Pharmacists Association (HPhA)

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee,

The Hawai'i Pharmacists Organization (HPhA) supports the original intent of SB693 that mandates reimbursement for services provided by registered pharmacists practicing within their scope of practice under the medical benefit by both private and public health plans. However, we have numerous concerns with the sunrise audit and prefer SB693 SD1HD1 that omits an audit given the precedent set by other healthcare providers. Our concerns are outlined in detail below.

In 2009, Advanced Practice Registered Nurses (APRNs) were registered as participating primary health care providers for insurance coverage purposes without an audit due to the immediate needs of the healthcare system.¹ The exception to APRNs was given due to Hawai'i having various Health Provider Shortage Areas (HPSA) and medically underserved areas (MUA). Today in 2023, more HPSA and MUA areas span the state than in 2009.² We are seeking to follow the precedent set by APRNs to improve access and quality of healthcare without further delay.

We also have concerns that an audit of this magnitude, 'a social and fiscal audit', would be extremely complex given that the ask is not black and white. It remains unclear how Office of the Auditor would properly quantify return on investment when a pharmacist is added to a care team. How would we project outcomes such as decreased hospitalizations, less emergency department visits, increased medication adherence and other long-term benefits established with pharmacist integrated care?^{3,4}

We have also spoken to the Office of the Auditor and we are worried this audit would take years to complete given the current workload of the office and expansive ask of this specific audit further delaying the care pharmacists are trained to provide. Given the current healthcare crisis, as outlined by HPSA and MUA qualifications, we are asking you not to delay access to care from the most accessible providers any longer. Based on previous discussions and testimonies, all insurers are pro-pharmacist integrated care. Again, we are only seeking reimbursement for services that are already within a pharmacist's scope of practice that we are currently providing without reimbursement, or not providing due to lack of a mandated billing pathway.

The current lack of a uniform payment pathway for our profession significantly hinders pharmacists from providing services outside of medication dispensing and vaccination, despite having years more training in pharmacotherapy and medication management than any other healthcare profession. Despite being the most accessible healthcare professionals, pharmacists are completely underutilized across the Hawaiian healthcare system due to lack of a mandated payment structure. We are seeking

1 HB1378 HD2 SD2 CD1

2 MUA and HPSA Designations: <https://data.hrsa.gov/tools/shortage-area/mua-find>, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

3 Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

4 Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

to be treated like any other provider in the state of Hawai'i so that we can perform all activities already outlined within our scope of practice.

The University of Hawai'i at Hilo Daniel K. Inouye School of Pharmacy was established to train and retain local talent, yet we have not created a practice model that reimburses for many services instilled within the pharmacy curriculum during four years of doctorate level training. By realigning financial incentives and recognizing pharmacists under the medical benefit similar to any other healthcare provider, there will be greater access to the vital services pharmacists are trained to provide. Without such pathway, other healthcare professionals will continue to serve in place of pharmacists as medication experts despite significant gaps in education and training.

Physicians in Hawai'i do not have the financial resources to cover their own practices, let alone consider expansion. The capitated reimbursement model is intended for 'many hands to make light work,' and yet, there remains a lack of appropriate revenue streams to cover the cost of business. In order for many hands to successfully make light work, there need to be additional revenue streams to reflect the value of the hands that are serving our patients with the highest quality care possible. The economic and administrative challenges that have been reported repeatedly by physicians year after year indicate that the financial structure of a restricted revenue source system impedes, rather than supports, access to care. We are detracting from what seems to be an innovative care model by financially handcuffing pharmacists and only allowing selective providers a fiscal means to leverage their expertise. There is existing statute³ that outlines other health care professionals' services be covered by commercial health plans in the state and given this precedent we ask that pharmacists be treated in the same manner.

SB693 should be passed for all insurers across all segments of the market. We are advocating for a payer agnostic strategy that shows no favoritism towards one billing model over another. We are seeking uniformity so that pharmacists can provide care to a diverse population of patients spanning all areas of need in various capacities. This payer agnostic proposal plays a significant role in the widespread testimony support for SB693 from The University of Hawaii, large healthcare systems, neighbor island physician groups, local independent pharmacies, chain pharmacies, healthcare advocacy groups, national pharmacy organizations and hundreds of individual testimonies over the course of the last month.

The pharmacy profession has drastically evolved over the past twenty years and it's time for Hawai'i statute to reflect this evolution in knowledge and skill. Given the current status healthcare, specifically access to care, across the state there is truly no time to waste in elevating the pharmacy profession. Uniform payment for pharmacist clinical services delivered under the medical benefit is the missing piece to allow pharmacists to contribute to a true team-based care model amidst a healthcare crisis. Not only is SB693 needed for pharmacists to utilize our training as medication experts, SB693 is necessary to provide the quality of care that our patients and ohana deserve today.

On behalf of The Hawai'i Pharmacists Association, mahalo for this opportunity to testify.

Very Respectfully,



Dr. Corrie L. Sanders, PharmD., BCACP, CPGx
President, Hawai'i Pharmacists Association



ALOHACARE

To: The Honorable Kyle T. Yamashita, Chair
The Honorable Lisa Kitagawa, Vice Chair
House Committee on Finance

From: Paula Arcena, External Affairs Vice President
Mike Nguyen, Public Policy Manager

Hearing: Thursday, March 30, 2023, 3:00 p.m., Conference Room 308

RE: **SB693 SD1 HD2 Relating to Pharmacists**

AlohaCare appreciates the opportunity to testify in **support of SB693 SD1 HD2**, which requires the State Auditor to conduct an assessment on the social and financial impacts of mandating health insurance coverage for care provided by a participating registered pharmacist practicing within the scope of the pharmacist's license.

Founded in 1994 by Hawai`i's community health centers, AlohaCare is a community-rooted, non-profit, safety net health plan serving over 80,000 Medicaid and dual-eligible health plan members on all islands. Approximately half of our membership are keiki. We are Hawai`i's only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person health needs.

As a health plan solely focused on serving Medicaid-eligible residents, AlohaCare is committed to improving access to care and strengthening the Medicaid program. In Hawai`i, Medicaid enrollment has grown by over 40% from 330,000 enrollees in March 2020 to 460,000 in January 2023. This tremendous growth has further strained on our already challenged provider capacity across our State, especially in rural areas. During the COVID-19 pandemic, pharmacists played a critical role in the State's response, shoring up access to vaccine.

AlohaCare supports further understanding how coverage of pharmacist services can improve access to care and strengthen the Medicaid program. Given the broad geographic distribution of pharmacies, the expanded provision of patient care services via pharmacists certainly has the potential to improve access for all Hawai`i residents.

Mahalo for this opportunity to testify in **support of SB693 SD1 HD2**.

1357 Kapiolani Blvd., Suite 1250, Honolulu, Hawaii 96814
Call: 973-0712 • Toll-free: 1-877-973-0712 • Fax: 808-973-0726 • www.AlohaCare.org

SB-693-HD-2

Submitted on: 3/28/2023 4:51:07 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Ronald Taniguchi, Pharm.D.	Individual	Support	Written Testimony Only

Comments:

Pharmacists practicing within their scope of practice should be reimbursed by insurers for the same direct patient care services rendered and reimbursed as other recognized providers. Mahalo!

SB-693-HD-2

Submitted on: 3/28/2023 8:09:22 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Janelle Siu Oshiro	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: SB 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR YAMASHITA, VICE CHAIR KTAGAWA, AND MEMBERS OF THE FINANCE COMMITTEE:

My name is Janelle Siu Oshiro, clinical pharmacist at Queen’s Medical Center West Oahu and I appreciate the opportunity to submit testimony in support of SB 693, A Bill to Mandate Reimbursement for Pharmacists’ Services.

Hawai’i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare communities.

SB 693 would provide coverage for licensed pharmacists’ services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai’i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in the inpatient hospital setting with services to outpatient care teams as well (i.e. cardiology). Some examples of services that we currently provide without direct reimbursement are chronic disease state management (i.e. anticoagulation), medication reconciliation, chart review including medication profile review, fall risk assessment, patient education, drug monitoring and/or adjustments, and laboratory tests. Additional services we would be able to provide with financial leverage

created by this bill would be transitions of care services, additional specialty care services, and telehealth.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are MTM reviews, immunizations, additional chronic disease state management (i.e. diabetes, hypertension, hyperlipidemia).

I respectfully and strongly urge the Committee to see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Janelle Siu Oshiro, PharmD

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To The Honorable Chair Yamashita, Vice Chair Kitagawa, and Members of the Finance Committee:

My name is Chris Lai Hipp, Pharm.D, BCPS, BCCCP and I appreciate the opportunity to submit testimony in support of Senate Bill 693 (SB693), A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase the quality of and access to medical services throughout Our State.

My team and I currently practice in the in-patient clinical setting of some of the largest hospitals in the state. Some examples of services that I currently provide without direct reimbursement are the numerous clinical consultations (including pharmacokinetic drug monitoring and dosing, medication reconciliation, etc.), drug information answers and advice, and patient discharge planning and assistance to improve access to their medications. The financial leverage that would be created by this bill would help to solidify this level of patient care across the many health systems of the State, for both the inpatient and outpatient settings. Without such leverage, many pharmacists do not practice to the extent of our legally authorized scopes of practice, since it is believed that our services are not valued since we are one of the few professions who do not regularly bill for our services. It is important to remember this is not about increasing our salaries, but to codify into statutes that our services are valuable and worthy of recognition.

Currently, Pharmacists are the most easily accessed doctoral-prepared health care professional in the country. Especially in the outpatient setting, where patients can walk into any pharmacy and speak with a Pharmacist without an appointment. All we are requesting is to help us to be recognized for the vital role we play in our current healthcare system.

I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Chris Lai Hipp, Pharm.D., BCPS, BCCCP, MLS(ASCP)^{CM}

Clinical Pharmacist

Honolulu, Hawaii

TESTIMONY RE: SB BILL NO. 693, RELATING TO PHARMACISTS, A BILL TO
MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO: The Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee

My name is Dr. Christopher Tan. I have been a Critical Care Pharmacist for the last 27 years, 12 years at Queens Medical Center, and 15 years at Tripler Army Medical Center. I have a Doctor of Pharmacy degree and hold Board Certification in Pharmacotherapy (BCPS). I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Credentialed pharmacists (i.e. Clinical Pharmacists) at Tripler have unique privileges that allow them to have prescriptive authority in their specialty areas. For example, during our morning interdisciplinary rounds in the intensive care unit (ICU), I collaborate with the providers to develop a pharmaceutical care plan for all patients. These tasks include among other things “fine tuning” the medication doses to minimize adverse effects, being an antibiotics steward (ensuring broad spectrum antibiotics are narrowed as soon as cultures are available and that they are used according to established guidelines), and preventing medication errors by conducting medication reconciliation during patient’s admission and before they step down from the ICU. Unfortunately, many clinical services that Clinical Pharmacists provide, however helpful or wonderful, are always secondary to their distributive duties. In many hospitals, these clinical services are deemed to be “optional” and are always the first to be pulled if there is pharmacy staffing or budget issues.

SB 693, if passed, would provide a revenue source for the hospital and would help justify the existence of Clinical Pharmacists. They will now be able to utilize their education and training to the best of their abilities. I believe that all providers, including pharmacists, should practice using the fullest scope of their statutorily granted authority. This will increase access to care and improve the quality of medical services in Hawai'i.

Every day, I work collaboratively with physicians, directing treatment plans, making recommendations and care decisions. I make sure every patient gets the right medications that do no harm. I ensure every patient gets better all without direct reimbursement. Should this bill pass, I will be able to provide more clinical services because I won't have to spend as much time trying to convince administrators the benefits of having a Clinical Pharmacist.

I respectfully and strongly recommend the Committee pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Christopher Tan Pharm.D., BCPS

TESTIMONY RE: SENATE BILL 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES
TO THE HONORABLE CHAIR YAMASHITA, VICE CHAIR KITAGAWA AND MEMBERS OF THE COMMITTEE:

My name is Logan Jones of the Daniel K Inouye College of Pharmacy and Pharmacy Intern at Costco in Kailua-Kona and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community who alongside many other healthcare professionals rose up and took a large role in vaccination of individuals against COVID-19.

SB 693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State. As a P1 Student Pharmacist, I know that I strongly desire to provide healthcare services within the State at the top of my license and PharmD education when I complete my studies in 2026.

My team and I at Costco currently practice in the community setting. Some examples of services that we currently provide without direct reimbursement are vaccinations. Additional services we would be able to provide with financial leverage created by this bill would be Medication Therapy Management and Counseling and device use counseling such as insulin pens.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are rotations at The East Hawaii Health Clinic at the Hilo Medical Center with a faculty member practicing Ambulatory Care. Pharmacists in Ambulatory Care perform in depth Medication Therapy Management for patients with chronic conditions such as diabetes, hypertension or high blood pressure, and dyslipidemia or abnormal blood cholesterol levels. These services have billing limitations for organizations employing such pharmacists.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink that reads "Logan Jones". The signature is written in a cursive, flowing style.

Logan Jones

Student Pharmacist

Daniel K Inouye College of Pharmacy

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR YAMASHITA AND VICE CHAIR KITAGAWA AND MEMBERS OF THE COMMITTEE:

My name is Lily Van and I am a clinical ambulatory care pharmacist and I appreciate the opportunity to submit personal testimony in **support** of Senate Bill No. 693 A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I strongly believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in the outpatient ambulatory care setting. I work alongside physicians, nurse practitioners, nurses, dietitians, psychologists and medical assistants to ensure that our patient populations truly benefit from the team-based patient-centric model of care that is being taught in medical programs.

As an outpatient ambulatory care pharmacist, my training not only included a 4-year post-graduate doctoral degree, but a two-year pharmacy residency where I worked and trained alongside physicians and medical residents as well.

In my current role, I am the pharmacology expert in our outpatient clinic seeing on average 10-15 patients daily myself. These patients come to me through a referral from their primary care provider or specialist with a diagnosis, but a need for additional pharmacy support for their therapeutic regimen. In many cases, my ability to provide the extra layer of follow up in tandem with their provider allows the patient to meet their health goals more quickly. It also allows the physicians on my team the flexibility to expand their panels in order to see more patients. Right now, many patients in my clinic wait 1-2 months to see their provider. Having a pharmacist on the team to help with follow up appointments allow us to expand access to care and free up time on the providers' schedules. I see patients for a variety of disease states including support for diabetes care, hypertension, smoking cessation, COPD/asthma, polypharmacy, etc. My role is to not replace their provider, but to work as a team member with the patient at the center of everything we do. Many of my patients reside on our outer islands with limited access to healthcare, so optimizing this team-based model of care ensures that we keep patients out of our hospitals and protects our communities' access to care. With the financial leverage created by this bill, I recognize that my team would be able to financially expand and sustain the pharmacy services we have already started.

As a preceptor at the College of Pharmacy and director of a pharmacy residency program in our state, I recognize how difficult it is to keep our healthcare graduates here. I was born and raised here in Honolulu, but left the state to attend college and receive my residency training. I subsequently worked in Washington, where I did have the privilege of billing for reimbursement of my clinical services. I saw how the profession of pharmacy was able to flourish alongside their healthcare colleagues, and I saw the direct benefit and appreciation in my patients' eyes. The decision to leave that forward-thinking and advanced model of healthcare to return to my home state was not a decision I took lightly. However, I know that our communities deserve the best healthcare that we can provide and I feel strongly that having the leverage for pharmacists to bill for their services will allow our healthcare teams to grow and sustain the best patient-centric models possible.

Those of us who were born and raised here on the islands want to return to serve the communities that raised us. Allowing for reimbursement of these cognitive pharmacy services will not only allow healthcare systems to create more sustainable team based models for our graduates, but it will more importantly maintain access to high quality patient centric care in our communities. I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to provide written testimony.

Sincerely,

Lily Van, PharmD, BCACP, CDCES

SB-693-HD-2

Submitted on: 3/29/2023 7:52:08 AM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Patrice Morita	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR KYLE YAMASHITA, VICE CHAIR LISA KITAGAWA, AND MEMBERS OF THE COMMITTEE:

My name is Patrice Morita, post-graduate year 1 pharmacy resident and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I am currently training and practicing in the outpatient ambulatory care setting in a team-based model of care. Our inter-disciplinary team consists of physicians, nurse practitioners, nurses, pharmacists, medical assistants, psychologists and dietitians. In this setting, ambulatory care pharmacists work to support and collaborate with providers to optimize patient care. In the short 6 months that I have been training in this area of pharmacy, I have seen firsthand the significant and positive impact a pharmacist can have on a patient's overall wellbeing. Pharmacists help to support providers in optimizing chronic disease state management by providing patients with close follow up and support. I help to provide close follow up for patients with disease states such as diabetes, hypertension, hyperlipidemia, and smoking cessation. I also serve patients by administering vaccinations, providing medication counseling, and medication therapy management. These services are all services within a pharmacists' current scope of practice.

Allowing pharmacists to submit for reimbursement for these services will help to increase patients' access to care.

I was born and raised here in Hawai'i. I would love to have the opportunity to live, work, and start a family here, but the job opportunities are fairly limited. Providing pharmacists with the ability to bill for services would also help to increase job opportunities for pharmacists, including new practitioners.

I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Patrice Morita, PharmD

Date: March 29, 2023

To: Rep. Kyle T. Yamashita, Chair
Rep. Lisa Kitagawa, Vice-Chair
Members of the Committee on Finance

From: Mark Mierzwa, PharmD, BCPP

Re: **SUPPORT for SB 693** Relating to Pharmacists

Hrg: Thursday, March 30, 2023, 3:00 PM, Rm 308

My name is Mark Mierzwa. I am testifying as an individual. I am a clinical practicing pharmacist, and I thank you for considering this testimony **SUPPORTING SB 693**, which would mandate registered pharmacists be reimbursed for the services they provide within the scope of their licensure by both public and private health plans.

Our healthcare system is facing a crisis. Our healthcare workforce does not adequately meet the health needs of our communities, particularly in the more rural and remote areas. There has been a mass exodus from healthcare careers, and we, as a community, need to implement policies that will help to address medical needs.

Statewide, people are implementing innovative ways to attract and retain healthcare workers. We must also ensure that the practicing healthcare workers are utilized to their full capacity. Pharmacists are already serving our communities and can be used to increase engagement with those requiring certain services. We must ensure that pharmacists practice to the full scope of their licensure and are compensated.

SB 693 will increase points of access to medical care throughout the state by financially compensating pharmacists for their services. Under the scope of their licensure, pharmacists can provide a variety of education for patients, such as how to check blood sugar, how to take medications safely, and medication utilization techniques. Patients who engage with a pharmacist upon hospital discharge are less likely to be readmitted.

As a clinical practicing pharmacist, I have personally worked with patients regarding medication side effects, proper administration techniques, and appropriate medication usage. Through these services, there is much higher medication compliance, decreasing the chance of a patient being readmitted. To have a strong continuum of care, we should ensure that community pharmacists can carry on this work. Our state should be utilizing this medical resource.

Mahalo for considering this measure,

Mark Mierzwa

Mark Mierzwa, PharmD, BCPP
Director of Pharmacy
Hawai'i State Hospital

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee,

In support of SB693 - My name is Jodi Nishida, PharmD, MHP and I'm the owner/operator of The Keto Prescription Clinic in Kailua, HI. Two years ago, I went through a very unfortunate event that I'd like to share with you. I have a very effective and valuable practice to the people of Hawaii. I teach patients how to do low carb CORRECTLY and am an *accredited* Metabolic Health Practitioner with the Society of Metabolic Health Practitioners (www.smhp.org). Because of the way Hawaii state law is written, I have to operate within the parameters of what's called a collaborative practice agreement with an MD. It's the only way I can legally bill insurance for my services. I see a patient, the MD signs off on my chart note, we send it to the insurance companies for reimbursement, my reimbursement gets deposited into the MD's bank account, he/she then cuts me a check for the amount.

Jodi sees patient → Supervising MD signs off on chart note → Note is submitted to insurance for reimbursement → Jodi's reimbursement is deposited into MD's bank account → MD cuts Jodi a check

The physician who I was with prior, a gastroenterologist, decided not to cut me a check one day. We had agreed to monthly payouts and from November 2020 – June 2021, Dr. Russell Yang withheld my income. At first he claimed it was due to spreadsheet reconciliation issues with the billers. Later, it turned into him avoiding me in the office completely. I hired an attorney and went to the police. I was told that because the dollar amount was just shy of \$100,000, I was unable to file criminal theft charges. My attorney advised against pressing charges after we sent several letters to him only to get a reply from the top law firm in the continental US. It was clear that he had no intention of giving me the money earned for my services. In 2021, I almost lost my house. Additionally, patients continued to receive copay bills from him for services rendered by me, not him. It was devastating on multiple fronts.

The reason I'm sharing this with you is not to rehash the pain of the past, but to show you what can happen when we are at the mercy financially of a crooked MD. I never would've guessed that this particular doctor would end up doing this to me. We had a great professional relationship and were doing great things for patients. Losing the ability to perform colonoscopies during COVID affected his income significantly, which is why I believe he stole from me in late 2020, early 2021.

It's vital that this Bill is passed. Pharmacists possess valuable skill sets that improve patient care especially for conditions like diabetes, asthma, cardiovascular disease, avoiding and managing drug interactions and side effects. We are truly the medication experts in healthcare. I am humbly including data from my clinic and testimonials from some of my patients including one in Hilo. We see patients on all islands.

Thank you for your time and attention,

Jodi Nishida, PharmD, MHP

www.theketoprescription.com

The Keto Prescription Clinic

We are a pharmacist owned and operated practice specializing in low carbohydrate education and de-prescribing medications. Jodi Nishida, PharmD, MHP works in collaboration with Maria Markarian, DO who is an interventional cardiologist. Together they focus on improving and reversing metabolic syndrome, preempting heart attacks and strokes, and improving all disease states related to metabolic health. Here is our data from June-December 2022.

Disease States Impacted Positively

GENERAL	METABOLIC SYNDROME
Autoimmune Conditions: Rheumatoid Arthritis, Psoriatic Arthritis, Lupus, Fibromyalgia, Sjogren's Syndrome	Hypertension
Neurological Conditions: Migraine Headaches, Alzheimer's Disease, Previous Stroke, TIA, Multiple Sclerosis, Restless Legs Syndrome	Type 2 Diabetes and Gestational Diabetes: Including chronic kidney disease and nephropathy, neuropathy, retinopathy, frequent symptomatic hypoglycemia
GI Conditions: Acid Reflux, Bloating, Gas, Heartburn, Gastritis, IBS, Crohn's Disease, Chronic Constipation, Dumping Syndrome, Chronic Diarrhea, Diverticulitis, Fatty Liver	High Cholesterol
Psychiatric Conditions: ADHD, Anxiety, Depression, Bipolar Disorder	Cardiovascular Disease: Including history of heart attack, stent placement, stroke, TIA, calcification of arteries
Hormonal Imbalances: Thyroid, Low Testosterone, PCOS, Infertility, Perimenopause, Severe PMS	Obesity

Hemoglobin A1c Reductions in Diabetes

WE FOLLOWED 160 DIABETES PATIENTS

23 patients saw a reversal of their diabetes measured by an A1c <5.7% & fasting insulin level <10.

50 patients saw an improvement in their A1c and are still being followed in our program.

87 patients are pending and due for an A1c with their primary care physician in early 2023.

Medications Decreased or Discontinued

Generic Name of Medication + Annual Cost Savings	Disease States	
Semaglutide Injection (Ozempic) - \$12636 Empagliflozin/Metformin - \$8100 Insulin Degludec Injection - \$3592 Insulin Lispro Injection - \$4212 Liraglutide Injection - \$15384 Insulin Isophane Injection - \$1144	Glipizide ER - \$182 Empagliflozin - \$8136 Metformin 500mg - \$240 Insulin Glargine Injection - \$2797 Semaglutide Tablets - \$13248 Semaglutide (Wegovy) - \$19524	Diabetes Obesity
Amlodipine - \$506 Irbesartan/HCTZ - \$528 Lisinopril/HCTZ - \$208 Carvedilol - \$258 Nifedipine - \$344	Valsartan - \$847 Hydrochlorothiazide - \$107 Lisinopril - \$95 Losartan - \$618 Irbesartan - \$1878	Hypertension Heart Failure Arrhythmias
Atorvastatin - \$1524 Icosapent Ethyl - \$2616	Rosuvastatin - \$4080	High Cholesterol Hypertriglyceridemia
Methotrexate - \$607 Megestrol - \$232 Bupropion - \$1416 Esomeprazole - \$304 Albuterol HFA - \$1080 Hydroxychloroquine - \$583	Trifluoperazine - \$385 Tamoxifen - \$917 Omeprazole - \$768 Sertraline - \$229 Testosterone Cypionate - \$360 Pantoprazole - \$1044	Rheumatoid Arthritis Breast Cancer Depression/Anxiety Acid Reflux Asthma Low Testosterone Endometrial Cancer

Summary

- ◆ In our clinic, the pharmacist spends 30-45min with each patient during appointments. She is responsible for all nutritional counseling, medication evaluation, diabetes monitoring, and follow up on lab results. Over 90% of our patients experience significant weight loss, lose significant inches of their body, and see improvement in all metrics including lab results. Our data shows improvement in disease states and health as opposed to the traditional model of adding medications at each appointment.
- ◆ From June - December 2022, our estimated cost savings to the healthcare system was \$132,774.28. This represents prescription medication costs only and does not include costs saved on diabetic testing supplies, routine labs, office visits, or urgent care/ED/hospitalizations for side effects or uncontrolled disease state sequelae.

January 27, 2023

To Whom It May Concern:

My Name is Ivania "Kanoelani" Paulino, I am a patient of Dr. Jodi Nishida, I will be one (1) year with her come April this 2023. I receive absolute dedication and honesty with her and I truly believe that she is a priceless asset to me, she has and still is teaching me to take care of myself in the most healthiest way possible. I appreciate her honesty and never buttering things up.

Dr. Nishida is currently helping and educating me with how to live life to its fullest with healthy eating, exercise, self-care, and being accountable for all I do. We are working on getting off my diabetes, cholesterol, and high blood pressure medication. Since I've been in her care through the Keto Prescription I am so happy to have gotten my A1c down to a 6.5 vs I believe almost a 10.

The quality of services she provides with one on one telehealth calls, I'm not just an appointment time, she genuinely makes the time and cares about my health and well-being, Dr. Jodi, Dr. Markarian and their staff are there when I have questions and answering or guiding me in a timely manner, providing great information with foods, medication, her videos on FB are really great information. She goes above and beyond sometimes she provides more information than my other doctors (this is not to say they aren't doing their job) it's just the amount of information she provides and the facts to back everything up is just amazing. When I'm feeling distracted due to life, work, or just the everyday rat race, she reassures me and makes sure I'm ok.

As for my medications, it will slowly disappear. I am currently awaiting approval for a major procedure coming up and keeping up on my diabetes medication just for now will be vital I believe. When my next lab work comes up and it's keeping steady, I'm sure that the medications will be going away along with my high blood pressure, and cholesterol. My blood pressure has been low for quite sometime but I am feeling good and not light headed. My cholesterol level has been great as well.

I'm still on my journey with so much more to learn from her, like I mentioned earlier, my A1c is just amazing! I haven't had my A1c this low in over 22 years. My lifestyle both in eating the right types of foods and putting exercise in has been something I never thought I'd accomplished.

I am learning that this journey is about me and the difference I am making for my personal goals, as long as I keep that focus and know what the end result is Dr. Jodi is my gold medal and I would highly recommend her and her staff to anyone in a heartbeat! You have to want it in order to succeed in anything you put your mine to and I am grateful that a friend of mine recommended her, I wish I knew about her earlier.

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino

01/27/2023

Dear Senators and State Representatives,

Shouldn't healthcare be something at the forefront and be pre-approved without any restrictions or problems? With so many health issues and possible underlying health conditions due to family health history, I've always wanted to have my personal healthcare and insurance taken care of and operating with little to no issues so that I could make better health a priority. This took years to happen until I was able to meet and be taken as a patient of Dr. Jodi Nishida. My wife and I wanted to start controlling and taking charge of our health in a sustainable and successful way. As a patient of Dr. Nishida's on a proper Medical Ketogenic Diet, I was received and treated with Aloha. I actually was not treated or judged in any way because of health issues. I was treated as myself that wanted to get better and be able to sustain what I was learning and embrace all the consistent support.

I came to Dr. Nishida with a goal in mind to get healthy and try to reduce my body weight and keep it off. When being under Dr. Nishida's care I knew of health issues like Sleep Apnea and Gout. What I didn't know was that my liver was inflamed and that I had Stage 3 liver disease and prediabetes. Medication and dietary changes should have been prescribed way before seeing Dr. Nishida. Dr. Nishida uses great tactile visuals in her teaching of proper Keto along with great teaching strategies that makes all of the patients under her care confident in implementing what we are taught and able to self-sustain our Keto journey. With Dr. Nishida and her entire staff I was never treated as a number. I was treated as myself and encouraged to disclose and share personal celebrations and small setbacks and taught how can I move forward and be okay with falling off the "Keto Train" now and then.

To give a grade to the quality of care that I receive from Dr. Nishida is an A+. She has always exceeded all standards and expectations for every appointment, she's never rushed or cut any appointment short because of time. My big takeaway during appointments was feeling relieved and confident just with appointments alone that I have found a Doctor who "treats me like a human being who needs help and support." I am not being treated for a health condition, I am being treated Holistically so that further treatment will be operate full steam ahead and with focus. Handouts, tips, digital resources and names of stores and locations to find approved keto items are provided. I was absolutely mind blown hearing from a doctor that medication is not needed to target your health conditions so that it can turn back to normal but my conditions can be treated with food! Treatment from other doctors always felt impersonal and I felt like a number and a price tag. It was like they just wanted to prescribe drugs all the time and that was the only answer for treatment. If this initially didn't work they just continued with more and more medications. This was never the case with Dr. Nishida, she never turned to prescribed medications right away. Dr. Nishida's style of treatment has benefitted me on many levels; Apnea machine not needed, gout pills no longer needed, prediabetes cured with foods, and size of liver normalized with normal enzyme levels. I am self-improving but still need a lot of work. I am confident and look forward to more health goals all because of the treatment style of Dr. Nishida. As an Educator for the DOE, I hope this bill will fix the current process to reimburse pharmacists for their valuable services. Oahu's pharmacists should be reimbursed directly for patient care and not be forced to go through a second or third party where they can be stolen from. The State Of Hawaii needs more Doctors like Jodi Nishida who care more about people's health instead of just a price tag, and treat and serve the people of Oahu so that they can be self-sufficient and sustaining.

Best Regards, Ikaikaokalani D. Bicoy

January 25, 2023

Dear Representatives and Senators,

Of the many doctors I've seen for the various health concerns I live with, Dr Jodi Nishida is recognized by her success in reversing disease and I have always learned more about what I must do to improve my health.

She spent a full hour getting my medical and lifestyle history as well as teaching me what the food I eat does in my body and the history of ketosis and why it works to improve blood sugar and decrease fat storage and cholesterol for those who eat a clean keto diet properly.

Dr Jodi Nishida has educated and empowered me through office visits, very clear handouts to support clean keto specifically for me and online private Facebook interactive posts on clean keto and there I also learn from questions other patients have and answers Dr Jodi Nishida provides.

There is no other doctor I know of who spends so much time and resources supporting patient care. What I've learned from being a patient of Dr Jodi's is that the food I'm eating and how I am exercising is the way I control my health state. I had been diagnosed with Congestive Heart Failure, Fatty Liver Disease, Mitral Valve Prolapse, Metabolic Syndrome, Major Depression, Multiple Sclerosis, Fibromyalgia, Osteopenia, Macular Degeneration, Obesity and Chronic Migraines. After becoming a patient of Dr Jodi Nishida's, I have been healed of Congestive Heart Failure, Fatty Liver Disease and Metabolic Syndrome. She has done more to bring health and healing to me than nearly 60 years of seeing other physicians.

I finally understand how to provide my body with the best nutrition and have learned that food that is good for me actually tastes delicious!

Very Truly Yours,

Turning 60 in May of 2023

January 27, 2023

Dear Senators and Representatives,

I am writing today to urge you to support the proposed bill that reimburses pharmacists directly for their patient care services. It is essential that you pass the bill to fix the current process to prevent further loss for pharmacists.

Obesity, borderline high blood pressure, joint pain and stress have directly affected the quality of my life and I have been in search of someone to help guide me to improve myself. Dr. Jodi Nishida has provided valuable and accurate information to help introduce me to a clean keto lifestyle.

Multiple appointments were conducted to analyze my diet, activity level, stress levels, and just life itself. We spent many hours discussing the things that were working and brainstorming how we can improve things that weren't. In addition, she has provided valuable food lists that she developed, tactile visuals of the conversion of sugar into my body, online support, and online group support to help me get to my goals. There were a lot of tears and laughter at each appointment which is extremely rare compared to my regular primary care physician. The quality of care that I receive from Dr. Jodi Nishida is beyond belief. She is very genuine and compassionate and it shows in her welcoming spirit.

Change is very difficult. I didn't expect to hear that the dietary guidelines that I was taught throughout my life are completely wrong. Also, losing inches is ideal and sought after than losing pounds. With the guidance, dedication, and encouragement from Dr. Jodi Nishida, I have lost more than 40 pounds and 62 inches off of my body. My lab values and blood pressures have been normal, I no longer have insulin resistance, my joints are not as painful when doing physical activity, I have more energy and mental clarity, and I am slowly weaning off of my thyroid medication. Please show your support and I urge you to vote yes for this bill. I would greatly appreciate your response on this legislation.

Sincerely,

Arlene U. P. Bicoy

January 27, 2023

To Our Representatives and Senators:

In December 2020, I was diagnosed with sleep apnea and was prescribed a CPAP machine to use while sleeping. I was overweight with high blood pressure, a fatty liver and high cholesterol. I was on medicine for acid reflux, high blood pressure and high cholesterol. I've tried hypnosis to lose weight, which worked for a month or so but didn't last. I felt like my primary care physician would only prescribe medicine instead of trying to help me understand the causes of my issues or other ways to remedy the issues without taking medicine.

One day, I was scrolling through social media and saw an ad for the Keto Prescription and was surprised that it was a local doctor on Oahu. I was a little skeptical about the ad but just gave it a try. I filled out the paperwork and was scheduled for my first appointment with Dr. Markarian, who cleared me for my first appointment with Dr. Jodi.

Dr. Jodi was dumbfounded at how many issues I had being only 39 years of age. She was surprised that I wasn't prediabetic due to my latest lab tests. She explained to me what my fatty liver meant, and I told her that I didn't realize that it was that bad because my PCP made it seem like it wasn't anything to worry about. Dr. Jodi and I spent time going over my bowel movements, my daily activities, diet, etc. We came up with a plan and scheduled bi-weekly then monthly appointments thereafter. My first appointment scared me, which was the kick in the butt I needed to start living healthier and making better choices for me and my family.

My husband and I embarked on this journey together with Dr. Jodi. After learning about the foods that we normally consumed and how we could change our diets to healthier choices, we have both lost a significant amount of weight. I lost 30 lbs. over the last five months and my husband lost 39 lbs. during the same time frame. Although we may consume not approved keto food occasionally, we are educated enough now to be able to get back on track with our healthy choices.

By following Dr. Jodi's plan, I was able to reverse my fatty liver. My lab tests are all back to normal and I feel happier and have more energy throughout the day. I don't rely on caffeine or energy drinks and just feel healthier overall. I get extremely excited when people notice how much thinner I look after starting my keto prescription.

Dr. Jodi and other pharmacists who put their efforts into educating the people of Hawai'i into living a healthier lifestyle should be able to be reimbursed directly for their patient care services. They should not have to rely on other doctors.

Sincerely,

Alisha K. Medeiros

(808) 217-0011

221 Lahaina Street

Hilo, HI 96720

GREGORY E. HUNGERFORD, D.C.

66-560 Kamehameha, Hwy. Ste. 5, Haleiwa, HI 96712

Office 808-780-2601 Fax 808-748-0275

Aloha,

I have been a patient of Dr. Jodi Nishida since 2021. I was referred by my PCP Dr. Yarawamai from Straub for weight loss, high blood pressure, and an autoimmune disease caused by pneumonia. Dr. Nishida is very knowledgeable and conveys information clearly and concisely. I was presented with charts and handouts detailing healthy foods and which ones to avoid. Through her care, I was able to achieve a healthy weight as well as discontinue my high blood pressure medication. Throughout my life, I have had multiple severe injuries including, football, soccer, wrestling, surfing, and 11 motor vehicle accidents which have improved symptomatically and functionally because of her care. She takes the time to make sure the information is understood and welcomes questions. I have seen many doctors over my lifetime and Dr. Nishida is top-notch. She is passionate and motivated, and it shows in her work ethic. As a chiropractor, I see patients in all manner of health conditions. Some of these patients suffer from obesity, rheumatoid arthritis, high cholesterol, diabetes, and general bad health from poor dietary habits. I have and will continue referring patients to her for her expertise even though my office is on the other side of the island. She is worth the drive.

Mahalo,

Gregory E Hungerford, DC

January 27, 2023

To Whom It May Concern:

My Name is Ivania "Kanoelani" Paulino, I am a patient of Dr. Jodi Nishida, I will be one (1) year with her come April this 2023. I receive absolute dedication and honesty with her and I truly believe that she is a priceless asset to me, she has and still is teaching me to take care of myself in the most healthiest way possible. I appreciate her honesty and never buttering things up.

Dr. Nishida is currently helping and educating me with how to live life to its fullest with healthy eating, exercise, self-care, and being accountable for all I do. We are working on getting off my diabetes, cholesterol, and high blood pressure medication. Since I've been in her care through the Keto Prescription I am so happy to have gotten my A1c down to a 6.5 vs I believe almost a 10.

The quality of services she provides with one on one telehealth calls, I'm not just an appointment time, she genuinely makes the time and cares about my health and well-being, Dr. Jodi, Dr. Markarian and their staff are there when I have questions and answering or guiding me in a timely manner, providing great information with foods, medication, her videos on FB are really great information. She goes above and beyond sometimes she provides more information than my other doctors (this is not to say they aren't doing their job) it's just the amount of information she provides and the facts to back everything up is just amazing. When I'm feeling distracted due to life, work, or just the everyday rat race, she reassures me and makes sure I'm ok.

As for my medications, it will slowly disappear. I am currently awaiting approval for a major procedure coming up and keeping up on my diabetes medication just for now will be vital I believe. When my next lab work comes up and it's keeping steady, I'm sure that the medications will be going away along with my high blood pressure, and cholesterol. My blood pressure has been low for quite sometime but I am feeling good and not light headed. My cholesterol level has been great as well.

I'm still on my journey with so much more to learn from her, like I mentioned earlier, my A1c is just amazing! I haven't had my A1c this low in over 22 years. My lifestyle both in eating the right types of foods and putting exercise in has been something I never thought I'd accomplished.

I am learning that this journey is about me and the difference I am making for my personal goals, as long as I keep that focus and know what the end result is Dr. Jodi is my gold medal and I would highly recommend her and her staff to anyone in a heartbeat! You have to want it in order to succeed in anything you put your mine to and I am grateful that a friend of mine recommended her, I wish I knew about her earlier.

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino

February 5, 2023

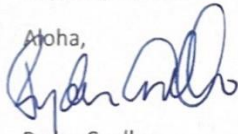
Dearest Dr. Jodi,

I am grateful to you and would like to share my experience in support of your efforts to make us healthier.

1. In July of 2022, I first met with you to discuss my desire to "get off my meds" which I have been on for over 20 years! Pills seemed to be the only way to deal with my chronic illnesses of high blood pressure, gout, type 2 diabetes and high cholesterol. Since I have medical insurance, copays are minimal and its pretty easy to get a prescription for a higher dosage or new meds. After my initial visit with you, I did the cardiogram and began my journey to get healthy and get off all my meds!
2. During my follow-up appointments, your expressed genuine concern and sharing of information has been sincere and useful to keep me on track. Every visit sets a new set of goals to work towards the ultimate goal of a healthy lifestyle. Your Facebook Group and latest meal prep program are awesome support for all of us to turn to when we need it. Besides the informational handouts about the right foods to eat and proportions/ratios, the "approved" shopping list off the FB group is the most useful resource to me. As I and I'm sure everyone carries around their phone everywhere nowadays, a few clicks and I have access to the information as I am grocery shopping.
3. Since starting I have lost 30 pounds and have reduced a few of my meds. I feel better and the my keto-lifestyle, inspired by you, has influenced my immediate family as well as those I work with, as eating and sharing meals is such an integral part of our local culture;

Thank you for all that you do for those that want to truly live healthy and let me know if there is anything more that I can do to support you.

Aloha,



Ryder Coelho

February 9, 2023

Aloha, my name is Raelene Shimokawa, and I am a patient of Dr. Jodi Nishida from December 18, 2020. I sought her help after my primary care physician (PCP) advised me to go on medication to lower my high cholesterol. I am 5'1" & was 130 lbs. Knowing the negative side effects of these drugs I began my health journey with Dr. Jodi.

Dr. Jodi educated, listened, & guided me into better health. Each visit, she spent roughly 30 minutes listening & teaching me what foods to eat, how much, why we should eat, & the consequences of unhealthy choices. I didn't feel overwhelmed or rushed during my visits. I saw Dr. Jodi about once a month until July 2021 & my most recent October 2022.

At each of my once a month visits she would give me handouts that taught me what kinds of foods were the better choice, how to eat these foods the healthy way with healthy fats, & educated me on how to read food ingredients labels. Not knowing what are unhealthy ingredients (fats, carcinogenic, inflammatory, etc.) we can easily be fooled by deceptive marketing strategies. Such as: foods labeled as "healthy", "keto", "low/no fats" ~ the ingredients used are very unhealthy.

This was the first time in my life (almost 50 yrs old), that I'd lost 20 pounds. I felt better, had more energy, & my cholesterol numbers had gone down. No need for medication! This was the main reason why I sought Dr. Jodi - I wanted to do things naturally & control what I can.

Her knowledge & guidance is invaluable. It's very sad what society has been taught about food ~ what is healthy & unhealthy. Medication isn't the answer. We need to educate & guide people into better health. We shouldn't be making money off of sick people & masking the problems.

I am very grateful for Dr. Jodi & for her love & passion that she has in trying to help others. We need more people like her to step up & speak up for truth.

TESTIMONY FOR SB693: A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICE

TO CHAIR Yamashita, VICE CHAIR Kitagawa, AND MEMBERS OF THE COMMITTEE: Finance Committee

My name is Annie Madar and I appreciate the opportunity to submit testimony in support of SB693 a bill to mandate reimbursement for pharmacy services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in the inpatient setting. Some examples of services that we currently provide without direct reimbursement are, medication reconciliation on admission and discharge, medication therapy management, pharmacokinetic dosing and monitoring, discharge counseling. Additional services we would be able to provide with financial leverage created by this bill would be face-to-face medication education and counseling, discharge follow up regarding medication therapy, establishing heart failure and asthma pharmacist run clinics.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are centered on the lack of funding for hiring of pharmacy technician and pharmacist to provide more services. Provider status would allow pharmacist to provide more direct care to patients allowing increased access to care, decreased admission rates for chronic conditions and improve patient outcomes

I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Annie Madar, PharmD, BCPS

TESTIMONY RE: SB BILL NO. 693, RELATING TO PHARMACISTS, A BILL TO
MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO: The Honorable Chair Yamashita and Vice Chair Kitagawa; and members of the
Finance Committee.

My name is Dr. Chad Kawakami. I am an Assistant Professor of Pharmacy Practice at The Daniel K. Inouye College of Pharmacy. I have a Doctor of Pharmacy degree and hold Board Certification in Pharmacotherapy (BCPS). I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers in rural areas as well as specialty providers to care for those who are elderly or suffer from mental illness. Psychiatric and geriatric pharmacists are uniquely trained, and board certified in their area of specialty. Our kupuna and those who suffer from mental illness are two of the most vulnerable patient populations. Medications used incorrectly in these patients can cause significant harm to their health and quality of life. Pharmacists have the expertise to work with physicians to make sure medications are effective and do no harm. In this capacity, pharmacists have shown we can increase access to critically needed services.

Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB 693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

Every day I care for our kupuna and those who suffer from mental illness at Pali Momi Medical Center. I work collaboratively with physicians, directing treatment plans, making recommendations and care decisions. I make sure every patient gets the right medications that do no harm. I ensure every patient gets better all without direct reimbursement. Should this bill pass, I would be able to provide additional services to kupuna and those who suffer from mental illnesses. I will be able to have one-on-one appointments to help these patients manage their health problems alongside their geriatrician, psychiatrist, or primary care provider. It is important for pharmacists to utilize their full scope of practice and have the appropriate means to do so.

I respectfully and strongly recommend the Committee pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Chad Kawakami Pharm.D., BCPS

March 29, 2023

TO: The Honorable Chair Yamashita, Vice Chair Kitagawa and members of the Finance Committee

Regarding: SB693

My name is Joy Matsuyama, and I am a registered pharmacist in Hawaii and am currently a Health-System Director on the Hawaii Pharmacist's Association (HPhA) Board as well as the Chair of the Hawaii Academy of Health-System Pharmacists (HAHSP). I graduated from the University of Washington School of Pharmacy in Seattle, Washington with both my BS in Pharmacy and Doctorate in Pharmacy. I completed a general residency at the University of Washington and Harborview Medical Centers as well as a specialty residency in Geriatrics at the VA Medical Center in Boise, Idaho. I am Board Certified in Pharmacotherapy (BCPS). Throughout my pharmacy career I used my training and education to provide cognitive services first at the VA Medical Center Clinics in Boise tailoring veteran's outpatient medication regimens, then in academia at Idaho State University's College of Pharmacy and St Alphonsus Regional Medical Center in Boise, Idaho, teaching pharmacy students internal medicine and participating on the Medical Center's Nutrition Support team caring for the nutritional needs (intravenous nutrition) of the critically ill, surgical and other patients. I returned home to Hawaii to be the Pharmacy Coordinator for Education and Professional Practice at the Queen's Medical Center training hospital pharmacists, then the System Pharmacy Clinical Coordinator at Hawaii Pacific Health and most recently was the Pharmacy Director at Straub Medical Center an affiliate of Hawaii Pacific Health.

I am in full support of SB 693 which is requesting registered pharmacists in the state of Hawaii receive reimbursement for services (Medication therapy management, comprehensive medication management, etc...) which is in our current scope of practice. Pharmacists are asking to be recognized as healthcare providers by insurance agencies along with other providers we work side-by-side with (physicians, nurses, etc...) so we can get paid for non-dispensing services. In the past, pharmacists were seen more commonly as medication dispensers but, with the move to the universal Doctor of Pharmacy degree from all colleges of pharmacy, pharmacists are trained to select and manage appropriate medications, dosages, and regimens based on the patient population being treated. No matter what setting a registered pharmacist is working (Retail, Hospital, Clinics, Nursing homes, etc...) they have the skills to optimize medication regimens while working collaboratively with physicians, patients and others on the healthcare team to improve patient care. These cognitive services, which pharmacists have spent 4 years (similar to Medical and Dental School students) in doctoral training with many completing an additional one-year general residency, and maybe another one year in a specialized residency (geriatrics, cardiology, critical care, etc...) with some even completing an additional two year fellowship, should be reimbursed.

In my previous role as a Director of Pharmacy at a Health-System, I oversaw approximately 50 staff, which included clinical pharmacists, pharmacy technicians, pharmacy billers, and pharmacy buyers. The Pharmacy Department provided pharmacy services to the hospital, operating rooms, emergency room and over 70 ambulatory care clinics. We were able to provide clinical pharmacy services throughout the health-system. Pharmacists were on teams on each of the hospital floors and in the intensive care unit (ICU), there was a pre-op pharmacist in the pre-op clinic who saw patients before surgery and educated patients on medications to stop prior to surgery, an emergency room (ER) pharmacist in the ER who helps the ER team with medication-related issues, an oncology pharmacist in the oncology clinic who helps providers with chemotherapy regimens, and several anticoagulation clinic pharmacists in the

Anticoagulation Clinic who help patients keep their blood lab values in range so they won't bleed or clot due to their blood thinner. Though my pharmacy team was robust I experienced difficulty getting the needed pharmacy resources to assist the health care team and provide the patient support because pharmacists could not bill for their services. Basically, without reimbursement for services, pharmacist positions, or for that matter, any position is difficult to cost justify. The passing of SB693 would greatly help expand the reach of pharmacists in the community and allow organizations to justify much needed positions.

Pharmacists should also be reimbursed for services like other healthcare professionals because by helping providers and patients better manage their medications in chronic disease states (diabetes, hypertension, hyperlipidemia, chronic heart failure, etc..) they can improve a patient's quality of life and also help save healthcare dollars that were previously being spent on unwanted urgent care and emergency room visits and in the most extreme cases hospital admissions.

It is time for pharmacists to be recognized as healthcare providers in Hawaii so we can be reimbursed for our valuable and cost-effective services which are often being sought out, requested, and praised.

Thank you.

Sincerely,

Joy Matsuyama, PharmD, BCPS

TESTIMONY RE: Senate Bill NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Yamashita, Vice Chair Kitagawa and members of the Finance Committee

My name is Sheri Tokumaru and I am a pharmacist and a faculty member at the Daniel K. Inouye College of Pharmacy. I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB 693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I currently practice in the acute care hospital setting. Some examples of services that I currently provides without direct reimbursement are rounding with the team to make safe, effective, and cost effective medication recommendations. I also use my pharmacy knowledge to reduce medication errors and to complete medication monitoring. I teach pharmacy students on a regular basis. Allowing for reimbursement for pharmacist services will allow future pharmacist to provide pharmacy services to the Hawaii community.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Sheri Tokumaru, Pharm.D., BCCCP

House Committees for Finance

To the Honorable Chair Yamashita, Vice Chair Kitagawa and Members of the Finance Committee

Testimony for SB 693 SD1 HD2

My name is Carolyn Ma, I am a Doctor of Pharmacy and Distinguished Fellow of the National Academies of Practice (FNAP). In February of 2022, I retired from my role as the Dean for the University of Hawai'i at Hilo Daniel K. Inouye College of Pharmacy. My written testimony strongly supports SB 693 SD1 HD2 Relating to Pharmacists, a bill that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice.

The Daniel K. Inouye College of Pharmacy has a successful model of embedding a faculty clinical pharmacist in family medicine physician practices. This model, known throughout many academic medicine patient clinics, the Kaiser HMO system, and the Veterans Administration, is known to decrease overall cost of patient care by reducing drug complications, adverse reactions, improve patient's medication adherence, and improve disease management outcomes. Pharmacists provide valuable and cost saving interventions especially in medication centric diseases. ¹

Pharmacists' partner with prescribers to address the multitude of insurance issues that accompany a supposedly simple writing of a prescription such as gaining prior authorizations, and ensure all drug interactions are handled appropriately. Legislation has helped the state's progress with more advanced pharmacist practice acts. The community pharmacist has increased their clinical roles for direct patient care through collaborative agreements with physicians and nurse practitioners. Their role as immunizers, advocates for women's health, and point of care testing have helped to transition the pharmacist to 'in front of the counter' as opposed to the stereotypical back of the counter role. ¹

Numerous studies show that a pharmacist caring for a patient with chronic diseases such as diabetes, cardiovascular disease, asthma will yield outcomes of better patient medication adherence, a safer side effect profile, avoid readmission or costly disease progression.²⁻⁴ This then leads to a lower cost of a patient's overall care from a team-based model where not only one intervention but rather a team of interprofessional interventions provides value. This is the model utilized by the Kaiser HMO and VA systems, where the pharmacists' salaries are incurred in the operational cost of the clinic with overall outcome value based on the total care of the patient.

For those pharmacists not employed in an HMO or VA setting, these types of valuable services are provided but often not reimbursed due to the fact that pharmacists are not approved as providers in the Centers for Medicare and Medicaid Services (CMS).

Given the massive shortage of primary health care providers in this State, the clinical expertise that clinical pharmacists can provide would add value and cover gaps in care. This bill will help to compensate pharmacists in this valuable role.

Mahalo for the opportunity to provide testimony to support SB 693 SD1 HD2.

References

1. Ma, Carolyn. Panic or Panacea, Changing the Pharmacist's Role in Pandemic COVID-19. *Hawaii J Health Soc Welf.* 2020;79(7):234-235.
2. Chisholm-Burns MA, Kim Lee J, Spivey CA, et. al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care.* 2010 Oct;48(10):923-33.
3. Prudencio J, Cutler T, Roberts S, et. al. The effect of clinical pharmacist-led comprehensive medication management on chronic disease state goal attainment in a patient-centered medical home. *Journal of Managed Care & Specialty Pharmacy.* 24. 423-429. 10.18553/jmcp.2018.24.5.423.
4. Helling DK, Johnson SG. Defining and advancing ambulatory care pharmacy practice: it is time to lengthen our stride. *Am J Health Syst Pharm.* 2014 Aug 15;71(16): 1348-56.

TESTIMONY FOR SB693: A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICE

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee:

My name is Erika Miyahira, Clinical Pharmacist at Queens West Oahu and I appreciate the opportunity to submit testimony in support of SB693 a bill to mandate reimbursement for pharmacy services. Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community. SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State. My team and I currently practice in the inpatient setting. Some examples of services that I currently provide without direct reimbursement are Medication Reconciliation, Patient Education, etc. I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Erika Miyahira PharmD.

SB-693-HD-2

Submitted on: 3/29/2023 1:15:41 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Wesley Sumida	Individual	Support	Written Testimony Only

Comments:

March 29, 2023

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee

My name is Wesley Sumida and I am a pharmacist and Associate Professor at the Daniel K. Inouye College of Pharmacy. I appreciate the opportunity to offer my testimony as an individual in **strong support** of SB 693 SD1 HD2, A Bill For An Act Relating To Pharmacists.

Pharmacists are considered drug therapy experts among health care professionals. They provide consultation, education and other patient care services in their various practice sites such as acute care settings, ambulatory clinics, long term care facilities and in community pharmacy settings. Many pharmacists practice in inter-disciplinary team settings with physicians, nurses, psychologists, dieticians, and social workers, to name a few, to provide safe, effective and cost-efficient drug therapy. Numerous services are provided directly to patients such as medication therapy management for chronic disease management and assessment and counseling for complex medication regimens. Support for this bill will allow for the auditor to conduct an assessment on the social and financial impacts of pharmacist reimbursement for valuable services that promote best patient care practices and care access.

Thank you for this opportunity to testify.

Sincerely,

Wesley Sumida, Pharm.D., BCPS

SB-693-HD-2

Submitted on: 3/29/2023 1:20:13 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Michael Curcio	Individual	Support	Written Testimony Only

Comments:

My name is Mike Curcio, Clinical Pharmacist at Queens Medical Center West O`ahu, and I appreciate the opportunity to submit testimony in support of SB693 a bill to mandate reimbursement for pharmacy services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in the hospital setting. Some examples of services that I currently provide without direct reimbursement are patient education and counseling, medication reconciliation, and consultations requested by providers

I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Mike Curcio, PharmD

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR YAMASHITA, VICE CHAIR KITAGAWA AND MEMBERS OF THE FINANCE COMMITTEE:

My name is Ross Takara and I am a pharmacist working at an integrated health care delivery system and I offer this testimony in an individual capacity. I am a board-certified ambulatory care pharmacist and have provided direct patient care as a clinical pharmacist from 2005 to 2009 in primary care. I am now working in an administrative position and can speak to the value of the pharmacist working collaboratively on an interdisciplinary team. I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB 693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in an integrated health care delivery system that is not reliant on reimbursement for pharmacists to provide clinical services in our business model. We have been fortunate to work in partnership and collaboration with our medical group (i.e. physicians) to provide a wide array of clinical pharmacy services that includes chronic disease medication management in primary care as well as working with specialty care in areas like oncology, nephrology, infectious disease, geriatrics, etc. The value of clinical pharmacy services within our organization is well recognized and utilized in our health care delivery model across all the markets we serve (including California, Oregon, Washington, Colorado, Georgia, Virginia, D.C., and Maryland).

I helped to lead the rollout of clinical pharmacists working under collaborative practice agreements with primary care providers to provide medication management of chronic diseases such as diabetes, high blood pressure and cholesterol. I included below graphs that clearly show the significant impact and improvement on these surrogate measures per publicly reported NCQA/HEDIS results for our members with commercial and Medicare insurance. Prior to the pharmacists working collaboratively with our physicians, our organization was ranked in the 50th percentile for the measures on diabetes, high blood pressure and cholesterol control. The implementation of clinical pharmacy services in primary care resulted in our organization achieving 90th percentile ranking on all these measures and for several of them was ranked in the top 10 nationally. The improvement in these clinical surrogate measures have resulted in improved outcomes by reducing the incidence of heart attack, stroke and complications of diabetes.

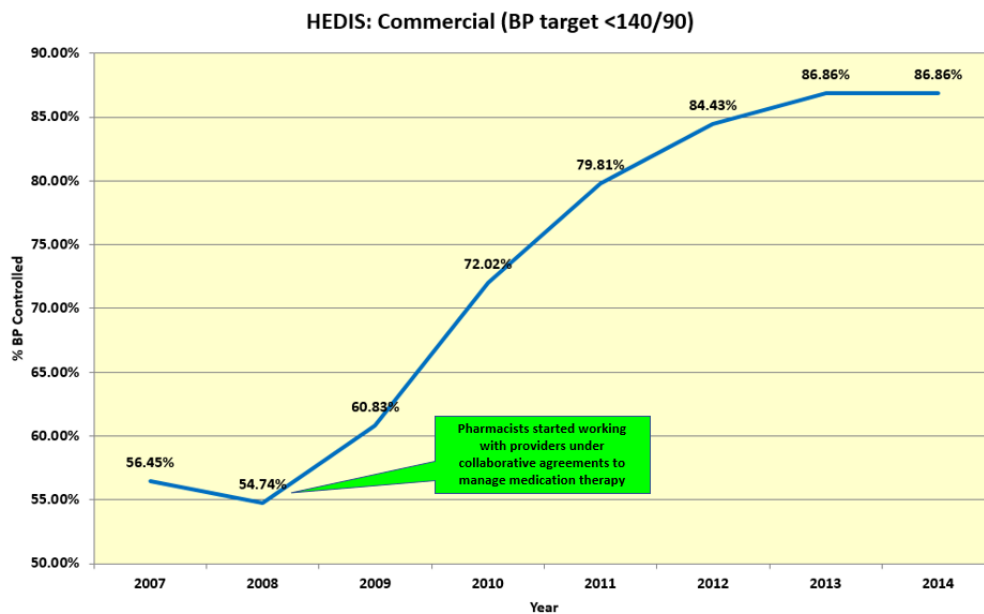
This bill will not impact our organization directly, however, I strongly feel that pharmacists can help fill the gap and enhance the care to the community and improve health outcomes by optimally managing medication therapy. This bill will enable pharmacists outside of our organization and in other health care systems and pharmacy settings to provide clinical services that our community needs and deserves.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

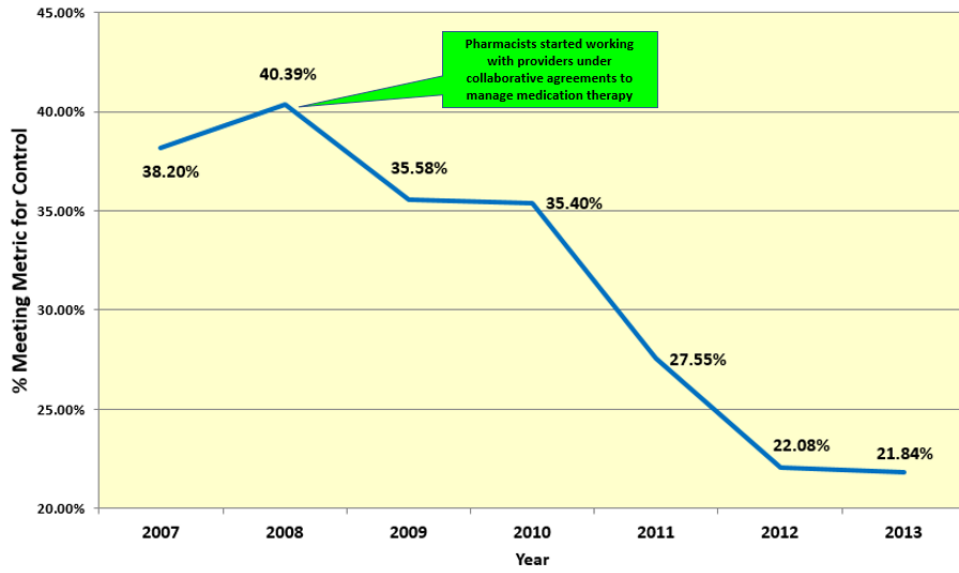
Sincerely,

Ross T. Takara, R.Ph, Pharm.D, BCACP

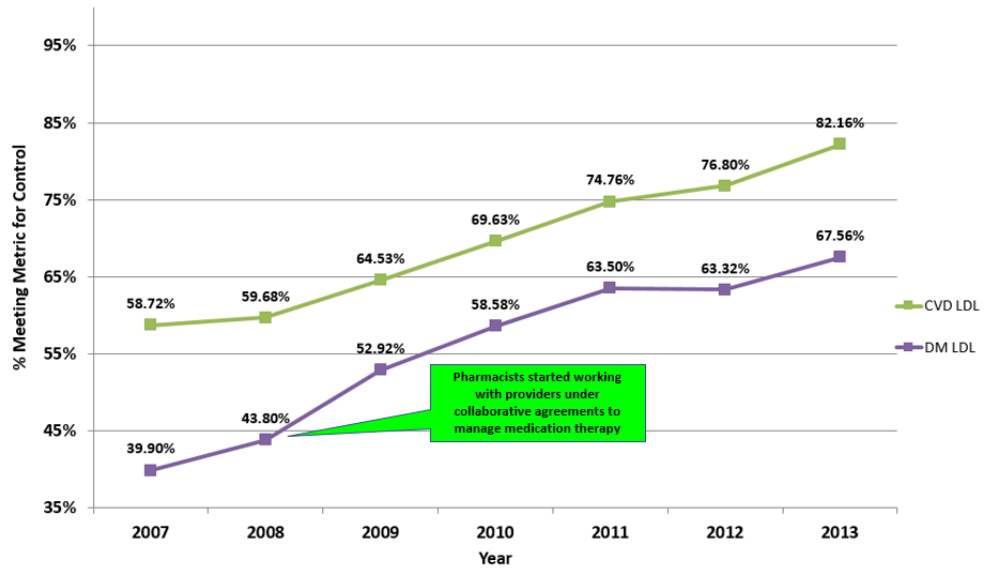
NCQA/HEDIS Results for Our Organization on Diabetes, High Blood Pressure (BP), and Cholesterol (LDL) Control



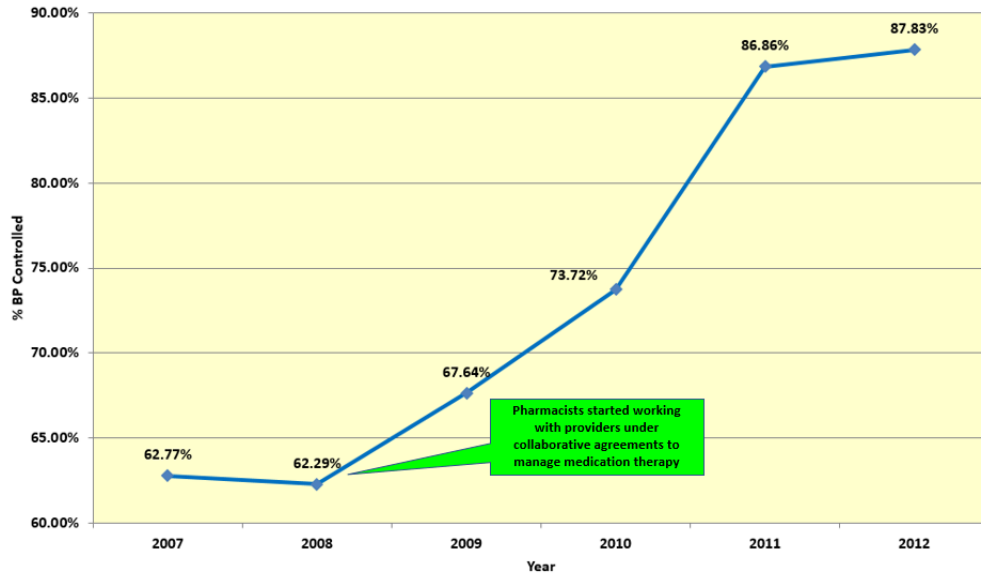
HEDIS: Commercial (Diabetes: HbA1c >9%)



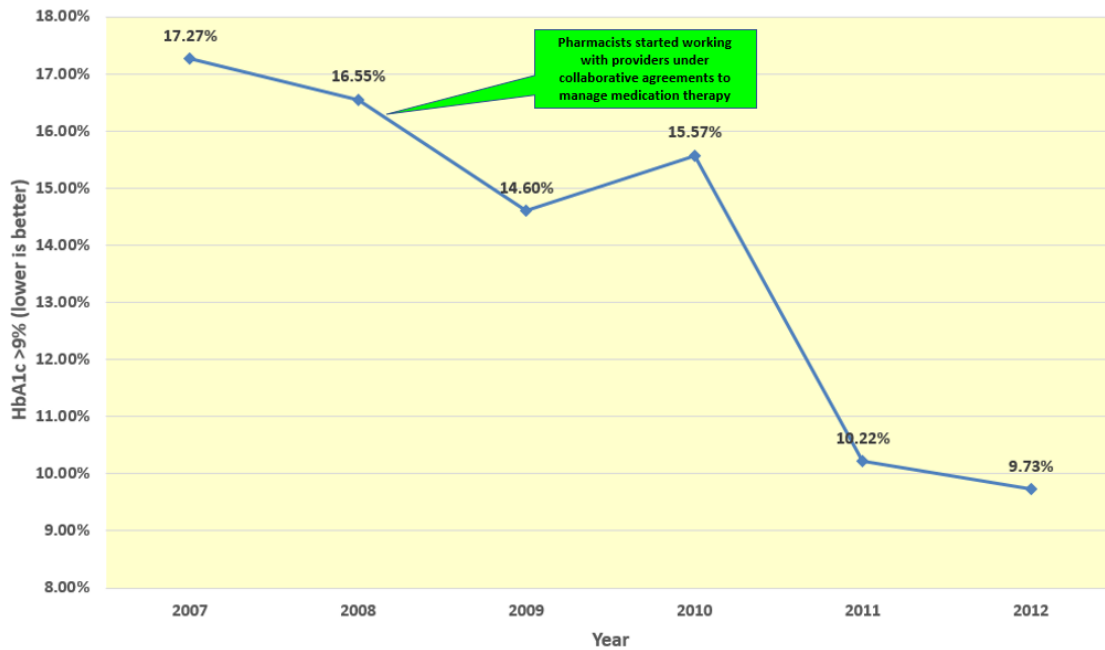
HEDIS: Commercial (LDL target <100)



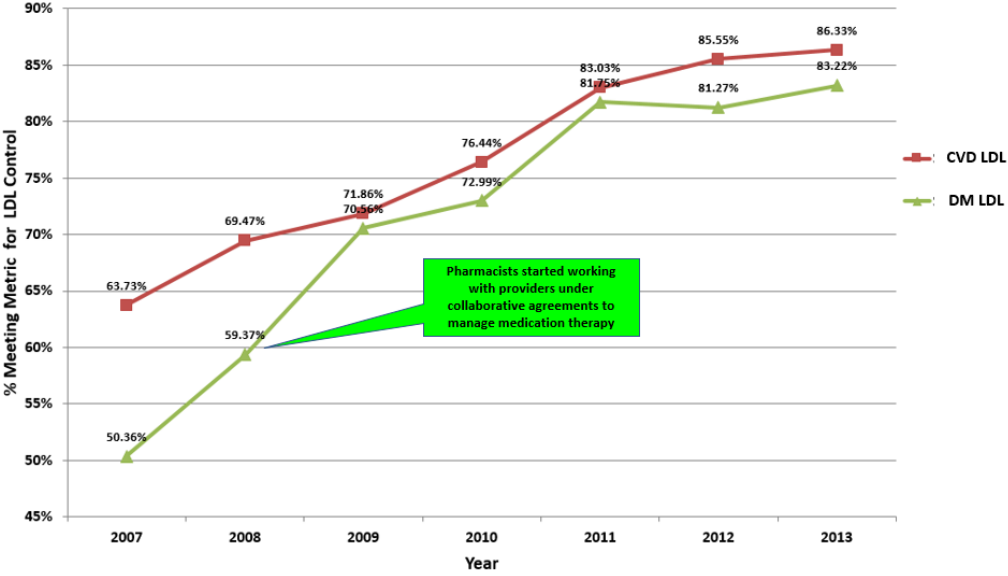
HEDIS: Medicare (BP target <140/90)



HEDIS: Medicare (Diabetes: HbA1c >9%)



HEDIS: Medicare (LDL at target <100)



Pharmacists started working with providers under collaborative agreements to manage medication therapy

TESTIMONY RE: SB 693 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee:

My name is Dayna Wong-Otis and I am a pharmacist in Hawaii. I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacists' Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare communities.

SB 693 would provide coverage for licensed pharmacists' services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in the community pharmacy setting. Some examples of services that we currently provide without direct reimbursement are chronic care management and medication synchronization. Additional services we would be able to provide with financial leverage created by this bill would be tobacco cessation services and point-of-care testing.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Dayna Wong-Otis, PharmD, CDCES

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee:

My name is Rachel Randall, PharmD, BCPS, BC-ADM, a clinical pharmacist with Wahiawā Health, a federally qualified health center serving Wahiawā, Waialua, Kunia & Mililani. I appreciate the opportunity to submit testimony in strong support of SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I currently practice in the outpatient clinic setting. I am a double-board certified pharmacist and specialize in pharmacotherapy and advanced-diabetes management. Some examples of services that I currently provide without direct reimbursement are medication therapy management, comprehensive medication management, medication reconciliation, diabetes self-management education and support, diabetes prevention program and lifestyle coaching, tobacco treatment specialist counseling, and blood pressure monitoring/hypertension education and management to name a few. The latest program to start at Wahiawā Health is the Hepatitis C Treatment Program, which also includes direct involvement with clinical pharmacist services, whereby medication adherence is key to treatment success. Additional services I would be able to provide with financial leverage created by this bill would be further reach to more members of the underserved community, as I am currently the only pharmacist serving in this role.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are difficulty justifying employment for clinical pharmacists in these settings given the financial burden to the organization.

I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Rachel Randall

Rachel Randall, PharmD, BCPS, BC-ADM

Clinical Pharmacist | Tobacco Treatment Specialist

Diabetes Self-Management Education & Support (DSMES) Program Coordinator and Educator

Health and Wellness Education Program Specialist

SB-693-HD-2

Submitted on: 3/29/2023 2:19:38 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Amy Herbranson	Individual	Support	Written Testimony Only

Comments:

To The Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the finance committee,

As a healthcare professional and pharmacist, I support this bill. It is vital to the success of pharmacists continuing to reach patients and provide the highest care possible. Pharmacists provide a unique part of healthcare, specific to medications and drug-related problems, that are pivitool to patient health and preventing hospitalizations.

Mahalo,

Amy Herbranson, PharmD

TESTIMONY RE: Senate BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Yamashita, Vice Chair Kitagawa and members of the Finance Committee:

My name is Faith Hicks. I am a Pharmacy Practice Instructor at the Daniel K Inouye College of Pharmacy and a Relief Pharmacist at KTA Pharmacy, our local Independent Pharmacy on Big Island. I am grateful for the opportunity to submit testimony in support of House Bill No. SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

The state of Hawai'i is currently facing a shortage of healthcare providers. Given that each county of Hawai'i is a medically underserved area, it is imperative that we face this disparity head on to provide the best care to our communities by fully utilizing all the resources at our disposal. Pharmacists are a valuable resource in the community and are readily accessible and available to all patients. During the pandemic, pharmacies remained open and provided administration of COVID tests and vaccinations to the public during the pandemic. Pharmacists also assessed labs, ordered and dispensed COVID treatments, like Paxlovid, to patients who tested positive for the virus. Pharmacists provided these services in addition to their daily dispensing duties and non-COVID related patient care services.

SB693 will allow licensed pharmacists to receive financial compensation under private and public health plans to enable Pharmacists to continue to provide patient care services in the community. Our aim is to continue to work together alongside other healthcare professionals and increase the quality of access to medical services throughout the state of Hawai'i.

I currently practice in an Independent Community Pharmacy setting. Some examples of services that I and the other pharmacists currently provide without direct reimbursement are Medication Therapy Management, Diabetes Prevention Programs, Drug Therapy Education & Consultations, Administration of ACIP recommended vaccinations to adults and pediatrics age 3 and above. We carry out home visits to the majority of Care Homes on Big Island and provide Flu and COVID vaccines to elderly and disabled patients. We have hosted many mass clinics open to the public where we have administered thousands of flu and COVID vaccines to the members of the community. With financial leverage created by this bill, we could extend our reach to more patients and communities on the island. We would not be limited in the number of people we could provide services to do to lack of supplies, manpower and/or resources.

I respectfully and strongly urge the Committee to pass SB693 for the well-being of the public we all serve. Thank you for the opportunity for my testimony to be heard.

Sincerely,

A handwritten signature in black ink, appearing to read 'Faith E Hicks', written in a cursive style.

Faith E Hicks, Pharm D.

To the Honorable Chair Yamashita, Vice Chair Kitagawa, and members of the Finance Committee

I, Gerry Fujii, urge you to pass SB165. As a retired Pharmacist, I have witnessed the progressive growth and expansion of our profession. In the early 1970's, many viewed Pharmacists as only "pill counters", but much has evolved with expanded clinical services. Pharmacists are now providing in depth patient counseling, disease state management, medication therapy management, immunizations and a host of specialized pharmacy services. It is well documented in medical literature the significant positive healthcare impact that results with using these services. Pharmacists deserve to be recognized as an integral part of the health system and must be reimbursed by establishing provider status.

Unfortunately, in recent times, big corporations owning chain and hospital pharmacies have been pressured by third party payers with their Pharmacy Benefit Management (PBM's) firms. Drastically reduced reimbursement for prescriptions have resulted in these employers forcing Pharmacists to continue providing clinical services in addition to the dispensing functions. This unacceptable workload has led to much burnout of Pharmacists both locally and nationally. High prescription prices are the result of the PBM's pressures on drug manufactures to give them discounts (basically bribes for formulary inclusions) and not the results of pharmacy profits.

I am especially proud of the Pharmacists providing their knowledge and expertise to the underserved in Hawaii through our community health centers. With the shortage of physicians in Hawaii, Pharmacists are playing an important role to the health well beings of our consumers, especially in these areas. The State has spent thousands of dollars building a College of Pharmacy in Hilo. Enrollment is down partly due to pessimism in our profession as well as the lack of job opportunities. Recognition to provider status and reimbursements for services will go a long way in restoring and maintaining our highly regarded profession. Pharmacists are one of the most trusted health care providers, and are the most visited health professional by Hawaii consumers.

Mahalo,

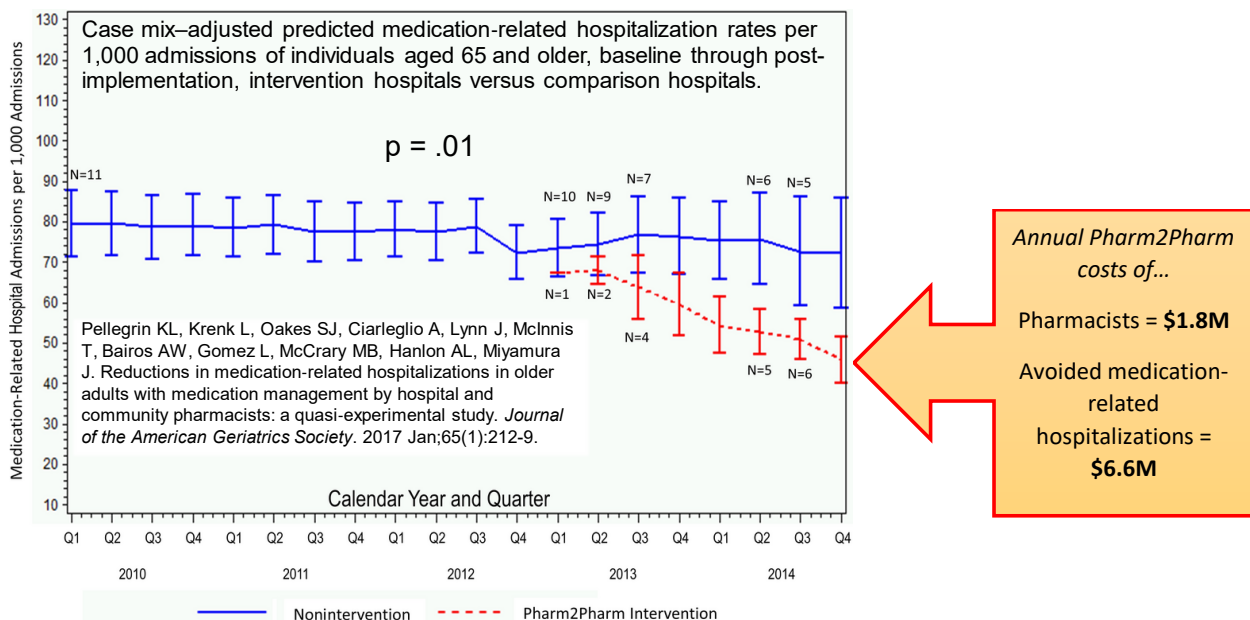
Gerry Fujii, Doctor of Pharmacy

TESTIMONY RE: SENATE BILL NO. 693, a bill to mandate reimbursement for services provided by pharmacists within their scope of practice

TO: The Honorable Chair Yamashita, Vice Chair Kitagawa and members of the Finance Committee:

My name is Karen Pellegrin, and I have served as a senior faculty member at the Daniel K. Inouye College of Pharmacy at UH Hilo since 2008. I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, a bill to mandate reimbursement for services provided by pharmacists within their scope of practice. This mandate will help **improve the quality of patient care** and **reduce the total cost of care** in Hawaii because **pharmacists are the only members of the care team with expertise to perform comprehensive medication management which reduces hospitalizations from medication harm.**

Through a federal award led by our college, we reimbursed pharmacists for identifying patients at risk of medication harm and for managing their medications across prescribers and across dispensing pharmacies in hospitals and community settings in all four counties in Hawaii. More than 2,000 patients received these services statewide. Results of this project, which have been published in peer-reviewed scientific journals, demonstrated a **264% return on investment in the pharmacists** we paid to perform these services¹. As shown in the chart below, the 6 communities in Hawaii that implemented this pharmacist-led model had significantly lower medication-related hospitalizations among older adults compared to the 5 communities that did not implement this model.



Senate Bill No. 693 would provide financial compensation that would allow licensed pharmacists to provide these services in Hawai'i under the medical benefit of private and public health plans. I respectfully and strongly urge the Committee to pass this bill. Thank you for the opportunity to testify.

Sincerely,

Karen L. Pellegrin, PhD, MBA

¹ <https://agsjournals.onlinelibrary.wiley.com/doi/pdfdirect/10.1111/jgs.14518>

SB-693-HD-2

Submitted on: 3/29/2023 4:37:13 PM

Testimony for FIN on 3/30/2023 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kerri Okamura	Individual	Support	Written Testimony Only

Comments:

My name is Kerri Okamura, R.Ph., and I appreciate the opportunity to submit testimony in support of Senate Bill 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly on our neighbor islands. Each county within the State contains a region that is a medically underserved area.

While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community. SB 693 would provide coverage for licensed pharmacists' services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. Pharmacists provide invaluable services to patients that have shown to improve health outcomes. Examples of some of the services are medication reconciliation, medication management, chronic disease management and education. At the height of the COVID-19 pandemic, pharmacists stepped up to serve their communities by providing COVID-19 vaccines and COVID-19 testing.

Pharmacists are the most accessible health care providers in our community. I believe that utilizing pharmacists to the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB693.

Thank you for the opportunity to testify.

Sincerely,

Kerri Okamura, R.Ph.