



STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAII'
OFFICE OF THE DIRECTOR
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
KA 'OIHANA PILI KĀLEPA
335 MERCHANT STREET, ROOM 310
P.O. BOX 541
HONOLULU, HAWAII 96809
Phone Number: (808) 586-2850
Fax Number: (808) 586-2856
cca.hawaii.gov

JOSH GREEN, M.D.
GOVERNOR | KE KIA'ĀINA

SYLVIA LUKE
LIEUTENANT GOVERNOR | KA HOPE KIA'ĀINA

NADINE Y. ANDO
DIRECTOR | KA LUNA HO'OKELE

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

Testimony of the Department of Commerce and Consumer Affairs

Before the
House Committee on Consumer Protection & Commerce
Wednesday, April 2, 2025
2:00 p.m.
State Capitol, Conference Room 329 and via Videoconference

On the following measure:
S.B. 1245, S.D. 2, H.D. 1, RELATING TO PHARMACISTS

Chair Matayoshi and Members of the Committee:

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

The purpose of this bill is to, beginning 7/1/2026, mandate reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State and require the health plans to recognize pharmacists licensed in the State as participating providers.

The new sections of HRS chapter 431, article 10A, chapter 432, article 1, and chapter 432D, created in Sections 2, 3, and 4 of the bill, respectively, include subsections (a) that provide in part that health plans "shall recognize pharmacists licensed pursuant to chapter 461 as *participating providers*[" (page 2, lines 12 to 14, page 3, lines 14 to 16, and page 4, lines 17 to 19) (emphasis added)). The term "participating provider" seems as if it could be reasonably interpreted to mean a provider

who has contracted with a health plan. However, the subsections (b) include the definition “participating registered pharmacist” means a pharmacist licensed pursuant to chapter 461 who has contracted with the insurer to provide health care services to its insureds (page 3, lines 4 to 7, page 4, lines 6 to 9, and page 5, lines 8 to 12). With this “participating registered pharmacist” definition defined by the existence of a contract, it is unclear what is meant by “participating provider”. This issue may lead to confusion and statutory interpretation issues. S.B. 1245 S.D. 1 provides further clarity by removing the term participating providers while maintaining language to define a “participating registered pharmacist”.

Thank you for the opportunity to testify.



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
Wednesday, April 2, 2025 at 2:00 p.m.

By

Bonnie Irwin, Chancellor

and

Rae Matsumoto, Dean

Daniel K. Inouye College of Pharmacy

University of Hawai'i at Hilo

SB 1245 SD2 HD1 – RELATING TO PHARMACISTS

Chair Matayoshi, Vice Chair Chun, and Members of the Committee:

Thank you for the opportunity to submit testimony on SB 1245 SD2 HD1. The University of Hawai'i at Hilo (UH Hilo) supports SB 1245 SD2 HD1, 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.

Pharmacists are among the most trusted and accessible health care professionals, with about 90% of Americans living within 5 miles of a pharmacy. With their doctoral level of training, pharmacists can provide high quality services, particularly related to the safe and effective use of medications. Most relevant to Hawai'i is the improved access to health care services when pharmacists are able to provide preventative care such as a vaccinations and health screenings (e.g. blood pressure, A1C testing for diabetes), and chronic disease state management (e.g. regular visits with their pharmacists within their health systems to monitor disease states that are treated with medications and make adjustments as needed). This facilitates access to high quality health care while reducing the burden on physicians for routine chronic disease state management once the diagnosis is made.

For example, a pharmacist may receive a physician referral for a specific area of care (diabetes, blood pressure, asthma). To address the patient's specific need, the pharmacist must initially conduct a review of the entire medication profile from a generalist standpoint. For example, a diabetes certified pharmacist may receive a referral to initiate and maintain a diabetes medication(s) and monitor the disease. In order to manage the diabetes itself, the pharmacist must address the entire medication profile and all of the patient's disease states, especially chronic diseases that include major organ systems such as heart, kidney, and liver. Ongoing management through regularly scheduled visits with the patient of all medications and diseases is performed

on a routine basis, with the patient being part of the pharmacist's panel for ongoing management. In this way, a patient with a chronic disease state can receive high quality of care from a doctoral level trained health professional, while relieving the burden on physicians. This is especially important for rural and underserved communities, including Hawai'i island where we have only 59% of the physicians needed.

These pharmacist services are routinely provided in select in-patient, out-patient and community/retail settings in Hawai'i, but because pharmacists are unable to be directly reimbursed for many of these services, building budget models that can sustainably pay for and expand these needed services are a challenge. SB 1245 SD2 HD1 will provide a path forward.

The University of Hawai'i is aware that the Hawai'i Pharmacists Association is proposing additional modifications to this bill to substitute stricter language related to networking, credentialing, and payment. We support these changes because they provide additional clarity that will facilitate implementation should this bill be passed.

It should be noted that a similar bill was introduced in the 2023 legislative session (SB693) and a subsequent audit (SCR17) for financial and social assessment of pharmacy services under the medical benefit did not find any additional costs to the State or Hawai'i healthcare plans.

Thank you for the opportunity to testify in support of SB 1245 SD2 HD1.

Wednesday, April 2, 2025 at 2:00 PM
Via Video Conference; Conference Room 329

House Committee on Consumer Protection & Commerce

To: Representative Scott Matayoshi, Chair
Representative Cory Chun, Vice Chair

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

Re: **SB 1245, SD2, HD1 – Testimony In Support
Relating to Pharmacists**

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

HPH writes in SUPPORT of SB 1245, SD2, HD1 which mandates reimbursement for services provided by participating pharmacists practicing within their scope of practice by private and public health plans in the State, and requires health plans to recognize pharmacists licensed in the State as participating providers. The mandate would become effective as of July 1, 2026.

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.

Pharmacists can help bridge the gaps created by the physician shortage. A pharmacist's skill set includes educating patients on how and when to check blood sugar, ways to avoid and manage hypoglycemia, how to take their medications correctly to avoid adverse effects, and various medication utilization techniques. Additionally, patients are three times more likely to stay out of the hospital when pharmacists provide clinical services after a hospital discharge.

Through the COVID-19 pandemic pharmacists have demonstrated how invaluable their services are. Pharmacists practicing at local pharmacies in every community are more

accessible and provide a wide range of health care services. The practice of pharmacy has evolved to encompass a greater focus on the provision of services. As such, pharmacists should be reimbursed for the patient care they provide.

Thank you for the opportunity to testify.

Testimony of the Board of Pharmacy

**Before the
House Committee on Consumer Protection and Commerce
Wednesday, April 2, 2025
2:00 p.m.
Conference Room 329 and Videoconference**

**On the following measure:
S.B. 1245 S.D. 2, H.D. 1, RELATING TO PHARMACISTS**

Chair Takayama and Members of the Committee:

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

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

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

The Board would like to further emphasize that 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 ordering and administering COVID-19 tests and vaccines in pharmacies across the State, safely expanding patient access to care.

This measure will help ensure pharmacists are able to continue to serve their communities and provide access to quality health care across the State. Other States

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

The Board acknowledges the requirements outlined in Hawaii Revised Statue 23-51, which requires a social and financial audit, but would like to highlight that Advanced Practice Nurses (APRN) were added as a sole provider via Act 169 of 2009 without such an audit.

Thank you for the opportunity to testify on this bill.



**Testimony to the House Committee on Consumer Protection and Commerce
Wednesday, April 2, 2025; 2:00 p.m.
State Capitol, Conference Room 329
Via Videoconference**

RE: SENATE BILL NO. 1245, SENATE DRAFT 2, HOUSE DRAFT 1, RELATING TO PHARMACISTS.

Chair Matayoshi, Vice Chair Chun, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** Senate Bill No. 1246, Senate Draft 2, House Draft 1, RELATING TO PHARMACISTS.

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

This bill, as received by your Committee, would mandate reimbursement for services provided by pharmacists within their scope of practice by private and public health plans in the State.

This measure would take effect on December 31, 2050.

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

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

Testimony on Senate Bill No. 1245, Senate Draft 2, House Draft 1
Wednesday, April 2, 2025; 2:00 p.m.
Page 2

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.

The HPCA notes that an earlier version of this measure proposed language that would have allowed pharmacists employed by an FQHC to have services reimbursed under the Medicaid Prospective Payment System (PPS). This language was eliminated by the Senate Committee on Commerce and Consumer Protection in the draft presently before this Committee. The HPCA does not take a position at this time concerning the application of the PPS rate for pharmacy services because by law, all benefits provided under Medicaid at an FQHC must be approved by the Center for Medicare and Medicaid Services (CMS) in accordance with the State Medicaid Plan. [See, Section 346-53.61, Hawaii Revised Statutes.] While it is our hope that CMS will allow PPS reimbursement for pharmacy services in the future, the HPCA asserts that requiring such action under Hawaii statute without concurrent federal authorization would appear to be premature.

While the bill, as presently drafted, would not extend reimbursement for pharmacy services under Medicaid beyond what is presently allowed by CMS, it would require private insurers to reimburse for pharmacy services which would greatly improve the accessibility of essential health care services to patients situated in geographically isolated communities. **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 2, 2025 2 p.m.
Hawaii State Capitol
Conference Room 329 and Videoconference

To: House Committee on Consumer Protection & Commerce
Rep. Scot Z. Matayoshi, Chair
Rep. Cory M. Chun, Vice Chair

From: Grassroot Institute of Hawaii
Ted Kefalas, Director of Strategic Campaigns

COMMENTS IN SUPPORT OF SB1245 SD2 HD1 — RELATING TO PHARMACISTS

Aloha Chair, Vice Chair and other members of the Committee,

The Grassroot Institute of Hawaii would like to offer its **support** for [SB1245 SD2 HD1](#), which would mandate reimbursement for services provided by pharmacists acting within their scope of practice and require both public and private health plans to recognize pharmacists licensed in Hawaii as participating providers.

Enactment of this bill would be another step toward providing more healthcare options and access for Hawaii residents. Moreover, it would give lawmakers more flexibility to explore expanding pharmacist scope of practice in the future without creating confusion about reimbursement issues.

[Research](#) indicates that state scope-of-practice restrictions — such as restrictions on the ability of pharmacists to independently prescribe and adapt certain medications — can impede the delivery of optimal care.

In some cases, increasing the scope of practice for pharmacists would provide alternatives for patients seeking help with simple issues, such as quitting the use of tobacco, which in turn would reduce the burden on local doctors and lower the cost of care.

This could be especially beneficial in rural areas, where Hawaii's doctor shortage contributes to limited options and longer waits for care.

Providing a mechanism to encourage broader use of pharmacists would be a good way to help reduce healthcare costs in our state while improving overall care.

Thank you for the opportunity to testify.

Ted Kefalas
Director of Strategic Campaigns
Grassroot Institute of Hawaii



SanHi

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: April 1, 2025

TO: Representative Scot Matayoshi
Chair, Committee on Consumer Protection & Commerce

Representative Cory Chun
Vice Chair, Committee on Consumer Protection & Commerce

FROM: Tiffany Yajima

RE: **S.B. 1245, S.D.2, H.D.1 – Relating to Pharmacists**

Hearing Date: Wednesday, April 2, 2025 at 2:00 p.m.
Conference Room: 329

Dear Chair Matayoshi, Vice Chair Chun, and Members of the Committee on Consumer Protection & Commerce:

We submit this testimony in **support** of S.B. 1245, S.D.2, H.D.1 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 13 stores on the islands of Oahu and Maui.

Walgreens supports this measure and strongly supports the H.D.1, which recognizes pharmacists licensed pursuant to chapter 461 as participating providers and clarifies reimbursement obligations on health plans. If pharmacists are not recognized as participating providers, each plan has the discretion of whether to provide for reimbursement.

The practice of pharmacy has evolved alongside significant changes in healthcare delivery. Patient demand on the healthcare system is expected to increase significantly and outpace current provider supply over the next few years. As a result, pharmacists today play a vital role in health care and are increasingly providing patient care services beyond the traditional prescription dispensing function.

Pharmacists are now offering patient care services such as medication therapy management, immunizations, health screenings, chronic disease management, and patient education and counseling. In addition, over the past decade the legislature has expanded on pharmacy services and given pharmacists the ability to perform tasks such as prescribing and dispensing contraceptive supplies (Act 67 (2017)), ordering and performing certain CLIA-waived tests (Act 103 (2023)), and most recently, allowing pharmacists the ability order immunizations and for pharmacists,

pharmacy technicians and pharmacy interns the ability to administer minor immunizations (Act 104 (2024)).

This measure is the next step to ensure that pharmacists are fairly reimbursed by health plans in the State for the clinical services they provide within their scope of practice. This will also help to ensure that pharmacies can continue to serve our communities. Pharmacists are accessible, especially in underserved areas, making them a vital resource for healthcare delivery. They also help with cost savings by preventing hospital readmissions and managing chronic conditions thereby reducing overall healthcare costs and increasing positive patient outcomes.

It is for these reasons that Walgreens is in strong support of this measure and asks the committee to pass this as is.

Thank you for the opportunity to submit this testimony.

April 2, 2025

The Honorable Scot Z. Matayoshi, Chair
The Honorable Cory M. Chun, Vice Chair
House Committee on Consumer Protection
Hawaii State Capitol
415 South Beretania St.
Honolulu, HI 96813

RE: NATIONAL COMMUNITY PHARMACISTS ASSOCIATION IN SUPPORT OF SENATE BILL 1245/SD 2

Dear Chair Matayoshi, Vice Chair Chun, and members of the committee:

We thank you for the opportunity to send a letter in **support of SENATE BILL 1245/SD2**, a bill that requires public and private plans to reimburse for services provided by licensed pharmacists at the same rate for services rendered by another provider. This legislation expands access to health care services while providing cost-savings to state and local expenditures. **SB 1245/SD2** ensures that patients have more time with their most accessible health care professional better aligns with the role of pharmacists with their extensive education and training.

The National Community Pharmacists Association (NCPA) represents the interest of America's community pharmacists, including owners of more than 19,400 independent community pharmacies across the United States and 44 independent pharmacies in Hawaii. These Hawaii pharmacies filled 2.6 million prescriptions last year, impacting the lives of thousands of patients in your state.

Current public and private insurance policies within the state do not recognize pharmacists as providers that seek reimbursement for prescribing birth control, test and treat services & HIV drug administration despite covering services from other providers for the same service. Increased utilization of pharmacists' services has improved patient outcomes and reduced overall healthcare costs. Systematic reviews have indicated positive returns on investment when evaluating broader pharmacist services, with up to \$4 in benefits for every \$1 invested in clinical pharmacy services.¹

Within the next 10 years, the U.S. could see a shortage of over 55,000 primary care physicians.² In Hawaii there are 33 areas that are designated as health professional shortage areas.³ There are hundreds of pharmacists in Hawaii who are ready to provide valuable healthcare services to these communities that have limited access to

¹ Avalere. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 21, 2014, available at: <https://avalere.com/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment>.

² 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

³ 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/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

care.⁴ 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.

To the benefit of this realignment substantial published literature documents the significant improvement to patient outcomes⁵ and reduction in health care expenditures⁶ when pharmacists are more optimally leveraged. 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).”⁶ The adoption of implementing the potential finds of this study could result in Hawaii other states, such as Ohio, Colorado, California, and Wisconsin as national leaders in empowering the pharmacist to better provide valuable services to their communities. In states where such legislation has already been implemented, we are observing health plans, notably Medicaid Managed Care Organizations recognizing the value of the pharmacist and investing in the services they provide.

NCPA submitted a letter of support for this same bill in 2024, SB 693, which did not pass out of conference committee and triggered an audit (SCR17) to conduct a financial and social assessment if pharmacy services would be under the medical benefit. The completed audit did not find any additional costs to the state’s health plans.

SENATE BILL 1245/S2 will ensure that more patients have greater access to health care services provided by pharmacists while supporting the sustainability of local pharmacies in our communities. The adoption of this important legislation will ensure that citizens across the state of Hawaii are able to receive vital health care services provided by their pharmacist.

We appreciate the bill’s sponsor, Senator San Buenaventura, and the Hawaii Pharmacists Association for championing this critical issue and urge this bill to be approved by this committee and brought to the floor for a full vote.

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

Sincerely,



Belawoe Akwakoku
Associate Director, State Government Affairs
National Community Pharmacists Association

⁴ Bureau of Labor Statistics. Occupational Employment Statistics Query System. Available at: <https://data.bls.gov/oes/#/home>.

⁵ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf

⁶ Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>



THE FAMILY MEDICINE CENTER

615 Ponahawai St. Suite 101, Hilo HI 96720

Ph: (808) 933-9187 Fax: (808) 961-5905

Daniel H. Belcher, MD

Lynda M. Dolan, MD

Erin Kalua, MD

Jessica Anahu, DNP, APRN

Haley Rosehill-Reiger, APRN

April 1, 2025

Testimony to support SB1245: Payment for Pharmacist Services Within A Pharmacists Scope of Practice

To The Honorable Chair Matayoshi, Vice Chair Chun, and members of the Committee:

The Family Medicine Center is a multi-provider primary care clinic located in Hilo, Hawaii and we appreciate the opportunity to submit testimony in support of Senate Bill 1245, Payment for Pharmacist Services Within A Pharmacists Scope of Practice.

Our practice has funded and employed a clinical pharmacist since 2018. The pharmacist plays an essential role in our healthcare team and has proved to be an invaluable resource to our patients. They are able to work collaboratively with our providers to manage patients' chronic conditions, offer in-person training on new medications, and provide medication reconciliation services. All of these services are within their current scope of practice. SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. With the passage of this bill, we could see many more primary care clinics, like ours, employing pharmacists to increase the quality and access to medical services throughout the State.

We respectfully and strongly urge the Committee to pass SB1245 and thank you for the opportunity to testify.

Mahalo,

Lynda Dolan, MD

Daniel Belcher, MD

Erin Kalua, MD

Jessica Anahu, DNP APRN

Haley Rosehill-Reiger, APRN

Dayna Wong-Otis, PharmD, CDCES



April 2, 2025

The Honorable Scot Z. Matayoshi, Chair
The Honorable Cory M. Chun, Vice Chair
House Committee on Consumer Protection & Commerce

Re: SB1245 SD1 HD1 – RELATING TO PHARMACISTS

Dear Chair Matayoshi, Vice Chair Chun, and members of the committee;

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB1245 SD2 HD1, which beginning 7/1/2026, mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State and requires the health plans to recognize pharmacists licensed in the State as participating providers.

HMSA values Hawaii's pharmacists and their critical role they play in caring for patients and members. We want to ensure that we support pharmacists to maximize their skillset and practice to the top of their license, however, we believe this bill could unintentionally create confusion, overlap, and prevent the ideal team-based care model (pharmacists working with physicians as part of a holistic care team), which could have unintended consequences. The current bill language also lacks any mechanism to strategically define how a pharmacist will work within a managed care team or to select what services pharmacists should be reimbursed for further adding to the potential confusion noted previously.

We note that we participated in and provided data for the State Auditor's sunrise analysis of proposed mandatory health insurance coverage for pharmacist service in 2023, Report No. 23-12. As some of the flexibility and waivers from the PHE are set to expire, as this bill impacts Hawaii's telehealth statute, we are still analyzing the potential broader impacts to telehealth laws in Hawaii.

Thank you for the opportunity to provide comments on SB1245 SD2 HD1.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations



MOLOKAI DRUGS, INC.

EST. 1935

April 1, 2025

Testimony in SUPPORT for SB1245, SD2: Payment for Services Within a Pharmacist's Scope of Practice

Dear Chair Matayoshi, Vice Chair Chun, and House Consumer Protection & Commerce Committee Members:

As a rural healthcare provider, access to comprehensive, high-quality healthcare services is our mission at Molokai Drugs. On behalf of our employees and patients, I am testifying in favor of SB1245, SD2, a bill to mandate reimbursement for our Molokai-based pharmacists who provide services within the current pharmacists' scope of practice.

We believe this measure will provide greater access to healthcare services, especially on the rural island of Molokai with 7,000 residents. Many of our people, especially our *kupuna*, have limited access to on-island healthcare, especially with only one airline and no ferry providing challenging transportation to Oahu, Maui, and even the mainland for medical services and procedures.

Our staff pharmacists currently provide services that we do not garner extra payment from payers and/or insurance companies. Additional service we would be able to provide to more Molokai patients with financial leverage created by this bill would include delivering and counseling on durable medical equipment (electric beds, wheelchairs, commodes, canes, etc.); giving immunizations off-site; consulting homebound patients via phone calls; management of chronic disease states, including diabetes; helping patients put on and monitor their continuous glucose monitoring systems which are designed to help people with diabetes track blood glucose levels without "finger pricks."

In late January 2025, two of our Honolulu-based medical providers (a podiatrist and an orthodontist) had their air flights cancelled to Molokai. We had no flights to-and-from Molokai for five days. During this shut-down, I personally had to take an almost four-hour boat ride from Heeia Pier in Kaneohe to Molokai to get home. Because of these transportation challenges, more responsibility is put on our full-time medical providers—including our **nationally certified pharmacists and pharmacy technicians**—on Molokai to take care of situations on-island since our off-island providers are not always able to fly in from Oahu or Maui.

All of our Molokai-based pharmacy staff live full-time on Molokai, are part of our island community, and know our people. Paying for their services will provide high-quality healthcare, healthier community members, and positive clinical outcomes. Thank you for your consideration and for your vote for SB1245, SD2.

Sincerely,

/s/ Kimberly Mikami Svetin

Kimberly Mikami Svetin
President
Molokai Drugs, Inc.
P.O. Box 558
Kaunakakai, HI 96748
Work 808-553-5790

Testimony presented before the
House Committee on Consumer Protection
April 2, 2025

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

Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

The Hawai'i Pharmacists Association (HPhA) is in **strong support with suggested amendments** of SB1245 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 and vaccination, despite having years more training in pharmacotherapy and medication management than any other healthcare profession.

The University of Hawai'i 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 in pharmacists during four years of doctoral-level training. By aligning financial incentives and reimbursing pharmacists for their services 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 a 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 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 single 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 while allowing only selective providers a means to leverage their expertise.

SB1245 was previously introduced in 2023 as SB693 and triggered a financial audit through **SCR17 that concluded pharmacist-provided services would not add additional costs to the state**. We remain strong in advocating for a payer-agnostic assessment that shows no favoritism towards one billing model over another. This uniformity across payment plans is instrumental so pharmacists in community settings can provide critical care to a diverse population of patients spanning all areas of need. There is no other provider in the state whose ability to bill is limited in this way. And as the most accessible healthcare professionals in the state, pharmacists should not be the exception.

We have attached a proposed HD2 that will ensure pharmacists have equal opportunity to enroll as providers in various networks across the state.

The pharmacy profession has drastically evolved over the past twenty years, and it's time for Hawai'i statute to reflect this evolution in knowledge and skill. **Payment for pharmacist clinical services under the medical benefit is the missing piece for pharmacists to contribute to a true team-based care model.** Not only is SB1245 needed for pharmacists to be financially leveraged to utilize our training as medication experts, SB1245 is critical to ensure that our patients and ohana receive the level of care they deserve.

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

Very Respectfully,

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

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

A BILL FOR AN ACT

RELATING TO PHARMACISTS.

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

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

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

Accordingly, the purpose of this Act is to require private and public health plans issued in the State to recognize licensed pharmacists as participating providers and mandate payment or reimbursement for services provided by participating registered pharmacists within their scope of practice to the

extent that the policy or plan provides coverage for the same service rendered by another health care provider.

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

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

~~(1) Recognize pharmacists licensed pursuant to chapter 461 as participating providers;~~

(1) Benefits shall not be denied for any health care service performed by a pharmacist licensed pursuant to chapter 461 if:

(a) The service performed was within the lawful scope of such pharmacist's license; and

(b) The pharmacist is included in the plan's network of participating registered providers; and

(c) The plan would have provided payment if the service provided by a participating registered pharmacist practicing within the scope of their license for purposes of health maintenance or treatment to the extent that the policy provides coverage for the same service rendered by another health care provider.

~~—(2) Include coverage for a service provided by a participating registered pharmacist practicing within the scope of their license for purposes of health maintenance or treatment to the extent that the policy provides coverage for the same service rendered by another health care provider; and~~

(2) Pay or reimburse a pharmacist or pharmacy for the cost of a service performed by a pharmacist within the scope of their practice.

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

(b) The participation of registered pharmacists in the plan network's drug benefits does not satisfy the requirement that plans include contracted pharmacists in their network of participating medical providers

(c) The plan may not deny a pharmacist the ability to contract with the insurer if standard credentialing requirements are met, except for vertically integrated networks.

(3) For health benefit plans issues or renewed on or after January 1, 2026, health plans that delegate credentialing agreements to health care facilities must accept credentialing for pharmacists employed or contracted by those facilities. Health plans must reimburse facilities for covered services provided by a participating registered pharmacist within the pharmacists' scope of practice per negotiations with the facility.

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

"§432:1- Services provided by participating registered pharmacists; coverage. (a) For each individual or group policy of accident and health or sickness insurance delivered or issued for delivery in the State on or after July 1, 2026 January 1, 2026, shall:

~~(2) Recognize pharmacists licensed pursuant to chapter 461 as participating providers;~~

(1) Benefits shall not be denied for any health care service performed by a pharmacist licensed pursuant to chapter 461 if:

(a) The service performed was within the lawful scope of such pharmacist's license; and

(b) The pharmacist is included in the plan's network of participating registered providers; and

(c) The plan would have provided payment if the service provided by a participating registered pharmacist practicing within the scope of their license for purposes of health maintenance or treatment to the extent that the policy provides coverage for the same service rendered by another health care provider

~~—(2) Include coverage for a service provided by a participating registered pharmacist practicing within the scope of their license for purposes of health maintenance or treatment to the extent that the policy provides coverage for the same service rendered by another health care provider; and~~

(2) Pay or reimburse a pharmacist or pharmacy for the cost of a service performed by a pharmacist within the scope of their practice.

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

(b) The participation of registered pharmacists in the plan network's drug benefits does not satisfy the requirement that plans include contracted pharmacists in their network of participating medical providers

(c) The plan may not deny a pharmacist the ability to contract with the insurer if standard credentialing requirements are met, except for vertically integrated networks.

(3) For health benefit plans issued or renewed on or after January 1, 2026, health plans that delegate credentialing agreements to health care facilities must accept credentialing for pharmacists employed or contracted by those facilities. Health plans must reimburse facilities for covered services provided by a participating registered pharmacist within the pharmacists' scope of practice per negotiations with the facility.

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

"§432D- _____ Services provided by participating registered pharmacists; coverage. (a) For each individual or group policy of accident and health or sickness insurance delivered

or issued for delivery in the State on or after July 1, 2026
January 1, 2026, shall:

~~(4) Recognize pharmacists licensed pursuant to chapter 461 as participating providers;~~

(1) Benefits shall not be denied for any health care service performed by a pharmacist licensed pursuant to chapter 461 if:

(a) The service performed was within the lawful scope of such pharmacist's license; and

(b) The pharmacist is included in the plan's network of participating registered providers; and

(c) The plan would have provided payment if the service provided by a participating registered pharmacist practicing within the scope of their license for purposes of health maintenance or treatment to the extent that the policy provides coverage for the same service rendered by another health care provider

~~(2) Include coverage for a service provided by a participating registered pharmacist practicing within the scope of their license for purposes of health maintenance or treatment to the extent that the policy provides coverage for the same service rendered by another health care provider; and~~

(2) Pay or reimburse a pharmacist or pharmacy for the
cost of a service performed by a pharmacist within the scope of
their practice.

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

(b) The participation of registered pharmacists in the plan network's drug benefits does not satisfy the requirement that plans include contracted pharmacists in their network of participating medical providers

(c) The plan may not deny a pharmacist the ability to contract with the insurer if standard credentialing requirements are met, except for vertically integrated networks.

(3) For health benefit plans issues or renewed on or after January 1, 2026, health plans that delegate credentialing agreements to health care facilities must accept credentialing for pharmacists employed or contracted by those facilities. Health plans must reimburse facilities for covered services provided by a participating registered pharmacist within the pharmacists' scope of practice per negotiations with the facility.

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

"(b) Rates of payment to providers of medical care who are individual practitioners, including doctors of medicine, dentists, podiatrists, psychologists, osteopaths, optometrists, pharmacists, and other individuals providing services, shall be based upon the Hawaii medicaid fee schedule. The amounts paid shall not exceed the maximum permitted to be paid individual practitioners or other individuals under federal law and regulation, the medicare fee

schedule for the current year, the state limits as provided in the appropriation act, or the provider's billed amount.

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

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

"(g) For the purposes of this section:

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

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

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

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

"Telehealth" means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Except as provided through an interactive telecommunications system, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services."

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

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

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

SECTION 10. This Act shall take effect on December 31, 2050; provided that sections 5 and 6 shall take effect upon approval of the Hawaii medicaid state plan by the Centers for Medicare and Medicaid Services; provided further that the amendments made to section 346-59.1, Hawaii Revised Statutes, by section 6 of this Act shall not be repealed when that section is reenacted on December 31, 2025, pursuant to section 8 of Act 107, Session Laws of Hawaii 2023.

Report Title:

Insurance Coverage; Pharmacists; Reimbursement; Health Insurers; Mutual Benefit Societies; Health Maintenance Organizations; Medicaid Plans

Description:

Beginning ~~7/1/2026~~ 12/1/2026, mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State and requires the health plans to recognize pharmacists licensed in the State as participating providers. Effective 12/31/2050. (HD2)



LATE *Testimony submitted late may not be considered by the Committee for decision making purposes.

LATE

April 1, 2025

To: House Committee on Consumer Protection
Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee

From: East Hawaii Independent Physicians Association dba Big Island Docs

Subject: Testimony to support SB1245: Payment for Services Within a Pharmacist’s Scope of Practice

Dear Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

We appreciate the opportunity to submit testimony in strong support of Senate Bill No. 1245, which mandates reimbursement for pharmacists’ services. Big Island Docs represents 45 independent private practice providers on Hawai’i Island delivering care to over 35,000 patients.

As healthcare providers in Hawai’i, we see firsthand the growing challenges in patient access to care, particularly in rural and underserved communities. The provider shortage continues to strain our healthcare system, making it essential to fully utilize all qualified professionals—including pharmacists.

Pharmacists play a vital role in patient care by providing immunizations, medication management, health screenings, chronic disease management, and other essential services. However, without a payment mechanism for these services, their ability to support patients to the fullest extent of their training is severely limited.

At Big Island Docs, we rely on close collaboration with local pharmacists to enhance patient care. SB1245 would ensure that pharmacists can continue providing these critical services, improving healthcare outcomes, reducing unnecessary hospital visits, and increasing access to care—especially for patients with chronic conditions who require ongoing management.

On behalf of our membership, we strongly urge the Committee to pass SB1245. Thank you for your time and consideration.

Mahalo,

			
Lynda Dolan, MD, FAAFP President	Brenda Camacho, MD VP & Treasurer	Craig Shikuma, MD Medical Director, BIHC	Erin Kalua, MD Secretary

www.bigislanddocs.com

LATE

Testimony to support SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025
Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Alyssa-Marie Pang, and I am the Director of Times Pharmacy. I am writing to express my strong support for granting pharmacists provider status, ensuring they receive reimbursement for the essential healthcare services they provide to our communities.

Pharmacists are among the most accessible healthcare professionals, serving on the front lines of patient care. They provide critical services beyond dispensing medications, including chronic disease management, immunizations, medication therapy management, opioid management and health screenings. Pharmacists often serve as the primary healthcare touchpoint for patients, ensuring they receive timely interventions that prevent costly hospitalizations and complications.

However, despite their extensive training and vital contributions, pharmacists face barriers to reimbursement for the care they provide. Without provider status, many of their services remain uncompensated, limiting their ability to expand clinical offerings and better support community health initiatives. Recognizing pharmacists as providers would not only ensure fair compensation but also enhance patient outcomes by allowing pharmacists to practice at the top of their license.

Granting pharmacists provider status is a necessary step to strengthen our healthcare system and improve access to quality care. I urge you to support this initiative and recognize pharmacists as essential healthcare providers who deserve reimbursement for their invaluable services.

Thank you for your time and consideration.

Sincerely,



Alyssa-Marie Pang
Director of Pharmacy

Email: alyssa.pang@times-supermarket.com

SB-1245-HD-1

Submitted on: 3/31/2025 11:22:42 AM

Testimony for CPC on 4/2/2025 2:00:00 PM

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

Comments:

I am in full support of SB1245 SD2 HD1. Mahalo

SB-1245-HD-1

Submitted on: 3/31/2025 1:19:37 PM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Aaron Ruddick	Individual	Support	Written Testimony Only

Comments:

Dear Chair Matayoshi, Vice Chair Chun and members of the committee

We **support SB1245 SD2 HD1**. Clinical Pharmacists play an important role in enhancing patient outcomes, particularly in the management of chronic diseases, and also reduce the overall healthcare costs.

Pharmacists have demonstrated effective management in multiple areas including Diabetes, Hypertension, Hepatitis C, and medication adherence. Research has shown that for every one dollar invested in clinical pharmacy services, there can be an average return of four dollars in cost savings.

A similar bill was submitted in the 2023 legislative session. An assessment of financial impact was conducted and found to have no additional costs to the State of Hawai'i or Hawai'i healthcare plans.

By recognizing and compensating pharmacists for their contributions, Hawaii can enhance the quality of care for individuals with chronic diseases while achieving cost-effective healthcare delivery.

Thank you for considering this important legislation.

SB-1245-HD-1

Submitted on: 3/31/2025 1:26:09 PM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Andrea Staley	Individual	Support	Written Testimony Only

Comments:

Dear Chair Matayoshi, Vice Chair Chun, and members of the CPC committee,

I support SB1245 SD2 HD1. Clinical Pharmacists play an important role in enhancing patient outcomes, particularly in the management of chronic diseases, and also reduce the overall healthcare costs.

Pharmacists have demonstrated effective management in multiple areas, including diabetes, hypertension, hepatitis C, and medication adherence. Research has shown that for every one dollar invested in clinical pharmacy services, there can be an average return of four dollars in cost savings.

A similar bill was submitted in the 2023 legislative session. An assessment of financial impact was conducted and found to have no additional costs to the State of Hawai'i or Hawai'i healthcare plans.

By recognizing and compensating pharmacists for their contributions, Hawai'i can enhance the quality of care for individuals with chronic diseases while achieving cost-effective healthcare delivery.

Thank you for considering this important legislation and for the opportunity to provide testimony.

SB-1245-HD-1

Submitted on: 3/31/2025 1:56:13 PM

Testimony for CPC on 4/2/2025 2:00:00 PM

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

Comments:

To the Honorable Chair Matayoshiand Vice Chair Chun and Members of the Committee,

As a pharmacy faculty member, I strongly support SB1245 SD2 HD1, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist’s scope of practice. Graduates of our program have a Doctor of Pharmacy degree (PharmD) and are trained to perform immunizations, medication therapy management, chronic disease state management for diabetes, hypertension, psychiatric conditions, cancer, just to name a few.

Since access and clinical services that pharmacists provide within their scope of practice are highly valued and beneficial to many, payment for these services under the medical benefit of both private and public health plans is needed. SB1245 SD2 HD1 would provide financial compensation to support the ability of pharmacists to continue providing healthcare services in Hawai’i across all patients and health plans. By ensuring that pharmacists along with other health care providers are properly leveraged to utilize the full scope of statutorily granted authority, the people of Hawai’i will benefit from an increase in both quality of and access to medical services in our communities.

I respectfully and strongly urge the Committee to pass SB1245 SD2 and thank you for the opportunity to testify.

Lara Gomez, PharmD

Testimony to support SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025
Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

In SUPPORT of SB1245 - My name is Jodi Nishida, PharmD, MHP and I'm the owner/operator of The Keto Prescription Clinic in Kailua, HI. Two years ago, I went through a very unfortunate event that I'd like to share with you. I have a very effective and valuable practice to the people of Hawaii. I teach patients how to do low carb CORRECTLY and am an *accredited* Metabolic Health Practitioner with the Society of Metabolic Health Practitioners (www.smhp.org). Because of the way Hawaii state law is written, I have to operate within the parameters of what's called a collaborative practice agreement with an MD. It's the only way I can legally bill insurance for my services. I see a patient, the MD signs off on my chart note, we send it to the insurance companies for reimbursement, my reimbursement gets deposited into the MD's bank account, he/she then cuts me a check for the amount.

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

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

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

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

Sincerely,

Jodi Nishida, PharmD, MHP

www.theketoprescription.com

The Keto Prescription Clinic

We are a pharmacist owned and operated practice specializing in Therapeutic Carbohydrate Restriction. Jodi Nishida, PharmD, MHP works under Maria Markarian, DO (cardiology). The focus is to improve metabolic health. Here is our data from June-December 2022.

Disease States Impacted Positively

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

Hemoglobin A1c Reductions in Diabetes

WE FOLLOWED 160 DIABETES PATIENTS

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

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

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

Medications Decreased or Discontinued

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

Summary

- ◆ In our clinic, the pharmacist spends 30-45min with each patient during appointments. She is responsible for all nutritional counseling, medication evaluation, diabetes monitoring, and follow up on lab results. Over 90% of our patients experience significant weight loss, lose significant inches off 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

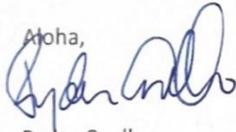
Dearest Dr. Jodi,

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 to support SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Kevin Glick, PharmD, President Lihue Pharmacy and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist's scope of practice.

My team and I currently practice in the community setting. Some examples of services that I currently provide without direct reimbursement include Long Acting Antipsychotic medications. Additional services we would be able to provide with financial leverage created by this bill would be [hormonal contraception prescribing, consultation and management of chronic disease states, partnerships with providers, etc.]

A story that I have about being embedded as a trusted member of the community and the services I would/can provided is DURING COVID WE ADMINISTERED THE MAJORITY OF LONG ACTING ANTIPSYCHOTIC INJECTIONS ON KAUAI PREVENTING A COMPLETE MELTDOWN OF THIS PATIENT POPULATION. NONE OF THE INSURANCE CARRIERS PAID US FOR THIS CARE AND YET WE PROVIDED IT TO OUR COMMUNITY.

Additional experiences I've had related to a lack of reimbursement for pharmacist services include being underpaid on almost EVERY prescription. While our patients appreciate the extra services that we provide, which are within our scope of practice, in order to sustainably offer and expand access to these services, we need to be paid for them.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. 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 both quality and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 to provide our ohana across all islands with the care they not only need, but deserve.

Aloha,

Kevin Glick, PharmD

President Lihue Pharmacy



50 EAST PUAINAKO STREET
HILO, HAWAII 96720

PHONE: 808-959-4575

TESTIMONY TO SUPPORT SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Megan Arbles, Pharm D., Director of Pharmacy Operations for an independent pharmacy on the Big Island and I appreciate the opportunity to submit testimony in support of Senate Bill No. 1245, A Bill to Mandate Reimbursement for Pharmacists' Services.

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

SB 1245 would provide coverage for licensed pharmacists' services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

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

Pharmacists are the most accessible healthcare providers, yet we are not able to provide care to our fullest potential due to the lack of reimbursement. Providing a payment pathway for pharmacists would improve the quality of and access to care. It is widely known that Hawaii's healthcare system is in need of more providers to provide healthcare services to ethnic minority and rural populations, which make up a vast majority of the State's demographic. SB 1245 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 SB1245. Thank you for the opportunity to testify.

Sincerely,

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

Megan Arbles

Director of Pharmacy Operations

50 E. Puainako Street

Hilo, HI 96720



50 EAST PUAINAKO STREET
HILO, HAWAII 96720

PHONE: 808-959-4575

TESTIMONY TO SUPPORT SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

To the Honorable Chair San Buenaventura, Vice Chair Acquino, and Members of the Committee,

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

Hawai'i is facing a severe shortage of healthcare providers, especially in rural and medically underserved areas. While efforts are being made to attract and retain healthcare professionals, it is crucial that we fully utilize existing resources—especially pharmacists, who are among the most accessible healthcare providers in our communities.

SB 1245 would allow licensed pharmacists to receive reimbursement under the medical benefit of private and public health plans, ensuring that we can continue to provide critical healthcare services. Currently, my team and I offer essential services such as medication reconciliation, immunization screening and education, blood pressure and diabetes screenings, and point-of-care testing—often without direct reimbursement.

If SB 1245 is enacted, we would be able to expand our patient care offerings to include medication therapy management, chronic disease management, oral contraception prescribing and dispensing, naloxone prescribing, smoking cessation programs, behavioral counseling, and point-of-care testing and treatment.

Without a reimbursement mechanism, pharmacists cannot practice to the full extent of their training, limiting patient access to high-quality care. Providing a payment pathway for pharmacist services will help alleviate provider shortages and improve healthcare access, particularly for Hawai'i's rural and ethnic minority populations.

For these reasons, I respectfully urge the Committee to pass SB 1245. Thank you for your time and consideration.

Sincerely,

Necole Miyazaki
Pharmacy Manager
50 E. Puainako Street
Hilo, HI 96720



50 EAST PUAINAKO STREET
HILO, HAWAII 96720

PHONE: 808-959-4575

TESTIMONY TO SUPPORT SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

To the Honorable Chair San Buenaventura, Vice Chair Acquino, and Members of the Committee,

My name is Laurie Lau, Certified Pharmacy Technician for an independent pharmacy on the Big Island and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacists' Services.

Hawai'i is facing a severe shortage of healthcare providers, especially in rural and medically underserved areas. While efforts are being made to attract and retain healthcare professionals, it is crucial that we fully utilize existing resources—especially pharmacists, who are among the most accessible healthcare providers in our communities.

SB 1245 would allow licensed pharmacists to receive reimbursement under the medical benefit of private and public health plans, ensuring that we can continue to provide critical healthcare services. Currently, my team and I offer essential services such as medication reconciliation, immunization screening and education, blood pressure and diabetes screenings, and point-of-care testing—often without direct reimbursement.

If SB 1245 is enacted, we would be able to expand our patient care offerings to include medication therapy management, chronic disease management, oral contraception prescribing and dispensing, naloxone prescribing, smoking cessation programs, behavioral counseling, and point-of-care testing and treatment.

Without a reimbursement mechanism, pharmacists cannot practice to the full extent of their training, limiting patient access to high-quality care. Providing a payment pathway for pharmacist services will help alleviate provider shortages and improve healthcare access, particularly for Hawai'i's rural and ethnic minority populations.

For these reasons, I respectfully urge the Committee to pass SB 1245. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink that reads "Laurie Lau".

Laurie Lau
Certified Pharmacy Technician
50 E. Puainako Street
Hilo, HI 96720

Testimony to support SB1245-SD2-HD1: Payment for Services Within a Pharmacist's Scope of Practice
Committee on Consumer Protection & Commerce
March 31, 2025

Testimony in SUPPORT of SB1245-SD2-HD1:

To the Honorable Chair Matayoshi, Vice Chair Chun and Members of the Committee on Consumer Protection & Commerce,

My name is Faith Hicks and I am a pharmacy faculty member and Relief Pharmacist at KTA Pharmacy. I would appreciate the opportunity to submit testimony in strong support of SB1245-SD2-HD1, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist's scope of practice.

Graduates from our program have a Doctor of Pharmacy degree (Pharm D) and are trained to perform many services that support the safe and effective use of medications as part of a health care team. The service include but is not limited to: administering immunizations, ordering hormonal contraceptives, conducting point of care testing (including ordering, administering, interpreting and prescribing medications relevant to CLIA waived tests, A1c, Strep, Sexually Transmitted Infection testing, etc.), and providing medication therapy and disease state management (diabetes, cancer, COPD, etc). However, due to the history of the profession, current regulations related to reimbursement for pharmacy services still focus on the drug product, and not the clinical services that all licensed pharmacists have been trained to provide since 2000.

KTA Pharmacy is a family owned Community Pharmacy catering to the East and West sides of Big Island. We provide Medication Therapy Management services to Medicare members, Immunizations to the community including the houseless, medical homes and students and staff within the Department of Education, as well as other businesses and organizations. We have additional clinical services that allow us to screen for various heart conditions to help patients identify diseases early. We provide a plethora of patient services without direct reimbursement. Additional services we would be able to provide with financial leverage created by this bill could be hormonal contraception prescribing, consultation and management of chronic disease states, partnerships with providers, point of care testing, etc.

In a rural are like Big Island, patient access to healthcare professionals and resources are challenging. As a student and preceptor, I have traveled to the town of Miloli'i where there is little or no access to hospitals, pharmacies and other medical institutions. With reimbursement, we could extend our reach to communities like these around the entire island.

While everyone benefits from the access and clinical services that pharmacists provide within their scope of practice, pharmacists need to be paid for them in order to sustainably offer and expand access to these services. SB1245-SD2-HD1 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. 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 both quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245-SD2-HD1 and thank you for the opportunity to testify and advance the pharmacy profession.

Sincerely,



Faith Hicks, Pharm D.

SB-1245-HD-1

Submitted on: 3/31/2025 6:46:17 PM

Testimony for CPC on 4/2/2025 2:00:00 PM

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

Comments:

Testimony to support SB1245 SD2, HD1: Payment for Services Within a Pharmacist’s Scope of Practice

Committee on Consumer Protection & Commerce

March 31, 2025

Testimony in SUPPORT of SB1245 SD2, HD1

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

As a pharmacist and Associate Professor at the Daniel K. Inouye College of Pharmacy, I strongly support SB1245 SD2 HD1, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist’s scope of practice.

Graduates of our program have a Doctor of Pharmacy degree (PharmD) and are trained to perform many services that support the safe and effective use of medications as part of a health care team such as immunizations, medication therapy management, chronic disease state management for diabetes, hypertension, behavioral health and for special populations such as pediatrics and geriatrics. However, due to the history of the profession, which was product based for many years, current regulations related to reimbursement for pharmacy services still focus on the drug product, and not the clinical services that all licensed pharmacists have been trained to provide since 2000.

The access and clinical services that pharmacists provide within their scope of practice provide valuable community benefits. Pharmacists need to be paid for these services to sustainably offer and expand access. SB1245 SD2 HD1 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to sustainably provide healthcare services in Hawai’i across all patients and health plans. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the full scope of their statutorily granted authority will only serve to increase both quality of and access to medical services throughout the State.

I respectfully and strongly SUPPORT SB1245 SD2 HD1 and urge the Committee to pass this bill. Thank you for this opportunity to provide testimony.

Respectfully,

Wesley Sumida, Pharm.D., BCPS

Testimony to support SB1245-SD2-HD1: Payment for Services Within a Pharmacist's Scope of Practice
Committee on Consumer Protection & Commerce

March 31, 2025

Testimony in SUPPORT of SB1245-SD2-HD1

To the Honorable Chair Matayoshi, Vice Chair Chun and Members of the Committee on Consumer Protection & Commerce,

As a pharmacy student and future pharmacist, I strongly support **SB1245-SD2-HD1**, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist's scope of practice. I plan to practice in Hawai'i, and while I am still open to the many fields of pharmacy available to me, it is through my time during my curriculum where I am able to experience these unique fields first-hand, that I understand just how much a pharmacist can do when they are able to practice at the top of their education. I have seen how when hospitals arrange their pharmacists to be able to practice at the top of their license, that they are able to fill in major gaps to our community's healthcare accessibility, especially when a primary care provider is fully booked weeks or even months out.

As a pharmacy student, I am being trained to perform many services that support the safe and effective use of medications as part of a healthcare team, including immunizations, point of care testing, medication therapy management services, chronic disease state management services, and more, to a variety of populations, from keiki to kupuna. However, due to the history of the profession, which was product based, currently regulations related to reimbursement for pharmacy services still focus on the drug product, and not the many medication-related clinical services that I will be licensed to provide.

My hope is that passage of SB1245-SD2-HD1, which would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, will open up additional opportunities for me to practice at the top of my license after I graduate. As a pharmacist, I can help improve the health and wellbeing of the people in my community. While our patients appreciate the many services that we can provide within our scope of practice, in order to sustainably offer and expand access to many of these services, pharmacists need to be paid for them. By ensuring that pharmacists along with other health care providers are properly leveraged to utilize the full scope of statutorily granted authority, the people of Hawai'i will benefit from an increase in both quality of and access to medical services in our communities.

I respectfully and strongly urge the Committee to pass SB1245-SD2-HD1 and thank you for the opportunity to testify.

Respectfully submitted,

Raelynn Kiyuna, Student Pharmacist

SB-1245-HD-1

Submitted on: 3/31/2025 10:39:17 PM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nicole young	Individual	Support	Written Testimony Only

Comments:

Testimony to support SB1245 SD2 HD1: Payment for Services Within a Pharmacist’s Scope of Practice

Committee on Consumer Protection & Commerce

Wednesday, April 2, 2025

Testimony in **SUPPORT** of SB1245-SD2-HD1

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

As a clinical pharmacist that practices in critical care and a pharmacy faculty member, I strongly support SB1245 SD2 HD1, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist’s scope of practice.

Graduates of our program have a Doctor of Pharmacy degree (PharmD) and are trained to perform many services that support the safe and effective use of medications as part of a health care team, including immunizations, medication therapy management, chronic disease state management for (diabetes, hypertension, psychiatric conditions, cancer, other), and management of womens health. However, due to the history of the profession, which was product based for many years, current regulations related to reimbursement for pharmacy services still focus on the drug product, and not the clinical services that all licensed pharmacists have been trained to provide since 2000.

Many of our pharmacist colleagues provide essential services that greatly expand access to health care such as chronic disease state management. As an example, one of our pharmacist faculty colleagues provides highly valued diabetes clinical services in a community clinic on the Big Island. The need for his clinical services is so high that the clinic was forced to double his patient panel so that he now sees twice as many patients, but can spend only half the amount of time that he used to with each one, creating concerns about the ability to maintain excellence in patient care. A preferred solution would have been for the clinic to hire another clinical pharmacist, but since pharmacists cannot be directly paid for their clinical services under current regulations, a financial/business model/justification for hiring another needed pharmacist could

not be made. Payment for services by pharmacists is essential for providing quality and financially sustainable care, especially to the rural and underserved, which impact patients on all islands of Hawaii.

Since access and clinical services that pharmacists provide within their scope of practice are highly valued and beneficial to many, payment for these services under the medical benefit of both private and public health plans is needed. SB1245 SD2 HD1 would provide financial compensation to support the ability of pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. By ensuring that pharmacists along with other health care providers are properly leveraged to utilize the full scope of statutorily granted authority, the people of Hawai'i will benefit from an increase in both quality of and access to medical services in our communities.

I am in **STRONG SUPPORT** of this bill, and I strongly urge the Committee to pass SB1245 SD2 HD1 and thank you for the opportunity to testify

Respectfully,

Nicole Young, PharmD

Daniel K. Inouye College of Pharmacy, University of Hawaii at Hilo

SB-1245-HD-1

Submitted on: 3/31/2025 11:39:27 PM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kelli Kunihiro	Individual	Support	Written Testimony Only

Comments:

Testimony to support SB1245: Payment for Services Within a Pharmacist’s Scope of Practice

House Committee on Consumer Protection

April 2, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Kelli Kunihiro and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist’s scope of practice.

My team and I currently practice in the retail pharmacy setting. Some examples of services that I currently provide without direct reimbursement include blood sugar monitor training, diabetic injection training, blood pressure screening, medication synchronization, and medication reconciliation. Additional services we would be able to provide with financial leverage created by this bill would be hormonal contraception prescribing, consultation and management of chronic disease states, partnerships with providers, etc.

A story that I have about being embedded as a trusted member of the community and the services I would/can provided involves the interaction with our patients. I personally have experienced patients call several times a week to ask questions about their medications and medical devices. Many of these patients are elderly on a fixed income who don't have any family members to help them. I've provide these patients with printed medication lists, called their doctors regarding insurance coverage / cost issues, answered questions regarding side effects and acted as an advocate for these patients. While our patients appreciate the extra services that we provide, which are within our scope of practice, in order to sustainably offer and expand access to these services, we need to be paid for them.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing

healthcare services in Hawai'i across all patients and health plans. 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 both quality and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 to provide our ohana across all islands with the care they not only need, but deserve.

Thank you for your consideration,

Kelli Kunihiro, Rph

Times Pharamcy

SB-1245-HD-1

Submitted on: 4/1/2025 5:55:17 AM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Grant Miyamoto	Individual	Support	Written Testimony Only

Comments:

I support SB1245. Dr. Jodi Nishida has helped to educate myself and many others on the benefits of a low carb, low sugar lifestyle. Through her countless and selfless hours of education, research and training and certifications she should be able to continue her work to better the health of everyone in the state of Hawaii. Please allow pharmacists like herself to be recognized as a participating provider so that their practice can continue. Mahalo.

Committee On Consumer Protection
Honorable Scot Z. Matayoshi, Chair
Honorable Cory M. Chun, Vice Chair
Members of the House Committee On Consumer Protection
Hearing Date: Wednesday, April 2, 2025

SB1245 Relating to Pharmacists: Strongly Support

Aloha Chair Matayoshi, Vice Chair Chun and esteemed members of the Committee,

I am writing to express my strong support for S.B. No. 1245, which recognizes the critical role that pharmacists play in addressing the pressing healthcare provider shortages in Hawaii. I have witnessed firsthand the invaluable contributions pharmacists make to patient care and health outcomes, particularly in underserved areas.

Hawaii, like many states, is facing a significant shortage of healthcare providers, which has been exacerbated by the unique geographical challenges of our islands. With many regions classified as medically underserved, it is imperative that we leverage all available healthcare resources to bridge these gaps. Pharmacists are highly trained professionals with the expertise to provide essential services, including medication management, patient education, and chronic disease management. By formally recognizing pharmacists as participating providers and mandating reimbursement for their services, we can enhance access to care and improve health outcomes for our communities.

Moreover, research has shown that when pharmacists are integrated into healthcare teams, patients experience better management of chronic conditions, reduced hospital readmissions, and overall improved satisfaction with their healthcare experience. This bill not only supports the professional practice of pharmacy but also strengthens our healthcare system by maximizing the capabilities of each provider. The positive impacts of pharmacist involvement are well-documented:

- **Medication Management:** Studies indicate that medication therapy management (MTM) services can improve medication adherence by 20-30%, leading to better health outcomes and reduced hospitalizations.
- **Chronic Disease Management:** Pharmacists have been shown to reduce HbA1c levels in patients with diabetes by 0.5% to 1.5%, significantly lowering the risk of complications.
- **Hospital Readmission Rates:** Research indicates that pharmacist-led interventions can reduce 30-day hospital readmission rates by approximately 20%, primarily through medication reconciliation and patient counseling.
- **Cost Savings:** According to the American College of Clinical Pharmacy, pharmacist-led interventions save an average of \$8 for every \$1 spent, resulting from reduced hospital visits and healthcare costs.
- **Immunization Rates:** The CDC reports that when pharmacists are involved in vaccination efforts, immunization rates can increase by 10-15%.
- **Patient Satisfaction:** A survey found that 90% of patients are highly satisfied with the services provided by pharmacists, particularly in terms of accessibility and medication counseling.

By formally recognizing pharmacists as participating providers and mandating reimbursement for their services, SB1245 will enhance access to care and improve health outcomes for our communities. I urge you to support this important legislation that will empower pharmacists to contribute to Hawaii's healthcare system.

Thank you for your consideration.

Sincerely,

Leia Nu
Pharmacy Advocate



50 EAST PUAINAKO STREET
HILO, HAWAII 96720

PHONE: 808-959-4575

TESTIMONY TO SUPPORT SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

To the Honorable Chair San Buenaventura, Vice Chair Acquino, and Members of the Committee,

My name is Brandon Chagami Pharm D., for an independent pharmacy on the Big Island and I appreciate the opportunity to submit testimony in support of Senate Bill No. 1245, A Bill to Mandate Reimbursement for Pharmacists' Services.

Hawai'i is facing a severe shortage of healthcare providers, especially in rural and medically underserved areas. While efforts are being made to attract and retain healthcare professionals, it is crucial that we fully utilize existing resources—especially pharmacists, who are among the most accessible healthcare providers in our communities.

SB 1245 would allow licensed pharmacists to receive reimbursement under the medical benefit of private and public health plans, ensuring that we can continue to provide critical healthcare services. Currently, my team and I offer essential services such as medication reconciliation, immunization screening and education, blood pressure and diabetes screenings, and point-of-care testing—often without direct reimbursement.

If SB 1245 is enacted, we would be able to expand our patient care offerings to include medication therapy management, chronic disease management, oral contraception prescribing and dispensing, naloxone prescribing, smoking cessation programs, behavioral counseling, and point-of-care testing and treatment.

Without a reimbursement mechanism, pharmacists cannot practice to the full extent of their training, limiting patient access to high-quality care. Providing a payment pathway for pharmacist services will help alleviate provider shortages and improve healthcare access, particularly for Hawai'i's rural and ethnic minority populations.

For these reasons, I respectfully urge the Committee to pass SB 1245. Thank you for your time and consideration.

Sincerely,

Brandon Chagami Pharm D.
Pharmacy Manager
50 E. Puainako Street
Hilo, HI 96720



Hawai'i Island Community Health Center

75-5751 Kuakini Highway Suite 203, Kailua Kona, HI 96740

(808) 326-5629

www.hicommunityhealthcenter.org

April 1, 2025

The Honorable Scot Matayoshi
Chair, House District 49
Hawai'i State Capitol, Room 422
Phone: (808) 586-8470

The Honorable Cory Chun
Vice Chair, House District 35
Hawai'i State Capitol, Room 406
Phone: (808) 586-6170

RE: CALL FOR SUPPORT OF SB1245 SD2 HD1, RELATING TO PHARMACISTS

Dear Chair Matayoshi, Vice Chair Chun, and members of the committee,

I am writing to express my strong support for SB1245 mandating reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in Hawaii. Clinical pharmacists play a pivotal role in enhancing patient outcomes, particularly in the management of chronic diseases, and also reducing overall healthcare costs.

Impact on Chronic Disease Management:

There is ample evidence that interventions and care from pharmacists are associated with improved clinical outcomes. For example: a systematic review by Chisholm-Burns et al. (2010) found that pharmacist involvement in patient care was associated with improved hemoglobin A1c, blood pressure, and lipid levels.

[The Role of Clinical Pharmacy in Improving Medication Management](#)

Reduction in healthcare expenditures:

Investing in clinical pharmacy services yields significant cost savings. A study published in the *Journal of the American Medical Association Network Open* estimated that a hypertension management program delivered through pharmacists resulted in cost savings of \$10,000 per patient. This program, if implemented at a population level (assuming 50% intervention uptake) was estimated to save \$1.1 trillion in cost of care and 30.2 million life years over 30 years. Previous literature has cited an average return on investment (ROI) in pharmacy services of \$4 – for every \$1 spent on pharmacy services, an average of \$4 is saved in health care expenses. More recent literature published January 2025 looking specifically at pharmacy services provided in non-hospitalized patients found ROI ranging from \$1.29 to \$18.50.

[Cost-Effectiveness of Pharmacist Prescribing for Managing Hypertension in the United States | Health Policy | JAMA Network Open | JAMA Network](#)

[Evidence of the economic benefit of clinical pharmacy services: 1996-2000 - PubMed](#)

[Return on investment of pharmacists' services among non-hospitalized patients: A scoping review - ScienceDirect](#)

Pharmacist Accessibility:

Research has demonstrated that patients find pharmacists to be readily accessible and trusted health professionals. A study published in the *Journal of the American Medical Association Network Open* found that patients were nearly twice as likely to visit pharmacists than their primary healthcare provider. The authors noted that primary care provider and pharmacist collaboration could benefit chronic disease management and prevention in light of patient preferences. An additional survey conducted in 2022 found that the majority of adults surveyed favored obtaining a more healthcare services at their local pharmacy and that such services should be covered by their insurance in the same manner as other provider services.

[Evaluation of Frequency of Encounters With Primary Care Physicians vs Visits to Community Pharmacies Among Medicare Beneficiaries - PMC](#)

[2023 forecast: Pharmacists push for greater role in patient care](#)

Support for the Proposed Bill:

As of 2024, thirty-four states provide for pharmacists to bill for chronic disease management services in some capacity with three additional states allowing billing only for Medicaid plans for Medication Therapy Management Services.

This year marks my 30th year serving my community in various roles in the pharmacy profession. I've been a licensed pharmacist for 25 of those years. I have held a license to practice pharmacy in six states throughout my career. Hawaii is the only state in which I've practiced pharmacy where pharmacists are not currently able to bill for services beyond medication dispensing.

Pharmacists have made great advancements within our scope to collaborate with other providers. Our patient interactions, while collaborative in nature, typically occur independent of the primary care provider visit. I am honored and humbled to have been recognized as a provider amongst my peers and medical provider colleagues for efforts in caring for patients living with Hepatitis C when I received the Hawaii Primary Care Association's Healthcare Provider of the Year Award in 2024. I and my colleagues look forward to reimbursement aligning with that recognition.

Thank you for considering this important legislation.

With Aloha,



Melissa Bumgardner, Pharm.D., BCPS,
Director of Pharmacy Services

Testimony to support SB1245 SD2 HD1: Payment for Services Within a Pharmacist’s Scope of Practice
Committee on Consumer Protection and Commerce

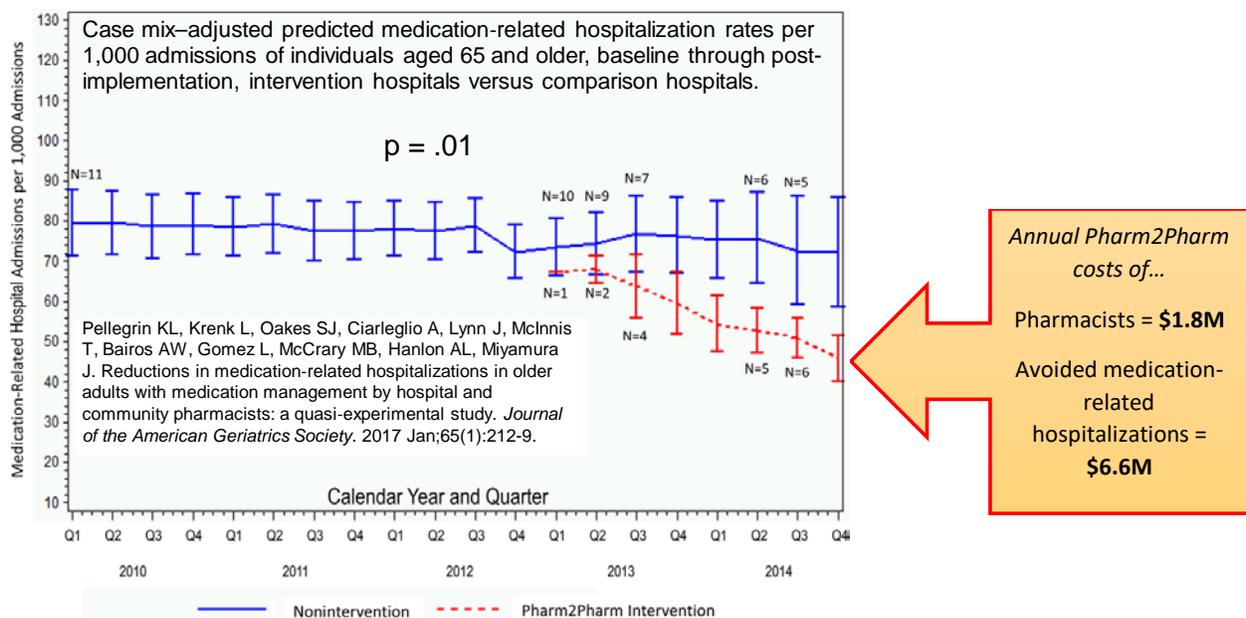
April 2, 2025

Testimony in SUPPORT of SB1245 SD2 HD1

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

As a faculty member at the Daniel K. Inouye College of Pharmacy at UH Hilo since 2008, I strongly support SB1245 SD2 HD1, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist’s scope of practice. Current regulations related to reimbursement for pharmacy services still focus on the drug product, and not the clinical services that licensed pharmacists are trained to provide. This bill will help **improve the quality of patient care** and **reduce the total cost of care** in Hawaii because **pharmacists are the only members of the care team with expertise to perform comprehensive medication management which reduces hospitalizations from medication harm**. This is particularly important in rural and underserved areas where there are provider shortages.

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



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

Since access and clinical services that pharmacists provide within their scope of practice are highly valued and beneficial to many, payment for these services under the medical benefit of both private and public health plans is needed. SB1245 SD2 HD1 would provide financial compensation to support the ability of pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. By ensuring that pharmacists along with other health care providers are properly leveraged to utilize the full scope of statutorily granted authority, the people of Hawai'i will benefit from an increase in both quality of and access to medical services in our communities.

I respectfully and strongly urge the Committee to pass SB1245 SD2 HD1 and thank you for the opportunity to testify.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karen L. Pellegrin".

Karen L. Pellegrin, PhD, MBA

SB-1245-HD-1

Submitted on: 4/1/2025 8:44:40 AM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Travis Young	Individual	Support	Written Testimony Only

Comments:

TESTIMONY TO SUPPORT SB1245: Payment for Services Within a Pharmacist’s Scope of Practice

House Committee on Consumer Protection

April 2, 2025

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Travis Young Pharm D., clinical pharmacist for an independent pharmacy on the Big Island and I appreciate the opportunity to submit testimony in support of Senate Bill No. 1245, A Bill to Mandate Reimbursement for Pharmacists’ Services.

Hawai’i is facing a severe shortage of healthcare providers, especially in rural and medically underserved areas. While efforts are being made to attract and retain healthcare professionals, it is crucial that we fully utilize existing resources—especially pharmacists, who are among the most accessible healthcare providers in our communities.

SB 1245 would allow licensed pharmacists to receive reimbursement under the medical benefit of private and public health plans, ensuring that we can continue to provide critical healthcare services. Currently, my team and I offer essential services such as medication reconciliation, immunization screening and education, blood pressure and diabetes screenings, and point-of-care testing—often without direct reimbursement.

If SB 1245 is enacted, we would be able to expand our patient care offerings to include medication therapy management, chronic disease management, oral contraception prescribing and dispensing, naloxone prescribing, smoking cessation programs, behavioral counseling, and point-of-care testing and treatment.

Without a reimbursement mechanism, pharmacists cannot practice to the full extent of their training, limiting patient access to high-quality care. Providing a payment pathway for pharmacist services will help alleviate provider shortages and improve healthcare access, particularly for Hawai’i’s rural and ethnic minority populations.

For these reasons, I respectfully urge the Committee to pass SB 1245. Thank you for your time and consideration.

Sincerely,

Travis Young

Clinical Pharmacist
50 E. Puainako Street
Hilo, HI 96720

Testimony to support SB1245 SD2 HD1: Payment for Services Within a Pharmacist's Scope of Practice
Committee on Consumer Protection and Commerce

April 2, 2025

Testimony in SUPPORT of SB1245 SD2 HD1

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

As a pharmacy faculty member, I strongly support SB1245 SD2 HD1, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist's scope of practice.

Graduates of our program have a Doctor of Pharmacy degree (PharmD) and are trained to perform many services that support the safe and effective use of medications as part of a health care team, including immunizations, medication therapy management, chronic disease state management for (diabetes, hypertension, psychiatric conditions, cancer, other), special populations such as (keiki/pediatric, kupuna/geriatric), and pharmacogenomics/personalized medicine. However, due to the history of the profession, which was product based for many years, current regulations related to reimbursement for pharmacy services still focus on the drug product, and not the clinical services that all licensed pharmacists have been trained to provide since 2000.

Many of our pharmacist colleagues who work in rural and/or underserved areas know their community members well and recognize that their pharmacy and clinic services are important access points for health care. Additional access to services they would be able to provide with financial compensation created by SB1245 SD2 HD1 could include consultation and management of chronic disease states (including diabetes, cancer, mental health, substance use disorder, etc), medication therapy management, hormonal contraception prescribing, partnerships with other health care providers, etc.

Since access and clinical services that pharmacists provide within their scope of practice are highly valued and beneficial to many, payment for these services under the medical benefit of both private and public health plans is needed. SB1245 SD2 HD1 would provide financial compensation to support the ability of pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. By ensuring that pharmacists along with other health care providers are properly leveraged to utilize the full scope of statutorily granted authority, the people of Hawai'i will benefit from an increase in both quality of and access to medical services in our communities.

I respectfully and strongly urge the Committee to pass SB1245 SD2 HD1 and thank you for the opportunity to testify.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dianqing Sun".

Dianqing Sun, PhD
Professor and Department Chair of Pharmaceutical Sciences
The Daniel K. Inouye College of Pharmacy

SB-1245-HD-1

Submitted on: 4/1/2025 8:51:46 AM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Rayanne Pascua	Individual	Support	Written Testimony Only

Comments:

Testimony to support SB1245: Payment for Services Within a Pharmacist’s Scope of Practice

House Committee on Consumer Protection

April 2, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Rayanne Pascua (Pharmacist) and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist’s scope of practice.

My team and I currently practice in the Retail setting. Some examples of services that I currently provide without direct reimbursement include counseling and immunization. Additional services we would be able to provide with financial leverage created by this bill would be [hormonal contraception prescribing, consultation and management of chronic disease states, partnerships with providers, etc.]

While our patients appreciate the extra services that we provide, which are within our scope of practice, in order to sustainably offer and expand access to these services, we need to be paid for them.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai’i across all patients and health plans. 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 both quality and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 to provide our ohana across all islands with the care they not only need, but deserve.

Thank you,

Rayanne Pascua, RPh

Times Pharmacy McCully

SB-1245-HD-1

Submitted on: 4/1/2025 9:06:58 AM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christina Wong	Times Pharmacy	Support	Written Testimony Only

Comments:

Testimony to support SB1245: Payment for Services Within a Pharmacist’s Scope of Practice

House Committee on Consumer Protection

April 2, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Christina Wong and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist’s scope of practice.

My team and I currently practice in a Retail Pharmacy setting. Services we would be able to provide with financial leverage created by this bill would be [hormonal contraception prescribing, consultation and management of chronic disease states, partnerships with providers, etc.]

A story that I have about being embedded as a trusted member of the community and the services I would/can provided is being instrumental during COVID with providing thousands of vaccines to patients in a timely manner.

While our patients appreciate the extra services that we provide, which are within our scope of practice, in order to sustainably offer and expand access to these services, we need to be paid for them.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai’i across all patients and health plans. 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 both quality and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 to provide our ohana across all islands with the care they not only need, but deserve.

Thank you for your Consideration,

Christina Wong, PharmD

April 1, 2025

Dear Chair Matsuyoshi, Vice Chair Chun and Members of the Committee,

I am writing in strong support of SB1245 which mandates reimbursement for services provided by registered pharmacists practicing within their scope of practice by private and public health plans in the State. Pharmacists collaborate with other providers and are also dispersed around the community and available for extended hours and geographical locations. This will expand access and make care more available to patients especially in the most underserved areas.

Pharmacists are offering more diverse services beyond prescription dispensing today. Besides the obvious immunizing and covid screening we all have grown accustomed to seeing, pharmacists are also now able to prescribe and dispense contraception, order and perform certain CLIA waived laboratory tests. Reimbursement for these types of services would enable more pharmacies to expand offerings to more sites and for expanded shifts to make access to pharmacist-provided care possible for all residents of Hawaii.

Thank you for your time,

A handwritten signature in black ink, appearing to read "Alanna Isobe", with a horizontal line extending to the right.

Alanna Isobe, Rph

Testimony to support SB1245: Payment for Services Within a Pharmacist's Scope of Practice

House Committee on Health

April 2, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Joy Matsuyama, Clinical Services Manager at Pharmacare Hawaii and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist services that already exist within a pharmacist's scope of practice.

My team and I currently practice in a retail/outpatient setting. Lack of reimbursement for clinical services limits our ability to provide these services readily to customers while maintaining a viable practice. We, like other businesses, cannot provide a service free of charge while trying to sustain a practice. Clinical services we are currently able to provide but cannot get reimbursed for are consultation and management of chronic disease states (diabetes, high blood pressure, high cholesterol, heart failure, etc.), medication therapy reviews, high-risk medication management (Blood thinners) etc. These are services busy providers often look to pharmacists, as the medication experts, to assist them with.

The services pharmacists, as embedded and trusted members of the community, can and do provide to their patients whenever they frequent their local pharmacies, desperately need recognition and reimbursement so these practices can be formalized and broadened. Pharmacists are highly trained Doctors of Pharmacy (PharmDs) that graduate with a lot of passion to help patients manage their medication regimens and disease states. Unfortunately, due to a lack of reimbursement for these services, pharmacists' ability to help patients with their medications are often stifled causing the community to not reap the benefits of an accessible, valuable and knowledgeable healthcare provider.

Lack of reimbursement for pharmacist services restricts the ability for drug experts in blood thinners (anticoagulants) to readily provide close monitoring and management of these high-risk medications where too high a dose can cause bleeding and too low a dose can cause clots (e.g. strokes). Pharmacists are trained to help patients navigate these complicated therapies but without reimbursement this service cannot be justified even though it is a patient safety issue. Reimbursement for this critical service would allow pharmacists to help patients with their blood thinners (e.g. warfarin (Coumadin)) and not risk being cut because the service is a negative impact on the budget. In order, to allow the practice of pharmacy in Hawaii to flourish within our current scope of practice, we need to be paid for our services.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. 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 both quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 to provide our ohana across all islands with the care they need and deserve.

Sincerely,



Joy Matsuyama, PharmD, BCPS, Clinical Service Manager, Pharmacare Hawaii

Testimony to support SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection and Commerce
April 1, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

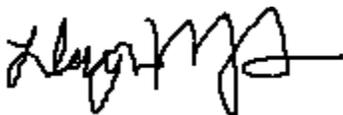
My name is Dayna Wong-Otis and I am a pharmacist on the Big Island of Hawaii. I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist's scope of practice.

I currently practice in both the community pharmacy and primary care setting. Some examples of services that I currently provide without direct reimbursement include chronic disease state management, medication and device training, naloxone prescribing, and medication reconciliation. Additional services we would be able to provide with financial leverage created by this bill would be hormonal contraception prescribing, tobacco cessation counseling, and point of care testing and treatment.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. 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 both quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 and thank you for the opportunity to testify and advance the pharmacy profession.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dayna Wong-Otis', with a stylized flourish at the end.

Dayna Wong-Otis, PharmD, CDCES

Testimony to support SB1245 SD2 HD1: Payment for Services Within a Pharmacist's Scope of Practice
Committee on Consumer Protection and Commerce
April 1, 2025

Testimony in SUPPORT of SB1245 SD2 HD1

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

As a practicing pharmacist and pharmacy faculty member, I strongly support SB1245 SD2 HD1, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist's scope of practice.

Graduates of our program have a Doctor of Pharmacy degree (PharmD) and are trained to perform many services that support the safe and effective use of medications as part of a health care team. This includes being the medication experts in direct patient care, providing disease state management for common chronic conditions such as diabetes, cardiovascular diseases, etc. However, due to the history of the profession, which was product based for many years, current regulations related to reimbursement for pharmacy services still focus on the drug product, and not the clinical services that all licensed pharmacists have been trained to provide since 2000.

As a licensed pharmacist specializing in ambulatory care pharmacy, I provide comprehensive medication management for chronic disease states. I have worked in this field in a rural health clinic since 2016. As a pharmacist providing these services, I have been able to make a positive impact on many patients. As an example, a common type of encounter I'll have with a patient is that they come into the clinic for an appointment with me. They'll have chronic conditions such as diabetes, high blood pressure, and high cholesterol. Because of the pharmacist's expertise and focused scope on medications, I can spend the time educating them on each of the medications they take, review their lab work, and provide adjustments to their medication regimens that would improve their conditions. This is done in conjunction with their primary care provider as a patient-centered, team-based approach, which has shown to be more effective than any one clinician alone. Unfortunately, this type of service line is limited due to our inability to bill for these types of clinical services. If we would be able to bill for these services, more clinics would be able to have an embedded clinical pharmacist which would greatly improve health outcomes.

Since everyone benefits from the access and clinical services that pharmacists provide within their scope of practice, pharmacists need to be paid for them to sustainably offer and expand access to these services. SB1245 SD2 HD1 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists a path to sustainably provide healthcare services in Hawai'i across all patients and health plans. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the full scope of their statutorily granted authority will only serve to increase both quality of and access to medical services throughout the State.

urge the Committee to pass SB1245 SD2 HD1 and thank you for the opportunity to testify.

Sincerely,



Jarred Prudencio, PharmD, BCACP, BC-ADM

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Dillon Solliday and I am a final-year student in the Doctor of Pharmacy program at the University of Hawai'i at Hilo. I appreciate the opportunity to submit testimony in strong support of SB1245, which would mandate reimbursement for pharmacist-provided services that already exist within a pharmacist's scope of practice.

Pharmacists are highly trained healthcare professionals who provide essential services, including medication therapy management, chronic disease management, immunizations, smoking cessation counseling, and point-of-care testing. These services have been proven to improve medication adherence, reduce hospitalizations, and lower overall healthcare costs. However, despite being authorized to provide these services under our scope of practice, pharmacists often face barriers to reimbursement, limiting patient access to these valuable interventions.

With the current shortage of healthcare workers in the state, it is of utmost importance to keep these services available to patients in Hawai'i from any healthcare professionals who are trained and qualified. As a student pharmacist preparing to enter the workforce, I am concerned that the lack of proper reimbursement will continue to underutilize my profession's potential to enhance healthcare in Hawai'i. In rural and underserved communities, pharmacists are often the most accessible healthcare providers; yet without fair compensation for our services, our ability to meet patient needs is constrained. Furthermore, if we do not address reimbursement for pharmacy services, we risk exacerbating issues of healthcare access as pharmacy graduates leave Hawai'i to find employment in other states where it is financially sustainable to continue providing these vital services.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. I believe that ensuring providers who are already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase both quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee to support SB1245 and thank you for the opportunity to testify on a bill that increases healthcare access to the peoples of Hawai'i.

Sincerely,

Dillon Solliday, MBA
Doctor of Pharmacy Candidate
University of Hawai'i at Hilo, Daniel K. Inouye College of Pharmacy

Testimony to support SB1245: Payment for Services Within a Pharmacist's Scope of Practice
House Committee on Consumer Protection
April 2, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Mia Tran-Cao, Clinical Pharmacy Manager at Times and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist's scope of practice.

My team and I currently practice in the community setting. Some examples of services that I currently provide without direct reimbursement include diabetes education, home visit immunizations, and prescribing oral contraceptives. Additional services we would be able to provide with financial leverage created by this bill would be hormonal contraception prescribing, consultation and management of chronic disease states, partnerships with providers, etc.

A story that I have about being embedded as a trusted member of the community and the services I can provide is lowering diabetic patient's A1c from 13.6% to 6.4% through diabetes education program.

Additional experiences I've had related to a lack of reimbursement for pharmacist services include home visit long-acting antipsychotic injections. While our patients appreciate the extra services that we provide, which are within our scope of practice, to sustainably offer and expand access to these services, we need to be paid for them.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. 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 both quality and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 to provide our ohana across all islands with the care they not only need but deserve.

Sincerely,

Mia Tran-Cao

Mia Tran-Cao, Pharm.D.

Times Pharmacy

Testimony to support SB1245 SD2 HD1: Payment for Services Within a Pharmacist's Scope of Practice
Committee on Consumer Protection and Commerce
April 2, 2025

Testimony in SUPPORT of SB1245 SD2 HD1

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

As a pharmacy student and future pharmacist, I strongly support SB1245 SD2 HD1, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist's scope of practice. I hope to someday practice as an ambulatory care pharmacist in an out-patient setting/community clinic.

As a pharmacy student, I am being trained to perform many services that support the safe and effective use of medications as part of a healthcare team, including immunizations, medication therapy management, chronic disease state management (such as diabetes, hypertension, psychiatric conditions, cancer, Heart Failure, etc.), safety/efficacy management for special populations such as (keiki/pediatric, kupuna/geriatric), pharmacogenomics/personalized medicine, and point of care testing alongside many more skills to come. However, due to the history of the profession, which was product based, currently regulations related to reimbursement for pharmacy services still focus on the drug product, and not the many medication-related clinical services that I will be licensed to provide.

My hope is that passage of SB1245 SD2 HD1, which would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, will open up additional opportunities for me to practice at the top of my license after I graduate. As a pharmacist, I can help improve the health and wellbeing of people in my community. While our patients appreciate the many services that we can provide within our scope of practice, in order to sustainably offer and expand access to many of these services, pharmacists need to be paid for them. In addition, this bill will also help many aspiring pharmacy students fill the gap in needed healthcare by allowing students a greater chance at affording the increasing cost of living, while continuing to practice within our state. By ensuring that pharmacists along with other health care providers are properly leveraged to utilize the full scope of statutorily granted authority, the people of Hawai'i will benefit from an increase in both quality of and access to medical services in our communities.

I respectfully and strongly urge the Committee to pass SB1245 SD2 HD1 and thank you for the opportunity to testify.

Sincerely,

Kamahao Kini-Lopes

Kamahao Kini-Lopes, Student Pharmacist

Testimony to support SB1245 SD2 HD1: Payment for Services Within a Pharmacist's Scope of Practice
Committee on Health

March 19, 2025

Testimony in SUPPORT of SB1245 SD2-HD1

LATE

To the Honorable Chair Matayoshi, Vice Chair Chun and Members of the Committee on Consumer Protection & Commerce,

As a pharmacy student and future pharmacist, I strongly support SB1245 SD2, a bill to mandate reimbursement for pharmacist-provided services that already exist within a pharmacist's scope of practice. I hope to someday practice as an ambulatory care pharmacist in rural regions of Hawai'i.

As a pharmacy student, I am being trained to perform many services that support the safe and effective use of medications as part of a healthcare team, including immunizations, medication therapy management, and chronic disease state management for diabetes, hypertension, and heart disease. Many of these are performed for our kūpuna who in some capacities may face trouble reaching a doctor's clinic for pharmacogenomics information, personalized medicine, and point of care testing. Due to the history of the profession, which was product based, currently regulations related to reimbursement for pharmacy services still focus on the drug product, and not the many medication-related clinical services that I will be licensed to provide.

My hope is that passage of SB1245 SD2 HD1, which would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, will open up additional opportunities for me to practice at the top of my license after I graduate. As a pharmacist, I can help improve the health and wellbeing of people in my community. While our patients appreciate the many services that we can provide within our scope of practice, in order to sustainably offer and expand access to many of these services, pharmacists need to be paid for them. By ensuring that pharmacists along with other health care providers are properly leveraged to utilize the full scope of statutorily granted authority, the people of Hawai'i will benefit from an increase in both quality of and access to medical services in our communities.

I respectfully and strongly urge the Committee to pass SB1245 SD2 HD1 and thank you for the opportunity to testify.

Respectfully,

David S. Kuhnen
Student Pharmacist, Class of 2027
University of Hawai'i at Hilo
The Daniel K. Inouye College of Pharmacy

LATE

SB-1245-HD-1

Submitted on: 4/1/2025 4:14:55 PM

Testimony for CPC on 4/2/2025 2:00:00 PM

Submitted By	Organization	Testifier Position	Testify
LILY VAN	Individual	Support	Written Testimony Only

Comments:

Testimony to support SB1245: Payment for Services Within a Pharmacist’s Scope of Practice
Committee on Consumer Protection and Commerce

April 1, 2025

Testimony in SUPPORT of SB1245

To the Honorable Chair Matayoshi, Vice Chair Chun, and Members of the Committee,

My name is Lily Van and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist’s scope of practice.

I was born and raised in our state, and left for college and graduate school in the mainland with the hope that one day I would return home. Immediately following my post-doctoral residency training, I was fortunate enough to work in Washington for some time. This was an amazing experience, and other clinical pharmacists who have worked in Washington can attest to how rewarding it is to work in a space where we are reimbursed for our cognitive services. It wasn’t just about billing for visits, it was about ensuring that what we were doing was financially sustainable in order to ensure that we could continue to open access to care.

I moved home during the COVID-19 pandemic to care for my family, and it was one of the hardest professional decisions that I had to make. For our profession, working in Hawai‘i is a huge step backward compared to where it is in the rest of the nation. My team and I currently practice in the outpatient medical setting at one of our largest health systems in the state. On an average day, I worked alongside medical doctors to provide additional support and resources in an already tight schedule. I am certified to provide diabetes education counseling, adjust medications for a variety of disease states, and adjust care plans based on patient needs. In between seeing my own patients, I am available to all of our providers to provide specialized advice and recommendations for their patients as well.

Recently, we had a young 22 year old patient in our clinic newly diagnosed with diabetes following a hospital visit. The wait time to get her in to a specialist was more than 6 months, even here on O'ahu. Her primary care physician's schedule is currently booked more than 8 months out as well. Knowing the access barriers we had, her physician and I worked alongside each other, tag-teaming to make sure she was being followed up every 2-3 weeks to get her blood sugar under control. Within 3 months, her labs were "textbook perfect". With all of this work, the patient and her insurance has never been charged for any of my services. Instead, I "prove my worth" by preventing hospitalizations for the health-system, lead pharmacologic interventions that lead to better patient outcomes, advocate for more cost-effective alternatives which saves the insurance company money, and improve quality metrics for our physicians which are tied to their payments.

I wish I could say that this is a rare occurrence with healthcare inaccess, but it isn't. Clinical pharmacists are trained, board-certified, and easily accessible. While our patients appreciate the extra services that we provide, which are within our scope of practice, in order to sustainably offer and expand access to these services we need to be paid for them. I am thankful that my health system sees the value in what we do, but it is truly not sustainable in the long run with the current model.

SB1245 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i across all patients and health plans. 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 both quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee to pass SB1245 and thank you for the opportunity to testify and advance the pharmacy profession.

With regards,

Lily Van, PharmD, BCACP, CDCES