

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

**Before the  
House Committee on Health  
Wednesday, March 19, 2025  
9:05 a.m.**

**Conference Room 329 and Videoconference**

**On the following measure:  
S.B. 1245 S.D. 2, 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.

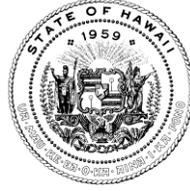
The Board would like to further emphasize that this measure will only mandate reimbursements of pharmacists practicing within their scope. Pharmacists provide services such as: dispensing emergency contraception, performing immunizations, ordering routine drug therapy related tests, consultations, and 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.



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

NADINE Y. ANDO  
DIRECTOR | KA LUNA HO'OKELE

JOSH GREEN, M.D.  
GOVERNOR | KE KIA'ĀINA  
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## Testimony of the Department of Commerce and Consumer Affairs

Before the  
House Committee on Health  
Wednesday, March 19, 2025  
9:05 a.m.

State Capitol, Conference Room 329 and via Videoconference

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

Chair Takayama 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 and chapter 432, article 1, created in Sections 2 and 3 of the bill, respectively, include subsections (a) that provide in part that health plans "shall recognize pharmacists licensed pursuant to chapter 461 as *participating providers*[" (page 2, lines 12 to 14 and page 3, lines 15 to 17) (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 5 to 7 and page 4, lines 7 to 9). With this “participating registered pharmacist” definition defined by the existence of a contract, it is unclear what is meant by “participating provider”. This issue may lead to confusion and statutory interpretation issues.

For the Committee’s information, Hawaii Revised Statutes section 23-51 provides, in part, that “[b]efore any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, [sic] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report that assesses both the social and financial effects of the proposed mandated coverage.”

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

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Testimony Presented Before the  
House Committee on Health  
Wednesday, March 19, 2025 at 9:05 a.m.

By

Bonnie Irwin, Chancellor

and

Rae Matsumoto, Dean

Daniel K. Inouye College of Pharmacy

University of Hawai'i at Hilo

## SB 1245 SD2 – RELATING TO PHARMACISTS

Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee:

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

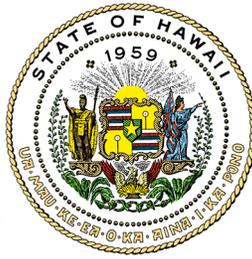
For example, a pharmacist may receive a physician referral for a specific area of care (diabetes, blood pressure, asthma). To address the patient's specific need, the pharmacist must initially conduct a review of the entire medication profile from a generalist standpoint. For example, a diabetes certified 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.

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 will provide a path forward.

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.



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HOUSE COMMITTEE ON HEALTH  
The Honorable Gregg Takayama, Chair  
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair

**S.B. NO. 1245, S.D. 2, RELATING TO PHARMACISTS**

Hearing: Wednesday, March 19, 2025, 9:05 a.m.

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The Office of the Auditor offers comments on S.B. No. 1245, S.D. 2, which will mandate reimbursement for services provided by registered pharmacists practicing within their scope of practice under private and public health insurance plans in the State.

We were asked to assess the social and financial impacts of a similar health insurance proposal introduced in the 2023 Regular Session as S.B. No. 165 and issued Report No. 23-12, *Proposed Mandatory Health Insurance Coverage for Pharmacists Services*. We determined that the bill did not mandate health insurers to cover services provided by registered pharmacists because S.B. No. 165 applied only to those pharmacists who contracted with insurers. The bill, however, did not require insurers to execute contracts with pharmacists. Insurers had complete discretion whether to contract – or not – with a pharmacist, meaning insurers would control whether their policies provided coverage for services provided by registered pharmacists. We determined that the proposed mandated coverage is not new insurance coverage. See Report No. 23-12, <https://files.hawaii.gov/auditor/Reports/2023/23-12.pdf>.

Because of the similarities between S.B. No. 1245, S.D. 2, and the bill that we reviewed in 2023, we do not believe the mandate, *in its current form*, requires the Legislature to request another assessment under Section 23-51, HRS.

**SB-1245-SD-2**

Submitted on: 3/14/2025 3:05:11 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Aaron Ruddick	Hep Free Hawaii	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee

We **support SB1245 SD2**. 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.

Wednesday, March 19, 2025 at 9:05 AM  
Via Video Conference; Conference Room 329

**House Committee on Health**

To: Representative Gregg Takayama, Chair  
Representative Sue Keohokapu-Lee Loy, Vice Chair

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

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

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

HPH writes in SUPPORT of SB 1245, SD2 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 to the House Committee on Health  
Wednesday, March 19, 2025; 9:05 a.m.  
State Capitol, Conference Room 329  
Via Videoconference**

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

Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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, 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.

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**  
**Wednesday, March 19, 2025; 9:05 a.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.



## THE QUEEN'S HEALTH SYSTEMS

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To: The Honorable Greg Takayama, Chair  
The Honorable Sue L. Keohokapu-Lee Loy, Vice Chair  
Members, House Committee on Health

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

Date: March 19, 2025

Re: Support of SB1245 SD2 – Relating to Pharmacists

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

Queen's supports SB 1245 SD2, 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 and requires the health plans to recognize pharmacists licensed in the State as participating providers. We believe this measure will ultimately provide greater access to health care services, particularly for our neighbor island patients; QHS hospitals, Molokai General Hospital and North Hawaii Community Hospital, serve rural communities that have limited access to care in many cases.

Allowing reimbursement to registered pharmacists to safely provide certain health care services is a cost-effective measure that brings us closer to meeting the health care needs of our community and helps strengthen the integrated care model that has proven so effective for many of our most vulnerable patients.

Thank you for the opportunity to testify on this measure.

*The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*



February 25, 2025

The Honorable Jarrett Keohokalole, Chair  
The Honorable Carol Fukunaga, Vice Chair  
Senate Committee on Commerce and Consumer Protection

Re: SB1245SD1 – RELATING TO PHARMACISTS

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide comments on SB1245 SD2, 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 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.

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations

March 18, 2025

The Honorable Gregg Takayama, Chair  
The Honorable Sue L. Keohokapu- Lee Loy, Vice Chair  
House Committee on Health  
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 Takayama, Vice Chair Keohokapu-Lee Loy 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.<sup>1</sup>

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

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<sup>1</sup> 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>.

<sup>2</sup> Association of American Medical Colleges. 2019 UPDATE The Complexities of Physician Supply and Demand Projections From 2017 To 2032. Available at: [https://aamcblack.global.ssl.fastly.net/production/media/filer\\_public/31/13/3113ee5c\\_a038-4c16-89af-294a69826650/2019\\_update\\_-\\_the\\_complexities\\_of\\_physician\\_supply\\_and\\_demand\\_-\\_projections\\_from\\_2017-2032.pdf](https://aamcblack.global.ssl.fastly.net/production/media/filer_public/31/13/3113ee5c_a038-4c16-89af-294a69826650/2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf)

<sup>3</sup> Kaiser Family Foundation. Primary Care Health Professional Shortage Areas (HPSAs). Timeframe: as of September 30, 2019. Available at: <https://www.kff.org/other/stateindicator/primary-care-health-professional-shortage-areas/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>.

care.<sup>4</sup> 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 outcomes<sup>5</sup> and reduction in health care expenditures<sup>6</sup> 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).”<sup>6</sup> 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](mailto:belawoe.akwakoku@ncpa.org) or (703) 600-1179.

Sincerely,



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

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

<sup>5</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: [https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>6</sup> 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>

March 19, 2025 9:05 a.m.  
Hawaii State Capitol  
Conference Room 329 and Videoconference

**To: House Committee on Health**  
**Rep. Gregg Takayama, Chair**  
**Rep. Sue L. Keohokapu-Lee Loy, Vice-Chair**

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

COMMENTS IN SUPPORT OF SB1245 SD2 — 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](#), 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



March 19, 2025

**To: Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the House Committee on Health (HLT)**

From: Hawaii Association of Health Plans Public Policy Committee

Date/Location: March 19; 9:05 a.m./Conference Room 329 & Videoconference

**Re: Testimony with COMMENTS on SB 1245 SD2 – Relating to Pharmacist Reimbursements**

The Hawaii Association of Health Plans (HAHP) appreciates the opportunity to offer comments on SB 1245 SD2. HAHP is a statewide partnership that unifies Hawaii's health plans to improve the health of Hawaii's communities together. A majority of Hawaii residents receive their health coverage through a plan associated with one of our organizations.

HAHP thanks the legislature for its efforts to increase access to health care services in Hawaii. While we support reimbursement of in-network pharmacists practicing within their scope, this bill as written lacks clarity on the specific scope of services that pharmacists would be reimbursed for.

Thank you for the opportunity to testify on SB 1245 SD2.

Sincerely,

HAHP Public Policy Committee

cc: HAHP Board Members



**SanHi**

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: March 18, 2025

TO: Representative Gregg Takayama  
Chair, Committee on Health

Representative Sue Keohokapu-Lee Loy  
Vice Chair, Committee on Health

FROM: Tiffany Yajima

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

**Hearing Date: Wednesday, March 19, 2025 at 9:05 a.m.**  
**Conference Room: 329**

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Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee on Health:

We submit this testimony in **support** of S.B. 1245, S.D.2 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 S.D.2 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.



Testimony presented before the  
House Committee on Health  
March 19, 2025

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

Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Health 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 suggest the following amendments aligning with implementation pathways and processes highlighted by other stakeholders in the state:

- A delayed effective date to align with the requests of DHS and allow pharmacists to become credentialed within the appropriate payment networks:  
"§431:10A- **Services provided by participating registered pharmacists; coverage.** (a) Each individual or group policy of accident and health or sickness insurance delivered or issued for delivery in the State on or after **January 1, 2026** shall
- Referral to the Hawai'i Pharmacy Practice Act to provide clarity on services within a pharmacist's scope of practice as already outlined in statute:  
"§431:10A- **Services provided by participating registered pharmacists; coverage.** (a) Each individual or group policy of accident and health or sickness insurance delivered or issued for delivery in this State after December 31, 2025, shall include coverage for care provided by a participating registered pharmacist practicing within the scope of their license **pursuant to HRS §461-1** for purposes of health maintenance or treatment to the extent that the policy provides benefits for identical services rendered by another health care provider.
- Addition of the following article for clarity on billable clinical services in Section 3:  
"**§432:1- (c) For reimbursement purposes, the term "patient care services" shall refer solely to these clinical interventions and explicitly excludes any activities associated with the routine dispensing of medications.**"
- Adding a new section to article 10A in §431:10A with consistency in §432:1:  

"§431:10A- Services provided by participating registered pharmacists; coverage. (a) Each individual or group policy of accident and health or sickness insurance delivered or issued for delivery in this State after December 31, 2025, shall:

  - (1) recognize pharmacists licensed pursuant to chapter 461 as participating providers; **and**
  - (2) shall **include provide** coverage for a **care 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 benefits coverage** for **identical the same services** rendered by another health care provider;



(3) shall pay or reimburse a pharmacist or pharmacy for the cost of a service performed by a pharmacist within the scope of their license.

"§432:1- Services provided by participating registered pharmacists; coverage. (a) Each individual and group hospital or medical service plan contract delivered or issued for delivery in this State after December 31, 2025, by a mutual benefit society shall:

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

(2) shall ~~include~~ provide coverage for a ~~care~~ 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 ~~benefits~~ coverage for ~~identical~~ the same services rendered by another health care provider;

(3) shall pay or reimburse a pharmacist or pharmacy for the cost of a service performed by a pharmacist within the scope of their license.

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,

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



March 18, 2025

[submitted electronically via: capitol.hawaii.gov]

The Honorable Gregg Takayama  
Chair, Committee on Health  
Conference Room 329  
415 South Beretania Street  
Honolulu, HI 96813

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the Committee on Health:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [Senate Bill \(SB\) 1245](#) (Senator Buenaventura). SB 1245 will allow for the reimbursement of services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans beginning July 1, 2026. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also correctly aligns the current role of the pharmacist with their extensive education and training to practice at the top of their license.

Substantial published literature documents the proven and significant improvement in patient outcomes<sup>1</sup> and reduced health care expenditures<sup>2</sup> when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Hawai'i is aligned with the growing trend of similar programs in other states, such as California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, and others. In states where such programs have already been implemented, health plans recognize the value of the pharmacist and invest in the services they provide to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.<sup>3</sup>

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<sup>1</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at:

[https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>2</sup> 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>

<sup>3</sup> CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at

<https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

Given the unique patient population and barriers to care due to the primary health care worker shortage<sup>4</sup> in Hawai'i, APhA firmly believes that considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists under their training as the medication experts on patient care teams. As the most accessible health care professionals, with nearly 90% of the U.S. population living within five miles of a community pharmacy,<sup>5</sup> pharmacists are vital care providers, especially for those living in underserved and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall health care expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Hawai'i's recognition of many other health care providers.

As you may be aware, many of Hawai'i's neighborhood pharmacies,<sup>6,7</sup> especially those in rural communities,<sup>8</sup> are closing because the unsustainable reimbursement model in the drug supply chain is enhancing health care disparities. Without immediate changes, the current payment model is putting many independent pharmacies out of business and creating "pharmacy deserts" in minority and underserved communities, where the neighborhood pharmacy may be the only health care provider for miles.<sup>9</sup>

Creating programs that allow for the direct reimbursement of services provided by pharmacists through Med-Quest, Medicaid Managed Care Organizations, and private health plans opens additional revenue opportunities for these pharmacists to maintain their practice and provide valuable health care services necessary for many Hawai'i communities. It is also important to note that these programs are not expected to raise costs for health plans, as published literature has shown that pharmacist-provided care results in cost savings and healthier patients.<sup>10,11</sup> A recent scoping review evaluating the return on investment (ROI) of pharmacists' services among non-hospitalized patients found an ROI ranging "from \$1.29 to \$18.50 per dollar spent on the pharmacy service among the 19 studies that reported ROI as a ratio."<sup>12</sup> This strong return on investment supports why many other states have established comparable programs. For example, Oregon identified in its fiscal legislative analysis that creating a similar program that would

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<sup>4</sup> Counties with the biggest primary health care worker shortages. NursingEducation. Published August 25, 2021. Available at <https://nursingeducation.org/counties-with-the-biggest-primary-health-care-worker-shortages/>.

<sup>5</sup> Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I. Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, *Journal of the American Pharmacists Association* (2022), doi: <https://doi.org/10.1016/j.japh.2022.07.003>.

<sup>6</sup> <https://www.khon2.com/local-news/longs-drugs-to-close-ewa-beach-location-ensures-continuity-of-pharmacy-services/>

<sup>7</sup> <https://www.hawaiiinewsnow.com/2024/12/20/don-quijote-close-waipahu-store-after-18-years/>

<sup>8</sup> Hawryluk M. Large parts of rural America are becoming drugstore deserts. These small towns found an escape. *The Washington Post*. Published December 15, 2021. Available at <https://www.washingtonpost.com/business/2021/12/03/drugstore-deserts-rural-america/>

<sup>9</sup> Guadamuz, Jenny. Et. al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021, available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01699>

<sup>10</sup> Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011. Available at: [https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

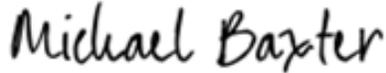
<sup>11</sup> Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. *Journal of the American Pharmacists Association*. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

<sup>12</sup> Almodovar AS, Blankenship B, Murphy EM, et al. Return on investment of pharmacists' services among non-hospitalized patients: A scoping review. *Research in Social and Administrative Pharmacy*. 2025. Article in Press. DOI: [10.1016/j.sapharm.2025.01.012](https://doi.org/10.1016/j.sapharm.2025.01.012)

permit pharmacists to engage in clinical pharmacy practice and provide patient care services to patients would have a “minimal expenditure impact on state or local government.”<sup>13</sup>

For these reasons, APhA strongly supports SB 1245 and respectfully requests your “AYE” vote. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Senior Advisor for State Government Affairs, by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,



Michael Baxter  
Vice President, Government Affairs

cc: Representative Sue L. Keohokapu-Lee Loy, Vice Chair  
Representative Terez Amato  
Representative Jenna Takenouchi  
Representative Cory M. Chun  
Representative David Alcos III  
Representative Lisa Marten  
Representative Diamond Garcia  
Representative Ikaika Olds  
Senator Joy A. San Buenaventura

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

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<sup>13</sup> FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.



**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**

March 18, 2025

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

To The Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy 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 Pharmacist's 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



Kamehameha Shopping Center  
1620 North School Street  
Honolulu, HI 96817  
Phone: (808) 832-8262  
Fax: (808) 832-8268

Honorable Chair, Gregg Takayama & Vice Chair, Sue L. Keohokapu-Lee Loy

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,

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

Alyssa-Marie Pang

Director of Pharmacy

Email: [alyssa.pang@times-supermarket.com](mailto:alyssa.pang@times-supermarket.com)



**MOLOKA'I DRUGS, INC.**  
**EST. 1935**

March 18, 2025

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

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and House Health 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 Mokulele Airlines' 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.

Our Molokai-based pharmacy providers live full-time on our island and know our people. Paying for their services will provide high-quality healthcare and healthier community members. Thank you for your consideration and for your vote for SB1245, SD2.

Sincerely,

*/s/ Kimberly Mikami Svetin*

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

**SB-1245-SD-2**

Submitted on: 3/14/2025 3:08:26 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Jason Yaris	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee

**I support SB1245 SD2.** 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-SD-2**

Submitted on: 3/14/2025 3:19:21 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

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

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, and members of the HLT committee

**I support SB1245 SD2.** 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 and for the opportunity to provide testimony.

Testimony to support SB1245 SD2: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health  
March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

As a clinical pharmacist that practices in critical care and a pharmacy faculty member, I strongly support SB1245 SD2, 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 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 and thank you for the opportunity to testify.

Respectfully,



Nicole Young, PharmD

**SB-1245-SD-2**

Submitted on: 3/15/2025 2:53:05 AM

Testimony for HLT on 3/19/2025 9:05:00 AM

Submitted By	Organization	Testifier Position	Testify
Melissa Bumgardner	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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.

**SB-1245-SD-2**

Submitted on: 3/15/2025 9:48:41 AM

Testimony for HLT on 3/19/2025 9:05:00 AM

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

Comments:

I am in support of SB1245 SD2. Mahalo

Testimony to support SB1245 SD2: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health  
March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

My name is Camlyn Masuda and I am an Associate Specialist and Clinical Pharmacist with the University of Hawai'i at Hilo Daniel K Inouye College of Pharmacy. I appreciate the opportunity to submit testimony in support of SB1245 SD2, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist's scope of practice. I am testifying on behalf of myself and not for the University of Hawai'i at Hilo Daniel K Inouye College of Pharmacy.

I currently practice in a family medicine physician office setting that has a collaborative agreement with JABSOM to offer opportunities for interdisciplinary team collaboration between the medical students and residents and the pharmacy students. Because of this collaborative agreement I provide pharmacy services listed below without reimbursement. Reimbursement for services for other pharmacists to provide the same services I do in physician's offices is necessary to support the salary of the pharmacist. Some examples of services that pharmacists are able to provide include medication reviews and counseling about how to decrease the risk of side effects from medications and teaching people on how to use medications that come in devices (insulin, Ozempic). Additional services we would be able to provide with financial leverage created by this bill would be consultation and management of chronic disease states and thorough medication reviews and finding lower costs for medications for patients.

A story that I have about being embedded as a trusted member of the community is about a patient who had uncontrolled diabetes. The physician's I work with referred the patient to me to discuss medications options. Although the patient was not willing to start insulin at the first visit we discussed other options which he was willing to try and understood that they would not work as well as insulin. After a few months his sugar levels lowered but not to a healthy level, the patient finally was willing to start insulin and was able to lower his sugar level to a healthy level. The patient informed me that if it was not for the information I shared with him about the different medications available, the advantages and disadvantages (e.g. possible side effects) of the medications and teaching him how to inject insulin he would not have started on insulin. If pharmacists are able to get reimbursed for providing this type of visit/care we would be able to help more patients in the State get better control of diabetes and other chronic health conditions because physicians/primary care providers do not have opportunity to spend this time with patients due to the physician shortage. Long term this will help decrease the consequences of uncontrolled diabetes, such as dialysis and loss of limbs.

SB1245 SD2 would provide financial compensation for licensed pharmacists under the medical benefit of both private and public health plans, enabling more pharmacists to 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 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 SB1245SD2 and thank you for the opportunity to testify and advance the pharmacy profession to help improve the health of the people of Hawai'i.

Sincerely,



Camlyn Masuda, PharmD, CDCES, BCACP

Associate Specialist, Dept. of Pharmacy Practice, Daniel K. Inouye College of Pharmacy, University of Hawai'i at Hilo

Assistant Clinical Professor Department of Family Medicine University of Hawai'i at Mānoa, John A. Burns School of Medicine

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

**Committee on Health**

March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

My name is Christina Requelman and I appreciate the opportunity to submit testimony in support of SB1245, a Bill to Mandate Reimbursement for Pharmacists' Services.

I work at the Daniel K. Inouye College of Pharmacy and at a local independent pharmacy, KTA Superstores on the Big Island. I however am not a pharmacist; I am a Certified Pharmacy Technician and have administrative roles. At the college, I work with pharmacists state wide, with student placement of rotations in various pharmacy settings - Community (Retail), Ambulatory Care, Acute Care, Hospital, Specialty, and the list goes on. I can attest that pharmacy students are being extensively trained and educated to provide these types of services (here in Hawaii and Nationally) and that pharmacies are already doing this and can expand on these health care services to our communities if they were able to be paid for it. Especially in our rural areas.

I was in the trenches during the height of COVID, doing and coordinating mass vaccinations, mass testing, and home visits to the most vulnerable. I know for a fact, that the pharmacy team has the capacity to take this on. I also am a current Lifestyle Coach for our Diabetes Prevention Program (DPP) where we work with patients who are diagnosed pre-diabetic, to educate, motivate, and support a lifestyle change to prevent them from getting diabetes (which causes our healthcare systems millions of dollars). The results have been amazing and the connection with patients heartfelt. Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that has 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.

**Let them get paid for services within their scope of practice. Why put this off any longer? The trend is already happening throughout the continental United States. Let us not be the last ones getting on board with such an important and impactful cause that will affect thousands in our state.**

**Let us be innovative and ahead of the curve instead of always catching up.**

**Imagine the impact this can make for yourself, your friends, and your loved ones.**

I respectfully and strongly urge the Committee to see fit and pass SB 1245.

Thank you for the opportunity to testify!! : )

Sincerely,

*Christina Requelman*

Christina Requelman

KTA Pharmacy

The Daniel K. INouye COLlege of Pharmacy

Hawaii Pharmacist Association, Board of Directors - Technician

**SB-1245-SD-2**

Submitted on: 3/15/2025 3:56:23 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

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 Health and Human Services (HHS)

March 19, 2025

**Testimony in SUPPORT of SB1245**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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 Hawaii 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

**SB-1245-SD-2**

Submitted on: 3/15/2025 8:50:14 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Lara Gomez	Individual	Support	Written Testimony Only

Comments:

Committee on Health

Testimony in SUPPORT of SB1245-SD2

To the Honorable Chair Takayama Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

My name is Lara Gomez and I appreciate the opportunity to submit testimony in strong support of SB1245-SD2, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist’s scope of practice.

Patients appreciate and deserve the extra services that pharmacists provide, which are within pharmacists scope of practice, but in order to sustainably offer and expand access to these services, pharmacists 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 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.

Lara Gomez, PharmD

RP- 2499

March 16, 2025

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and the House Committee on Health,

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,

Alanna Isobe, Rph

**SB-1245-SD-2**

Submitted on: 3/16/2025 3:52:50 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

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

Comments:

Dear Chair Takayama, Vice Chair Keohokapu-Lee Loy and HLT committee members,

As a public health professional, I **support SB1245 SD2**. 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 at our health center have demonstrated effective management in multiple areas including Hepatitis C, anticoagulation, 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.

Mahalo,

Thaddeus Pham (he/him)

Makiki, HI

**SB-1245-SD-2**

Submitted on: 3/16/2025 4:12:01 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

Submitted By	Organization	Testifier Position	Testify
KYAW LWIN MAUNG	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee,

I **support SB1245 SD2**. 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.

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.

Yours Sincerely,

Kyaw Lwin Maung

**SB-1245-SD-2**

Submitted on: 3/16/2025 9:07:11 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

Submitted By	Organization	Testifier Position	Testify
Usman Ghani	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and members of the committee

**I support SB1245 SD2.** 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.

Testimony to support SB1245: Payment for Services Within a Pharmacist's Scope of Practice  
House Committee on Health  
March 19, 2025  
Testimony in SUPPORT of SB1509

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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](http://www.smhp.org)). Because of the way Hawaii state law is written, I have to operate within the parameters of what's called a collaborative practice agreement with an MD. It's the only way I can legally bill insurance for my services. I see a patient, the MD signs off on my chart note, we send it to the insurance companies for reimbursement, my reimbursement gets deposited into the MD's bank account, he/she then cuts me a check for the amount.

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

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

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

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

Sincerely,

Jodi Nishida, PharmD, MHP

[www.theketoprescription.com](http://www.theketoprescription.com)

# The Keto Prescription Clinic

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

## Hemoglobin A1c Reductions in Diabetes

WE FOLLOWED 160 DIABETES PATIENTS

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

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

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

## Medications Decreased or Discontinued

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

### Summary

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

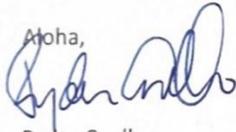
Dearest Dr. Jodi,

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.

**SB-1245-SD-2**

Submitted on: 3/17/2025 8:17:25 AM

Testimony for HLT on 3/19/2025 9:05:00 AM

Submitted By	Organization	Testifier Position	Testify
Shavon Fenton	Individual	Support	Written Testimony Only

Comments:

Dear Chair Takayama , Vice Chair Keohokapu-Lee Loy and Members of the Committee,

**I support SB1245 SD2.** 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.

Sincerely,

Shavon Fenton

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

March 17, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

As a pharmacy faculty member, I strongly support SB1245 SD2, 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 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 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.

Sincerely,



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

Testimony to support SB1245 SD2: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health  
March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

As a pharmacy faculty member and clinical pharmacy practitioner, I strongly support SB1245 SD2, 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, and chronic disease state management. 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. I currently practice as an ambulatory care pharmacist providing comprehensive medication management with the majority of my patients needing assistance in managing their diabetes. Currently I practice under a collaborative agreement and reimbursement for our services are very minimal (similar reimbursement as having just your blood pressure taken at the physicians office). The clinical pharmacist could alleviate the strain of the shortage of healthcare providers but due to the financial burden many clinics cannot justify adding the pharmacist to their interprofessional team.

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

Sincerely,

Michelle Kim, Pharm.D.

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

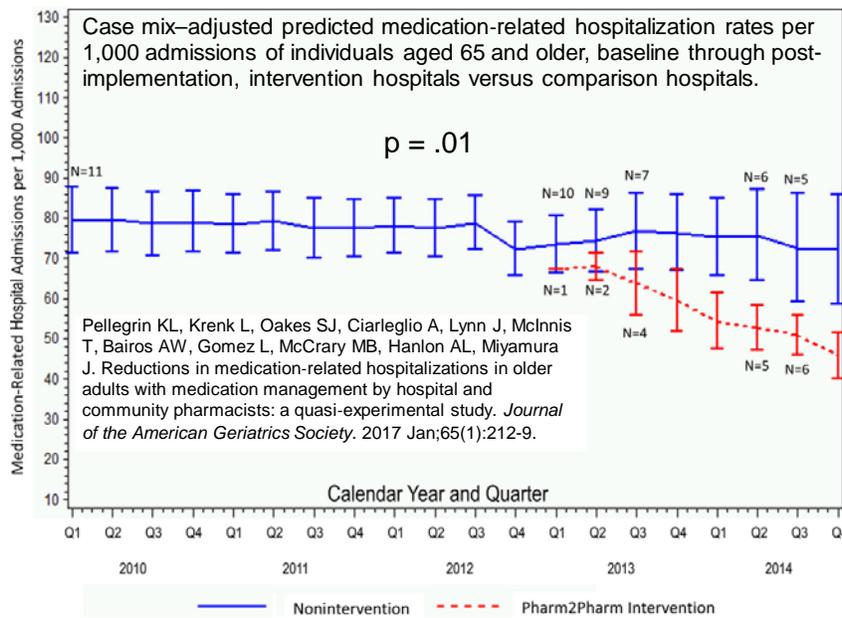
March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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, 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 services<sup>1</sup>. 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.



Annual Pharm2Pharm costs of...  
Pharmacists = **\$1.8M**  
Avoided medication-related hospitalizations = **\$6.6M**

<sup>1</sup> <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 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.

Sincerely,

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

Karen L. Pellegrin, PhD, MBA

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

House Committee on Health

March 19, 2025

**Testimony in SUPPORT of SB1245**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

My name is Stacie Sakauye, PharmD and I am an Ambulatory Pharmacy Manager within Hawai'i Pacific Health. 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 ambulatory (outpatient clinic) care setting. Some examples of services that I currently provide without direct reimbursement include comprehensive medication management (CMM) via a collaborative practice agreement with the physician. Currently, we service over 150 patients within our CMM clinic. With a collaborative practice agreement, the pharmacist is allowed to prescribe and adjust medications pursuant to protocol. Examples of this include starting insulin for diabetic patients, adjusting blood pressure medication doses, and ordering labs to determine efficacy of medications prescribed. Additional services we would be able to provide with financial leverage created by this bill would be further expansion and consultation and management of chronic disease states.

A story that I have about being embedded as a trusted member of the community and the services I provide is of a young patient with heart failure. With a collaborative practice agreement in place, the physician referred the patient to our pharmacist-ran clinic to start and adjust their heart failure medications, as well as educate the patient on the medications and heart healthy lifestyle. The most effective way to adjust these medications is every 2 weeks, including retesting of labs to ensure tolerance. Within 6 weeks, the patient was able to be on the correct doses of their heart failure medications, with assurance that their body was tolerating the medications. The patient was able to regain a normal lifestyle, which was previously prohibited due to heart failure complications, such as shortness of breath. The pharmacist not only increased the medications at appropriate intervals, but ordered and reviewed labs with the patient as well as prescribed maintenance doses of their heart failure chronic medications. Their lab results represented optimal response to the pharmacist's treatment regimen, representing cardiac stability.

If pharmacists were able to get reimbursed for providing this type of visit/care, we would be able to help a larger patient population in the State, especially in the underserved areas where there is a lack of physicians and very limited time to spend with patients with chronic conditions. Pharmacists are able to assist by providing detailed explanations about the patient's medication treatment options, which improves compliance and results in better outcomes. 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 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 not only need, but deserve.

Mahalo,



Stacie Sakauye, PharmD

Manager, Ambulatory Pharmacy

Straub Benioff Anticoagulation Clinic | Comprehensive Medication Management Clinic

Straub Benioff Medical Center | Pharmacy

888 South King Street | Honolulu, HI 96813

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

Committee on Health

March 17, 2025

**Testimony in SUPPORT of SB1245-SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy and Members of the Committee on Health,

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, 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 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 and thank you for the opportunity to testify and advance the pharmacy profession.

Sincerely,



Faith Hicks, Pharm D.

TESTIMONY TO SUPPORT SB1245: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health and Human Services (HHS)  
March 17, 2025

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

My name is Mia Tran-Cao, Pharm D., Clinical Pharmacy Manager for an independent pharmacy on the island of Oahu 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 therapy reviews, immunization screening and education, blood pressure and diabetes education, and home visit vaccinations — 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, point-of-care testing and treatment, and home visit immunizations.

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,

*Mia Tran-Cao*

**Mia Tran-Cao, Pharm. D.**  
Clinical Pharmacy Manager  
1620 North School Street  
Honolulu, HI 96817

Testimony to support SB1245 SD2: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health  
March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

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 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, 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 and thank you for the opportunity to testify.

Sincerely,

*Kamahao Kini-Lopes*

Kamahao Kini-Lopes, Student Pharmacist

**SB-1245-SD-2**

Submitted on: 3/17/2025 10:48:26 PM

Testimony for HLT on 3/19/2025 9:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Carrie Shibata	Individual	Support	Written Testimony Only

Comments:

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

My name is Carrie Shibata, Pharmacist at Times Aiea Pharmacy, and I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for the pharmacist provided services that already exist within a pharmacist's scope of practice.

My team and I current practice in the retail setting. Some examples of services that I currently provide without direct reimbursement include recommending over the products, and helping customers with setting up or trouble shooting their blood glucose monitors. 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, partnership 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 Hawaii 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 not only need, but deserve.

Sincerely,

Carrie Shibata, Pharm D

Testimony to support SB1245 SD2: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health  
March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

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 one of Hawaii's community pharmacists and be able to use my training to help patients access services in one of healthcare's most accessible settings.

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, which, in the community pharmacy setting includes immunizations, birth control and HIV PrEP prescription, and point of care testing and treatment for common infections such as the flu and strep throat. 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, through its direct reimbursement of pharmacists for clinical services, 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 and thank you for the opportunity to testify.

Sincerely,

Kirsten Kasal, PharmD Candidate

Testimony to support SB1245 SD2: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health  
March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

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, 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 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

**SB-1245-SD-2**

Submitted on: 3/18/2025 1:15:28 AM

Testimony for HLT on 3/19/2025 9:05:00 AM

Submitted By	Organization	Testifier Position	Testify
Zachary James Corpuz	Individual	Support	Written Testimony Only

Comments:

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

**Committee on Health**

**March 19, 2025**

**Testimony in SUPPORT of SB1245 SD2**

**To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,**

**As a pharmacy student, 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 in Hawai‘i, as a future pharmacist and as a healthcare provider.**

**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, and many more. 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, 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 and thank you for the opportunity to testify.**

**Sincerely,**

**Zachary James Corpuz**

**SB-1245-SD-2**

Submitted on: 3/18/2025 7:57:45 AM

Testimony for HLT on 3/19/2025 9:05:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Wesley Sumida	Individual	Support	Written Testimony Only

Comments:

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

Committee on Health

March 19, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

As a pharmacist and Associate Professor at the Daniel K. Inouye College of Pharmacy, I strongly support SB1245 SD2, 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 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 and urge the Committee to pass this bill.  
Thank you for this opportunity to provide testimony.

Respectfully,

Wesley Sumida, Pharm.D., BCPS

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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 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 Health  
March 19, 2025

**Testimony in SUPPORT of SB1245**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, 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 provided 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 them readily to customers while maintaining a viable practice. We cannot provide a service free of charge while trying to sustain our 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.), partnerships with providers, etc. These are services busy providers often look to pharmacists, as the medication experts, to assist them with.

The clinical services pharmacists, as embedded and trusted members of the community, can 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 full of passion to help patients manage their medication regimens and disease states. Unfortunately, due to a lack of reimbursement for these services their ability to use these clinical skills in the outpatient and inpatient settings are often stifled and the community loses the skills of a valuable and knowledgeable healthcare provider.

Additional experiences I've had related to a lack of reimbursement for pharmacist services include providing anticoagulation (blood thinner) monitoring and management which is a patient safety issue. Some institutions will rationalize that the service even if it doesn't sustain itself is necessary to support to keep patients safe. Reimbursement for this critical service would allow pharmacists to help patients with their blood thinners and not risk being cut because they cannot cover their costs. 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 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 not only need, but 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 Health  
March 19, 2025

**Testimony in SUPPORT of SB1245**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

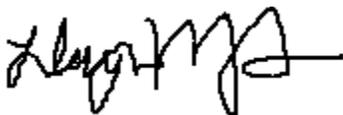
My name is Dayna Wong-Otis and I am a pharmacist on the Big Island of Hawaii. I appreciate the opportunity to submit testimony in strong support of SB1245, a bill to mandate reimbursement for pharmacist provided services that already exist within a pharmacist's scope of practice.

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

Committee On Health  
Honorable Gregg Takayama, Chair  
Honorable Sue L. Keohokapu-Lee Loy, Vice Chair  
Members of the House Committee On Health  
Hearing Date: Wednesday, March 19, 2025

**SB1245 Relating to Pharmacists: Strongly Support**

Aloha Chair Takayama, Vice Chair Keohokapu-Lee Loy 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

Testimony to support SB1245 SD2: Payment for Services Within a Pharmacist's Scope of Practice  
Committee on Health  
March 18, 2025

**Testimony in SUPPORT of SB1245 SD2**

To the Honorable Chair Takayama, Vice Chair Keohokapu-Lee Loy, and Members of the Committee,

As a practicing pharmacist and pharmacy faculty member, I strongly support SB1245 SD2, 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 an impact on patient's health. 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 in order to sustainably offer and expand access to these services. SB1245 SD2 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 and thank you for the opportunity to testify.

Sincerely,



Jarred Prudencio, PharmD, BCACP, BC-ADM