



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I
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DEPUTY DIRECTOR | KA HOPE LUNA HO'OKELE

Testimony of the Department of Commerce and Consumer Affairs

Before the
Senate Committees on Commerce and Consumer Protection
and Ways and Means
Wednesday, March 1, 2023
9:30 a.m.
State Capitol, Conference Room 211 and via Videoconference

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

Written Testimony Only

Chair Keohokalole, Chair Dela Cruz and Members of the Committees:

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.

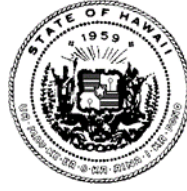
The new sections of HRS chapter 431, article 10A and chapter 432, article 1, created in Sections 2 and 3 of the bill, respectively, include subsections (a) that provide in part that health plans "shall recognize pharmacists licensed pursuant to chapter 461 as **participating providers**[" (page 2, lines 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.

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 27, 2023

TO: The Honorable Senator Jarrett Keohokalole, Chair
Senate Committee on Commerce & Consumer Protection

The Honorable Senator Donovan Dela Cruz, Chair
Senate Committee on Ways & Means

FROM: Cathy Betts, Director

SUBJECT: [SB 693 SD1](#) – RELATING TO PHARMACISTS.

Hearing: March 1, 2023, 9:30 a.m.
Conference Room 211 & Videoconferencing, State Capitol

DEPARTMENT'S POSITION: The Department of Human Services (DHS) offers comments and respectfully requests an extended effective date for the mandated reimbursement for services to July 1, 2024.

PURPOSE: The bill's purpose 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. Effective December 31, 2050. (SD1)

The SDI defected the effective date.

DHS supports adding pharmacists as providers practicing within their scope of practice. Indeed, pharmacists are already in the Hawaii State Plan and can 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 (HRS). Currently, the Hawaii State Plan mirrors the statute. Therefore, the Med-QUEST Division must submit a State Plan Amendment (SPA) request to the Centers on Medicare & Medicaid Services to accommodate the proposed changes. It is possible 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. Although Hawaii's SPA recognizes individual pharmacists, the measure requires pharmacists to be able to bill for their Medicaid-covered services as independent providers instead of via the billing provider (the affiliated pharmacy). Thus, significant changes are needed to the State Plan and administrative and operational processes to implement. For these reasons, we request an extended effective date beyond January 1, 2024. DHS will also research the costs required to make these changes and provide information as this bill is considered.

Section 6 of the bill expands the listed providers who can provide telehealth services to include pharmacists licensed under Chapter 461, HRS. 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 to be clinically appropriate to the service provided and within the provider's scope of practice.

Section 8 requires DHS to submit any 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 that the mandate for reimbursing pharmacists' effective date be changed from January 1, 2024, to July 1, 2024, to give DHS time to implement from the bill's passage to submit any necessary SPAs to implement this measure, and then to make the necessary logistical and administrative changes necessary to implement the State Plan changes once approved.

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



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Senate Committee on Ways and Means
Wednesday, March 1, 2023 at 9:30 a.m.

By

Bonnie Irwin, Chancellor

and

Miriam Mobley Smith, Interim Dean
Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo

SB 693 SD1 – RELATING TO PHARMACISTS

Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran, and Members of the Committees:

Thank you for the opportunity to submit testimony on SB 693 SD1. The University of Hawai'i at Hilo (UH Hilo) supports SB 693 SD1, 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

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>.

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

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

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

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 of the Board of Pharmacy

**Before the
Senate Committee on Commerce and Consumer Protection
and
Senate Committee on Ways and Means
Wednesday, March 1, 2023
9:30 a.m.
Conference Room 211 and Videoconference**

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

WRITTEN TESTIMONY ONLY

Chair Keohokalole, Chair Dela Cruz, and Members of the Committees:

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

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

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

Testimony of the Board of Pharmacy

S.B. 693, S.D. 1

Page 2 of 2

This measure will help ensure pharmacists are able to continue to serve their communities and provide access to quality health care across the State. Other States that have enacted similar legislation include, but are not limited to, California, Colorado, Idaho, Nevada, Ohio, Oregon, Texas, Virginia, Washington, and Wisconsin.

Thank you for the opportunity to testify on this bill.



February 28, 2023

[submitted electronically via: capitol.hawaii.gov]

The Honorable Jarrett Keohokalole
Chair, Committee on Commerce and Consumer
Protection
415 South Beretania Street Room 205
Honolulu, HI 96813

The Honorable Donovan M. Dela Cruz
Chair, Committee on Ways and Means
415 South Beretania Street
Honolulu, HI 96813

Dear Chair San Keohokalole, Chair Cruz, and members of the Committee on Commerce and Consumer Protection and Committee on Ways and Means:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [Senate Bill \(SB\) 693](#) (Senator Lee). SB 693 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, their pharmacist. It also 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 Hawai'i, 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 (3 of the top 14 counties in the U.S.), we strongly believe considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists as the medication experts 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 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 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 would have “minimal expenditure impact on state or local government.”⁹

For these reasons, APhA strongly supports SB 693 and respectfully requests 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: Senator Carol Fukunaga, Vice Chair Committee on Commerce and Consumer Protection
Senator Gilbert S.C. Keith-Agaran, Vice Chair Committee on Ways and Means
Senator Angus L.K. McKelvey
Senator Herbert M. "Tim" Richards, III
Senator Brenton Awa
Senator Henry J.C. Aquino
Senator Lynn DeCoite
Senator Lorraine R. Inouye
Senator Dru Mamo Kanuha
Senator Michelle N. Kidani
Senator Donna Mercado Kim
Senator Chris Lee
Senator Sharon Y. Moriwaki
Senator Maile S.L. Shimabukuro
Senator Glenn Wakai
Senator Kurt Fevella

Michael Baxter, APhA Acting Head of Government Affairs

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 28, 2023

Senate Committee on Commerce and Consumer Protection
Senate Committee on Ways and Means
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: ASHP Supports SB 693 Relating to Pharmacists

Dear Chair Dela Cruz, Chair Keohokalole and Members of the Committees,

The American Society of Health-System Pharmacists (ASHP) strongly supports S.B. 693, which mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice. This bill will broaden Hawaiians' access to high quality essential healthcare services statewide, including in rural and underserved areas, by ensuring health plans include pharmacists in their medical provider networks and establish payment mechanisms to reimburse pharmacists for providing covered services to eligible enrollees.

ASHP is the collective voice of pharmacists who serve as patient care providers in hospitals, health systems, ambulatory clinics, and other healthcare settings spanning the full spectrum of medication use. The organization's more than 60,000 members include pharmacists, student pharmacists, and pharmacy technicians. For more than 80 years, ASHP has been at the forefront of efforts to improve medication use and enhance patient safety.

Pharmacists are highly capable clinicians.

Throughout the COVID-19 pandemic and corresponding public health emergency (PHE), the U.S. Department of Health and Human Services (HHS) has relied heavily on pharmacists as a key cornerstone of pandemic response efforts. During the PHE, HHS has authorized pharmacists nationwide to independently order and administer a wide variety immunizations, test for COVID-19, and prescribe Paxlovid for treatment of COVID-19 infection.

Separately, Hawaii pharmacists are permitted to enter into collaborative practice agreements with physicians and other health care practitioners. Collaborative practice agreements empower pharmacists to optimize patient drug therapy regimens by assessing, monitoring, initiating and modifying the patient's medications at frequent intervals in between the patient's physician visits through a team-based process.

Studies of integrated team-based comprehensive medication management have demonstrated return on investment for clinical pharmacist services as high as 12:1 with an average of 3:1-5:1. ROI is realized via

reductions in emergency department visits, hospital admissions and physician visits, as well as reduced use of unnecessary and inappropriate medications.¹

Pharmacist provider recognition is essential to overcoming patient barriers to accessing care.

Despite state and Federal policies recognizing pharmacists as qualified and highly capable clinicians, payers have been slow to recognize pharmacists as billable providers. Lack of provider recognition renders pharmacists unable to submit claims to a patient's insurance plan for services that are both covered by the plan and within the pharmacist's scope of practice. For many patients, this effectively means their only options are to pay cash and incur unnecessary out-of-pocket expenses to receive the service from a pharmacist or to seek out an additional and unnecessary encounter with a different health care provider. The added burdens of time, distance, cost and reduced convenience serve as barriers to access for cost-efficient preventative health care services, contributing to poorly managed chronic disease states and increased health expenditures on aggregate.

SB 693 does not require health plans to cover any additional services that were not previously covered.

SB 693 requires health plans to permit pharmacists to provide services that would have otherwise been covered when provided by a physician or non-physician practitioner. The bill prevents health plans from denying patients' access to existing covered benefits solely on the basis of the type of provider rendering the service.

SB 693 does not expand pharmacist scope of practice

SB 693's coverage requirements only extend to services provided within a pharmacist's lawful scope of practice as defined under state and federal law.

ASHP urges you to vote 'YES' to SB 693 as it is currently written. Thank you for the opportunity to testify in support of this bill. If you have any additional questions or would like further information please contact Kyle Robb (krobb@ashp.org)

Respectfully,

Kyle Robb, PharmD

ASHP Director of State Policy & Advocacy

¹Brummel A, Westrich K, Evans MA, Plank GS, Penso J, Dubois RW. Best Practices: Improving Patient Outcomes and Costs in an ACO Through Comprehensive Medication Therapy Management. Journal of Managed Care and Specialty Pharmacy. 2014(20):12



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The State Legislature
Senate Committee on Commerce and Consumer Protection
Senate Committee on Ways and Means
Wednesday, March 1, 2023, Conference Room 211, 9:30 a.m.

TO: The Honorable Jarrett Keohokalole, Chair
The Honorable Donovan Dela Cruz, Chair
RE: Support for S.B. 693, SD1 Relating to Pharmacists

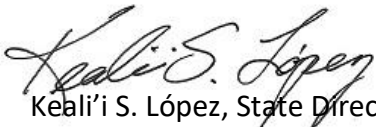
Aloha Co-Chairs Keohokalole and Dela Cruz and Members of the Committees:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social impact organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families.

AARP supports S.B. 693 SD1 which mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawaii should allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills where evidence indicates services can be delivered safely and effectively. This includes allowing and expecting different professions to share overlapping scopes of practice. There are areas in Hawaii where physician shortages limit access to care and where other practitioner types such as pharmacists can lead to more efficient delivery of care. People go to neighborhood pharmacy to have their medications filled and often seek consultation with their pharmacist who can answer questions about the medications and help patients take their medications safely and appropriately. Pharmacists provide an essential and complementary service that can help bridge the gaps created by the physician shortage and should be compensated appropriately for the valuable clinical service that they provide to patient care. Thank you very much for the opportunity to testify in support of SB 693, SD1.

Sincerely,


Keali'i S. López, State Director

February 28, 2023

Dear Senator Keohokalole, Senator Dela Cruz, Senator Fukunaga, and Senator Keith-Aragan,

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

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

Mahalo nui,



Randy Kurohara
Executive Director
Community First Hawaii



February 27, 2023

To: THE SENATE - KA 'AHA KENEKO
THE THIRTY-SECOND LEGISLATURE - REGULAR SESSION OF 2023

COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

COMMITTEE ON WAYS AND MEANS

Senator Donovan M. Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

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

Subject: Support for SB693

Dear Senators,

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

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

Mahalo,

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

Lynda Dolan, MD
President

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

Brenda Camacho, MD
Secretary & Treasurer

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

Craig Shikuma, MD
Medical Director, BIHC

www.bigislanddocs.com

Mailing Address: 670 Ponahawai St., Suite 117 | Hilo, HI 96720
Phone: (808) 797-3113 | Fax: (808) 935-4472

Wednesday, March 1, 2023 at 9:30 AM
Via Video Conference; Conference Room 211

Senate Committee on Commerce and Consumer Affairs

To: Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

Senate Committee on Ways and Means

To: Senator Donovan Dela Cruz, Chair
Senator Gil Keith-Agaran, Vice Chair

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

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

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

HPH writes in SUPPORT of SB 693, SD1 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, the bill will help establish an economic model to make those aspirations viable. We therefore ask

the legislature to support these efforts and create an opportunity to strengthen the health care workforce and achieve a more sustainable health care system.

Thank you for the opportunity to testify.



Testimony presented before the
Senate Consumer Protection and Ways and Means
Wednesday March 1, 2023

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

Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the Consumer Protection and Ways and Means Committees,

The Hawai'i Pharmacists Organization (HPhA) stands in strong support of SB 693 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 unsustainable. In the retail pharmacy setting, Pharmacy Benefit Managers (PBMs) have continued to 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. SB 693 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.

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. SB 693 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

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>

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 employ 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 will 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 pharmacists to remain in Hawai’i and practice at the top of their licenses.

Since introduction and streamlining to SB693 (HB1221 had identical intent) HPhA has connected with The Department of Human Services to determine that an effective date of 7/1/2024 would give adequate time to implement the changes this bill would require. HPhA proposes an amended effective date of 7/1/2024.

We have also spoken with Insurance Commissioner Ito and have proposed alternative language to prevent confusion surrounding ‘participating registered pharmacist’ and ‘participating provider’ to ensure that each insurance managed care organization is not responsible for reimbursement of pharmacists outside their network. We propose an amendment that modifies the verbiage to ‘qualified providers’ as opposed to ‘participating providers’ on page 2, lines 9-11 and page 3, lines 8-9.



Payment for pharmacist clinical services under the medical benefit is the missing piece to create true team-based collaboration. SB 693 is needed for pharmacists to be financially leveraged to utilize our knowledge and training as medication experts. But more importantly, SB 693 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.

Very Respectfully,

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

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



THE FAMILY MEDICINE CENTER

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

Daniel H. Belcher, MD

Lynda M. Dolan, MD

Erin Kalua, MD

Jessica Anahu, DNP, APRN

Haley Rosehill-Reiger, APRN

February 27, 2023

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

To The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the committee:

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

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

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

Mahalo,

Lynda Dolan, MD

Daniel Belcher, MD

Erin Kalua, MD

Jessica Anahu, DNP APRN

Haley Rosehill-Reiger, APRN

Dayna Wong-Otis, PharmD



Date: February 28, 2023

To: The Honorable Chair Keohokalole, Vice Chair Fukunaga and the
Senate Committee on Commerce and Consumer Protection

The Honorable Senator Dela Cruz, Vice Chair Keith-Agaran and the
Senate Committee on Ways and Means

Re: Testimony in support of Senate Bill 693, Relating to Pharmacists.

Position: Support

Please accept this letter in strong support of SB 693, relating to Pharmacist. As Hawai'i continues to face shortages of healthcare providers, SB 693 would provide coverage for licensed pharmacists' services under the medical benefit of both private and public health plans.

Pharmacists provide invaluable services to patients that have shown to improve health outcomes. Examples of some of these services are medication reconciliation, medication management, chronic disease management and health education.

At the height of the COVID-19 pandemic, pharmacists stepped up to serve their communities by providing COVID-19 vaccines and much needed COVID-19 testing.

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

Thank you for this opportunity to submit written testimony!

Sincerely,

A handwritten signature in black ink, appearing to read "Toby B. Taniguchi", with a long horizontal flourish extending to the right.

Toby B. Taniguchi
President



3375 Koapaka St., Suite F251
Honolulu, Hawaii 96819

www.pharmacarehawaii.com

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Senate Committee on Ways and Means
Wednesday, March 1, 2023, at 9:30 a.m.
Conference Room 211
By
Byron Yoshino, PharmD
CEO
Pharmacare Hawaii

SB 693 – RELATING TO PHARMACISTS

Chairs Keohakalolo and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran, and members of the committees: Thank you for the opportunity to submit testimony on SB 693. Pharmacare Hawaii supports SB 693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State.

Pharmacare Hawaii has a 95+ year legacy (Yoshino Drugs and Value Drugs) in the islands and has been an integral part of the Hawaii community, developing strong relationships between our patients, pharmacists, and nurses. It is through this lens of community and patient commitment that we strongly support SB 693.

Passage of this bill 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 and use their training and licensing to better serve our community. This legislation is especially critical in Hawaii, which has an unrelenting shortage of physicians and health care providers.

As a locally owned pharmacy, we are honored to be part of the Hawaii health care system. Passage of SB 693 will strengthen health care by increasing patient access to services in a way that simplifies the health care system for patients, meets them where they are, and supports healthcare providers efforts to improve health outcomes.

Thank you for allowing us to testify in support of SB 693.



THE QUEEN'S HEALTH SYSTEM

To: The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Members, Senate Committee on Commerce & Consumer Protection

The Honorable Donovan M. Dela Cruz, Chair
The Honorable Gilbert S.C. Keith-Agaran, Vice Chair
Members, Senate Committee on Ways and Means

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

Date: March 1, 2023

Re: Comments on SB 693 SD1: Relating to Pharmacists

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

Queen's supports the intent of SB 693 SD1, 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.



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 28, 2023

TO: Senator Jarrett Keohokalole
Chair, Senate Committee on Commerce and Consumer Protection

Senator Donovan Dela Cruz
Chair, Committee on Ways and Means

FROM: Mihoko Ito / Tiffany Yajima

RE: **S.B. 693, S.D. 1 – Relating to Health**
Hearing Date: Monday, March 01, 2023 at 9:30 a.m.
Conference Room: 211 & videoconference

Dear Chair Keohokalole, Chair Dela Cruz, and members of the Joint Committees:

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** S.B. 693, S.D. 1, 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 are convenient, accessible and frequent direct points-of-contact for patients, especially for those with chronic conditions requiring complex medication therapies. Direct reimbursement to pharmacies would serve patient interests by improving quality of life and health outcomes in a cost-effective manner. Based on the above, we urge the committee to pass this measure.

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

SB-693-SD-1

Submitted on: 2/26/2023 4:26:30 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Gerard Silva	Individual	Oppose	Written Testimony Only

Comments:

NO

February 26, 2023

TO:

Committee on Commerce and Consumer Protection
Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

AND

Committee on Ways and Means
Senator Donovan M Dela Cruz, Chair
Senator Gilbert S.C. Keith-Agaran, Vice Chair

Hearing Date: March 1, 2023
Conference Room 211 – 9:30 AM

SB693 SD1 – Relating to Pharmacists

Most Honorable Chairs: Senator Keohokalole and Senator Dela Cruz; Vice-Chairs: Senator Fukunaga and Senator Keith-Agaran; and Committee Members:

I am in support of SB693 SD1. With the shortage of physicians and the limited amount of time doctors have for their patients, many patients utilize registered pharmacists for critical questions relating to their health management and prescribed drugs.

Reimbursement for education and consultation provided by registered pharmacists, as promoted by SB693 SD1, is very needed. Pharmacists are providing an essential element of care and should be compensated appropriately for their time and service.

Please vote affirmatively for for SB693 SD 1.

Thank you for the opportunity to submit testimony in favor of this bill.

Respectfully submitted,
Christine Olah
Honolulu Resident

Kevin L. Johnson, Ko Olina, Hawai'i

The State Legislature
Senate Committees on Commerce and Consumer Protections and
Ways and Means
Wednesday, March 1, 2023, Conference Room 211, 9:30 a.m.

TO: The Honorable Jarrett Keohokalole and Donovan M. Dela Cruz, Chairs
RE: Support for SB 693, SD1 relating to Pharmacists

My **support of SB693, HD1** 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 SB693, SD1** will help fill that need.

Sincerely,

Kevin L. Johnson

Senate Committees for Commerce and Consumer Protection and Ways and Means

To the Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and Members of the Senate Committees for Commerce and Consumer Protection and Ways and Means

Testimony for SB 693 CD1

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

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

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

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

in the operational cost of the clinic with overall outcome value based on the total care of the patient.

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

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

Mahalo for the opportunity to provide testimony to support SB 693 CD1.

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

TO CHAIRS KEOHOKALOLE AND DELA CRUZ, VICE CHAIRS FUKUNAGA AND KEITH-AGARAN AND MEMBERS OF THE COMMITTEE:

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

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

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

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

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

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

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

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

Sincerely,

Lily Van, PharmD, BCACP, CDCES

TESTIMONY RE: SB693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIRS KEOHOKALOLE AND DELA CRUZ, VICE CHAIRS FUKUNAGA AND KEITH-AGARAN, 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 SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

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

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

My team and I currently practice in the 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 SB693. Thank you for the opportunity to testify.

Sincerely,



Tashya Jayasuriya Whitehead, MD

SB-693-SD-1

Submitted on: 2/27/2023 11:43:12 AM

Testimony for CPN on 3/1/2023 9:30:00 AM

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

Comments:

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

TO CHAIRS KEOHOKALOLE AND DELA CRUZ, VICE CHAIRS FUKUNAGA AND KEITH-AGARAN, AND MEMBERS OF THE COMMITTEE:

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

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

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

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

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

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

Sincerely,

Janelle Siu Oshiro, PharmD

The Honorable Chairs Keohokalole and Dela Cruz

Vice Chairs Fukunaga and Keith Agaran

The CPN and WAM Committees

I, Gerry Fujii, urge you to pass SB693. As a retired Pharmacist, I have witnessed the progressive growth and expansion of our profession. In the early 1970's, many viewed Pharmacists as only "pill counters", but much has evolved with expanded clinical services. Pharmacists are now providing in depth patient counseling, disease state management, medication therapy management, immunizations and a host of specialized pharmacy services. It is well documented in medical literature the significant positive healthcare impact that results with using these services. Pharmacists deserve to be recognized as an integral part of the health system and must be reimbursed by establishing provider status.

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

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

Mahalo,

Gerry Fujii, Doctor of Pharmacy

February 27, 2023

TO: The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the Committee

Regarding: SB693

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

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

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

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

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

Thank you.

Sincerely,

Joy Matsuyama, PharmD, BCPS

Date: February 27, 2023

To: Senator Jarrett Keohokalole, Chair
Senator Donovan M. Dela Cruz, Chair
Senator Carol Fukunaga, Vice-Chair
Senator Gilbert S.C. Keith-Agaran, Vice-Chair

From: Mark Mierzwa, PharmD, BCPP

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

Hrg: Wednesday, March 1, 2023, 9:30 AM, Rm 211

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

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

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

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

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

Mahalo for considering this measure,

Mark Mierzwa

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

TESTIMONY RE: SENATE BILL 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES
TO THE HONORABLE CHAIRS KEOHOKALOLE AND DELA CRUZ, VICE CHAIRS FUKUNAGA AND KEITH-
AGARAN AND MEMBERS OF THE COMMITTEE:

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

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

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

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

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

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

Sincerely,



Logan Jones

Student Pharmacist

Daniel K Inouye College of Pharmacy

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

TO: The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the 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 SB 693, 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.

SB 693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that 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 SB 693 would allow expansion of healthcare resources to many underserved and rural populations.

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

Sincerely,

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

Cherie Chu, PharmD, BCCCP

SB-693-SD-1

Submitted on: 2/27/2023 4:29:01 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

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

Comments:

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

TO THE HONORABLE CHAIR Keohokalole and Dela Cruz, VICE CHAIRS Fukunaga and Keith-Agaran and members of the committee:

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

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

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

I currently practice in the community pharmacy setting with plans to intern in clinical settings. Some examples of services that pharmacists provide without direct reimbursement include telehealth, and counseling on medications, administration of inhalers, smoking cessation, diet, and exercise. With financial leverage created by this bill we would be able to expand vaccination services, conduct diabetes prevention programs, opioid abuse consultations, and more. Pharmacists have also taken on the role of prescribing Paxlovid for COVID-19, Naloxone for opioid overdose, hormonal birth control and the emergency contraceptive pill.

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

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

Sincerely,

Leila Chee

SB-693-SD-1

Submitted on: 2/27/2023 4:38:30 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

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

Comments:

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

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

TO THE HONORABLE CHAIRS KEOHOKALOLE AND DELA CRUZ, VICE CHAIRS FUKUNAGA AND KEITH-AGARAN AND MEMBERS OF THE COMMITTEE:

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

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

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

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

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

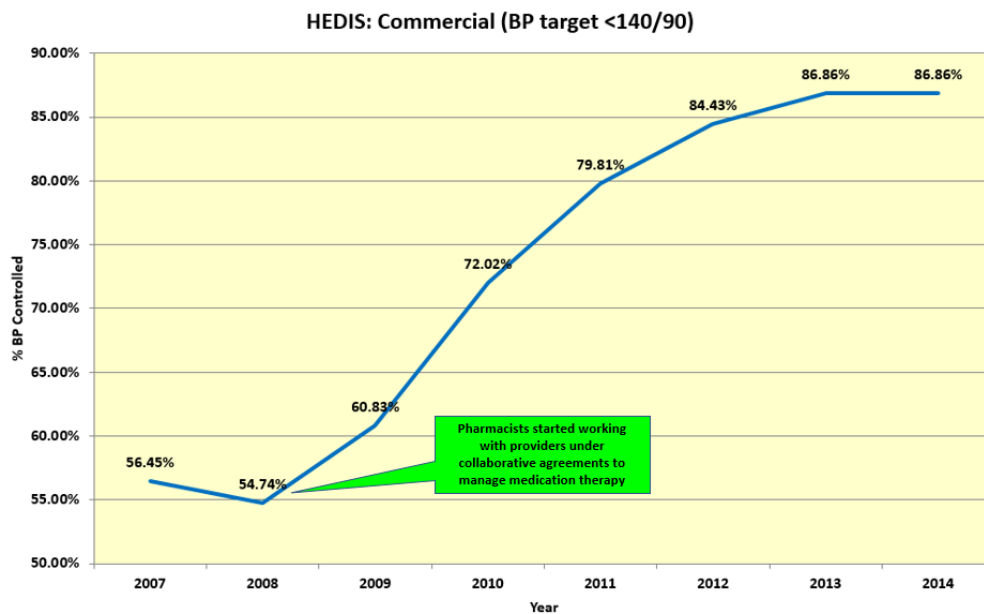
This bill will not impact our organization directly, however, I strongly feel that pharmacists can help fill the gap and enhance the care to the community and improve health outcomes by optimally managing medication therapy. This bill will enable pharmacists outside of our organization and in other health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

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

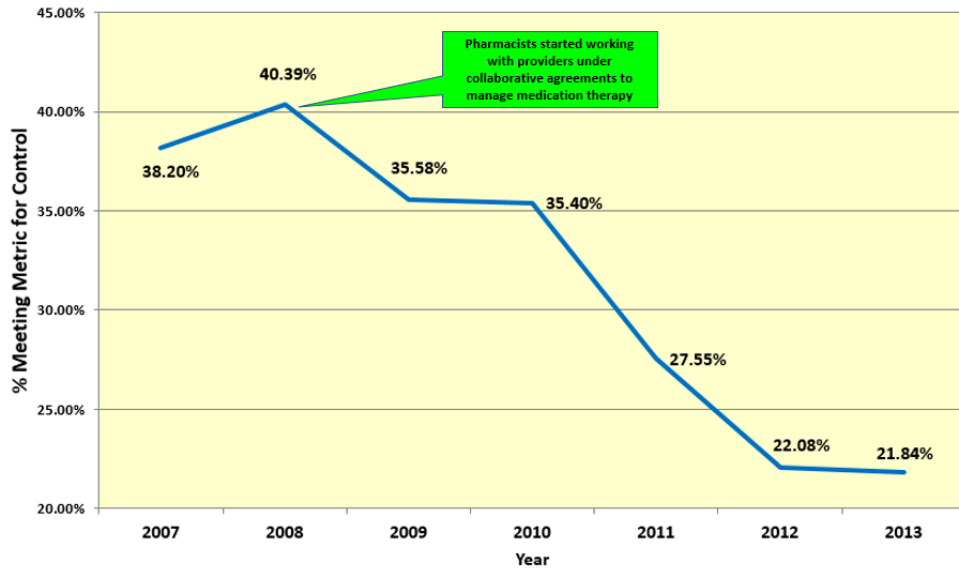
Sincerely,

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

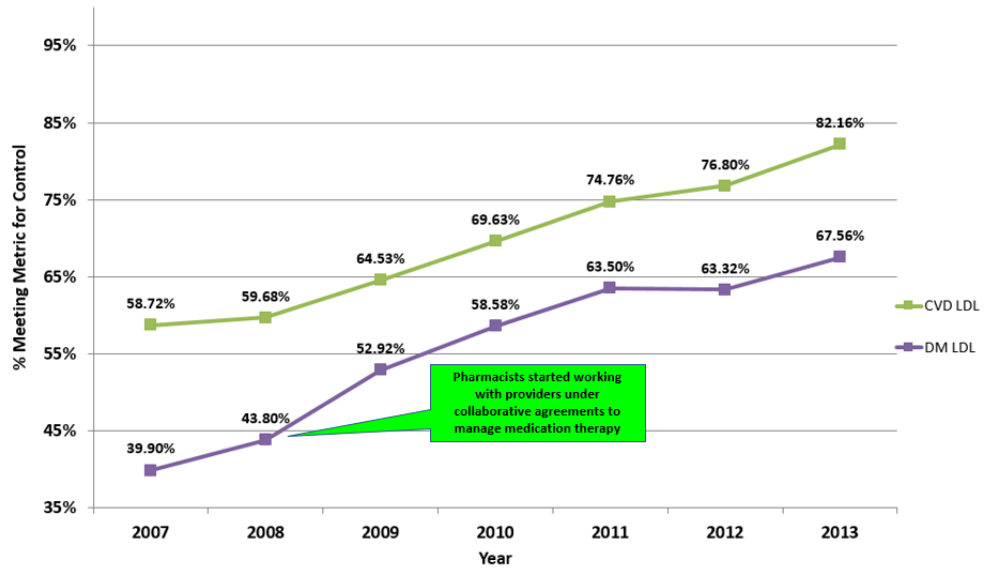
NCQA/HEDIS Results for Our Organization on Diabetes, High Blood Pressure (BP), and Cholesterol (LDL) Control



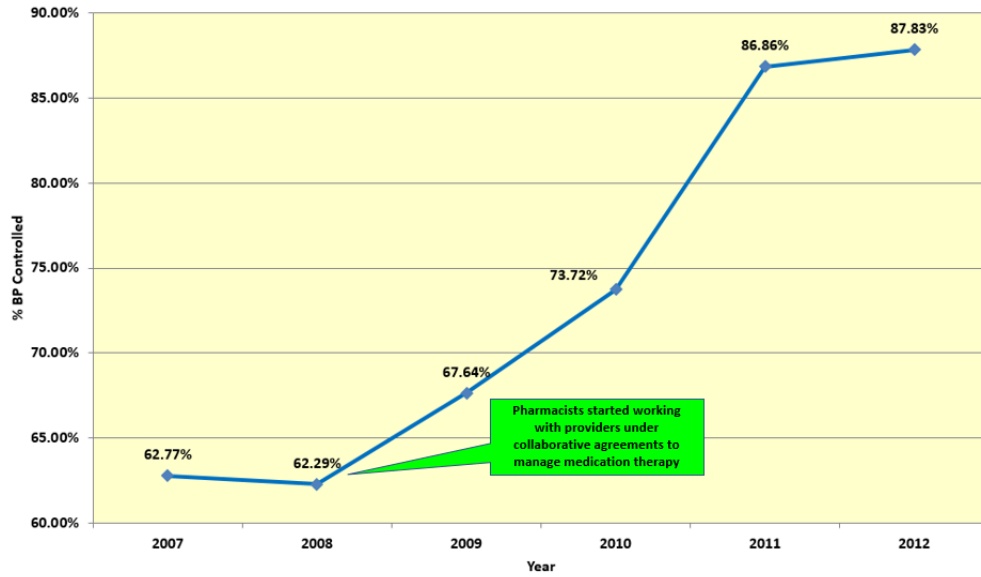
HEDIS: Commercial (Diabetes: HbA1c >9%)



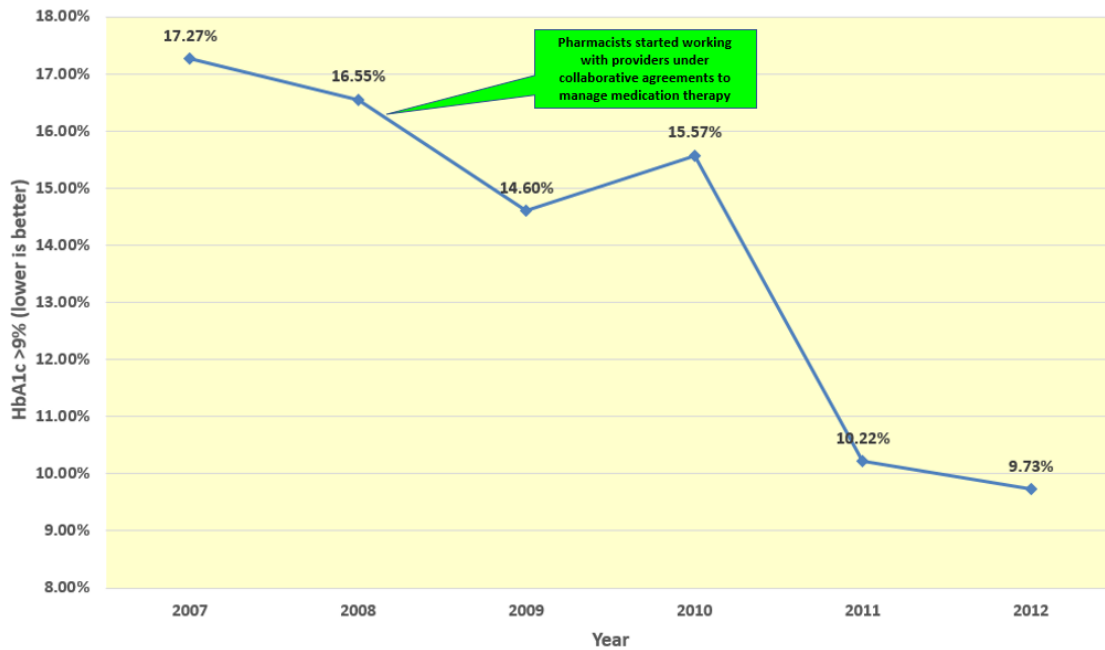
HEDIS: Commercial (LDL target <100)



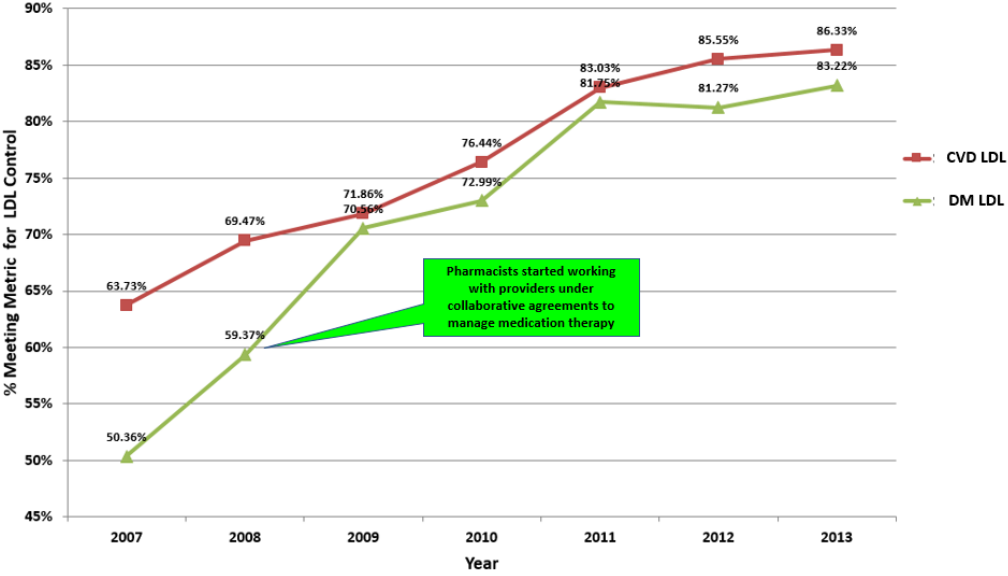
HEDIS: Medicare (BP target <140/90)



HEDIS: Medicare (Diabetes: HbA1c >9%)



HEDIS: Medicare (LDL at target <100)



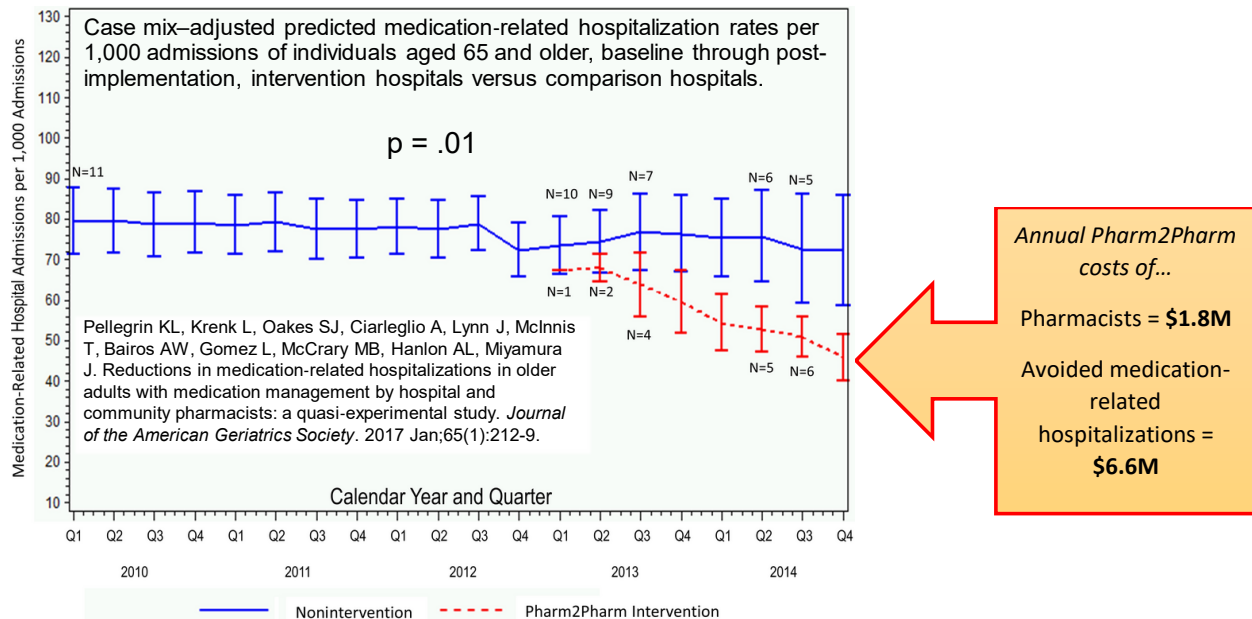
Pharmacists started working with providers under collaborative agreements to manage medication therapy

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

TO: The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the committee:

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

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



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

Sincerely,


Karen L. Pellegrin, PhD, MBA

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

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

The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and Members of the 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.

March 1, 2023

The Honorable Jarrett Keohokaloe, Chair
The Honorable Donovan M. Dela Cruz, Chair
Senate Committee on Commerce and Consumer Protection
Senate Committee on Ways & Means
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: NATIONAL COMMUNITY PHARMACISTS ASSOCIATION IN SUPPORT OF SENATE BILL 693

Chairman San Buenaventura, Chairman Dela Cruz Aquino and members of the Senate Commerce & Consumer Protection and Senate Committee on Ways & Means:

I am writing to you on behalf of the National Community Pharmacists Association in **support** of Senate Bill 693, 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/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. SB 693 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, Senator Lee, 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>.

SB-693-SD-1

Submitted on: 2/27/2023 7:00:51 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Lara Gomez	Individual	Support	Written Testimony Only

Comments:

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

To: Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the committee

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.693, A Bill to Mandate Reimbursement for Pharmacy Services.

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

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

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

Sincerely,

Lara Gomez, PharmD

SB-693-SD-1

Submitted on: 2/27/2023 8:05:44 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

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

Comments:

February 27, 2023

The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the Senate Consumer Protection (CPN) and Ways and Means (WAM) committees

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

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

Thank you for allowing me to testify.

Sincerely,

Wesley Sumida, Pharm.D., BCPS

SB-693-SD-1

Submitted on: 2/27/2023 8:14:06 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Keri Oyadomari	Individual	Support	Written Testimony Only

Comments:

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

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and the Committee on Commerce and Consumer Protection, Chair Dela Cruz, Vice Chair Keith-Agaran, and Committee on Ways and Means:

My name is Keri Oyadomari and I am a community pharmacist. I appreciate the opportunity to submit testimony in support of SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

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

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

My team and I currently practice in the community setting. Some examples of services that we currently provide without direct reimbursement are medication management, long acting injectable medication administration, chronic disease counseling, and many others. Many community pharmacies are closing down and being acquired due to the unstable payor landscape. Creating direct reimbursement for services already provided will pave for a more sustainable model for community pharmacies.

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

Sincerely,

Keri Oyadomari, Pharm.D.

SB-693-SD-1

Submitted on: 2/27/2023 8:15:56 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

Submitted By	Organization	Testifier Position	Testify
Derek Tengan	Individual	Support	Written Testimony Only

Comments:

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

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and the Committee on Commerce and Consumer Protection, Chair Dela Cruz, Vice Chair Keith-Agaran, and Committee on Ways and Means:

My name is Derek Tengan and I am an independent pharmacy owner of five locations. I appreciate the opportunity to submit testimony in support of SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

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

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

My team and I currently practice in the community setting. Some examples of services that we currently provide without direct reimbursement are medication management, long acting injectable medication administration, chronic disease counseling, and many others. Many community pharmacies are closing down and being acquired due to the unstable payor landscape. Creating direct reimbursement for services already provided will pave for a more sustainable model for community pharmacies.

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

Sincerely,

Derek Tengan, Pharm.D.

SB-693-SD-1

Submitted on: 2/27/2023 9:18:05 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

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

Comments:

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

To: The Honorable Chair Keohokalole, Vice Chair Fukunaga and the Senate Committee on Commerce and Consumer Protection

To: The Honorable Senator Dela Cruz, Vice Chair Keith-Agaran and the Senate Committee on Ways and Means

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

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

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

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

I respectfully and strongly urge the Committee to pass SB693.

Thank you for the opportunity to testify.

Sincerely,

Kerri Okamura, R.Ph.

SB-693-SD-1

Submitted on: 2/28/2023 6:34:45 AM

Testimony for CPN on 3/1/2023 9:30:00 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. I am writing this testimony as an individual.

Please **SUPPORT** this bill.

This bill will provide important healthcare access to underserved areas.

Sincerely,

Deborah A. Taira, ScD

TESTIMONY RE: HB693 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIRS Keohokalohe and Dela Cruz, VICE CHAIRS Fukunaga and Keith-Agaran, AND MEMBERS OF THE Health and Human Services Committee:

My name is Megan Arbles, Pharm D., Director of Pharmacy Operations for an independent pharmacy on the Big Island and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacists' Services.

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

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

My team and I currently practice in the community, 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. SB 693 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 SB693. Thank you for the opportunity to testify.

Sincerely,



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

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

The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the committee:

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

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

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

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

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

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

Sincerely,

Rachel Randall

Rachel Randall, PharmD, BCPS, BC-ADM

Clinical Pharmacist | Tobacco Treatment Specialist

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

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

TO Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the committee

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

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

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

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

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

Sincerely,

Sheri Tokumaru, Pharm.D., BCCCP

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

To CHAIRS Keohokalole and Dela Cruz, VICE CHAIRS Fukunaga and Keith-Agaran, AND MEMBERS OF THE COMMITTEE:

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

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

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

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

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

Sincerely,

Dayna Wong-Otis, PharmD, CDCES

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

TO: The Honorable Chairs Keohokalole and Dela Cruz; Vice Chairs Fukunaga and Keith-Agaran; and members of the Senate Consumer Protection and Ways and Means committees.

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

Hawai'i continues to face a shortage of healthcare providers, 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.

SB 693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that 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. It is important for pharmacists to utilize their full scope of practice and have the appropriate means to do so.

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

Sincerely,

Chad Kawakami Pharm.D., BCPS

To: Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith -Agaran and members of the committee

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

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

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

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

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

Thank you for your time and attention,

Jodi Nishida, PharmD, MHP

www.theketoprescription.com

The Keto Prescription Clinic

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

Disease States Impacted Positively

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

Hemoglobin A1c Reductions in Diabetes

WE FOLLOWED 160 DIABETES PATIENTS

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

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

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

Medications Decreased or Discontinued

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

Summary

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

January 27, 2023

To Whom It May Concern:

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

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

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

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

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

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

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino

01/27/2023

Dear Senators and State Representatives,

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

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

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

Best Regards, Ikaikaokalani D. Bicoy

January 25, 2023

Dear Representatives and Senators,

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

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

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

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

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

Very Truly Yours,

Turning 60 in May of 2023

January 27, 2023

Dear Senators and Representatives,

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

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

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

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

Sincerely,

Arlene U. P. Bicoy

January 27, 2023

To Our Representatives and Senators:

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

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

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

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

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

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

Sincerely,

Alisha K. Medeiros

(808) 217-0011

221 Lahaina Street

Hilo, HI 96720

GREGORY E. HUNGERFORD, D.C.

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

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

Aloha,

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

Mahalo,

Gregory E Hungerford, DC

January 27, 2023

To Whom It May Concern:

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

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

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

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

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

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

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino

February 5, 2023

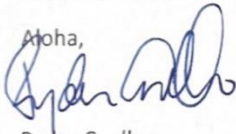
Dearest Dr. Jodi,

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

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

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

Aloha,



Ryder Coelho

February 9, 2023

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

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

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

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

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

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

LATE

SB-693-SD-1

Submitted on: 2/28/2023 1:59:17 PM

Testimony for CPN on 3/1/2023 9:30:00 AM

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

Comments:

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

TO CHAIRS JARRETT KEOHOKALOLE AND DONOVAN DELA CRUZ, VICE CHAIRS CAROL FUKUNAGA AND GILBERT KEITH-AGARAN, AND MEMBERS OF THE COMMITTEE:

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

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

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

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

management. These services are all services within a pharmacist's current scope of practice. Allowing pharmacists to submit for reimbursement for these services will help to increase patients' access to care.

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

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

Sincerely,

Patrice Morita, PharmD

LATE

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

TO: The Honorable Chairs Keohokalole and Dela Cruz, Vice Chairs Fukunaga and Keith-Agaran and members of the committee

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

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

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

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

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

Sincerely,

Christopher Tan Pharm.D., BCPS