

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



CATHY BETTS
DIRECTOR
KA LUNA HO'OKELE

JOSEPH CAMPOS II
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

February 2, 2023

TO: The Honorable Representative Della Au Belatti, Chair
House Committee on Health & Homelessness

FROM: Cathy Betts, Director

SUBJECT: **HB 1221 – RELATING TO PHARMACISTS**

Hearing: Friday, 02-03 2023, 8:30 a.m.
Conference Room 329, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) provides comments and requests an extended effective date.

PURPOSE: The purpose of the bill is to mandate reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State beginning January 1, 2024.

DHS supports adding pharmacists as providers practicing within their scope of practice. Indeed, pharmacists are in the Hawaii State Plan as able to provide and bill for services within their scope of practice, such as vaccinations. DHS offers comments on Sections 4, 5, 6, and 8, which reference the Hawaii Medicaid program.

Section 4 adds pharmacists to the list of health care professionals at a federally qualified health center (FQHC) or rural health center (RHC) whose services may be included in the prospective payment system per section 346-53.64, Hawaii Revised Statutes. Currently, the Hawaii State Plan mirrors the statute. Therefore, Med-QUEST Division must submit a State Plan

Amendment request to accommodate this change. We do think that it is allowable to add pharmacists to the list of eligible FQHC or RHC health care professionals.

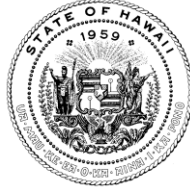
Section 5 adds pharmacists to the list of individual practitioners subject to the Hawaii Medicaid Fee Schedule. The latter is for services provided in the fee-for-service delivery system and as a reference for the Medicaid managed care plans. Currently, Hawaii's Medicaid does recognize individual pharmacists. However, individual pharmacists bill for their services by their affiliated billing provider. We believe that this methodology would still comply with the suggested amendment.

If however, upon further research, the intent is for the pharmacists to be able to bill for their Medicaid-covered services as independent providers, there would be significant changes to the regulatory (State Plan) and administrative and operational processes.

Section 6 of the bill expands the listed providers who can provide their services using telehealth to include pharmacists licensed under chapter 461. Although the state law notes that the list of providers is not limited to those named, there are no barriers to listing them. The use of telehealth is, of course, to be clinically appropriate to the service provided and within the provider's scope of practice.

Section 8 requires DHS to submit any State Plan Amendment (SPA) or waiver needed to implement the changes. As noted earlier, several provisions will necessitate State Plan changes. Section 8 also requires that such SPAs be submitted by an unspecified date. Given federal public notice requirements and the time needed to draft and discuss the provisions with CMS, we would request an effective date that gives DHS at least six months from the bill's passage to submit any necessary SPAs to implement this measure.

Thank you for the opportunity to provide comments on this measure.



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA
SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

DEAN I. HAZAMA
DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

KA 'OIHANA PILI KĀLEPA
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: (808) 586-2850
Fax Number: (808) 586-2856
cca.hawaii.gov

Testimony of the Department of Commerce and Consumer Affairs

**Before the
House Committee on Health and Homelessness
Friday, February 3, 2023
8:30 a.m.**

State Capitol, Conference Room 329 and via Video Conferencing

**On the following measure:
H.B. 1221, RELATING TO PHARMACISTS**

Chair Belatti and Members of the Committee:

My name is Gordon Ito, and I am the Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to mandate reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State beginning January 1, 2024.

The new sections of HRS chapter 431, article 10A and chapter 432, article 1, created in Sections 2 and 3 of the bill, respectively, include subsections (a) that provide in part that health plans “shall recognize pharmacists licensed pursuant to chapter 461 as **participating providers**[.]” (page 2, lines 9 to 11 and page 3, lines 8-9) (emphasis added)). The term “participating provider” seems as if it could be reasonably interpreted to mean a provider who has contracted with a health plan. However, the subsections

(b) include the definition “participating registered pharmacist’ means a pharmacist licensed pursuant to chapter 461 who has contracted with the” health plan (page 2, lines 17 to 20 and page 3, lines 15 to 18). With this “participating registered pharmacist” definition defined by the existence of a contract, it is unclear what is meant by “participating provider”. This issue may lead to confusion and statutory interpretation issues.

For the Committee’s information, Hawaii Revised Statutes section 23-51 provides, in part, that “[b]efore any legislative measure that mandates 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, [*sic*] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]”

Thank you for the opportunity to testify on this bill.



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 Health and Homelessness
Friday, February 3, 2023 at 8:30 a.m.

By

Bonnie Irwin, Chancellor

and

Miriam Mobley Smith, Interim Dean

Daniel K. Inouye College of Pharmacy

University of Hawai'i at Hilo

HB 1221 – RELATING TO PHARMACISTS

Chair Belatti, Vice Chair Takenouchi, and Members of the Committee:

Thank you for the opportunity to submit testimony on HB 1221. The University of Hawai'i at Hilo (UH Hilo) supports HB 1221, which will mandate reimbursement for services provided by pharmacists within their state scope of practice by private and public health plans in Hawai'i. 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 here.

This legislation will align with and not change the pharmacist state scope of practice.

BENEFIT OF LEGISLATION

A variety of stakeholders that will benefit from this legislation, 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 Hawaii 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.

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

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-areas/pas/?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>.

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 strong support of HB 1221.

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.



Testimony presented before the
House Health and Homelessness Committee
Friday, February 3, 2023

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

Support for HB 1221, Relating to Pharmacists

To the Honorable Chair Belatti, Vice Chair Takenouchi and members of the Committee,

The Hawai'i Pharmacists Organization stands in strong support of HB 1221 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. The current lack of a payment pathway for our profession significantly hinders pharmacists from providing services outside of medication dispensing, despite having more years of training in pharmacotherapy and medication management than any other healthcare profession.

Pharmacists graduate with a Doctor of Pharmacy (PharmD) that requires a minimum of six years to complete. Pharmacists may then complete two years of post-graduate residency programs or become nationally board certified in various specialties. Specialty care areas include, but are not limited to, ambulatory care, oncology, pediatrics, geriatrics, infectious disease, cardiology, psychiatry, emergency medicine and critical care.

The current antiquated payment structure for pharmacists is completely reliant upon a medication dispensing model under the pharmacy benefit that has become financially unsustainable. In the retail pharmacy setting, Pharmacy Benefit Managers (PBMs) have continued to significantly reduce medication reimbursement rates. Often times reimbursement is so low that community pharmacies are losing money to dispense medications after accounting for baseline business expenditures. By relying exclusively on billing the pharmacy benefit, locally owned pharmacies are unable to generate sustainable revenue streams to remain in business. HB 1221 would allow community pharmacies to bill for services that lie within a pharmacist's scope of practice to create additional income, continue to serve patients, and increase access to care.

Healthcare systems and health plans that employ pharmacists have the luxury of relying upon long-term financial returns to justify the presence of a pharmacist on the care team. There is extensive literature to show themes in cost savings, including "decreased total health expenditures, decreased unnecessary care (fewer hospitalizations, emergency department visits and physician visits), and decreased societal costs (missed or nonproductive workdays)."¹ By investing in the pharmacist, both health systems and health plans see a financial return with more controlled chronic conditions and decreased acute care needs.

¹ 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>

Despite the established long-term benefit of pharmacist integrated team-based care, many independent provider clinics and small healthcare systems cannot ‘front’ the cost of a pharmacist and rely upon the delayed financial return. HB 1221 would allow for pharmacists to bill based upon time and complexity of care resulting in standard reimbursement speeds. In these settings, pharmacists could bill for clinical services within a specialty area or assist with chronic disease state management alongside a primary care provider under a collaborative practice agreement. This would allow for expanded physician panels and provide immediate financial incentive to have a medication expert creating a well-rounded care team.

In detailed testimonies from pharmacists and physicians across the state, you will read about the wonderful ways pharmacists positively contribute to population health outcomes. What may not be as apparent are the services that have been granted to pharmacists that do not financially ‘make sense’ to provide. In 2017 in Hawai’i, pharmacists were granted the ability to prescribe and dispense oral hormonal contraception after meeting additional training and documentation requirements. In 2022, pharmacists were given the authority from the federal government to prescribe and dispense a medication called Paxlovid to treat COVID-19 to keep sick patients from seeking hospital care. Both these services appear to reduce barriers to care and improve population outcomes utilizing the most accessible healthcare professionals, but neither are locally implemented because the lack of medical reimbursement would result in a financial loss.

By realigning financial incentives and reimbursing pharmacists for their services under the medical benefit, there will be greater access to the vital health services pharmacists are capable of providing. Without a medical billing pathway, other health care providers will continue to serve in place of pharmacists as medication experts despite significant gaps in education and training. Our community pharmacies will continue to struggle to make ends meet and patients will see further reductions in access to trusted healthcare professionals.

The landscape of healthcare in Hawai’i raises concerns for the entire medical community and State at large. Hawaii’s provider shortage of over 700 physicians continues to expand while all five counties struggle to access patients in designated medically underserved areas. The administrative burden on physicians is growing, reimbursements are shrinking, and support staff are leaving healthcare altogether. HPhA strongly believes the pharmacy profession is being underutilized and urges you to consider creation of a payment pathway that reflects the robust clinical knowledge and skills a pharmacist can provide outside of drug dispensing. This will expand pharmacy services in the community and incentivize specialty trained pharmacists to remain in Hawai’i and practice at the top of their licenses.

Payment for pharmacist clinical services under the medical benefit is the missing piece to create true team-based collaboration. HB1221 is needed for pharmacists to be financially leveraged to utilize our knowledge and training as medication experts. But more importantly, HB1221 is necessary to provide the level of care that our patients and ohana deserve.

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



Hawaii Pharmacists
Association

Very Respectfully,

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

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



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 2, 2023

TO: Representative Della Au Belatti
Chair, House Committee on Health & Homelessness

FROM: Mihoko Ito / Tiffany Yajima

RE: **H.B. 1221 – Relating to Health**
Hearing Date: Friday, February 3, 2023 at 8:30 a.m.
Conference Room: 329

Dear Chair Belatti, Vice Chair Takenouchi, and members of the Committee on Health & Homelessness:

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 **strongly supports** H.B. 1221, which would recognize the practice and services provided by registered pharmacists for insurance coverage purposes. 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 also are a convenient, accessible and frequent direct point-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 measure.

Thank you for the opportunity to submit testimony in strong support of this measure.

February 1, 2023

To the Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee:

In regards to HB 1221 - 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, etc. I am including 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

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



February 2, 2023

[submitted electronically via: capitol.hawaii.gov]

The Honorable Della Au Belatti
Chair, Committee on Health & Homelessness
415 South Beretania Street
Honolulu, HI 96813

Dear Chair Belatti, Vice Chair Takenouchi, and members of the Committee on Health & Homelessness:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [House Bill \(HB\) 1221](#) (Vice Chair Takenouchi). HB 1221 will allow for the reimbursement of services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State beginning January 1, 2024. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional and properly aligns the current role of the pharmacist, with their extensive education and training, to practice at the top of their license.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Hawaii, with 900 licensed pharmacists and 1,470 pharmacy technicians, APhA represents the pharmacists and students that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

We also support the submitted testimony from the Hawai'i Pharmacists Association.

Substantial published literature clearly documents the proven and significant improvement to patient outcomes¹ and reduction in health care expenditures² 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, 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 care.³

Given the unique patient population and barriers to care due to the primary health care worker shortage⁴ in Hawai'i, 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 we are. As the most accessible healthcare professionals, pharmacists are a vital provider 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.

As you may be aware, many of Hawai'i's neighborhood pharmacies, especially those in rural communities⁵, are closing as a result of the unsustainable reimbursement model in the drug supply chain enhancing health care disparities. Without immediate changes, the current payment model is putting many independent pharmacies out of business and creating "pharmacy deserts" in minority and underserved communities, where the neighborhood pharmacy may be the only health care provider for miles.⁶

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 opens up additional revenue opportunities for these pharmacists to maintain their practice and provide valuable health care services that are necessary for many Hawai'i communities. It is also important to note that these programs are not expected to raise costs for health plans, as published literature has shown pharmacist-provided care

¹ 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

² 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>

³ 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/>

⁴ 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/>.

⁵ 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/>

⁶ Guadamuz, Jenny. Et. al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021, available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01699>

results in cost savings and healthier patients.^{7,8} This strong return on investment supports why many other states that have established comparable programs. For example, Oregon, identified in their fiscal legislative analysis that the creation of a similar program that would permit pharmacists to engage in practice of clinical pharmacy and provide patient care services to patients, would have “minimal expenditure impact on state or local government.”⁹

For these reasons, APhA strongly supports HB 1221 and respectfully request your “AYE” vote. 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,



E. Michael Murphy, PharmD, MBA
Advisor for State Government Affairs
American Pharmacists Association

cc: Representative Jenna Takenouchi, Vice Chair
Representative Terez Amato
Representative Greggor Ilagan
Representative Bertrand Kobayashi
Representative John M. Mizuno
Representative Scott Y. Nishimoto
Representative Diamond Garcia

⁷ 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

⁸ 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>

⁹ FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.

February 3, 2023

The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
House Committee on Health and Homelessness
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: NATIONAL COMMUNITY PHARMACISTS ASSOCIATION IN SUPPORT OF HOUSE BILL 1221

Dear Chair Belatti, Vice- Chair Takenouchi and members of the House Health & Homelessness Committee:

I am writing to you on behalf of the National Community Pharmacists Association in **support** of House Bill 1221, a bill that recognizes pharmacists as health care providers and increases patient access to their pharmacist by allowing them to receive reimbursement for the services they provide. This legislation will ensure patients have more time with their most accessible health care professional and better aligns the role of the pharmacist with their extensive education and training.

NCPA represents the interest of America's community pharmacists, including owners of more than 19,400 independent community pharmacies across the United States and 44 independent pharmacies in Hawaii. These Hawaii pharmacies filled nearly 3 million prescriptions last year, impacting the lives of thousands of patients in your state.

Within the next 10 years, the U.S. could see a shortage of over 55,000 primary care physicians.¹ In Hawaii there are 32 areas that are designated as health professional shortage areas.² There are hundreds of pharmacists in Hawaii who are ready to provide valuable healthcare services to these communities that have limited access to care.³ 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.

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

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-areas/area_hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.

³ Bureau of Labor Statistics. Occupational Employment Statistics Query System. Available at: <https://data.bls.gov/oes/#/home>.

The absence of recognition as providers by insurance companies has made it difficult for pharmacists to be reimbursed and for patients to receive the services they could furnish. HB 1221 will enhance patient access to pharmacists-provided patient care services by providing compensation to pharmacists for delivered care. Over 90% of Americans live within five miles of a community pharmacy.⁴ More than any other segment of the pharmacy industry, independent community pharmacists are often located in the most underserved rural and urban areas. They are frequently the most accessible healthcare providers in many communities and are critical for the provision of immunizations and other preventative care services in the community.

Increased utilization of pharmacists services has improved patient outcomes and reduced overall healthcare costs. Systematic reviews have indicated positive returns on investment when evaluating broader pharmacist services, with up to \$4 in benefits for every \$1 invested in clinical pharmacy services.⁵ If the goal is increasing patient access, supporting a healthier Hawaii, and saving health care dollars, pharmacists must be compensated for practicing at the top of their licenses.

NCPA strongly supports the Hawaii Pharmacists Association in their advocacy for this bill. We appreciate the bill's sponsor, Vice Chair Takenouchi, for championing this important issue and urge approval from this committee.

If you have any questions about the information contained in this letter or wish to discuss the issue in greater detail, please do not hesitate to contact me at belawoe.akwakoku@ncpa.org or (703) 600-1179.

Sincerely,



Belawoe Akwakoku
State Government Affairs Manager
National Community Pharmacists Association

⁴ NCPDP Pharmacy File, ArcGIS Census Tract File, NACDS Economics Department.

⁵ Avalere. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 21, 2014, available at: <https://avalere.com/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment>.

Friday, February 3, 2023, at 8:30AM
Via Video Conference; Conference Room 329

House Committee on Health & Homelessness

To: Representative Della Belatti, Chair
Representative Jenna Takenouchi, Vice Chair

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

**Re: Testimony in Support of HB 1221
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 HB 1221 which would mandate reimbursement by private and public health plans in the State for services provided by participating registered pharmacists practicing within the scope of their practice. This measure would provide insurance 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.

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, HB 1221 will help establish an economic model to make those aspirations viable. We therefore ask the legislature to support HB 1221 to support these efforts and provider the community and an opportunity to strengthen the health care workforce and achieve a more sustainable health care system.

Thank you for the opportunity to testify.

HB-1221

Submitted on: 2/2/2023 11:27:15 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Patrick Uyemoto	Times Pharmacy	Support	Written Testimony Only

Comments:

Testimony in Support of HB1221

Dear Chair Belatti, Vice Chair Takenouchi, and Members of the Committee,

Times Pharmacy strongly supports HB1221 which would help reimburse pharmacists for their 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.

HB1221 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. We 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.

Thank you for the opportunity to testify,

Patrick Uyemoto, Pharm.D.
Director of Pharmacy
Times Pharmacy



February 2, 2023

To: Committee on Health and Homelessness
Thirty-Second Legislature, 2023 State of Hawai'i
Rep. Della Au Belatti, Chair
Rep. Jenna Takenouchi, Vice Chair
Rep. Terez Amato
Rep. John M. Mizuno
Rep. Greggor Ilagan
Rep. Scott Y. Nishimoto
Rep. Bertrand Kobayashi
Rep. Diamond Garcia

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

Subject: Support for HB1221


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 HB1221 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 HB1221 into law.

Mahalo,


Lynda Dolan, MD
President


Brenda Camacho, MD
Secretary & Treasurer


Craig Shikuma, MD
Medical Director, BIHC



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
Members, House Committee on Health & Homelessness

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

Date: February 3, 2023

Re: Comments on HB 1221: 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 HB 1221, which mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State. We believe 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.

Testimony of the Board of Pharmacy
Before the
House Committee on Health and Homelessness
Friday, February 3, 2023
8:30 a.m.
Conference Room 329 and Videoconference

On the following measure:
H.B. 1221, RELATING TO PHARMACISTS

Chair Belatti and Members of the Committee:

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

The purpose of this bill is to mandate reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State beginning January 1, 2024.

The Board will review and take a position on H.B. 1221, Relating to Pharmacists, at its next meeting, currently scheduled for Tuesday, February 7, 2023. The Board will provide the Committee with updated information about its position following the meeting.

Thank you for the opportunity to testify on this bill.

TESTIMONY RE: A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO HAWAII STATE LEGISLATURE AND MEMBERS OF THE COMMITTEE:

My name is Annie Madar Pharm D, BCPS and I appreciate the opportunity to submit testimony in support of HB 1221. 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.

HB 1221 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 hospital setting. Some examples of services that I currently provide without direct reimbursement are medication reconciliation, medication recommendations to providers, discharge education, Antimicrobial Stewardship initiative to reduce antibiotic resistance through direct audit and feedback, face-to-face medication therapy management to include assessment and intervention. Additional services we would be able to provide with financial leverage created by this bill would be the creation of pharmacotherapy clinics which would reduce the number of hospitalizations.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are lack funding for creating new initiatives to improve patient outcomes.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Annie Madar Pharm D. BCPS

Annie Madar

TESTIMONY RE: HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Della Au Belatti, VICE CHAIR Jenna Takenouchi, AND MEMBERS OF THE COMMITTEE:

My name is Megan Arbles, Pharm D., Director of Pharmacy Operations for KTA Super Stores on the Big Island and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

HB 1221 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, retail setting. Some examples of services that we currently provide without direct reimbursement are medication reconciliation, immunization screening and education, blood pressure screening and education, diabetes screening, and point-of-care testing. Additional services we would be able to provide with financial leverage created by this bill would be medication therapy management, chronic disease state management, oral contraception prescribing and dispensing, naloxone prescribing and dispensing, smoking cessation, behavioral counseling and interventions, and point-of-care testing and treatment.

Pharmacists are the most accessible healthcare providers, yet we are not able to provide care to our fullest potential due to the lack of reimbursement. Providing a payment pathway for pharmacists would improve the quality of and access to care. It is widely known that Hawaii's healthcare system is in need of more providers to provide healthcare services to ethnic minority and rural populations, which make up a vast majority of the State's demographic. HB 1221 would create a long overdue payment pathway under the medical benefit of private and public health plans for services provided by pharmacists within their scope of practice.

I respectfully and strongly urge the Committee to see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,



Megan Arbles
Director of Pharmacy Operations
KTA Super Stores
50 E. Puainako Street
Hilo, HI 96720

TESTIMONY RE: HB 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO HONORABLE CHAIR BELATTI, VICE CHAIR TAKENOUCI, AND MEMBERS OF THE HEALTH AND HOMELESSNESS 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 HB 1221, 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.

HB 1221 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) and laboratory tests. Additional services we would be able to provide with financial leverage created by this bill would be transitions of care services, 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 HB 1221. Thank you for the opportunity to testify.

Sincerely,

Janelle Siu Oshiro, PharmD

TESTIMONY RE: HOUSE BILL NO. HB1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness 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 HB1221, 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.

HB1221 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 HB1221. 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

HB-1221

Submitted on: 2/1/2023 11:26:26 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Narinder Maker	narinder k maker	Support	Written Testimony Only

Comments:

Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee, In reference to HB 1221 submitting my view as a pharmacist serving HI community for >10 years and being in profession for 40 years.

The need to upgrade pharmacists as providers to allow billing under the medical benefit for both private and public health deserves attention to move forward asap. It shall expand access of pharmaceutical care as well as quality of care in the community at large at a time when pharamcoeconomic review can help large population as well as state.

Increased job opprtunites locally and financial leverage for pharmacists are much appreciated in this shrinking job market, specially for the graduates from local school of pharmacy.

TESTIMONY RE: HB NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Representative Della Au Belatti, VICE CHAIR Jenna Takenouchi, AND MEMBERS OF THE COMMITTEE:

My name is Tashya Whitehead, MD, a physician with the Queens Health System, and I appreciate the opportunity to submit testimony in support of HB 1221, 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.

HB1221 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 outpatient (ambulatory) setting. Some examples of services that our clinical pharmacists currently provide without direct reimbursement are medication counseling, medication checks, medication reconciliations, medication adjustments. They will even do home visits to help patients with their medications! Having worked alongside our clinical pharmacists, they spend time explaining and talking to patients about their medications and check in frequently to make sure the medications are working and being taken appropriately. By having our amazing clinical pharmacists do this, I have more time to spend with my patients in the office, since I do not have the time in the day to see a full panel of patients and also have several in-depth conversations about medications with patients. Our patients absolutely love being able to have these interactions with our clinical pharmacists, and I feel that it is an invaluable service to our patients.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Tashya Jayasuriya Whitehead, MD

HB-1221

Submitted on: 2/1/2023 12:23:35 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Deborah Taira	Individual	Support	Written Testimony Only

Comments:

My name is Deborah Taira and I am a health economist and Professor at the Daniel K. Inouye College of Pharmacy (DKICP). I am writing this testimony as an individual (not on behalf of the DKICP).

I am writing in support of HB1221.

It is essential that pharmacists be reimbursed for health care services that they provide. This will improve access to care and quality of care for patients in Hawaii. This will be particularly true in areas that are underserved by other health care providers. Pharmacists are very accessible to patients and can assist them in education them about their medications and providing other services that will improve medication taking and improve health outcomes.

Thank you for your consideration of this testimony,

Deborah Taira

TESTIMONY RE: HOUSE BILL NO. 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR [Representative Della Au Belatti](#) VICE CHAIR [Jenna Takenouchi](#) AND MEMBERS OF THE COMMITTEE:

My name is Bradlee Sako, MD at The Queen's University Medical Group and I appreciate the opportunity to submit testimony in support of House Bill No. 1221 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.

HB 1221 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 ambulatory primary care setting. Some examples of services that we currently provide without direct reimbursement are diabetes education, medication and medical equipment education, smoking cessation. Additional services we would be able to provide with financial leverage created by this bill would be pain management, chronic respiratory disease care, obesity medicine, smoking cessation, behavioral health management.

The administrative burdens placed on primary care physicians without much by way of coherent support from payers or retail partners has led to a significant degradation in patient access, experience, and quality of care.

A clinical pharmacist that is connected to my team and more importantly, to my patients, has been one aspect of team based care that gives me hope for the future of medicine in Hawaii. Ensuring that the services they offer our patients is supported not only to continue, but to thrive, is essential in providing appropriate care to our state.

I respectfully and strongly urge the Committee see fit to pass HB1221. Thank you for the opportunity to testify.

Sincerely,

Bradlee Sako, M.D.

HB-1221

Submitted on: 2/1/2023 1:39:51 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Steven Nishimoto	Individual	Support	Written Testimony Only

Comments:

Hope this finds you well! My name is Steven Nishimoto, and I'm a Clinical Pharmacist Practitioner (CPP) at the Department of Veterans Affairs Pacific Islands Healthcare System (VA PIHCS). I'm writing to you to advocate for the upcoming HB1221 that allows pharmacist provider status in the state of Hawaii. As you may know, there is a healthcare provider shortage plaguing the entire state (either wholly or partially at every county):

[Map of Health Professional Shortage Areas: Primary Care, by County, 2022 - Rural Health Information Hub](#)

Pharmacists are the most accessible healthcare providers and can aid in providing imperative healthcare services, bridging this unfortunate gap. This bill will allow reimbursement for services many pharmacists already provide. By allowing provider status, pharmacists can focus on direct patient care without the woes of financial worries (e.g. getting funding through other means such as grants). This would allow us to increase both quality and access to care.

I'm very fortunate to work at the VA, where CPPs already have a scope of practice. We work directly with the providers (e.g. MDs, DOs, APRNs) and autonomously manage veterans' chronic conditions such as high blood pressure, high cholesterol, and diabetes. This provider status and scope of practice allows pharmacists to utilize their expertise with medication management and ease the burdens of the other VA providers; this is a win-win situation!

I've had the privilege to serve veterans in Kona from 2017-2021 and now state-wide. I still think about my time on the big island, and how my position was truly needed. Resources were very limited there, and our primary care providers were already overburdened with enormous patient panels. They did their best, as many veterans had nowhere else to turn to for care, but they still needed help. They created my new primary care CPP position in 2017 and hit the ground running. I worked diligently with the providers and veterans to get patients' blood sugars and blood pressure well controlled, medically optimize veterans with heart failure to protect them, and other imperative services.

One veteran comes to mind, who I initially saw in my diabetes clinic. His blood sugar was significantly high along with being obese. I persistently worked on fine-tuning his medications, also referring him to a weight management program. As I rolled with the initial resistance, we slowly saw his weight and blood sugar decrease. After a year, he lost over 100lb and graduated from a laundry list of medications to around 3 medications for his heart and a few supplements. I

was proud of this veteran for making many changes to improve his health – saving his life.

I wish all of our Hawaii pharmacists had the opportunity to offer such profound and needed services. Yet, current legislations hinder us from doing so. With this bill, it will push our local healthcare system in the right direction – to actually let pharmacists use the top of their degree and take care of our ‘ohana.

Again, I would like to express my support for HB1221. Thank you for taking the time to read my heartfelt message, and I hope for your support on this legislation.

Mahalo,

Steven Nishimoto, PharmD, BCACP

Testimony Presented Before the House Committee on the Health and Homelessness Committee

February 3, 2023 at 8:30 am

By Camlyn Masuda

HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

My name is Camlyn Masuda, Associate Specialist and Clinical Pharmacist with the University of Hawai'i at Hilo Daniel K Inouye College of Pharmacy and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, A Bill to Mandate Reimbursement for Pharmacists' Services. My testimony does not represent the views of the University of Hawai'i at Hilo.

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.

HB 1221 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 family medicine/primary care setting, where we take care of people from the time they are conceived until they are elderly and a majority of the people that I manage are of low income or have Medicaid/Quest (state funded medical insurance for people with low income or disabled). Some examples of services that I currently provide without direct reimbursement are teaching people on how to use medications that require the use of devices, such as insulin, which is an essential medication for people with certain types of diabetes and inhalers which help people with conditions such as asthma or chronic obstructive pulmonary disorder breath better and prevents them from being hospitalized. Within the current scope of practice for pharmacists in the State, I also adjust the dose of medications if it is needed, order and review blood tests needed to ensure the medication is working or not at risk for causing side effects. I do this all within a doctor's office setting. The services I provide are an extension of the doctor, as doctors only have 15 minutes to see a person, which is not enough time to fully discuss the medications on how they work and possible side effects. I will see the person to provide them this information to give them a better understanding of the medications which has shown to increase adherence. HB1221 will provide the financial leverage to bill for these services, which would help fund additional positions like mine in primary care doctor's office throughout the state.

Lack of reimbursement also prevents pharmacists from working to the full scope of practice allowed by Hawai'i laws. Pharmacists are allowed to prescribe oral contraceptives and oral treatment for COVID19 however have not done so because there is no reimbursement stream for the service. This service would

improve access for people living in rural areas who do not live close to their primary care physicians, nurse practitioners or need these medications when the clinics are closed.

I respectfully and strongly urge the Committee see fit to pass HB1221. Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink that reads "Camlyn Masuda". The signature is written in a cursive style with a large initial "C" and "M".

Camlyn Masuda, PharmD, CDCES, BCACP
Associate Specialist, Dept. of Pharmacy Practice
Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo
Assistant Clinical Specialist, Dept. of Family Medicine and Community Health
University of Hawai'i at Mānoa-John A. Burns School of Medicine
Clinical Scholars Alumni
677 Ala Moana Blvd. Ste 1025A
Honolulu, HI 96813
Email: camlynm@hawaii.edu

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To The Honorable Chair Belatti, Vice Chair Takenouchi, and Members of the Health and Homelessness Committee:

My name is Chris Lai Hipp, Pharm.D, BCPS, BCCCP and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

HB 1221 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 HB 1221 Thank you for the opportunity to testify.

Sincerely,



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

Clinical Pharmacist

Honolulu, Hawaii

The State Legislature
House Committee on Health and Homelessness
Friday, February 3, 2023 Conference Room 329, 8:30a.m.

TO: The Honorable Della Au Belatti, Chair

RE: Support for H.B. 1221 Relating to Pharmacists

My **support of H.B. 1221** 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 (you'd be surprised how many had never been shown), 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.

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 H. B. 1221** will help fill that need.

Sincerely,

Kevin L. Johnson

TESTIMONY RE: House BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Bellati, VICE CHAIR Takenouchi, AND MEMBERS OF THE COMMITTEE:

My name is Lara Gomez, registered pharmacist, and I appreciate the opportunity to submit testimony in support of House Bill No.1221, 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.

HB 1221 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 respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Lara Gomez, PharmD

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO: The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

My name is Cherie Chu, and I am an Associate Professor of Pharmacy Practice at the University of Hawaii at Hilo Daniel K. Inouye College of Pharmacy. I appreciate the opportunity to submit testimony in support of HB 1221, A Bill to Mandate Reimbursement for Pharmacy Services.

The State of Hawai'i continues to face a shortage of healthcare providers. Each county within the state contains a region that has a medically underserved population. 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. Such resources are the pharmacists already practicing in our local healthcare communities.

HB 1221 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 this bill will allow providers already practicing within our communities the leverage needed to maximize their scope of practice, to continue to provide care, and more importantly to expand access to care for our communities.

I currently practice in the emergency medicine and critical care settings and have experienced, firsthand, the effects of saturated healthcare resources. Issues with overcrowded emergency departments and wait times surpassing 8 hours is a huge burden on our communities. Many of the patients being seen are those who do not have adequate access to simple outpatient services such as COVID-19 testing and oral outpatient treatments, to name a few.

Other examples of services that we would be able to provide with financial leverage created by this bill would be medication management for chronic disease states such as hypertension and diabetes. Many of the patients I serve in the critical care setting do not have appropriate outpatient management of these chronic disease states and often times present to hospitals with acute and life-threatening medical emergencies such as stroke or a heart attack, due to uncontrolled hypertension and/or diabetes. Support of HB 1221 would allow expansion of healthcare resources to many underserved and rural populations.

I respectfully and strongly urge the Committee to pass HB1221 Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in cursive script that reads "Cherie Chu".

Cherie Chu, PharmD, BCCCP

House Committee for Health and Homelessness

To the Honorable Chair Della Au Belatti, Vice Chair Takenouchi and Member of the Committee for Health and Homelessness

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 HB 1221 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 HB 1221.

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 RE: SB 165, HB 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR DELLA AU BELATTI and VICE CHAIR JENNA TAKENOUCI AND MEMBERS OF THE COMMITTEE:

My name is Christie Nemoto and I am a clinical ambulatory care pharmacist at the Queen's Health Systems/Empower Health Clinic. I appreciate the opportunity to submit testimony in support of SB 165/HB 1221, 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 165/HB 1221 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 outpatient primary care setting. Some examples of services that I currently provide without direct reimbursement are comprehensive medication management, medication therapy management, drug information, healthcare provider education, and shared visits with other healthcare providers (i.e., physicians, nurse practitioners, nurses). Additional services we would be able to provide with financial leverage created by this bill would be chronic disease state management (i.e., diabetes, hypertension, hyperlipidemia, and anticoagulation, smoking cessation management).

I respectfully and strongly urge the Committee see fit to pass SB 165/HB 1221. Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christie Nemoto', written in a cursive style.

Christie Nemoto, PharmD, BCACP, CDCEs

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR DELLA AU BELATTI, VICE CHAIR JENNA TAKENOUCI, 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 House Bill No. 1221 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.

HB1221 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.

I respectfully and strongly urge the Committee see fit to pass HB1221. Thank you for the opportunity to provide written testimony.

Sincerely,

Lily Van, PharmD, BCACP, CDCES

TESTIMONY RE: HB BILL NO. 1221, RELATING TO PHARMACISTS, A BILL TO
MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO: The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness 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 House Bill No. 1221, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in the areas of mental health and geriatrics. 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.

HB 1221 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 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 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.

I respectfully and strongly recommend the Committee pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Chad Kawakami Pharm.D., BCPS

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR BELATTI, VICE CHAIR TAKENOUCI, AND MEMBERS OF THE HEALTH AND HOMELESSNESS COMMITTEE:

My name is Ross Takara and I am a pharmacist working at Kaiser Permanente Hawaii. 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 House Bill No. 1221, 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.

HB 1221 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 (i.e. Kaiser Permanente Hawaii) 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 Kaiser Permanente is well recognized and utilized in our health care delivery model across all the Kaiser Permanente markets (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, Kaiser Permanente Hawaii 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 Kaiser Permanente Hawaii 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.

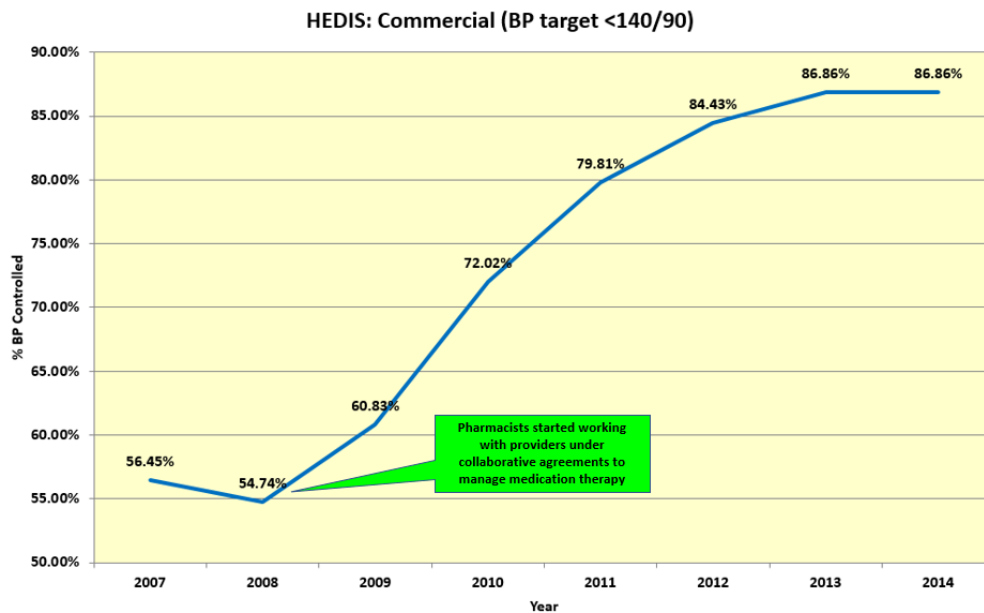
This bill will not impact Kaiser Permanente Hawaii directly, however, I strongly feel that pharmacists can help fill the gap and enhance the care to the community and improve health outcomes by optimally managing medication therapy. This bill will enable pharmacists outside of Kaiser Permanente and in 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 HB 1221. Thank you for the opportunity to testify.

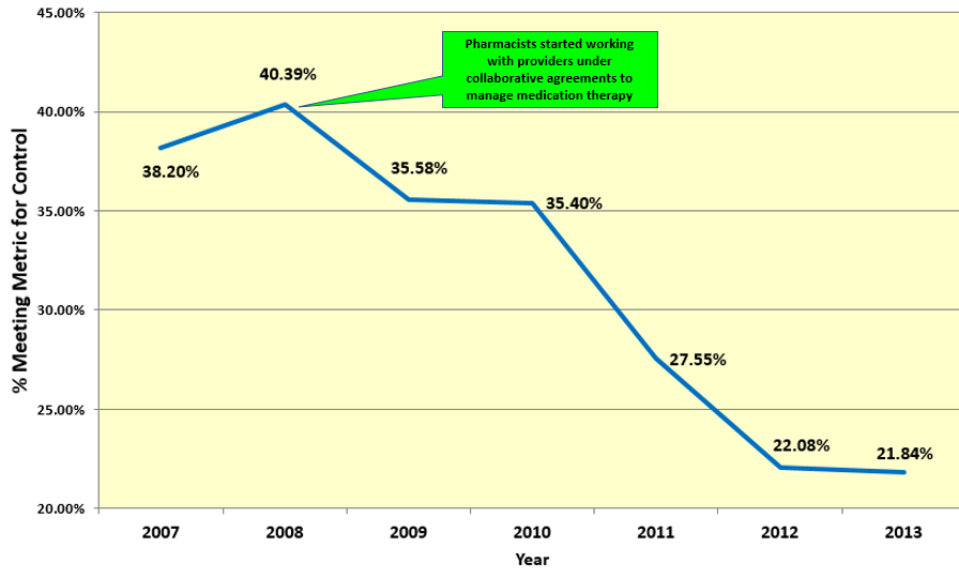
Sincerely,

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

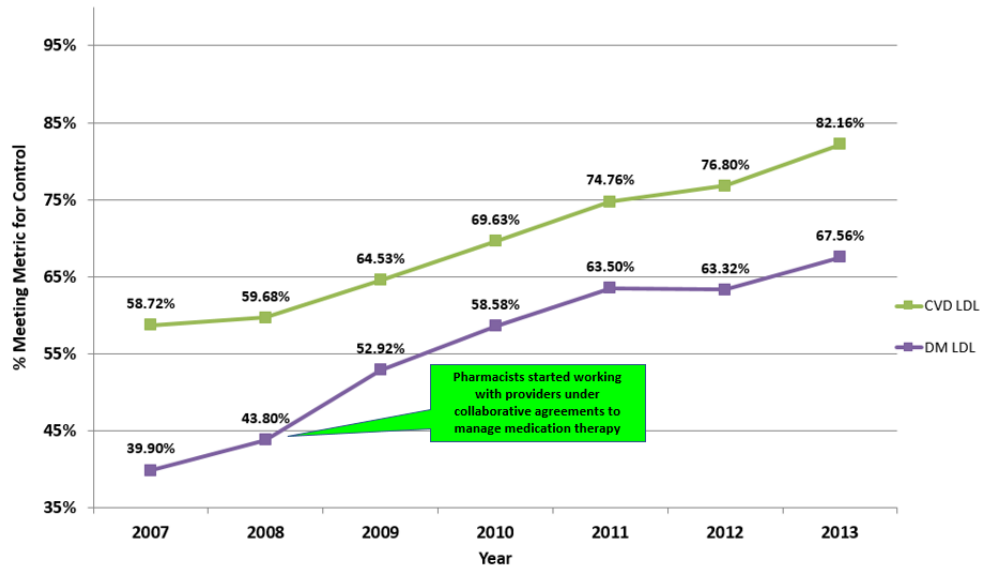
NCQA/HEDIS Results for Kaiser Permanente Hawaii on Diabetes, High Blood Pressure (BP), and Cholesterol (LDL) Control



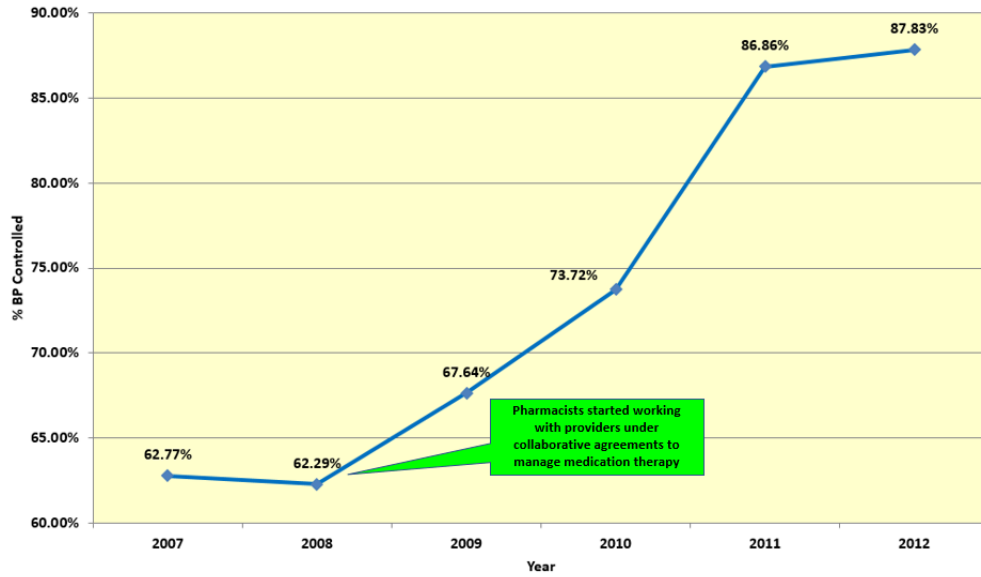
HEDIS: Commercial (Diabetes: HbA1c >9%)



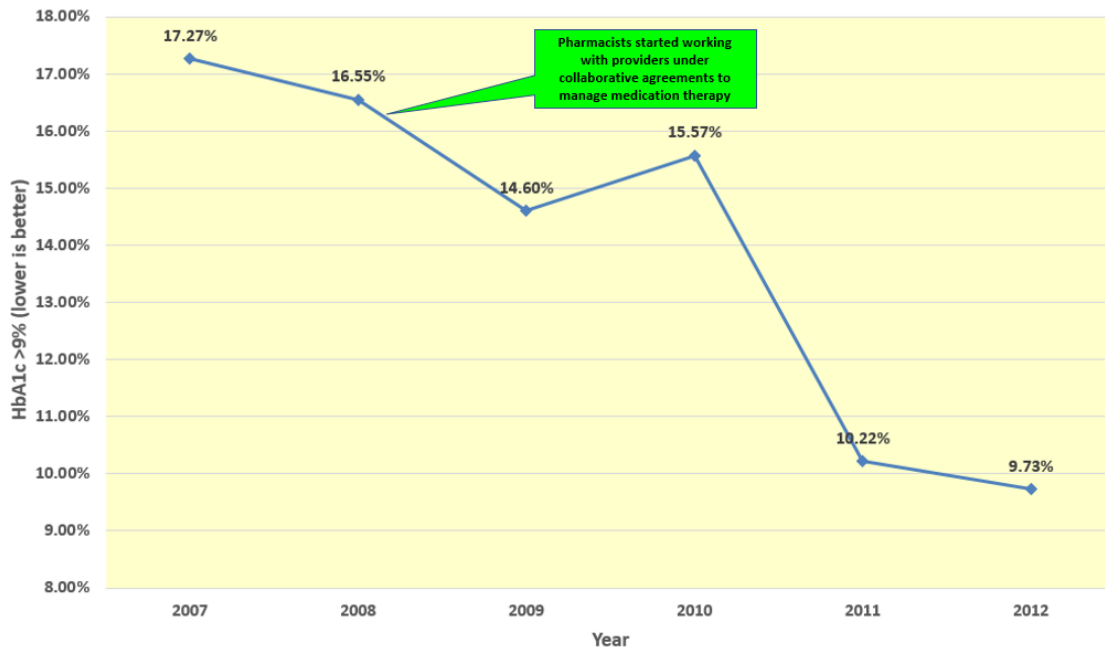
HEDIS: Commercial (LDL target <100)



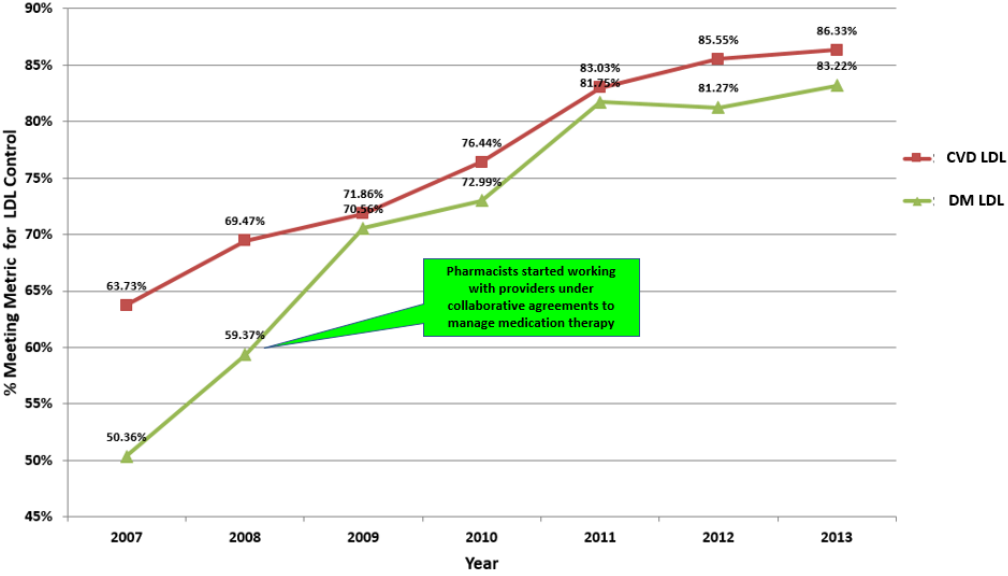
HEDIS: Medicare (BP target <140/90)



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: HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Della Au Belatti, VICE CHAIR Jenna Takenouchi, AND MEMBERS OF THE COMMITTEE:

My name is Brandon Chagami, Pharmacy Manager at KTA Keauhou Pharmacy and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

House Bill 1221 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/retail setting. Some examples of services that we currently provide without direct reimbursement are patient consultation, lifestyle modification, naloxone prescribing, smoking cessation counseling, and over the counter recommendations. Additional services we would be able to provide with financial leverage created by this bill would be easier access to naloxone and contraception, improved medication management, and better patient outcomes.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are not being able to find locations for COVID/flu/RSV/Strep testing and timely treatment.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Brandon Chagami

HB-1221

Submitted on: 2/1/2023 7:53:57 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

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

Comments:

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR DELLA AU BELATTI, VICE CHAIR JENNA TAKENOUCI, 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 House Bill No. 1221, 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.

HB1221 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 HB1221. Thank you for the opportunity to testify.

Sincerely,

Patrice Morita, PharmD (Post-Graduate Year 1 Pharmacy Resident)

TESTIMONY RE: House Bill No. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To The Honorable Chair Belatti, Vice Chair Takenouchi, and members of the Health and Homelessness Committee:

My name is Kiera Javillonar and I appreciate the opportunity to submit a testimony in support of House Bill No. 1221, 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 are the pharmacists already practicing in our local healthcare community.

HB1221 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 a pharmacy student and am from an underserved community on the Big Island of Hawai'i called Kohala. I have witnessed and experienced how hard it is to get access to reliable health care with only one hospital and one pharmacy in my town. With health resources limited in availability to small communities, people are forced to travel far from their homes to get access to health care. I, along with many of my family members, are forced to travel at least 45 minutes from home to physician offices. With pharmacists being one of the most accessible health care providers, provider status would allow pharmacists to provide residents care in their own community and encourage them to learn more about their health without having to deal with traveling long distances. Granting pharmacists provider status would also greatly benefit physicians as pharmacists can take some of the load off of them and prevent burnout, which is becoming increasingly common in the healthcare field.

I respectfully and strongly urge the Committee to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Kiera Javillonar



HB-1221

Submitted on: 2/1/2023 8:46:41 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Belatti, Vice Chair Takenouchi, and Committee Members,

As an important of public health, I write in strong support of HB1221, which would require reimbursement for pharmacist services by insurance plans.

As we have all learned (and likely experienced directly) during the early COVID-19 pandemic, pharmacists are essential components of a robust and responsive healthcare system. Not only do they dispense medications, but they also act as educators, screeners, and immunizers for people who otherwise might not engage with the healthcare system. To ensure that this workforce is sustainable, we must provide appropriate and timely reimbursement for their services.

As a public health professional and a concerned citizen, I urge you to pass this bill.

In gratitude,

Thaddeus Pham (he/him)

HB-1221

Submitted on: 2/1/2023 8:56:47 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Crystal Tsuda	Individual	Support	Written Testimony Only

Comments:

To: The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

Bill to reference: HB1221

My name is Crystal Tsuda, pharmacist and on the Board of Directors for the Hawaii Pharmacists Association and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

HB 1221 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.

While I practice at Kaiser Permanente and the billing is different, my colleagues in the community have already been integral members of the care teams by providing medication counseling and reconciliation of medication lists. We are the last stop before the patient takes the medications prescribed and often times catch and prevent errors from reaching the patient. Pharmacist provide essential services that are important to improve quality of care and reduce the potential for patient harm; including but not limited to, unnecessary hospital admissions and/or deaths.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Crystal Tsuda, RPH, BCACP, CPHQ

HB-1221

Submitted on: 2/1/2023 9:26:35 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Elissa-Marie Brown	Individual	Support	Written Testimony Only

Comments:

TO CHAIR Della Au Belatti, VICE CHAIR Jenna Takenouchi, AND MEMBERS OF THE COMMITTEE:

My name is Elissa Brown, pharmacy manager of KTA Puainako Pharmacy, and I appreciate the opportunity to submit testimony in support of House] Bill No. 1221, 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.

House Bill 1221 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.

I currently practice in the retail community setting. Some examples of services that I currently provide without direct reimbursement include but are not limited to medication therapy management and comprehensive medication reviews. Additional services we would be able to provide with financial leverage created by this bill would be birth control dispensing, test to treat, point of care testing, etc.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Elissa Brown

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES
TO CHAIR THE HONORABLE CHAIR BELATTI, VICE CHAIR TAKENOUCHI, AND MEMBERS OF THE HEALTH
AND HOMELESSNESS 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 House Bill No. 1221, 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.

HB 1221 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 HB 1221. Thank you for the opportunity to testify.

Sincerely,



Logan Jones

Student Pharmacist

Daniel K Inouye College of Pharmacy

TESTIMONY RE: HOUSE BILL NO. HB 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Belatti, VICE CHAIR Takenouchi, AND MEMBERS of the *Health and Homelessness Committee*:

My name is Selena Joy Morita, Student, and I appreciate the opportunity to submit testimony in support of House Bill No. HB 1221, 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.

HB 1221 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 retail setting. Some examples of services that I currently provide without direct reimbursement are MTM reviews and immunizations with CPA.

I respectfully and strongly urge the Committee to see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Selena Joy Morita

A handwritten signature in black ink, appearing to read "Selena Joy Morita". The signature is written in a cursive, flowing style.

HB-1221

Submitted on: 2/1/2023 9:58:20 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Brennan Palani Buccat	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR BELATTI, VICE CHAIR TANENOUCI, AND MEMBERS OF THE COMMITTEE: HEALTH AND HOMELESSNESS

My name is Brennan Palani Buccat, Student Pharmacy Intern and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

HB 1221 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 student pharmacy intern that will be graduating from pharmacy school in the near future, I have seen the importance of how pharmacists play a role in ensuring that our community is healthy by providing vaccinations at community pharmacies, medication counseling, medication therapy management, and providing over-the-counter medication recommendations. Moving House Bill No. 1221 forward would allow increase in access and the quality of care for more rural areas in Hawai'i. This would also provide me with further job opportunities within more specialty care pharmacies and provide additional revenue streams for pharmacies and my future career as a pharmacist.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Brennan Palani Buccat

Student Pharmacy Intern

HB-1221

Submitted on: 2/1/2023 10:19:16 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Dayna Wong-Otis	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee:

My name is Dayna Wong-Otis and I am a pharmacist. I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

HB 1221 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 remote physiological monitoring in collaboration with the patient's healthcare team.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Dayna Wong-Otis, PharmD, CDCES

HB-1221

Submitted on: 2/1/2023 10:43:04 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

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

Comments:

Pharmacists provide unique value to patients' healthcare. As the medication experts, they provide patients with critical information and resources to optimize their health. In order to expand the reach that pharmacists can have in the state, I believe provider status should be given to pharmacists.

February 1, 2023

Aloha Chair Belatti and Respected Members of the Committee on Health and Homelessness:

I appreciate the time to allow me to testify in strong support of HB1221. Pharmacists are the most accessible health care professionals and have the most frequent encounters with patients, often times several times a month. Hawaii is facing a primary care provider shortage especially in rural areas and pharmacists have the skillset and knowledge to perform interventions and educations to decrease overall health care costs decreasing emergency room visits and rehospitalization through medication management and early interventions. This purpose of this bill is to amend HRS Section 346-59 to add pharmacists to the list of reimbursable providers, including them in a list of other medical providers including doctors of medicine, dentists, podiatrists, psychologists, osteopaths, optometrists, and other individuals providing within their respective scopes of practice.

Thank you for the opportunity to testify in strong support of HB 1221.

Sincerely,

Alanna Isobe, Rph

HB-1221

Submitted on: 2/1/2023 10:52:45 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

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

Comments:

TESTIMONY RE: SENATE BILL NO. HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR BELATTI, VICE CHAIR TAKENOUCHI, AND MEMBERS OF THE HEALTH AND HOMELESSNESS COMMITTEE:

My name is Leila Chee, Pharmacy Student and Intern. I appreciate the opportunity to submit testimony in support of Senate Bill No. HB 1221, 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.

HB 1221 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 HB 1221. Thank you for the opportunity to testify.

Sincerely,

Leila Chee

DEPARTMENT OF THE ARMY
HEADQUARTERS, TRIPLER ARMY MEDICAL CENTER
1 JARRETT WHITE ROAD
TRIPLER ARMY MEDICAL CENTER HONOLULU, HAWAII 96859-5000

MCHK-DM
~~2018~~27 JUL 2022

- 24 Aug

COMFORT CARE PROTOCOL

(The Document Serves as a Guideline and is not a Substitute for Clinical Judgment)

1. **BACKGROUND:** Comfort care is an essential part of providing excellent quality and holistic healthcare at the end-of-life. The key components of comfort care interventions are aimed at promoting physical comfort, spiritual wellness, psychosocial, and emotional health of the patient and family. Many deaths are preceded by a decision to withhold, withdraw, or limit life-sustaining treatment. Tension may arise when doubt or misunderstanding occurs either within the healthcare team, or between the health care team and the patient or family. Having clear guidelines for the care provided during the end of a patient's life serves to reduce this tension. Formalized protocols for end of life care may also improve patient and family satisfaction through an improved attitude and/or improved communication from and within the health care team.

2. **PURPOSE:** This policy provides a framework for the interdisciplinary team to provide consistent treatment in meeting the unique needs of patients at Tripler Army Medical Center (TAMC) who have an Essentris-licensed independent practitioner (LIP) order for ecomfort care. Included in this policy are resources for educating the patients and their families in preparation for death and bereavement. This policy seeks to ensure that patients and families at TAMC are cared with respect, dignity and sensitivity through the final phase of their lives.

2. REFERENCES: Listed in Appendix A

3.

- ~~B. TAMC Regulation 40-64: Implementation of Advance Directives, current version.~~
- ~~— TAMC PAM 40-32: Comprehensive Pain Assessment and Management of Patients, current version.~~
- ~~C. TAMC Pamphlet 40-34: Patient Rights and Responsibilities, current version.~~
- ~~C. TAMC NPP 40-6: Post Mortem Care, current version.~~
- ~~C. The Jewish Hospital Health Alliance. Policy and Procedure Manual. Policy Number PS-38.~~
- ~~C. Standardized Nursing Care Plan: Dying Adult Care. (2004). University of California San Francisco Medical Center.~~
- ~~C. Foti, M.E. (n.d.). Standing State Hospital Patient Care Policy on Care at the End of Life.~~
- ~~D. Dahlin, C., Coyne, P. J., & Ferrell, B. R. (2016). Advanced Practice Palliative Nursing. Oxford: University Press.~~
- ~~Bookbinder, M., Blank, A.E., Arney, E., Wollner, D., Lesage, P., & McHugh, M. (2005). Improving End-of-Life Care: Development and Pilot Test of a Clinical Pathway. Journal of Pain and Symptom Management, 29(6), 529-543.~~

This is the first version of this protocol.

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3.4. APPLICABILITY: This policy applies to the interdisciplinary team providing care to patients with [Comfort Care](#) orders at TAMC. [“Palliative Care” is the terminology used by Military Health System \(MHS\) Genesis to identify the Comfort Care order set.](#)

4.5. EXPLANATION OF ABBREVIATIONS AND TERMS: [Listed in Appendix B](#)

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17.6. GENERAL CONCEPTS: Patients at TAMC who have been diagnosed with a terminal illness will be made aware of their prognosis and treatment options by the medical team. They will have their preferences for care at the end of life respected and will receive optimal individualized end-of-life care. [Comfort Care orders](#) do not represent abandonment of the patient but constitutes intensification of the comfort/care/contact triad: ongoing nursing assessment, care and comfort measures are maintained, adequate analgesia is provided, and access to patient and family support is facilitated. Good medical treatment, comfort, and support for the dying patient are critical components of quality care at the end of life and an ethical responsibility of all healthcare providers. Concern for the dying patient’s comfort and dignity and for the family’s needs should guide all aspects of care. Patient’s comfort and dignity will be accommodated by:

- A. Managing pain and other symptoms intensively and effectively.
- B. Respecting patient’s [beliefs](#), values, religion, and culture.
- C. Involving and educating the patient and family at their level of desire, in all aspects of care to promote understanding of the disease process.
- D. Responding to the psychosocial, emotional, spiritual, and cultural concerns of the patient and family.
- E. Sensitively addressing such issues as autopsy or organ donation, if appropriate.
- F. Facilitate patient’s wishes if he/she wants to die at home by making timely referral to community resources such as a hospice agency. Meanwhile, encourage, educate, and train the family on how to properly and safely care for the patient at home.
- G. The interdisciplinary team should carefully evaluate the family’s ability and competence for a safe and sustainable transition of care to home before deciding on discharging the patient. The team should keep in mind the fact that every patient and family situation is different for many reasons and some might need more time (even though patients’ symptoms are controlled).

18.7. GENERAL POLICY

- A. The decision on the part of a patient to change his/her goal of care during an inpatient hospital admission must be founded on the ethical principle of patient autonomy, with careful consideration of the individual patient’s history of illness, current clinical condition and treatment options, the patient’s caregiving support system, expressed values, and wishes for care at the end of life to include those documented in written Advance Directives.
- B. The decision to be on [Comfort Care](#) is NOT an automatic hospice referral. Some patients will want palliative care but not desire to be formally enrolled in hospice. Keep in mind patient autonomy. Patients wishing to go home but not electing hospice services will require more detailed discussion and assessment of available resources to insure continuity of care and safe discharge plans.

- C. Regular team meetings with the patient and family will allow for communication of updates and concerns. **Comfort Care does not mean less care but actually may increase the time needed by staff to work with the patient and family to build trust and reassurance during a very critical time in a person's life.**
- D. The patient's outpatient Primary Care Provider (PCP), if known and accessible, will be updated on patient's current condition by the medical team. If the patient wishes to go home, the PCP will be asked to remain as the attending of record for his/her patient unless other arrangements have been made.
- E. Clinical input of Consulting Specialty Services to meet the goals of Comfort Care will be used by the team to provide optimal palliative care for the patient. All patients transitioning to Comfort Care will receive a Palliative Care Team consultation, if not already involved.
- F. The Ethics Committee is a resource in the event of conflict or impasse in the decision-making process.

8. PROCEDURES FOR COMFORT CARE

- A. General Orders and Preparation:** Once a decision has been made to pursue Comfort Care, several things need to occur prior to withdrawal of life sustaining therapies. Many of these items are included in the Comfort Care order set (see appendix C).
1. Update the Life-Sustaining Treatment form to update the *Resuscitation Status order in EHR
 2. Ensure the end-of-life decision making process has been adequately documented in EHR.
 3. Place a sign on the door which indicates the patient is on a "Comfort Care Protocol".
 4. Remove any unnecessary equipment from the room.
 5. Remove unnecessary catheters or devices from the patient (does not yet include mechanical ventilation).
 6. It may be appropriate to leave a urinary catheter in place (if removing this catheter is likely to cause discomfort related to use of a urinal, soiled linens, or further skin breakdown).
 7. Ensure functional intravenous access.
 8. Discontinue previous orders, including routine vital signs, medications, enteral feeding, intravenous drips, radiographs, and laboratory studies.
 9. Discontinue any paralytic medications (including infusions).
 10. Liberalize visitation policy based on current visitation policy to allow family and friends to be continuously present.
 11. Consider placing a fan blowing in the patient's face, as an adjunctive treatment of dyspnea.
 12. Consider and discuss availability and feasibility of transfer of the patient to a private room on the wards with the family, patient, and nursing staff.
 13. Dim lights, if applicable place monitors onto the Comfort Profile (disabling alarms in the room), and minimize audio and visual interruptions by technology.
 14. Review the plan for transition to comfort care (i.e. what is going to happen and in what order) within the health care team.

A.B. PAIN: Opioids are the foundation of physical pain palliation and they are often underutilized at the end of life. In addition to the below pharmacological interventions, non-pharmacologic

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management such as cognitive-behavioral therapy, massage, acupuncture, positioning and relaxation techniques should be utilized.

1. **The intent of intensive pain management is to urgently achieve and sustain pain relief for the patient; it is never the intent to hasten a patient's death. Therefore, the maximum opioid dose will be the dose that adequately relieves the patient's pain.**
2. The preferred route of analgesic administration is oral when a patient is able to swallow, unless the patient is experiencing severe pain that requires parenteral opioids to get immediate control of the pain.
3. **Never use long-acting opioids to control acute pain or combine two long-acting opioids.** Avoid using more than one type of short-acting opioid for breakthrough pain (this includes opioid-non-opioid combination analgesic, e.g., Percocet).
4. Use the same opioid for short-acting and long-acting when possible.
5. **Fentanyl** is the preferred opioid in renal failure patients, **if fentanyl is not available or cannot be used at the patient's level of care then hydromorphone (Dilaudid) is recommended.**
6. Consider adjuvant analgesics such as corticosteroids, tricyclic antidepressants, neuroleptics, bisphosphonates, and anticonvulsants for other pain syndrome and end-of-life symptom management.
- 7.—**Titration:** Use the patient's pain score to aid in opioid titration with the following general guidelines: **Mild pain (< 3/10) increase by 25%; moderate pain (4-7/10) increase by 25-50%; and severe pain (>8/10) increase by 50-100%.** When the patient's pain is better controlled with **PRN** doses, then use the total amount of morphine equivalent daily dose (MEDD) used in the last 24 hours to calculate the scheduled or starting dose of a long-acting opioid if it is the same opioid; otherwise, adjust for incomplete cross tolerance for another opioid which should be 50-75% less than the calculated MEDD. In addition, include a short-acting opioid that is 10-15% of the total 24-hour dose for breakthrough pain with an interval of four hours. Consider pharmacist consultation to ensure appropriate opioid dosing and conversions.
 - (a)—**Mild pain <3/10:** Start patients with as needed (**PRN**) oral non-opioids if possible.
 - a. **Acetaminophen 650 mg by mouth (PO) every 4 hours (Q4H) PRN pain.**
 - b. **Ibuprofen 800 mg PO Q6H PRN pain.**
 - c. **Tramadol 50-100 mg PO Q6H PRN pain.**
 9.
 - a.—**Oxycodone 5 mg PO Q4H PRN pain.**
 - b. **Morphine 15 mg PO Q4H PRN pain.**
 - c. **Morphine 20 mg/ml | 1 ml PO/ sublingual (SL) QH PRN pain (note high potency concentration)**
 - d. **Morphine 2 mg IV Q2H PRN pain.**
 - e. **Hydromorphone (Dilaudid) 4 mg PO Q2H PRN pain**
 - f. **Hydromorphone (Dilaudid) 0.5 mg intravenous (IV) Q2H PRN pain.**
 10. **Severe pain >8/10:** Consider starting **an opioid infusion and/or Patient Controlled Analgesia (PCA) with or without continuous rate.** Refer to TAMC PAM 40-32 for initiation and management of PCA.
 - a. **If patient unable to operate PCA, consider clinician dosing or Authorized Agent Controlled Analgesia (AACA) for severe pain. Refer to Appendix D for education and initiation of AACA**

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Commented [CT3]: The TJC team has been sending out clarifications on what mild, moderate, and severe pain correspond to, as far as numbers at TAMC. Let me ask them if this interval is the same one they use. Your pain scale is undefined when the number is 3 and 8.

Commented [CT4]: I recommend going with 650mg q4h prn or 975mg q6h prn pain

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Commented [CT5]: Better to express dose as "mg" instead of "mL" So in this case, the dose is 20mg po/SL. Frequency should be q1h instead of qh for better clarity.

Commented [CT6]: Recommend change Hydromorphone to 0.4mg iv q2h prn for consistency. (we use a morphine 1mg=hydromorphone 0.2mg conversion ratio). The pain scales here are undefined when score is 3 or 8.

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B.C. _____ DYSPNEA: Morphine, even in small doses, produces pulmonary dilation, analgesia, euphoria and will help to decrease dyspnea.

- 1.—Oxygen may or may not be helpful.
- 2.—For some patients, a mask can increase anxiety.
- 3.—A fan aimed near the patient’s face has been shown to reduce the sensation of dyspnea.
- 4.—Avoid Yankauer suction unless there is obvious excess secretion and stop any IV fluid when possible.
5. When the dyspnea is improved, then begin to schedule dosing of morphine plus [PRN](#) dosing.
 - (a)—Albuterol 2.5 mg via nebulizer Q4H [PRN](#) wheezing.
 - (b)—Lorazepam 0.5-1 mg [PO](#) or IV Q4H [PRN](#) anxiety associated with dyspnea
 - c. For opioid naïve patient:
 - i. Morphine 10 mg/5 ml, 5 mg [PO](#) Q2H [PRN](#) dyspnea.
 - ii. Morphine 20 mg/ml, 5 mg SL Q2H [PRN](#) dyspnea (**note high potency concentration**).
 - iii. Morphine 2 mg IV Q2H [PRN](#) dyspnea.
 - (e)d. For non-opioid naïve patient: Consider use of PCA. Calculate the patient’s 24 hour total MEDD and divide by 24 hours to obtain basal PCA rate. Give 50% of the hourly dose on demand Q15min.

C.B. DELIRIUM/CONFUSION

1. First rule out reversible causes (e.g., medications, [infection](#), constipation, urinary retention). Then provide a supportive, quiet environment with orientation aids (e.g., clocks, familiar faces).
2. Benzodiazepines should be avoided unless severe agitation is not controlled by neuroleptic agents; these agents can cause “paradoxical” worsening of confusion and agitated states.
3. Neuroleptics (Haloperidol) are the first line of pharmacological intervention. Due to limited evidence, atypical neuroleptics (e.g. [Olanzapine](#), [Quetiapine](#), and [Risperdone](#)) should not be considered first-line treatment. However, quetiapine is the most sedating of the newer agents and potentially preferred for treating agitated delirium at the end of life.
4. Consider administering neuroleptics at 1600 for sun downing.
 - a. Haloperidol 0.5-1 mg [PO/IV](#) [every hour PRN severe restlessness/agitation](#) until symptom intensity declines. [Maximum dose is 5 mg in 24 hours](#).
 - b. Olanzapine (Zyprexa) 2.5 mg [PO PRN](#) agitation. Increase up to 10 mg [PO](#) daily at 1600 in 1 week. Maximum dose is 20 mg in 24 hours.
 - c. Quetiapine (Seroquel) 12.5 mg [PO PRN](#) agitation, if no response in 6 hours then give additional 12.5 mg [PO](#). May increase dose by 25 mg every 2 days. Maximum dose 600 mg in 24 hours. Total dose can be given in BID or TID.
 - d. Risperidone (Risperdal) 1 mg [PO PRN](#) agitation. May be increased by 1 mg every 2 days. Maximum dose is 6 mg in 24 hours.

D.C. ANXIETY/INSOMNIA: A thorough history and physical exam are important to differentiate anxiety from agitated delirium because [Lorazepam](#) can have a paradoxical effect in patients with delirium. Some of the signs of anxiety include apprehension, dread, insomnia, and hypervigilance; as well as physical symptoms such as diaphoresis, dyspnea, muscle tension, and tremulousness.

1. Lorazepam 0.5-1 mg [PO/IV](#) Q4H [PRN](#) anxiety.
2. Temazepam (Restoril) 15 mg [PO](#) QHS [PRN](#) insomnia.

Commented [CT7]: This max dose of 5mg seems low considering the other antipsychotics have pretty healthy max doses. I have seen dose ranges from max of 5-60mg/day. Recommend 30mg/day as a reasonable max so you don't box yourself in.

3. Clonazepam (Klonopin) 0.5-1 mg [PO](#) Q8H [PRN](#) anxiety.

E.D. NAUSEA/VOMITING (N/V): A thorough assessment of the possible causes of the symptoms has to be made to determine a mechanism-based therapy and correct reversible causes (e.g., medications, constipation, anxiety, thrush, pain).

1. Rule out bowel obstruction that will require further evaluation and treatment options.
2. If nausea and vomiting are persistent, severe, or refractory, then schedule antiemetic medication around the clock, in addition to a [PRN](#) dose.
3. A second and third antiemetic may be needed to work on different chemoreceptors. [Options to consider are:](#)
 - a. Haloperidol (Haldol) 1 mg [PO/IV](#) Q6H [PRN](#) N/V due to opioid.
 - b. Ondansetron (Zofran) 4 mg [PO/IV](#) Q6H [PRN](#) N/V due to chemo or radiation therapy.
 - c. Promethazine (Phenergan) 25 mg [PO/IV](#) Q6H [PRN](#) N/V due to motion sickness or opioid.
 - d. Prochlorperazine (Compazine) 10 mg [PO/IV](#) Q6H [PRN](#) N/V due to opioid.
 - e. Metaclopramide (Reglan) 10 mg [PO/IV](#) Q6H [PRN](#) N/V due to impaired GI motility.
 - f. Dexamethasone (Decadron) 4-8 mg [PO/IV](#) Daily [PRN](#) N/V due to intracranial pressure.
 - g. Lorazepam 1 mg [PO/IV](#) Q6H [PRN](#) N/V due to anticipatory vomiting.
 - h. Scopolamine 1.5 mg patch behind the ear Q3days [PRN](#) N/V due to opioid or brain metastasis.

Commented [CT8]: The institute of safe medication practice wants to ban promethazine due to high incidence of tissue necrosis. I recommend removal from protocol.

F.E. CONSTIPATION: Constipation is a common side effect of opioid use and should be monitored closely because it can cause increased pain, nausea, delirium, and other symptoms.

(1) [1.](#) With few exceptions, all patients on opioid therapy need an individualized scheduled bowel regimen, plus a [PRN](#) medication if they have not had a bowel movement in three days. [Options to consider are:](#)

- a. Senna-S (Senokot) 8.6 mg 1-2 tab [PO](#) QHS.
- b. Polyethylene glycol (Miralax) 17 gm powder in 8 oz fluid [PO](#) daily [PRN](#).
- c. Magnesium citrate 120-240 ml [PO](#) Q24H [PRN](#).
- d. Magnesium hydroxide (MOM) 30 ml [PO](#) Q12H [PRN](#).
- e. Docusate 100mg 1 tab [PO](#) daily.
- f. Bisacodyl 15mg [PO](#) daily [PRN](#).
- g. Lactulose 30ml [PO](#) daily [PRN](#).
- h. Bisacodyl (Dulcolax) suppository 1 daily [PRN](#) if no bowel movement in 3 days.
- i. Sodium phosphate (Fleet) enema 1 daily [PRN](#) if no bowel movement in 3 days.

Commented [CT9]: Senna-S is a combination product of senna + docusate sodium. Recommend change to just plain Senna.

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Commented [CT10]: The efficacy of Docusate is questionable. Recommend deleting.

Commented [CT11]: Change to Lactulose 20g (30ml)

Commented [CT12]: Bisacodyl suppository comes a 10mg per suppository

Commented [CT13]: Fleet enema is 133mL per enema

G.F. DEATH RATTLE/EXCESS ORAL SECRETIONS: Occurs due to the loss of the ability to swallow and cough, leading to the pooling of secretions in the oropharynx. As the patient breathes, air moves over the secretions and creates a gurgling sound that is often very disturbing to the family because they feel the patient is “drowning”. Therefore, educate and counsel the family that this is part of a natural death and patients often do not suffer.

1. Before considering pharmacologic treatment, try repositioning the patient in a way that facilitates postural draining.
2. Avoid Yankauer suction unless there is obvious excess secretion.

3. Regular and consistent oral care is essential to control symptoms.

3.4. Pharmacologic options to consider include:

- a. Atropine ophthalmic solution 1% 2 gtts SL Q4H PRN excess oral secretions.
- b. Glycopyrrolate (Robinul) 0.4 mg IV Q6H PRN excess oral secretions.
- c. Scopolamine patch 1.5 mg behind the ear Q3days PRN excess oral secretions.

H.G. ADDITIONAL COMFORT THERAPIES: Patients at the end of life may have additional symptoms that need comfort care.

(1)1. Fever. Non-pharmacologic options such as sponge bath for fever are often very uncomfortable for patients so care should be taken when using. Pharmacologic options for treatment include:

- a. Acetaminophen 650 mg tab PO Q4H PRN.
- b. Acetaminophen 650 mg/20.3 ml PO Q4H PRN.
- c. Acetaminophen 650 mg suppository rectally (PR) Q4H PRN.
- d. Ibuprofen 800 mg PO Q6H PRN.

Commented [CT14]: Recommend change to 640mg=20mL for easier measuring

(2)2. Dry eyes:

- a. Polyvinyl alcohol 1.4% 1 drop both eyes (OU) Q4H PRN dry eyes
- b. PEG/PG 0.4/0.3% (Systane) 1 drop OU Q4H PRN dry eyes
- c. Lacri Lube ophthalmic ointment thin ribbon OU Q6H PRN.

(3)3. Sore mouth:

(a)a. Benmalid (diphenhydramine/Maalox/lidocaine viscous) suspension 30 ml swish and swallow Q2H PRN.

(4)4. Thrush:

(a)a. Nystatin 100,000 units/ml, 5 ml swish and swallow TID x 7 days.

Commented [CT15]: change Nystatin to q6h instead of TID

(5)5. Cough:

- a. Guaifenesin 200 mg/10 ml PO Q4H PRN for productive cough.
- b. Benzonatate 100-200 mg PO TID PRN for nonproductive cough.
- c. Guaifenesin w/codeine 100/10 mg/5 ml, 10-15 ml Q4H PRN for nonproductive cough.

(6)6. Hiccups:

- a. Baclofen 10 mg PO Q8H PRN (may titrate dose to 20 mg based on response).
- b. Chlorpromazine 25 mg PO TID PRN (may titrate dose to 50 mg based on response).
- c. Metoclopramide 10 mg PO or IV Q6H PRN.

(7)7. Dyspepsia:

- a. Maalox 30 ml PO Q6H PRN.
- b. Ranitidine 150 mg PO BID PRN.
- c. Omeprazole 20 mg PO every morning (QAM).

Commented [CT16]: Ranitidine oral no longer available. Consider Famotidine 20mg po BID PRN

(8)8. Dysuria:

(a)a. Phenazopyridine 200 mg PO TID (do not use in CICr <50 ml/min)

(9)9. Pruritus:

- a. Diphenhydramine 25 mg PO/IV Q6H PRN.
Hydrocortisone cream 1% apply to affected area Q6H PRN.
- b. Sarna lotion apply to affected areas Q4H PRN.

(10)10. Diarrhea: Rule out Clostridium difficile infection, overuse of laxatives, or fecal impaction, then treat appropriately.

- a. Diphenoxylate/atropine (Lomotil) 1-2 tab [PO](#) Q6H [PRN](#) diarrhea.
- b. [Loperamide \(Imodium\) 4 mg Q6H PRN diarrhea.](#)
- c. Pepto Bismol, 262 mg [PO](#) Q6H [PRN](#) diarrhea.

Commented [CT17]: Usual dosing is 4mg initially then 2mg after each loose stool, up to 16mg/24 hours

20.11. _____ NURSING SPECIFIC PROCEDURES FOR COMFORT CARE: Once a decision has been made to pursue comfort care, the following measures need to occur:

- A. Documentation: Ensure the end-of-life decision-making process and discussion has been properly documented and the [LIFE-SUSTAINING TREATMENT](#) is signed by the attending provider within 24 hours.
- B. The [Primary Nurse](#) or [Charge Nurse](#) will review the patient's need for current interventions with the interdisciplinary team:
 - 1. Nonessential medication
 - 2. Routine blood tests and radiologic studies
 - 3. Intravenous antibiotics
 - 4. Blood glucose monitoring
 - 5. Recording of routine vital signs
 - 6. Oxygen therapy
 - 7. Artificial nutrition and hydration
 - 8. [Implantable Cardioverter Defibrillator \(ICD\)](#). (See Appendix D when discussing deactivating ICD with patient and family).
 - 8. [All medication flushes \(e.g. oral, g-tube, NG, IV\) should be consolidated as much as possible to minimize extraneous fluid intake.](#)
 - 9.10. Other interventions that do not promote comfort and only prolong the dying process.

D.C. _____ Patient and Family Education:

- 1. The [Primary Nurse](#) or [Charge Nurse](#) will provide a full explanation of the current nursing plan of care to the patient and/or family. Patient and family education will be provided on the dying process and bereavement (e.g., Booklet 3: Preparing to Say Good-Bye, Booklet 4: When Death Occurs, and Booklet 5: Help for the Bereaved)
- 2. Provide the patient and family an opportunity to discuss what is important to them (wishes, feelings, faith, beliefs, and values).
- 3. Conduct and document ongoing assessment of the family's understanding of the disease and prognosis, expectations and goals, and bereavement needs.

E.D. _____ The [Charge Nurse](#) will [try to](#) assign [the same Primary Nurse](#) to comfort care patients whenever possible [to promote continuity of care and the development of a therapeutic relationship.](#)

F.E. _____ Staff caring for comfort care patients will possess competence of the dying process and provide compassionate and respectful care to the patient and family.

G.F. _____ After death, the family will be notified and provided with an opportunity to spend time with their loved one, to include performing any rituals such as bathing or dressing in traditional clothing. Care of the body is provided honoring the dignity of the person while in accordance with applicable law and hospital regulation.

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Commented [K22]: I would recommend stating "Palliative Medicine Department" as the POC and provide the pager number and office number. That way if and when the palliative person/people change there is a baseline POC.

LTC, AN
Nurse Director, Department of Medicine

COL, MC
Director, Department of Medicine

[APPENDIX A: REFERENCES](#)

[APPENDIX B: TERMS AND DEFINITIONS](#)

[APPENDIX C: COMFORT CARE POWERPLAN](#)

[APPENDIX D: ICD DEACTIVATION](#)

[APPENDIX E: AUTHORIZED AGENT CONTROLLED ANALGESIA](#)

APPENDIX A

References

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APPENDIX B

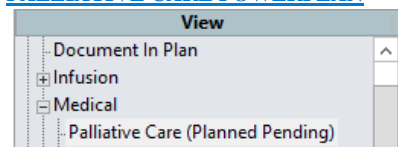
EXPLANATION OF ABBREVIATIONS AND TERMS

- A. Interdisciplinary Team: LIP, nurses, clinical nurse specialists, social workers, chaplains, dieticians, and other professionals involved with routine patient care. Clinicians draw on the expertise of other professionals to enhance practice and provide the highest level of care in a team atmosphere.
- B. Actively Dying: A period of a patient's illness when death can be reasonably expected to occur within 14 days.
- C. Comfort Care: Care given to patient who are near the end of life and have stopped treatment to cure or control their disease. Comfort Care includes physical, emotional, social, and spiritual support for patients and their families. The goal of Comfort Care is to control pain and other symptoms so patients can be comfortable as possible. Comfort Care may include Palliative Care, Supportive Care, and Hospice Care. Also called end-of-life care.
- D. Palliative Care: The comprehensive management of physical, psychological, social, spiritual and existential needs of patients, by an interdisciplinary team, with the goal of improving the quality of life through symptom management, goals of care discussion and support. Palliative care affirms life and regards dying as a natural process that is a profoundly personal experience for the individual and family. Supportive care extends to family and those closest to the patient.
- E. Terminal Illness: A debilitating condition which is medically progressive, incurable and can be expected to cause death.
- F. Non-Beneficial Treatment: Treatment in the case of a particular patient that is not expected to cure or ameliorate the disease state and not expected to improve or restore a patient's quality of life to a satisfactory level.
- G. Hospice Care: A subset of palliative care support services, resources, and medications provided to patients who are terminally ill. Hospice service is reimbursed by most insurance plans and is usually provided in the home, but it can be provided in the in-patient setting when a patient resides in an in-patient institution.
- H. Family: For purposes of this policy, family is defined as relatives as well as those with whom the patient has an established relationship; including familiar caregivers, surrogate, guardian, and healthcare proxy.
- I. Grief: Reactions that occur in response to the losses confronting both patients and families. The journey through grief is a highly personal experience. Major cultural factors also influence how grief is expressed and managed. People from some cultures express their grief loudly and publicly, while others become silent and withdrawn.
- J. Effective Pain Management: Providing sufficient medication with the intent to relieve suffering; the risk of iatrogenic respiratory depression when managed carefully is extremely small, even shortly before death.
- K. Patient Controlled Analgesia (PCA): A method of pain management utilizing a delivery system designed to facilitate a patient's control of their own pain management. Usually consists of intravenous opioids with an electronic activation button that is controlled by the patient. Has multiple safeguards in place to limit dose amount and frequency while allowing adequate pain control.

L. *Authorized Agent Controlled Analgesia (ACA)*: A method of pain management similar to PCA, but gives control of the pain management delivery system to a patient's surrogate, such as family member or close friend after appropriate training and with appropriate support. This is only considered for patients who are physically or cognitively unable to utilize the PCA form of analgesia.

APPENDIX C:

PALLIATIVE CARE POWERPLAN



Palliative Care (Planned Pending)		
Patient Care		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Urinary Catheter Insertion	Reason: Other, PRN, to gravity for palliation
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Nasogastric (NG) Tube Insertion	PRN, to low intermittent suction
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Vital Signs	every 8 hr
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Discontinue Current Level of Care	Monitors and alarms to be shut off in room. No blood glucose monitoring. Discontinue TED hose and...
Activity		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Head of Bed (Elevate Head of Bed)	30 degrees or greater, or patient tolerance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Turn Patient	every 2 hr
<input type="checkbox"/>	<input checked="" type="checkbox"/> Up ad Lib	with assistance and fall precautions
Diet/Nutrition		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Regular Diet	as tolerated per patient's condition, food is a comfort measure
Continuous Infusions		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> morphine 100 mg in NS 100 mL	IV Drip (Intravenous), TITRATE, Starting Rate: 2 mg/hr, Bolus: 2 mg Goal RR 8-25, when patient's RR > 25 or patient is uncomfortable start Morphine, give a 2 mg bolus an...
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> sodium chloride 0.9% (sodium chloride 0.9% drip)	IV Drip (Intravenous), Order Rate: 10 mL/hr
Medications		
<input type="checkbox"/>	<input checked="" type="checkbox"/> LORazepam	1 mg, IV Push (Intravenous), Injection, every 1 hr For muscle twitches.
<input type="checkbox"/>	<input checked="" type="checkbox"/> acetaminophen	650 mg, Oral, Tablet, every 4 hr, PRN other (see comment) For pain 3-5/10 and/or fever. 1st line treatment for pain in patients taking PO
<input type="checkbox"/>	<input checked="" type="checkbox"/> HYDRomorphone	0.5 mg, IV Push (Intravenous), Injection, every 2 hr, PRN other (see comment) For pain 6-10/10 and/or dyspnea, OR 2nd line for pain if no relief within 15 minutes of 1st line therapy
<input type="checkbox"/>	<input checked="" type="checkbox"/> morphine	2 mg, IV Push (Intravenous), Injection, every 2 hr, PRN other (see comment) For pain 6-10/10 and/or dyspnea, OR 2nd line for pain if no relief within 15 minutes of 1st line therapy
<input type="checkbox"/>	<input checked="" type="checkbox"/> ondansetron	4 mg, Oral, Tablet, every 6 hr, PRN nausea For nausea/emesis. 1st line treatment. For patient not taking PO
<input type="checkbox"/>	<input checked="" type="checkbox"/> prochlorperazine	10 mg, Oral, Tablet, every 6 hr, PRN nausea For nausea/emesis, 2nd line treatment if no relief within 30 minutes of 1st line treatment.
<input type="checkbox"/>	<input checked="" type="checkbox"/> promethazine	25 mg, IV Piggyback (Intravenous), every 6 hr, PRN nausea For nausea/emesis. 3rd line treatment *DO NOT EXCEED 25MG/MIN IF GIVEN IVP*
<input type="checkbox"/>	<input checked="" type="checkbox"/> polyethylene glycol 3350	17 g, Oral, Powder-Oral, Daily, PRN constipation For constipation. If no bowel movement within 48 hours
<input type="checkbox"/>	<input checked="" type="checkbox"/> haloperidol	0.5 mg, IV Push (Intravenous), Injection, every 8 hr, PRN agitation For agitation or hallucinations
<input type="checkbox"/>	<input checked="" type="checkbox"/> glycopyrrolate	0.2 mg, IV Push (Intravenous), Injection, every 6 hr, PRN other (see comment) For upper airway secretions
<input type="checkbox"/>	<input checked="" type="checkbox"/> Patient Controlled Analgesia PCA (SUB)	
Comfort Care PCA		
<input type="checkbox"/>	If wanting to utilize Comfort Care PCA, click on applicable sub-phase below. Otherwise utilize medications listed in below pain medication sub-sections.	
<input type="checkbox"/>	If high dose opioid is needed, utilize the high sub-phase listed below. Also, consider discussing with palliative care or pharmacy before choosing high concentration. If risk of PCA/infusion running out over the weekend, consider ordering high concentration/high volume solution.	
<input type="checkbox"/>	Comfort Care Patient Controlled Analgesia (PCA) Sta...	
<input type="checkbox"/>	Comfort Care Patient Controlled Analgesia (PCA) Hi...	
Respiratory		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Airway Suction Instructions	Nasotracheal
<input type="checkbox"/>	<input checked="" type="checkbox"/> Mechanical Ventilator - PS / CPAP	CPAP, Wean per CPAP protocol, PS 8 cmH2O, PEEP 5 cmH2O, FiO2 0.4, Max PEEP 5 cmH2O, Night rest ...
<input type="checkbox"/>	<input checked="" type="checkbox"/> Extubation	Extubate when RR 8-25 in PS mode, titrate morphine as ordered. Patient on room air following extubat...
Consults/Referrals		
<input type="checkbox"/>	<input checked="" type="checkbox"/> Consult to Palliative Care	Consult Reason Withdrawal of care, please see and follow
Communication Orders		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Communication Order	Please remind family members that patient may be able to hear and understand what is being said in t...
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Treating Provider	Notify OSA following update to DNR/DNI status
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Notify Treating Provider	For patients on morphine PCA: Reassess pain, air hunger, dyspnea, or increased work of breathing by: ...
<input type="checkbox"/>	<input checked="" type="checkbox"/> Notify Treating Provider	For patients on hydromorphone PCA: Reassess pain, air hunger, dyspnea, or increased work of breathi...

APPENDIX D
DISCUSSING ICD DEACTIVATION

Fast Facts and Concepts #112: Implantable Cardioverter-Defibrillators at End of Life

Author(s): Harrington MD, Luebke DL, Lewis WR, Aulisio MP, Johnson NJ

Background: Recent clinical trials and advances in device technology have expanded the indications for implantation of cardiac devices. In 2002 alone, 96,000 implantable cardioverter-defibrillators (ICDs) were implanted in North America. It is estimated that over 3 million patients in North America could now be eligible for an ICD, with over 400,000 additional patients meeting the criteria every year. However, near the end of life, decisions as to how best to use these devices can be the source of much anguish for patients, families and palliative care/hospice staff.

Current Devices: ICDs are somewhat larger than pacemakers and are usually implanted in the upper chest under the clavicle. They monitor cardiac rhythm and can either cardiovert or defibrillate (electrically 'shock' a heart) when certain rapid abnormal cardiac rhythms are identified. These shocks can be painful and are inconsistent with comfort care in a dying patient. ICDs can also deliver pacing therapy. Pacing increases heart rate when slow heart rhythms are detected and can promote comfort as slow heart rhythms can cause heart failure symptoms. The shocking and pacing functions of an ICD can be independently turned off and a decision to discontinue a device's ICD function should be considered separately from a decision to discontinue its pacing functions (see Fast Fact #111 about discontinuation of pacemakers).

Field Code Changed

Indications for deactivation of ICD therapy

1. Continued use of an ICD is inconsistent with patient goals.
2. Withdrawal of anti-arrhythmic medications: if anti-arrhythmic medications are withdrawn consider turning off the ICD to avoid frequent shocks.
3. Imminent death.
4. The patient has a DNR order. The functioning of an ICD is generally inconsistent with a 'Do-Not-Resuscitate' order since ICDs attempt to resuscitate the patient by shocking their hearts back into a life-sustaining rhythm.

Discussing deactivation of the ICD

1. Consult the clinician who manages the ICD (usually a cardiologist or associated clinician); that individual is often the person to assume responsibility for deactivation. Patients are usually followed in a device clinic and probably have an established relationship with the LIP and staff. The involvement of these professionals can provide a sense of comfort and closure for the patient and family. Note: The device manufacturers will not send representatives to patient's homes for deactivation.
2. Discuss expectations of "turning off" the ICD. The following should be made clear:
 - a. Turning off the ICD means that the device will no longer provide life-saving therapy in the event of a ventricular tachyarrhythmia.
 - b. Turning off the ICD will not cause death.
 - c. Turning off the ICD will not be painful, nor will its failure to function cause pain.
3. Establish a plan of care that will ensure availability for addressing new questions or concerns that might arise (patient/family should not feel abandoned once the device is turned off).
4. If there are conflicts among providers or family members, consultation with a palliative care expert or ethics team can be helpful.

Ethical/Legal issues

A patient's right to request withdrawal of life sustaining medical interventions, including ICDs, is both legal and ethical.

References

1. Groh WJ, Foreman LD, Zipes DP. Advances in the treatment of arrhythmias: Implantable cardioverter-defibrillators. *Am Fam Phys.* 1998; 57(2): 297-307, 310-12.
2. Kolarik RC, Arnold RM, Fischer GS, Tulsky JA. Objectives for advance care planning. *J of Palliative Med.* 2002; 5(5): 697-704.
3. Moss AJ, Zareba W, Hall WJ, et al. Prophylactic implantation of a defibrillator in patients with myocardial infarction and reduced ejection fraction. *NEJM.* 2002; 346(12): 877-883.
4. Mueller PS. Ethical analysis of withdrawal of pacemaker or implantable cardioverter-defibrillator support at the end of life. *Mayo Clinic Proceedings.* 2003; 78(8): 959-963.

APPENDIX E

AUTHORIZED AGENT CONTROLLED ANALGESIA (AACA)

When a patient is determined to be eligible for AACA the following steps will be taken:


- 1) Collaboration between nursing, provider and pharmacy staff to determine appropriateness of medication choice, mode, dosage, lockouts and monitoring. These decisions are clinical in nature and will be based on the patient's history, medical condition, prognosis and concomitant medications.
- 2) Education on AACA will be provided to the family member or caregiver who will act as the patient's Authorized Agent. Education will take the form of a video that is found on the TAMC intranet on the Critical Care Services page. Additionally, a laminated guide will be posted at the patient bedside during the entire time a patient is receiving AACA. (figures 1, 2 and 3)
- 3) Education for hospital staff will consist of a video on the TAMC intranet on the Critical Care Services site and educational handouts. Additionally, pharmacy and Palliative Care staff are available to provide staff education and support as needed in an ongoing manner.
- 4) Names of Authorized Agents will be documented in the EHR and posted at the Patient's bedside. Completion of authorized agent education will be documented in EHR.
- 5) Continued need for AACA will be evaluated daily the nurses and providers during rounds. Ongoing need will be documented daily in EHR in the daily progress note and nurses' note.

Figure 1.

AUTHORIZED AGENT CONTROLLED ANALGESIA

What is Authorized Agent Controlled Analgesia (AACA)?

An **authorized agent** is a consistently available individual who is authorized by a physician in the delivery of pain medication to a loved one who is unable to self-administer. They are educated on both the effects of the medication and on patient assessment.




Benefits of an Authorized Agent

- Improves control of pain
- Empowers involvement in care
- Improved quality of care and end of life experience

The analgesia used to decrease pain and discomfort for your loved one may cause slowed respirations. It is important to know the signs of over-sedation.

You *should* press the dosing button if:

- Your loved one says they are in pain
- They show verbal/non-verbal signs of restlessness, agitation, pain, shortness of breath



You *should not* press the dosing button if:

- You are **not** an authorized agent
- They are having a hard time waking up or unresponsive
- Do not appear to be restless, agitated, in pain, or shortness of breath
- Low breathing rate (< 12 breaths per minute)

78.4%

Figure 2.

AUTHORIZED AGENT CONTROLLED ANALGESIA

Signs your loved one may be experiencing pain / anxiety:

- Crying steadily, unable to console
- Facial Grimaces
- Moaning or grunting
- Alarmed or Fearful look
- Tugging at body parts
- Chin quivering or clenched jaw
- Sobbing or whimpering
- Fidgeting/restlessness
- Frowning
- Fast, shallow breaths

Ask the nurse IF:

- Slowed respirations (Slow rate, Deep depth)
- Altered consciousness


HOW TO ASSESS LEVEL OF PAIN / DISCOMFORT

	Relaxed/Comfortable	Mild-Moderate Discomfort	Severe Discomfort
Breathing	Normal	Occasional labored breathing	Noisy labored breathing, long period of hyperventilation
Vocalization	None	Occasional moan or groan	Loud moaning and groaning, crying
Facial Expression	Smiling or inexpressive	Appear sad, frightened, frowning	Facial grimacing
Body Language	Relaxed	Tense, distress, fidgeting	Rigid, fetal position, pulling or pushing away
Consolable, Distractible	No need to console	Distracted or reassured by voice and touch	Unable to console, distract or reassure

- o **Moderate discomfort**- provide a dose of medication by pressing the dose button – reassess in 15-20 minutes
- o **Severe discomfort**- provide a dose of medication by pressing the dosing button and **alert the nurse**

QUIZ

1. When would you press the dosing button?
2. How would you know you are giving too much?
3. Who






Figure 3.

Authorized Agent Only!!

Push PCA button 1 time if:

R: Restlessness

A: Agitation or Anxiety

P: Pain

S: Shortness of Breath



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- Provide a dose of medication by pressing the dosing button – reassess in 15-20 minutes
 - In the event of *severe discomfort* provide a dose of medication by pressing the dosing button and *alert the nurse*
-
-

TESTIMONY RE: House BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness 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 House Bill No. 1221, 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.

HB 1221 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 HB 1221. Thank you for the opportunity to testify.

Sincerely,

Sheri Tokumaru, Pharm.D., BCCCP

HB-1221

Submitted on: 2/1/2023 11:22:11 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

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

Comments:

Reimbursement under the medical benefit for clinical services provided by pharmacists to individual patients is long overdue. Let's get it done this session. Mahalo

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Belatti, Vice Chair Takenouchi, and members of the Health and Homelessness Committee:

My name is Nicole Young and I appreciate the opportunity to submit testimony in support of HB 1221, 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.

HB 1221 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.

Some examples of services that are currently provided or are in the process of implementation to be provided by pharmacists are the prescribing of oral hormonal contraceptives for birth control, Paxlovid for COVID-19 treatment, and mifepristone for abortion of pregnancy. 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 respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicole Young', written in a cursive style.

Nicole Young, PharmD, BCCCP

HB-1221

Submitted on: 2/1/2023 11:36:09 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Neilsen Gazo	Individual	Support	Written Testimony Only

Comments:

Address to: The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

HB-1221

Submitted on: 2/2/2023 12:38:39 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Chase Ibia	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR BELATTI, VICE CHAIR TAKENOUCI AND MEMBERS OF THE HEALTH AND HOMELESSNESS COMMITTEE:

My name is Chase Ibia and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

HB 1221 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 a student pharmacist that also works in the retail setting. Some examples of services that we currently provide without direct reimbursement are medication counseling, immunization delivery, completion of comprehensive medication reviews, and prescription of certain medications (with additional training). With the additional financial leverage that would come with the passing of this bill, pharmacists in the retail setting could also fill a larger clinical role, and can help to alleviate the great stress that is on the primary-care system in Hawai'i.

I respectfully and strongly urge the Committee see fit to pass HB 1221 Thank you for the opportunity to testify.

Sincerely,

Chase Ibia

TESTIMONY RE: House BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

The Honorable Chair Belatti, Vice Chair Takenouchi and Members of the Health and Homelessness 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. 1221, 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.

HB 1221 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 HB 1221 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.

HB-1221

Submitted on: 2/2/2023 6:18:58 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Chaz Barit	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: HOUSE BILL NO. 1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR BELATTI, VICE CHAIR TAKENOUCHI, AND MEMBERS OF THE COMMITTEE:

My name is Dr. Chaz Barit, Federal Pharmacist Practitioner in Hawai'i, and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to struggle with access to health care. The health disparities amongst the people of Hawai'i are largely seen in our rural areas and our native population. There are many strategies that have been thought of or put in place without success of improving access to health care. Pharmacists have untouched potential in assisting in increasing access to health care across our state.

In my practice, pharmacist practice at the top of their license. To give an example, our Federal Pharmacist who practice with a scope are able to provide comprehensive medication management which includes prescribing, ordering tests or studies, and consulting other professionals. This partnership in the health care system increases access and provides high quality health care.

It is difficult to access the potential of pharmacists outside of health systems without a means to provide resources to support and fund the activities that enhances health care. House Bill No. 1221 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling the state to unlock the potential of pharmacists and their impact to increase access to care 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 quality health care throughout the State.

I ask that you pass House Bill No. 1221. Thank you for the opportunity to testify.

Aloha,

Dr. Chaz Barit, PharmD

HB-1221

Submitted on: 2/2/2023 7:18:37 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Tammy Wong	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: HB1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

My name is Tammy Tran Wong and I appreciate the opportunity to submit testimony in support of HB1221, 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.

HB1221 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 provides without direct reimbursement are providing patient education, chart and medication profile review (eg ICU patients), antimicrobial stewardship audits, pharmacokinetic adjustments, medication information consults, etc. Additional services we would be able to provide with financial leverage created by this bill would be creating more pharmacy jobs, medication compliance and education.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are failure in medication compliance and higher hospital readmissions especially in COPD, HF patients.

I respectfully and strongly urge the Committee see fit to pass HB1221. Thank you for the opportunity to testify.

Sincerely,

Tammy Tran Wong, PharmD

HB-1221

Submitted on: 2/2/2023 7:37:59 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

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

Comments:

TESTIMONY RE: HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR DELLA AU BELATTI, VICE CHAIR JENNA TAKENOUCI AND MEMBERS OF THE COMMITTEE:

My name is Kerri Okamura and I appreciate the opportunity to submit testimony in support of HB Bill No. 1221, 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.

HB 1221 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.

I practiced in the community pharmacy setting on Hawaii Island for the last 26 years. The dispensing model is not sustainable and pharmacists should be reimbursed as other health care providers for clinical services. These services include medication counseling, chronic disease education and management (diabetes, hypertension, asthma) and medication management.

During the height of the COVID pandemic, pharmacists stepped up to the plate working with other health care providers, government agencies and other private entities to help stop the spread. Pharmacists are highly accessible and proved they were able to execute services competently, efficiently and effectively, ultimately saving lives. In order for pharmacists to continue taking care of their communities, they need to be reimbursed for the services they provide.

I respectfully and strongly urge the Committee to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Kerri Okamura, R.Ph.

HB-1221

Submitted on: 2/2/2023 7:38:31 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Russell Valdez	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: HB1221, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

My name is Russell Valdez and I appreciate the opportunity to submit testimony in support of HB1221, 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 are pharmacists already practicing in our local healthcare community.

HB1221 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 hospital setting. Some examples of services that I currently provide without direct reimbursement are providing patient education, chart and medication profile reviews, antimicrobial stewardship audits, pharmacokinetic dose adjustments, medication information consults, IV to PO conversions, and TPN consults just to name a few. Additional services we would be able to provide with financial leverage created by this bill would be creating incentivized pharmacy jobs to provide patient education and plans to promote medication safety and compliance.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are failure in medication compliance, higher hospital readmissions especially in non-compliant COPD and HF patients, and under or over dosing of medications.

I respectfully and strongly urge the Committee see fit to pass HB1221. Thank you for the opportunity to testify.

Sincerely,

Russell Valdez, PharmD

HB-1221

Submitted on: 2/2/2023 7:59:52 AM

Testimony for HLT on 2/3/2023 8:30:00 AM

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

Comments:

February 2, 2023

The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

My name is Wesley Sumida and I appreciate the opportunity to offer testimony in **strong support** of House Bill No. 1221, A Bill to Mandate Reimbursement for Pharmacy Services.

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 reimbursement for valuable services that promote best patient care practices and care access.

Thank you for allowing me to testify.

Sincerely,

Wesley Sumida

Date: February 1, 2023

To: Representative Della Au Belatti, Chair
Representative Jenna Takenouchi, Vice-Chair

From: Mark Mierzwa, PharmD, BCPP

Re: **SUPPORT for HB 1221** Relating to Pharmacists

Hrg: Friday, February 3, 2023, 8:30 AM, Rm 329

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 HB 1221**, 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.

HB 1221 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

TESTIMONY RE: HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Della Au Belatti, VICE CHAIR Jenna Takenouchi, AND MEMBERS OF THE COMMITTEE:

My name is Christina Method Requelman and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, A Bill to Mandate Reimbursement for Pharmacists' Services.

I work at the Daniel K. Inouye College of Pharmacy and at a local independent pharmacy, KTA Superstores on the Big Island. I however am not a pharmacist; I am a Certified Pharmacy Technician and have administrative roles. At the college, I work with pharmacist state wide with student placement of rotations in various pharmacy settings- Community (Retail), Ambulatory Care, Acute Care, Hospital, Specialty, and the list goes on. I can attest that pharmacy students are being extensively trained and educated to provide these types of services (here in Hawaii and Nationally) and that pharmacies are already doing this and can expand on these health care services to our communities if they were able to be paid for it. Especially in our rural areas. I was in the trenches during the height of COVID doing and coordinating mass vaccinations, mass testing, home visits to the most vulnerable. I know for a fact, that the pharmacy team has the capacity to take this on. I also am a current Lifestyle Coach for our Diabetes Prevention Program (DPP) where we work with patients who are diagnosed pre-diabetic, to educate, motivate, and support a lifestyle change to prevent them from getting diabetes (which causes or healthcare systems millions of dollars). The results have been amazing and the connection with patients heartfelt.

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.

House Bill 1221 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.

Why put this off any longer? The trend is already happening throughout the continental United States. Let us not be the last ones getting on board with such an important cause that will affect thousands in our state. Let us be innovated and ahead of the curve instead of always catching up. Imagine the impact this can make for yourself, your friends, and your loved ones.

I respectfully and strongly urge the Committee see fit to pass HB 1221.

Thank you for the opportunity to testify!! :)

Sincerely,



Christina Method Requelman

Date: February 1, 2023

To: Representative Della Au Belatti, Chair

Representative Jenna Takenouchi, Vice-Chair

From: Lehua Kay, PharmD, BCPP

Re: **SUPPORT for HB 1221** Relating to Pharmacists

Hrg: Friday, February 3, 2023, 8:30 AM, Rm 329

My name is Lehua Kay. I am testifying as an individual. I am a Board Certified, Clinical Psychiatric Pharmacist licensed in Hawaii, Washington, and Oregon and I thank you for considering this testimony **SUPPORTING HB 1221**, 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. This push to get pharmacists reimbursed for their services is occurring across the United States. I support Hawaii being a leader in advocating for pharmacist reimbursement.

HB 1221 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 educational services for patients such as diabetes management, how to take medications safely, and medication utilization techniques. Patients who engage with a pharmacist upon hospital discharge are less likely to be readmitted to their local hospital.

As a clinical practicing pharmacist, I have personally seen the value a pharmacist provides when working with patients. I have 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 their local hospital. 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,

Lehua Kay

Clinical Psychiatric Pharmacist

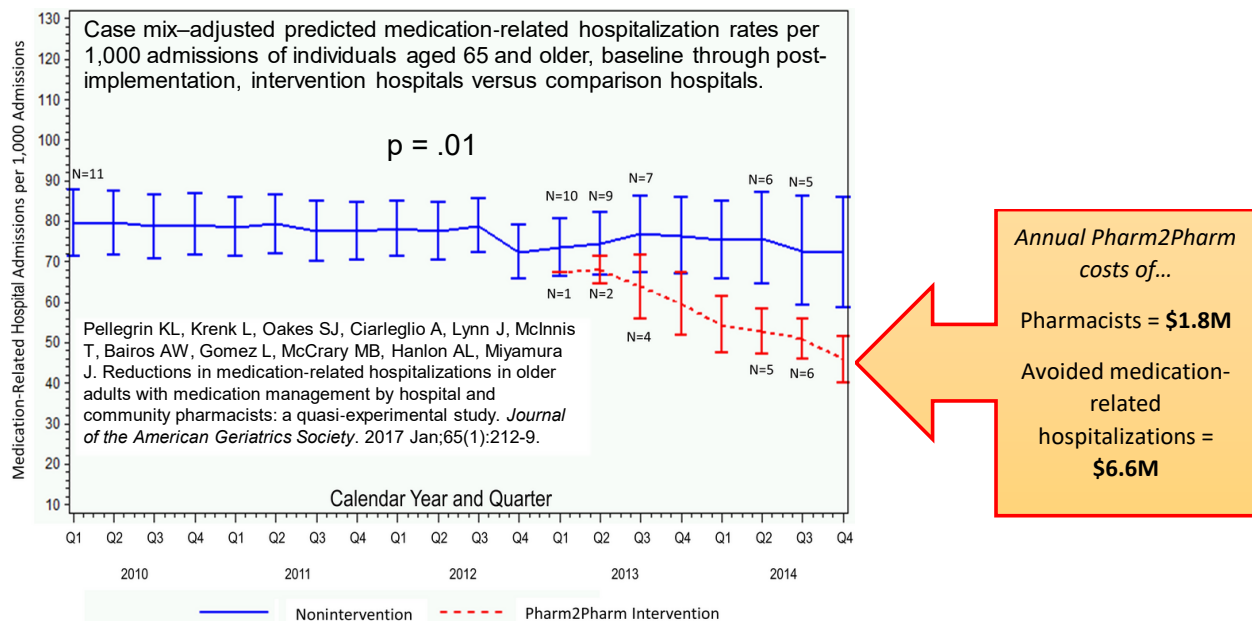
Hawai'i State Hospital

TESTIMONY RE: HOUSE BILL NO. 1221, a bill to mandate reimbursement for services provided by pharmacists within their scope of practice

TO The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness 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 House Bill No. 1221, 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.



House Bill No. 1221 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>

TESTIMONY RE: HB 1221 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Della Au Belatti, VICE CHAIR Jenna Takenouchi, AND MEMBERS OF THE COMMITTEE:

My name is Necole Miyazaki, Pharmacy Manager at KTA Waikoloa Village Pharmacy and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

House Bill 1221 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 retail setting. Some examples of services that I currently provide without direct reimbursement are medication counseling, naloxone and birth control prescribing, smoking cessation counseling, lifestyle modification recommendations, over the counter recommendations, and many more. Additional services we would be able to provide with financial leverage created by this bill would be provide easy access birth control to prevent unplanned pregnancies. We would also be able to provide expanded access to naloxone to hopefully decrease the amount of opioid related deaths.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are lack of treatment for easily treatable conditions such as COVID 19, influenza, and strep throat.

I respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,



Necole Miyazaki

Date: February 1, 2023

To: Representative Della Au Belatti, Chair Representative Jenna Takenouchi, Vice-Chair

From: Mark Chinen, PharmD

Re: SUPPORT for HB 1221 Relating to Pharmacists

Hrg: Friday, February 3, 2023, 8:30 AM, Rm 329

My name is Mark Chinen. I am testifying as an individual. I am a practicing pharmacy resident, and I thank you for considering this testimony SUPPORTING HB 1221, 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.

HB 1221 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 pharmacy resident, 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.

Thanks,

Mark Chinen, PharmD

Pharmacy Resident

Hawai'i State Hospital

February 2, 2023

TESTIMONY RE: **HB 1221** ~~HB 1221~~ ~~HOUSE/SENATE 1221~~ ~~BILL NO. 1221~~, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR REP. DELLA AU BELLATI, ~~COMMITTEE CHAIR NAME~~, VICE CHAIR REP. JENNA TAKENOUCHI, ~~VICE CHAIR NAME~~, AND MEMBERS OF THE COMMITTEE:

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My name is ~~[NAME, POSITION/ORGANIZATION]~~ Sue-Ann Yasuoka, a practicing pharmacist at a supermarket pharmacy chain for over 30 years, and I appreciate the opportunity to submit testimony in support of ~~House~~ ~~House/Senate~~ Bill No. ~~1221~~ **1221**, A Bill to Mandate Reimbursement for Pharmacists' Services.

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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.

~~HB 1221~~ ~~HB 1221~~ would ~~provide financial compensation coverage~~ ~~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~~ ~~I/We~~ 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 ~~retail pharmacy~~ ~~[XXX]~~ setting. Some examples of services that ~~I~~ ~~I/We~~ currently provide ~~s~~ without direct reimbursement are **Opioid Overdose education and Naloxone prescribing, Medication Management, Education and Instruction on medical devices, blood pressure monitoring, and blood glucose monitoring, Diabetes Education and Management, and Comprehensive Medication Reviews of a patient's prescription and over-the-counter medications and supplements** ~~[XXX]~~. Additional services we would be able to provide with ~~financial leverage created by this bill~~ would be **oral contraceptive consultation, test for COVID, flu, and strep** ~~[XXX]~~. **Pharmacists should be allowed to order testing, conduct and interpret results, counsel patients and initiate treatment for infectious diseases where appropriate. Patients receiving these services at the pharmacy frees up physician offices and hospitals for more urgent care. Additionally, integrating pharmacists into direct patient care has been shown to improve patient outcomes across health care settings and disease states.**

Ensuring that patients can access testing, vaccines and necessary care will be critical to public health.

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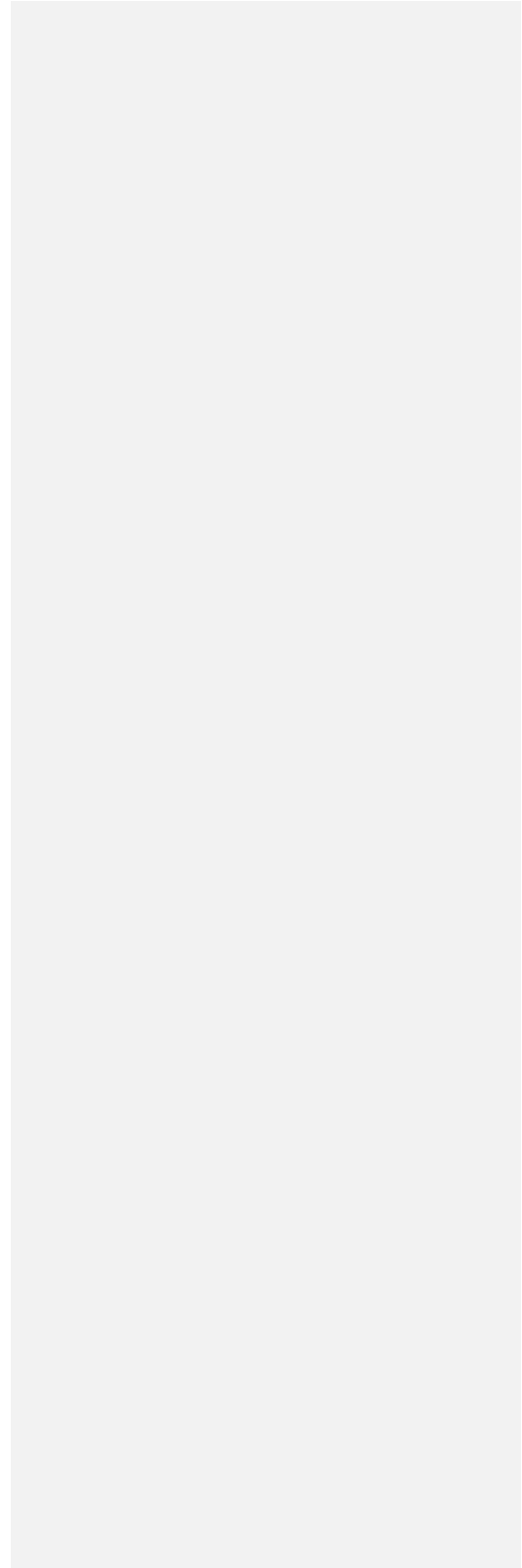
Additional experiences I've had related to a lack of reimbursement for pharmacist services are ~~[XXX]~~.

~~I/We~~ ~~I~~ respectfully and strongly urge the Committee see fit to pass ~~HB 1221~~ ~~HB 1221~~. Thank you for the opportunity to testify.

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Sincerely,

[SueAnn Yasuoka, RPh](#)



HB-1221

Submitted on: 2/2/2023 7:24:45 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Randy Kurohara	Community First	Support	Written Testimony Only

Comments:

On behalf of Community First Hawaii, I would like to express our support of HB1221 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.

1. 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

Date: February 1, 2023

To: The Honorable Della Au Belatti, Chair
The Honorable Jenna Takenouchi, Vice Chair
Members of the House Committee on Health & Homelessness

Re: **Support for HB1221**, Relating to Pharmacists

Hrg: Friday February 3, 2023 at 8:30am Conference Room 329 & Videoconference

Aloha House Committee on Health & Homelessness,

As a parent, community member, licensed pharmacist and retired Daniel K. Inouye College of Pharmacy faculty, I am writing in **strong support of HB1221**, which mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State beginning January 1, 2024.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas.

Every county in Hawaii contains one or more regions that are medically underserved. Stakeholders across the state are working together to attract and retain qualified providers. At the same time, we have yet to fully utilize existing resources, including the pharmacists practicing in all of our local communities.

Historically, pharmacists have been underutilized because healthcare services we are trained and licensed to provide have not been reimbursed by public or private health plans.

HB1221 mandates financial compensation for pharmacists in Hawaii who deliver much-needed healthcare services for which we are properly trained and licensed.

HB1221 increases access to healthcare services and promotes health equity throughout Hawaii by better utilizing immediately available providers.

I **strongly support HB1221**, respectfully ask you to pass it out of committee.

Many thanks for your consideration,

Forrest Batz, PharmD
Keaau, HI

HB-1221

Submitted on: 2/2/2023 9:36:00 PM

Testimony for HLT on 2/3/2023 8:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Traci Masaki Tesoro	Individual	Support	Written Testimony Only

Comments:

My name is Traci Masaki Tesoro, MD and I appreciate the opportunity to submit testimony in support of House Bill No. 1221, 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.

HB 1221 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 respectfully and strongly urge the Committee see fit to pass HB 1221. Thank you for the opportunity to testify.

Sincerely,

Traci Masaki Tesoro, MD