

## **Testimony of the Board of Pharmacy**

**Before the  
House Committee on Consumer Protection and Commerce  
and  
House Committee on Legislative Management  
Thursday, April 13, 2023  
2:00 p.m.  
Conference Room 229 and Videoconference**

**On the following measure:**

**S.C.R. 17, S.D. 1, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS**

Chair Nakashima, Chair Nakamura, and Members of the Committees:

My name is James Skizewski, and I am the Executive Officer of the Board of Pharmacy (Board). The Board voted unanimously to support measure S.B. 693, which mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State beginning January 1, 2024. As Hawaii Revised Statute section 23-51 requires a social and financial audit, the Board also supports this concurrent resolution.

The purpose of this concurrent resolution is to request the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

The Board would like to stress the challenges the State currently faces regarding the shortage of healthcare providers, especially in rural areas of 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. S.B. 693 will aide 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 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 the ordering and administering of COVID-19 tests and vaccines in pharmacies across the State, safely expanding patient access to care.

S.B. 693 will help assure pharmacists are able to continue to serve their communities and maintain the 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 concurrent resolution.

STATE OF HAWAII  
**OFFICE OF THE AUDITOR**  
465 S. King Street, Room 500  
Honolulu, Hawaii 96813-2917



**LESLIE H. KONDO**  
State Auditor  
  
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**HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE**

The Honorable Mark M. Nakashima, Chair  
The Honorable Jackson D. Sayama, Vice Chair

**HOUSE COMMITTEE ON LEGISLATIVE MANAGEMENT**

The Honorable Nadine K. Nakamura, Chair  
The Honorable Dee Morikawa, Vice Chair

**S.C.R. NO. 17, S.D. 1, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS**

Hearing: Thursday, April 13, 2023, 2:00 p.m.

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The Office of the Auditor offers the following comments on S.C.R. No. 17, S.D. 1, which requests the Auditor to conduct a social and financial assessment of mandatory health insurance coverage for services provided by pharmacists as proposed in S.B. No. 693.

S.B. No. 693, however, as amended, no longer includes the proposed mandatory health insurance coverage. In its current form, S.B. No. 693, S.D. 1, H.D. 2, directs the Auditor to assess the social and financial impacts of requiring coverage of services provided by pharmacists, “[n]otwithstanding the requirement of a referral by concurrent resolution pursuant to section 23-51, Hawai‘i Revised Statutes.” Without a bill containing the proposed health insurance mandate, as required by Section 23-51, HRS, we are unable to complete the requested assessment.

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

We suggest the Committees defer this concurrent resolution until S.B. No. 693, S.D. 1, H.D. 2 is amended to include the specific information that is required by Section 23-51, HRS, which includes the specific coverage that health insurers will be required to include in their respective policies.

Thank you for considering our testimony related to S.C.R. No. 17, S.D. 1.



# UNIVERSITY OF HAWAII SYSTEM

## ‘ŌNAEHANA KULANUI O HAWAII

### Legislative Testimony

### Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the  
House Committee on Consumer Protection and Commerce  
House Committee on Legislative Management  
Thursday, April 13, 2023 at 2:00 p.m.

By

Bonnie Irwin, Chancellor

and

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

#### SCR 17 SD1 – REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS

Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa, and Members of the Committees:

Thank you for the opportunity to submit testimony on SCR 17 SD1. The University of Hawai'i at Hilo (UH Hilo) supports SCR 17 SD1, which requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR 17 SD1 is a necessary step needed to pass SB 693 which mandates 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.<sup>1</sup> In Hawai'i there are 31 areas that are designated as health professional shortage areas.<sup>2</sup> 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.<sup>3</sup>

**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)."<sup>4</sup> 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

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<sup>1</sup> 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](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.

<sup>2</sup> 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>. Accessed 3/11/2020

<sup>3</sup> 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.

<sup>4</sup> 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 minority<sup>5</sup> and rural communities<sup>6</sup>, 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.<sup>7</sup>

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 SCR 17 SD1.

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<sup>5</sup> 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>

<sup>6</sup> 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.

<sup>7</sup> 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 to the House Joint Committee on Consumer Protection and Commerce and  
Legislative Management  
Thursday, April 13, 2023; 9:00 a.m.  
State Capitol, Conference Room 329  
Via Videoconference**

**RE: SENATE CONCURRENT RESOLUTION NO. 017, SENATE DRAFT 1, REQUESTING THE  
AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSING  
MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY  
PHARMACISTS.**

Chair Nakashima, Chair Nakamura, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Concurrent Resolution No. 017, Senate Draft 1, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSING MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS.

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

This Concurrent Resolution, as received by your Committee, would fulfill the statutory requirements of Sections 23-51 and 23-52, Hawaii Revised Statutes, by requesting the Auditor to conduct a social and financial study on the impacts of mandating health insurance coverage for services provided by pharmacists, as proposed in Senate Bill No. 0693, Regular Session of 2023..

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

**Testimony on Senate Concurrent Resolution No. 017, Senate Draft 1**

**Thursday, April 13 2023; 9:00 a.m.**

**Page 2**

FQHCs have found patient education and constant interaction between providers and patients to be extremely effective in improving health care outcomes. Because of physician shortages, FQHCs have begun to rely on teams consisting of a physician, advanced practice registered nurse, pharmacist, and medical assistants to oversee the patient's management of chronic diseases. Each professional has a specific role that complements the activities of others. In this arrangement, the pharmacist does more than merely dispense medication.

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

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

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

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





April 12, 2023

**RE: *Testimony for SCR17: Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.***

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa, and esteemed members of the Legislative Management Committees:

My name is Toby Taniguchi, President of KTA Super Stores on Hawaii Island and I am grateful for the chance to provide testimony in support of SCR17, which requests an evaluation of the social and financial impact of mandatory health insurance coverage for services offered by pharmacists. This legislation is a vital step towards the passing of SB693, which mandates compensation for services provided by registered pharmacists who participate and practice within their legal boundaries, by both private and public health plans.

Hawaii is facing a significant shortage of healthcare professionals, especially in rural areas. Every county in the state has a medically underserved region. While stakeholders across the healthcare community are making efforts to recruit and retain qualified providers in the state, other measures can be taken to maximize the utilization of existing resources. One such resource are local pharmacists who are already practicing in our healthcare community.

KTA Super Stores operates pharmacies in the community retail setting, and our pharmacists currently provide various services without direct reimbursement, including medication reconciliation, immunization screening & education, blood pressure screening & education, diabetes screening, and point-of-care testing. SB693 would enable pharmacists to provide additional services, such as medication therapy management, chronic disease state management, oral contraception prescribing & dispensing, naloxone prescribing & dispensing, smoking cessation, behavioral counseling & interventions, and point-of-care testing & treatment.

Pharmacists are the most accessible healthcare professionals, yet their potential for providing care is limited by the lack of reimbursement. Providing a payment pathway for pharmacists would enhance the quality of and access to care. SB 693 would establish a much-needed payment pathway for services provided by pharmacists within their scope of practice under the medical benefit of private and public health plans.

I respectfully urge the Committee to consider passing SCR17 to pave the way for implementing SB693. Thank you for allowing me to submit written testimony.

Sincerely,

A handwritten signature in black ink, appearing to read "Toby B. Taniguchi", with a stylized flourish at the end.

Toby B. Taniguchi



Testimony presented before the  
House Consumer Protection and Commerce and Legislative Management Committees  
Thursday April 13, 2023

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

To the honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees,

The Hawai'i Pharmacists Organization (HPhA) supports of SCR17 that calls for an audit for SB693 that mandates reimbursement for services provided by registered pharmacists practicing within their scope of practice under the medical benefit by both private and public health plans. The current lack of a payment pathway for our profession significantly hinders pharmacists from providing services outside of medication dispensing, despite having years more training in pharmacotherapy and medication management than any other healthcare profession.

We will omit a broad explanation for the background and implications as explained in previous testimony given that SB693 passed out of the Consumer Protection Committee on February 7, 2023 without reservation or opposition.

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

Physicians in Hawai'i do not have the financial resources to cover their own practices, let alone consider expansion. The capitated reimbursement model is intended for 'many hands to make light work,' and yet, there remains only a single revenue stream. In order for many hands to successfully make light work, there need to be additional revenue streams to reflect the value of the hands that are serving our patients with the highest quality care possible. The economic and administrative challenges that have been reported repeatedly by physicians year after year indicate that the financial structure of a one revenue source system restricts, rather than supports, access to care. We are detracting from what seems to be an innovative care model by financially handcuffing pharmacists and only allowing selective providers a fiscal means to leverage their expertise. There is existing statute<sup>1</sup> that outlines other health care professionals' services be covered by commercial health plans in the state and given this precedent we ask that pharmacists be treated in the same manner.

As providers with doctorate degrees, the expectation is for pharmacists to be of value to the team. The current reimbursement model does not give pharmacists a chance to prove value as we are first a financial liability. We have positioned ourselves in the setting of a healthcare crisis nearing

1 Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project December 2022

2 Community First 2022\_July 2022 Access to Care Report

3 Hawaii Statute [§431:10A-125]

4. Murphy EM, et al. Journal of the American Pharmacists Association. 2020

a provider shortage of nearly 800 physicians<sup>2</sup> where approximately half of providers have considered retiring or leaving medicine (53%)<sup>3</sup>. Now is the time to financially incentivize the most accessible profession in the workforce. The pharmacy profession has evolved far beyond a dispensing and vaccinating role, but we will remain there for years to come until statute allows pharmacists to contribute at our trained potential by mandating creation of a standardized payment pathway.

We are advocating for a payer agnostic assessment and an audit strategy that shows no favoritism towards one billing model over another. In fact, some insurers have internally created this pathway for pharmacists for specific services. We are seeking uniformity so that pharmacists can provide care to a diverse population of patients spanning all areas of need. This payer agnostic proposal plays a significant role in the widespread testimony support for SB693 from The University of Hawaii, large healthcare systems, neighbor island physician groups, local independent pharmacies, chain pharmacies, healthcare advocacy groups, national pharmacy organizations and hundreds of individual testimonies over the course of the last month.

Should we slice up the market between public and private plans, we will create inconsistencies that are confusing to patients, providers and pharmacists alike by creating a convoluted payment model that results in continued statute modifications for years to come. There is no other provider in the state whose ability to bill under the medical benefit is limited in this way, and as the most accessible healthcare professionals it should not start with pharmacists.

We do have concerns that the audit will not properly assess return on investment that results in care from pharmacists or pharmacist integrated care teams. Such returns are instrumental in evaluating a value-based care model. HPhA would like to amend SCR17 to include verbiage that mandates not only the short term assessment of pharmacists being added as providers under the medical benefit, but how pharmacists improve metrics to the healthcare system over time. Examples of these services may include, but are not limited to, hospitalizations, readmission rates, medication cost, patient satisfaction scores, and medication adherence. 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.<sup>4</sup>

HPhA proposes the following amendments:

“Be it further resolved, that the Auditor is to report a projected return on investment of a pharmacist that includes relevant financial and clinical metrics specific to the practice setting of the pharmacist that is reflective of a value based care model.”

We also request that appropriate funds be assigned to the Office of the Auditor to complete this audit prior to the 2024 legislative session.

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

Very Respectfully,



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



*You're Someone Special*

**Testimony for SCR17: Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.**

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa, and members of the Legislative Management Committees,

My name is Elissa Brown, pharmacy manager at KTA Super Stores Puainako Pharmacy, and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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.

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 SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Elissa Brown  
KTA Super Stores Puainako Pharmacy  
Pharmacy Manager  
50 E. Puainako Street  
Hilo, HI 96720

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*You're Someone Special*

**Testimony for SCR17: Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.**

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa, and members of the Legislative Management Committees,

My name is Necole Miyazaki, Pharmacy Manager at KTA Waikoloa Village Pharmacy on the Big Island of Hawaii and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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.

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 SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Necole Miyazaki  
KTA Waikoloa Village Pharmacy  
Pharmacy Manager  
68-3916 Paniolo Ave  
Waikoloa HI 96738





April 13, 2023

The Honorable Mark M. Nakashima, Chair  
The Honorable Jackson D. Sayama, Vice Chair  
House Committee on Consumer Protection & Commerce

The Honorable Nadine K. Nakamura, Chair  
The Honorable Dee Morikawa, Vice Chair  
House Committee on Legislative Management

Re: SCR17 SD1 – Requesting the Auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

Dear Chair Nakashima, Chair Nakamura, Vice Chair Sayama, Vice Chair Morikawa, and Members of the Committees:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SCR17 SD1, which requests the State Auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

HMSA supports increasing accessibility to care for Hawaii's residents and truly values the pharmacists who serve and care for our community. They have a unique skill set and we want to ensure that we support pharmacists in maximizing their role as critical members of a team-based care model.

We believe it is important for this auditor's study to be conducted to ensure that there are no unintended cost implications for our members and to gain clarity around:

- Specific health service, disease, or provider that are currently covered;
- Extent of the coverage;
- Target groups that would be covered;
- Limitations on utilization, if any; and
- Standards of care.

Thank you for the opportunity to offer our support of this measure.

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations



KAPI'OLANI  
PALI MOMI  
STRAUB  
WILCOX

Thursday, April 13, 2023 at 2:00 PM  
Conference Room 329 & Via Video Conference

**House Committee on Consumer Protection & Commerce**

To: Representative Mark Nakashima, Chair  
Representative Jackson Sayama, Vice Chair

**House Committee on Legislative Management**

To: Representative Nadine Nakamura, Chair  
Representative Dee Morikawa, Vice Chair

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

**Re: Testimony in Support of SCR 17, SD1  
Requesting The Auditor To Conduct A Social And Financial Assessment Of  
Proposed Mandatory Health Insurance Coverage For Services Provided By  
Pharmacists**

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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 SCR 17, SD1 which requests the Auditor to conduct a social and financial assessment of health insurance coverage for services provided by pharmacists.

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. Pharmacists have the education and training needed to provide a number of services beyond the dispensing of medications. Additionally the practice of pharmacy has evolved to encompass a greater focus on the provision of those 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 measure 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.





**SanHi**

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: April 13, 2023

TO: Representative Mark Nakashima  
Chair, House Committee on Consumer Protection and Commerce

Representative Nadine Nakamura  
Chair, House Committee on Legislative Management

FROM: Mihoko Ito / Tiffany Yajima

RE: **SCR 17, S.D.1 – Requesting the Auditor to Conduct a Social and Financial Assessment of Proposed Mandatory Health Insurance Coverage for Services Provided by Pharmacists.**  
**Hearing Date: Thursday, April 13, 2023 at 2:00 p.m.**  
**Conference Room: 329**

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Dear Chair Nakashima, Chair Nakamura, 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 **supports** SCR 17, S.D.1, which requests the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

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 support of this measure.

**SCR-17-SD-1**

Submitted on: 4/11/2023 4:09:36 PM

Testimony for CPC on 4/13/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Gerard Silva	Individual	Oppose	Written Testimony Only

Comments:

Afture Covid all Pharmacist should be charged with Crimes Against Humanity any Body that gave the Vax should be charged. !!!!!

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees,

My name is Logan Jones, student pharmacist at The Daniel K Inouye College of Pharmacy and Pharmacy Intern with CVS, and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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 at CVS 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 SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Logan Jones

TESTIMONY RE: Resolution SCR17, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS.

To the honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees:

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 Resolution SCR17.

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.

SCR17 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 SCR17 for the well-being of the public we all serve. Thank you for the opportunity for my testimony to be heard.

Sincerely,



Faith E Hicks, Pharm D.

Date: April 12, 2023

To: The Honorable Mark M. Nakashima, Chair  
The Honorable Jackson D. Sayama, Vice Chair  
Members of the House Committee on Consumer Protection & Commerce

The Honorable Nadine K. Nakamura, Chair  
The Honorable Dee Morikawa, Vice Chair  
Members of the House Committee on Legislative Management

Re: **Support for SCR17 SD1**, Requesting the auditor to conduct an assessment of proposed mandatory health insurance coverage for services provided by pharmacists

Hrg: Thursday, April 13, 2023 at 2:00pm Conference Room 329 via Videoconference

Aloha House Committees on Consumer Protection & Commerce and Legislative Management,

As a parent, community member, licensed pharmacist and retired Daniel K. Inouye College of Pharmacy faculty, I am writing in **strong support for SCR17 SD1** that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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

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

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

SB693 would provide the means for licensed pharmacists to be reimbursed for healthcare services, increasing access and promoting health equity throughout Hawaii by better utilizing immediately available, well-qualified providers.

**I respectfully ask you to pass SCR17 SD1** in order to move forward with the implementation of SB693.

Many thanks for your consideration,

Forrest Batz, PharmD  
Keaau, HI

**SCR-17-SD-1**

Submitted on: 4/12/2023 5:57:49 AM

Testimony for CPC on 4/13/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Janelle Siu Oshiro	Individual	Support	Written Testimony Only

Comments:

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees.

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 SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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 SCR17 in order to move forward with implementation of SB693 . Thank you for the opportunity to testify.

Sincerely,

Janelle Siu Oshiro, PharmD

**SCR-17-SD-1**

Submitted on: 4/12/2023 8:14:13 AM

Testimony for CPC on 4/13/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Deborah Taira	Individual	Support	Written Testimony Only

Comments:

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees:

My name is Deborah Taira and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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 respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Deborah Taira, ScD





## TESTIMONY FOR SCR17: REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS

TO: To the honorable Chairs Nakashima and Nakamura; Vice Chairs Sayama and Morikawa; and members of the Consumer Protection and Legislative Management 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 SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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

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

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.

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 SCR17 to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Chad Kawakami Pharm.D., BCPS, CDCES

**SCR-17-SD-1**

Submitted on: 4/12/2023 8:41:06 AM

Testimony for CPC on 4/13/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Crystal Tsuda	Individual	Support	Written Testimony Only

Comments:

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees

My name is Crystal Tsuda, Manager for Quality and Safety at Kaiser Permanente Hawaii and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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 respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Crystal Tsuda



*You're Someone Special*

**Testimony for SCR17: Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.**

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa, and members of the Legislative Management Committees,

My name is Megan Arbles, Director of Pharmacy Operations at KTA Super Stores Pharmacies on the Big Island of Hawaii and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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.

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 SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

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

KTA PUAINAKO PHARMACY: (808) 959-8700  
50 EAST PUAINAKO STREET, HILO, HAWAI'I 96720

[WWW.KTASUPERSTORES.COM](http://WWW.KTASUPERSTORES.COM)



Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists

April 13, 2023 at 2:00 pm

By Camlyn Masuda

To the Honorable Chair Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees

My name is Camlyn Masuda and I am an Associate Specialist and Clinical Pharmacist with the University of Hawai'i at Hilo Daniel K Inouye College of Pharmacy. I appreciate the opportunity to submit testimony in support of SB693, A Bill to Mandate Reimbursement for Pharmacists' Services. My testimony does not represent the views of the University of Hawai'i at Hilo.

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

SCR17 would provide coverage for licensed pharmacists' services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in family medicine/primary care setting, where we take care of people from the time they are conceived until they are elderly. A majority of the people that I manage are of low income or have Medicaid/Quest (state funded medical insurance for people with low income or disabled). Some examples of services that I currently provide without direct reimbursement are teaching people on how to use medications that require the use of devices, such as insulin, which is an essential medication for people with certain types of diabetes and inhalers which help people with conditions such as asthma or chronic obstructive pulmonary disorder breath better and prevents them from being hospitalized. Within the current scope of practice for pharmacists in the State, I also adjust the dose of medications if it is needed, order and review blood tests needed to ensure the medication is working or not at risk for causing side effects. I do this all within a doctor's office setting. The services I provide are an extension of the doctor, as doctors only have 15 minutes to see a person, which is not enough time to fully discuss the medications on how they work and possible side effects. After the doctor sees the person, then I will see the person to give them a better understanding of the medications and assist in determining what medications would be the lowest cost for the person (based on which drug is covered and researching coupons or patient assistance programs). Providing this type of service has shown to increase adherence to medications. SCR17 will provide the financial leverage to bill for these services, which would help fund additional positions like mine in primary care doctor's office throughout the state.

Lack of reimbursement also prevents pharmacists from working to the full scope of practice allowed by Hawai'i laws. Pharmacists are allowed to prescribe oral contraceptives and oral treatment for COVID19 however have not done so because there is no reimbursement stream for the service. This service would improve access for people living in rural areas who do not live close to their primary care physicians, nurse practitioners or need these medications when the clinics are closed.

I also recommend postponing an audit until 2-3 years after the coverage for pharmacists is approved. At this time there is no information to audit as none of the insurance companies acknowledges and reimbursement for clinical pharmacy services. The audit will only be helpful or provide useful information once the law allows for reimbursement to pharmacists.

I respectfully and strongly urge the Committee conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists as detailed in SCR17. Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in cursive script that reads "Camlyn J. Masuda".

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



**SCR-17-SD-1**

Submitted on: 4/12/2023 9:55:57 AM

Testimony for CPC on 4/13/2023 2:00:00 PM

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

Comments:

**Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.**

**To The Honorable Chair Nakashima and Nakamura, Vice Chair Sayama and Morikawa and Members of The Consumer Protection and Legislative Management Committees:**

**My name is Leila Chee, Student Pharmacy Intern at Albertsons Safeway Pharmacy and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.**

**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 SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.**

**Sincerely,**

**Leila Chee**

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees,

My name is LeTanya R. Thinn, I am currently a first-year pharmacy student at the Daniel K. Inouye College of Pharmacy in Hilo, HI, I am also a member of the Hawaii Pharmacists Association, and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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 peers and I understand the magnitude of the issues we will face upon graduating and entering our careers as pharmacists. We as future pharmacists, also understand the increased need for patient center care to improve overall health outcomes for our local communities.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are sitting in on lectures from pharmacists who share their experiences and the barriers they face in the field of pharmacy. They also share words of encouragement and enthusiasm with our pursuits of becoming future pharmacists and joining the force to fill the needs within our local healthcare communities.

I respectfully and strongly urge the Committee see fit to pass SCR17 to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,



LeTanya R. Thinn  
Student Pharmacist

**SCR-17-SD-1**

Submitted on: 4/12/2023 10:33:15 AM

Testimony for CPC on 4/13/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
lehua kay	Individual	Support	Written Testimony Only

Comments:

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees

My name is Lehua Kay, Clinical Pharmacist with PharMerica working at Hawaii State Hospital and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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 setting of long-term care and inpatient hospital services. Some examples of services that I currently provide without direct reimbursement is consultative medication management services in which I perform chart reviews to identify drug interactions and suboptimal medication regimens. I review patient lab work and review medication dose/frequencies to ensure medication is being optimized and prescribed safely. I submit Prior authorization paperwork to get patient medications financially covered. I monitor patient clozapine ANC levels and submit data to keep patients compliant within the Clozapine Risk Evaluation and Mitigation Strategies safety program. I also perform oral pharmacogenomic

buccal swab testing which provides individualized medication recommendations based on a patient's genetic makeup.

Evidence shows that pharmacists make significant impact on patients' health outcomes and overall health and reduce health care costs. Provider status would align reimbursement with the services pharmacists are trained to provide and give underserved patients more access to crucial care.

Additional experiences I've had related to a lack of reimbursement for pharmacist services is being excluded from healthcare community discussions. As if, because I can't charge for my services, my clinical viewpoint is irrelevant. This needs to change.

I respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Lehua Kay, PharmD, BCPP

To the honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees,

In support of SCR17 - 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](http://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](http://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
<b>Autoimmune Conditions:</b> Rheumatoid Arthritis, Psoriatic Arthritis, Lupus, Fibromyalgia, Sjogren's Syndrome	<b>Hypertension</b>
<b>Neurological Conditions:</b> Migraine Headaches, Alzheimer's Disease, Previous Stroke, TIA, Multiple Sclerosis, Restless Legs Syndrome	<b>Type 2 Diabetes and Gestational Diabetes:</b> Including chronic kidney disease and nephropathy, neuropathy, retinopathy, frequent symptomatic hypoglycemia
<b>GI Conditions:</b> Acid Reflux, Bloating, Gas, Heartburn, Gastritis, IBS, Crohn's Disease, Chronic Constipation, Dumping Syndrome, Chronic Diarrhea, Diverticulitis, Fatty Liver	<b>High Cholesterol</b>
<b>Psychiatric Conditions:</b> ADHD, Anxiety, Depression, Bipolar Disorder	<b>Cardiovascular Disease:</b> Including history of heart attack, stent placement, stroke, TIA, calcification of arteries
<b>Hormonal Imbalances:</b> Thyroid, Low Testosterone, PCOS, Infertility, Perimenopause, Severe PMS	<b>Obesity</b>

## 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	<b>Diabetes</b> <b>Obesity</b>
Amlodipine - \$506 Irbesartan/HCTZ - \$528 Lisinopril/HCTZ - \$208 Carvedilol - \$258 Nifedipine - \$344	Valsartan - \$847 Hydrochlorothiazide - \$107 Lisinopril - \$95 Losartan - \$618 Irbesartan - \$1878	<b>Hypertension</b> <b>Heart Failure</b> <b>Arrhythmias</b>
Atorvastatin - \$1524 Icosapent Ethyl - \$2616	Rosuvastatin - \$4080	<b>High Cholesterol</b> <b>Hypertriglyceridemia</b>
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	<b>Rheumatoid Arthritis</b> <b>Breast Cancer</b> <b>Depression/Anxiety</b> <b>Acid Reflux</b> <b>Asthma</b> <b>Low Testosterone</b> <b>Endometrial Cancer</b>

### Summary

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



January 27, 2023

To Whom It May Concern:

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

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

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

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

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

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

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino

01/27/2023

Dear Senators and State Representatives,

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

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

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

Best Regards, Ikaikaokalani D. Bicoy

January 25, 2023

Dear Representatives and Senators,

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

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

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

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

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

Very Truly Yours,

Turning 60 in May of 2023

January 27, 2023

Dear Senators and Representatives,

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

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

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

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

Sincerely,

Arlene U. P. Bicoy

January 27, 2023

To Our Representatives and Senators:

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

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

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

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

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

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

Sincerely,

Alisha K. Medeiros

(808) 217-0011

221 Lahaina Street

Hilo, HI 96720

GREGORY E. HUNGERFORD, D.C.

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

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

Aloha,

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

Mahalo,

Gregory E Hungerford, DC

January 27, 2023

To Whom It May Concern:

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

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

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

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

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

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

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino



February 5, 2023

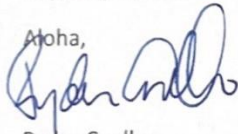
Dearest Dr. Jodi,

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

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

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

Aloha,



Ryder Coelho

February 9, 2023

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

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

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

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

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

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

**Testimony for SCR17: Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.**

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa, and members of the Legislative Management Committees:

My name is Dayna Wong-Otis, Pharmacy Clinical Services Manager at KTA Super Stores Pharmacies on Hawaii Island and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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.

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 to see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Dayna Wong-Otis, PharmD, CDCES

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa, and members of the Consumer Protection Committee and Legislative Management Committees,

My name is Ross Tanaka, Pharmacist Queens Medical Center West Oahu and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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

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

My team and I currently practice in the hospital setting. Some examples of services that we currently provide without direct reimbursement are providing recommendations to prescribers based on current practice guidelines along with our facility's antimicrobial stewardship recommendations and helping update antibiotic regimens based on culture results for patients who have been discharged from our emergency department. Additional services we would be able to provide with financial leverage created by this bill would be other public health services such as tobacco cessation counseling and other teaching services for patients who are hospitalized.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are difficulties in creating continuity of care which could be assisted with pharmacist's intervention (e.g. catching duplicate therapies created by polypharmacy, providing thorough counseling of patient's entire med list including a personalized schedule/plan for administering meds)

I respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Ross Tanaka

**TESTIMONY RE: SCR17 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES**

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of Consumer Protection and Legislative Management Committees:

My name is Christina Method Reuelman and I appreciate the opportunity to submit testimony in support SCR 17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State of Hawaii contains a region that is a medically underserved. 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, where they already have those connections and trust from patients.

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.

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

I respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693.

Thank you for the opportunity to testify!! : )

Sincerely,



Christina Method Reuelman

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management Committees,

My name is Chris Lai Hipp, and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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. This sentiment has been echoed by the support of various local medical societies and providers.

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

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

I respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Chris Lai Hipp, Pharm.D., BCPS, BCCCP, MLS(ASCP)<sup>CM</sup>

Clinical Pharmacist

Honolulu, Hawaii

**SCR-17-SD-1**

Submitted on: 4/12/2023 1:24:37 PM

Testimony for CPC on 4/13/2023 2:00:00 PM

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

Comments:

April 12, 2023

*To the honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection and Legislative Management 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 **SCR17** that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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.

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.

I respectfully and strongly urge the Committees to pass SCR17 in order to move forward with implementation of SB693.

Thank you for this opportunity to testify.

Sincerely,

Wesley Sumida, Pharm.D., BCPS



## **House Committees for Consumer Protection and Commerce and Legislative Management**

To the Honorable Chairs Nakashima and Sayama, Vice Chairs Sayama and Morikawa, and Members of the House Committee for Consumer Protection and Commerce and Legislative Management

### **Testimony for SCR 17**

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 SCR 17 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. <sup>1</sup>

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. <sup>1</sup>

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.<sup>2-4</sup> 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 SCR 17.

#### 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.

April 12, 2023

To the Honorable Chairs Nakashima and Nakamura, Vice Chairs Sayama and Morikawa and members of the Consumer Protection & Commerce and Legislative Management Committees,

My name is Mark Mierzwa, Pharmacy Director and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

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 respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Mark Mierzwa, PharmD, BCPP

**SCR-17-SD-1**

Submitted on: 4/12/2023 4:41:04 PM

Testimony for CPC on 4/13/2023 2:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kerri Okamura	Individual	Support	Written Testimony Only

Comments:

I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans. 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.

Thank you for the opportunity to testify.

Sincerely,

Kerri Okamura, R.Ph