
A BILL FOR AN ACT

RELATING TO PHARMACISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that there is currently a
2 statewide physician shortage. According to the federal Health
3 Resources and Services Administration, each county in the State
4 contains a region that is a medically underserved area, as
5 defined by the Public Health Service Act of 1944, Public Law
6 78-410.

7 The legislature further finds that pharmacists can help
8 bridge the gaps created by the physician shortage. A
9 pharmacist's skill set includes educating patients on how and
10 when to check blood sugar, ways to avoid and manage
11 hypoglycemia, how to take their medications correctly to avoid
12 adverse effects, and various medication utilization techniques.
13 Additionally, patients are significantly less likely to be
14 readmitted to the hospital when pharmacists provide clinical
15 services after a hospital discharge.

16 Accordingly, the purpose of this Act is to require private
17 and public health plans issued in the State to require coverage



1 and payment or reimbursement for services provided by registered
2 pharmacists within their scope of practice.

3 SECTION 2. Chapter 431, Hawaii Revised Statutes, is
4 amended by adding a new section to article 10A to be
5 appropriately designated and to read as follows:

6 "§431:10A- Services provided by participating
7 registered pharmacists; coverage. (a) For each individual or
8 group policy of accident and health or sickness insurance
9 delivered or issued for delivery in the State on or after
10 January 1, 2026:

11 (1) Coverage for benefits for health care services
12 provided by a registered pharmacist under this section
13 shall not be denied if:

14 (A) The health care service was within the lawful
15 scope of the registered pharmacist's license;

16 (B) The registered pharmacist is included in the
17 insurer's network of participating providers; and

18 (C) A health care service is provided by a
19 participating registered pharmacist practicing
20 within the scope of the participating registered
21 pharmacist's license for purposes of health



1 maintenance or treatment and the policy provides
2 coverage to the same extent as, and the insurer
3 would have provided payment for, the same health
4 care service provided by another health care
5 provider; and

6 (2) The policy shall pay or reimburse a registered
7 pharmacist or pharmacy for the cost of a service
8 provided by a registered pharmacist within the scope
9 of the registered pharmacist's practice.

10 (b) The participation of registered pharmacists in a
11 policy of accident and health or sickness insurance that
12 includes coverage for prescription drug benefits shall not
13 satisfy the requirement that insurers include contracted
14 registered pharmacists in the insurer's network of participating
15 providers.

16 (c) The insurer shall not deny a registered pharmacist the
17 ability to contract with the insurer if standard credentialing
18 requirements are met, except for vertically integrated networks.

19 (d) For policies that include coverage for prescription
20 drug benefits and that are issued or renewed on or after
21 January 1, 2026, insurers that delegate credentialing agreements



1 to health care facilities shall accept credentialing for
2 registered pharmacists employed or contracted by those
3 facilities. Insurers shall reimburse health care facilities for
4 covered services provided by a participating registered
5 pharmacist within the registered pharmacist's scope of practice
6 per negotiations with the facility.

7 (e) For the purposes of this section, "participating
8 registered pharmacist" means a registered pharmacist licensed
9 pursuant to chapter 461 who has contracted with the insurer to
10 provide health care services to its insureds."

11 SECTION 3. Chapter 432, Hawaii Revised Statutes, is
12 amended by adding a new section to article 1 to be appropriately
13 designated and to read as follows:

14 **"§432:1- Services provided by participating registered**
15 **pharmacists; coverage.** (a) For each individual or group
16 hospital or medical service plan contract delivered or issued
17 for delivery in the State on or after January 1, 2026:

18 (1) Coverage for benefits for health care services
19 provided by a registered pharmacist under this section
20 shall not be denied if:



1 (A) The health care service was within the lawful
2 scope of the registered pharmacist's license;

3 (B) The registered pharmacist is included in the
4 mutual benefit society's network of participating
5 providers; and

6 (C) A health care service is provided by a
7 participating registered pharmacist practicing
8 within the scope of the participating registered
9 pharmacist's license for purposes of health
10 maintenance or treatment and the plan contract
11 provides coverage to the same extent as, and the
12 mutual benefit society would have provided
13 payment for, the same health care service
14 provided by another health care provider; and

15 (2) The plan contract shall pay or reimburse a registered
16 pharmacist or pharmacy for the cost of a service
17 provided by a registered pharmacist within the scope
18 of the registered pharmacist's practice.

19 (b) The participation of registered pharmacists in the
20 hospital or medical service plan contract that includes coverage
21 for prescription drug benefits shall not satisfy the requirement



1 that mutual benefit societies include contracted registered
2 pharmacists in the mutual benefit society's network of
3 participating providers.

4 (c) The mutual benefit society shall not deny a registered
5 pharmacist the ability to contract with the mutual benefit
6 society if standard credentialing requirements are met, except
7 for vertically integrated networks.

8 (d) For plan contracts that include coverage for
9 prescription drug benefits and that are issued or renewed on or
10 after January 1, 2026, mutual benefit societies that delegate
11 credentialing agreements to health care facilities shall accept
12 credentialing for registered pharmacists employed or contracted
13 by those facilities. Mutual benefit societies shall reimburse
14 health care facilities for covered services provided by a
15 participating registered pharmacist within the registered
16 pharmacist's scope of practice per negotiations with the
17 facility.

18 (e) For the purposes of this section, "participating
19 registered pharmacist" means a registered pharmacist licensed
20 pursuant to chapter 461 who has contracted with the mutual



1 benefit society to provide health care services to its
2 subscribers or members."

3 SECTION 4. Chapter 432D, Hawaii Revised Statutes, is
4 amended by adding a new section to be appropriately designated
5 and to read as follows:

6 "§432D- Services provided by participating registered
7 pharmacists; coverage. (a) For each health maintenance
8 organization policy, contract, plan, or agreement that is
9 issued, amended, or renewed in the State on or after January 1,
10 2026:

11 (1) Coverage for benefits for health care services
12 provided by a registered pharmacist under this section
13 shall not be denied if:

14 (A) The health care service was within the lawful
15 scope of the registered pharmacist's license;

16 (B) The registered pharmacist is included in the
17 health maintenance organization's network of
18 participating providers; and

19 (C) A health care service is provided by a
20 participating registered pharmacist practicing
21 within the scope of the participating registered



1 pharmacist's license for purposes of health
2 maintenance or treatment and the policy,
3 contract, plan, or agreement provides coverage to
4 the same extent as, and the health maintenance
5 organization would have provided payment for, the
6 same health care service provided by another
7 health care provider; and

8 (2) The policy, contract, plan, or agreement shall pay or
9 reimburse a registered pharmacist or pharmacy for the
10 cost of a service provided by a registered pharmacist
11 within the scope of the registered pharmacist's
12 practice.

13 (b) The participation of registered pharmacists in the
14 policy, contract, plan, or agreement that includes coverage for
15 prescription drug benefits shall not satisfy the requirement
16 that health maintenance organizations include contracted
17 registered pharmacists in the health maintenance organization's
18 network of participating providers.

19 (c) The health maintenance organization shall not deny a
20 registered pharmacist the ability to contract with the health



1 maintenance organization if standard credentialing requirements
2 are met, except for vertically integrated networks.

3 (d) For policies, contracts, plans, or agreements that
4 include coverage for prescription drug benefits and that are
5 issued or renewed on or after January 1, 2026, health
6 maintenance organizations that delegate credentialing agreements
7 to health care facilities shall accept credentialing for
8 registered pharmacists employed or contracted by those
9 facilities. Health maintenance organizations shall reimburse
10 health care facilities for covered services provided by a
11 participating registered pharmacist within the registered
12 pharmacist's scope of practice per negotiations with the
13 facility.

14 (e) For the purposes of this section, "participating
15 registered pharmacist" means a registered pharmacist licensed
16 pursuant to chapter 461 who has contracted with the health
17 maintenance organization to provide health care services to its
18 enrollees or subscribers."

19 SECTION 5. Section 346-59, Hawaii Revised Statutes, is
20 amended by amending subsection (b) to read as follows:



1 "(b) Rates of payment to providers of medical care who are
2 individual practitioners, including doctors of medicine,
3 dentists, podiatrists, psychologists, osteopaths, optometrists,
4 pharmacists, and other individuals providing services, shall be
5 based upon the Hawaii medicaid fee schedule. The amounts paid
6 shall not exceed the maximum permitted to be paid individual
7 practitioners or other individuals under federal law and
8 regulation, the medicare fee schedule for the current year, the
9 state limits as provided in the appropriation act, or the
10 provider's billed amount.

11 The appropriation act shall indicate the percentage of the
12 medicare fee schedule for the year 2000 to be used as the basis
13 for establishing the Hawaii medicaid fee schedule. For any
14 subsequent adjustments to the fee schedule, the legislature
15 shall specify the extent of the adjustment in the appropriation
16 act."

17 SECTION 6. Section 346-59.1, Hawaii Revised Statutes, is
18 amended by amending subsection (g) to read as follows:

19 "(g) For the purposes of this section:



1 "Distant site" means the location of the health care
2 provider delivering services through telehealth at the time the
3 services are provided.

4 "Health care provider" means a provider of services, as
5 defined in title 42 United States Code section 1395x(u), a
6 provider of medical and other health services, as defined in
7 title 42 United States Code section 1395x(s), other
8 practitioners licensed by the State and working within their
9 scope of practice, and any other person or organization who
10 furnishes, bills, or is paid for health care in the normal
11 course of business, including but not limited to primary care
12 providers, mental health providers, oral health providers,
13 physicians and osteopathic physicians licensed under
14 chapter 453, advanced practice registered nurses licensed under
15 chapter 457, psychologists licensed under chapter 465,
16 pharmacists licensed under chapter 461, and dentists licensed
17 under chapter 448.



1 "Interactive telecommunications system" has the same
2 meaning as the term is defined in title 42 Code of Federal
3 Regulations section 410.78(a).

4 "Originating site" means the location where the patient is
5 located, whether accompanied or not by a health care provider,
6 at the time services are provided by a health care provider
7 through telehealth, including but not limited to a health care
8 provider's office, hospital, critical access hospital, rural
9 health clinic, federally qualified health center, a patient's
10 home, and other nonmedical environments such as school-based
11 health centers, university-based health centers, or the work
12 location of a patient.

13 "Telehealth" means the use of telecommunications services,
14 as defined in section 269-1, to encompass four modalities:
15 store and forward technologies, remote monitoring, live
16 consultation, and mobile health; and which shall include but not
17 be limited to real-time video conferencing-based communication,
18 secure interactive and non-interactive web-based communication,
19 and secure asynchronous information exchange, to transmit
20 patient medical information, including diagnostic-quality
21 digital images and laboratory results for medical interpretation



1 and diagnosis, for the purpose of delivering enhanced health
2 care services and information while a patient is at an
3 originating site and the health care provider is at a distant
4 site. Except as provided through an interactive
5 telecommunications system, standard telephone contacts,
6 facsimile transmissions, or e-mail text, in combination or
7 alone, do not constitute telehealth services."

8 SECTION 7. The department of human services shall apply to
9 the United States Department of Health and Human Services for
10 any amendment to the state medicaid plan or for any medicaid
11 waiver necessary to implement sections 5 and 6 of this Act.

12 SECTION 8. This Act does not affect rights and duties that
13 matured, penalties that were incurred, and proceedings that were
14 begun before its effective date.

15 SECTION 9. Statutory material to be repealed is bracketed
16 and stricken. New statutory material is underscored.

17 SECTION 10. This Act shall take effect on
18 December 31, 2050; provided that sections 5 and 6 shall take
19 effect upon approval of the Hawaii medicaid state plan by the
20 Centers for Medicare and Medicaid Services; provided further
21 that the amendments made to section 346-59.1, Hawaii Revised



1 Statutes, by section 6 of this Act shall not be repealed when
2 that section is reenacted on December 31, 2025, pursuant to
3 section 8 of Act 107, Session Laws of Hawaii 2023.



Report Title:

Insurance Coverage; Registered Pharmacists; Scope of Practice; Reimbursement; Health Insurers; Mutual Benefit Societies; Health Maintenance Organizations; Medicaid Plans

Description:

Beginning 1/1/2026, prohibits the denial of coverage and mandates reimbursement for services provided by registered pharmacists practicing within their scope of practice by private health plans in the State. Clarifies that participation in a policy, contract, plan, or agreement with coverage for prescription drug benefits does not satisfy the requirement that contacted registered pharmacists be included in a network of participating providers. Prohibits the denial of a registered pharmacist's ability to contract if standard credentialing requirements are met, with an exemption. Specifies that if policies, contracts, plans, or agreements delegate credentialing to health care facilities, then the credentialing of registered pharmacists contracted or employed by those facilities shall be accepted. Mandates reimbursement for services provided by registered pharmacists practicing within their scope of practice by public health plans upon approval of the Hawaii Medicaid State Plan by the Centers for Medicare and Medicaid Services. Effective 12/31/2050. (HD2)

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