



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
KA 'OIHANA O KA LOIO KUHINA
THIRTY-THIRD LEGISLATURE, 2025**

ON THE FOLLOWING MEASURE:
H.B. NO. 1279, RELATING TO HEALTH.

BEFORE THE:
HOUSE COMMITTEE ON HIGHER EDUCATION

DATE: Wednesday, February 5, 2025 **TIME:** 2:00 p.m.

LOCATION: State Capitol, Room 309

TESTIFIER(S): Anne E. Lopez, Attorney General, or
Candace J. Park, Deputy Attorney General

Chair Garrett and Members of the Committee:

The Department of the Attorney General provides the following comments.

This bill adds a new section to chapter 304A, Hawaii Revised Statutes, that establishes within the University of Hawai'i at Manoa John A. Burns School of Medicine a full-time medical education liaison position. The medical education liaison would be responsible for supporting programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance. The bill appropriates funds for these purposes.

Article X, section 6, of the Hawai'i Constitution gives the Board of Regents of the University of Hawai'i "exclusive jurisdiction over the internal structure, management, and operation of the university." Section 6 further provides: "This section shall not limit the power of the legislature to enact laws of statewide concern. The legislature shall have the exclusive jurisdiction to identify laws of statewide concern." We recommend an amendment that adds a statement identifying this bill as a law of statewide concern.

Article VII, section 4, of the Hawai'i Constitution requires that "no grant of public money or property shall be made except pursuant to standards provided by law." Section 4 of the bill (page 3, line 20, through page 4, line 7) makes an appropriation "to support programs that utilize a team of medical specialists to support primary care providers and other health care professionals." If the intent of this bill is to provide support for these programs in the form of grants, we recommend that this bill be

amended to insert appropriate standards for the provision of public funds. Examples of existing statutes that provide standards for agencies to issue grants are part II of chapter 9 and sections 10-17, 210D-11, and 383-128, Hawaii Revised Statutes.

We have attached draft standards to this testimony as a sample to work from. These standards could be inserted on page 3, line 11, as a new section 3, with subsequent sections appropriately renumbered.

Thank you for the opportunity to provide these comments.

POSSIBLE STANDARDS FOR THE GRANTS IN THIS BILL

SECTION 3. Applications for grants for programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance shall be made to the university of Hawaii and contain any additional information required by the university of Hawaii. At a minimum, the applicant shall:

- (1) Be licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
- (2) Provide a detailed plan outlining the scope, objectives, and projected impact of the project or projects and a clear breakdown of how grant funds will be utilized;
- (3) Agree to use state funds exclusively for the purposes of these programs;
- (4) Indicate capability to properly use the grant for the purpose of these grant programs. [Specific applicant qualifications should be described for the different types of grants.];
- (5) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, disability, or any other characteristic protected under applicable federal or state law;
- (6) Agree not to use state funds for purposes of entertainment or perquisites;
- (7) Comply with other requirements as the university of Hawaii may prescribe;
- (8) Comply with all applicable federal, state, and county statutes, rules, and ordinances;
- (9) Agree to indemnify and save harmless the State of Hawaii and its officers, agents, and employees from and against any and all claims arising out of or

resulting from activities carried out or projects undertaken with funds provided hereunder and procure sufficient insurance to provide this indemnification if requested to do so by the university of Hawaii; and

- (10) Agree to make available to the university of Hawaii all records the applicant may have relating to the grant, to allow state agencies to monitor the applicant's compliance with this section.



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
House Committee on Higher Education
Wednesday, February 5, 2025 at 2:00 p.m.

By

T. Samuel Shomaker, MD, Dean, and
Kelley Withy, MD, Professor, Department of Family Medicine and Community Health,
Hawaii/Pacific Basin Area Health Education Center (AHEC) Director
John A. Burns School of Medicine

And

Michael Bruno, Provost
University of Hawai'i at Mānoa

HB 1279 – RELATING TO HEALTH

Chair Garrett, Vice Chair Amato, and Members of the Committee:

Thank you for the opportunity to provide COMMENTS on HB 1279 which would establish a medical education liaison position within the University of Hawai'i John A. Burns School of Medicine (JABSOM) to support programs that utilize a team of medical specialists to support primary care providers and other health care professionals through mentorship and guidance.

JABSOM supports the intent of HB 1279 and appreciates the efforts of programs that bolster medical education and help to improve healthcare delivery especially to underserved and remote communities in Hawai'i. Project Extension for Community Healthcare Outcomes (ECHO) is an independent organization operating under the umbrella of the State Rural Health Association a nonprofit entity that receives federal funding. The administrative functions of ECHO are performed by the State Rural Health Association which subcontracts with JABSOM for a minimal amount to provide topic expertise, recruit speakers, and facilitate weekly meetings, among other functions.

In order for JABSOM to perform the tasks outlined in the bill, a dedicated full-time staff position which is state-funded would be required. This would enable the medical education liaison to concentrate on building relationships with healthcare partners throughout the state, planning and organizing educational training opportunities as well as collecting and analyzing outcome data. Importantly, the medical liaison would also be able to coordinate mentorships between practicing providers and providers newly entering the profession.

Thank you for this opportunity to testify.



**Testimony to the Senate Committee on Health and Human Services
Wednesday, February 5, 2025; 1:00 p.m.
State Capitol, Conference Room 225
Via Videoconference**

RE: SENATE BILL NO. 1279, RELATING TO PHARMACISTS.

Chair San Buenaventura, Vice Chair Aquino, 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. 1279, 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 allow a registered pharmacist under contract with a covered entity under the federal 340B Program to fill or receive a prescription for sale of drugs at a state where the contract pharmacist is not physically present but oversees operation at the site by way of a two-way, real-time, audio-visual conferencing-based communication system.

Section 461-9, Hawaii Revised Statutes (HRS), requires a registered pharmacist to be physically present at the site where a prescription is filled for received or received for distribution to a consumer. Because of geographic isolation, the lack of health care professionals, and relatively small populations of rural communities, certain health care organizations (i.e., hospitals, federally qualified health centers, rural health centers, etc.) are not able to have a pharmacist who would consistently be present at a rural site.

Certain health care organizations are able to receive discounts on prescription drugs under the federal 340B Program. Under this program, these organizations contract with drug manufacturers to receive medications at discounted prices that were negotiated by the federal government. Under federal law, organizations that receive these discounts are required to pass along these savings to patients in the form of services for indigent populations or expanded health care services.

Covered entities under the 340B Program need to either operate a pharmacy at the location where the prescriptions are filled for distribution, or must contract with a participating third party pharmacy to fill and distribute the medications. For especially isolated communities, where there may only be one pharmacy servicing an entire island, should that pharmacy decide not to participate in the 340B Program, the entire community would not be able to receive the savings discounts nor the expanded health care services that the 340B Program was intended to provide.

Because the patient populations of some neighbor island health care organizations are too small to make employment of a full-time pharmacist cost-effective, these organizations must provide pharmacy services through contract pharmacies situated on other islands. While health care organizations situated on Oahu have more options to contract with or operate pharmacies participating in the 340B program, certain health care organizations situated on the neighbor islands have no option other than to contract with off-island pharmacies requiring patients to wait several days to receive their prescriptions by mail. This is the case on the Island of Lanai, where there is only one retail pharmacy and that pharmacy has chosen not to participate in the 340B Program.

In 2021, Lanai Community Health Center (LCHC) received approval from the Hawaii State Board of Pharmacy pursuant to Section 461-4.5, Hawaii Revised Statutes, to conduct a pilot and demonstration project. Under this project, LCHC's contract pharmacist situated on the Island of Maui supervised staff at LCHC by way of audio-visual telecommunications in the storage, filling, and dispensing of prescription medications to patients at the LCHC campus. Between June 9, 2022, and June 15, 2023, LCHC processed 5,838 total prescriptions for 1,124 patients. These patients received their prescriptions and refills quicker than they would have had they need to wait for their medications to come through the mail. This led to improved health care outcomes.

Despite LCHC's success, the Board of Pharmacy terminated the demonstration project on June 1, 2024, stating that the authority to initiate pilot demonstration projects is not absolute. As such, LCHC has had to transport the contract pharmacist to Lanai from Maui each day to run the pharmacy at the LCHC campus at great expense. However, if ever the pharmacist is sick or misses the flight, LCHC cannot operate the pharmacy as the law presently stands.

Testimony on Senate Bill No. 1279
Wednesday, February 5, 2025; 1:00 p.m.
Page 3

This bill would allow a covered entity under the 340B Program to operate a pharmacy via telepharmacy. This will greatly improve access and affordability of prescription drugs in isolated geographical areas.

For this reason, 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.



Hawaii State House Committee on Higher Education
Hawaii State House Committee on Education

Wednesday, February 5, 2025, at 2:00 pm
Conference Room 309 & Videoconference
Hawaii State Capitol

HB1279 RELATING TO HEALTH

Good afternoon, Chair Garrett, Chair Woodson, and Members of the House Committees on Higher Education and Education.

My name is Palani Smith, and I serve as the Regional Vice President for Hawaii and Guam of Liberty Dialysis. We are an affiliate of Fresenius Kidney Care.

Liberty Dialysis Hawaii stands in **SUPPORT of HB1279** which establishes a medical education liaison position within Hawaii's John A. Burns School of Medicine (JABSOM).

Chronic kidney disease (CKD) is a significant health concern in Hawaii. Over 180,000 residents are living with some stage of kidney disease.ⁱ As of 2021, approximately 5,749 individuals in Hawaii were living with kidney failure, also known as end-stage renal disease (ESRD). Of these, 4,822 were undergoing dialysis treatments, and 927 received kidney transplants. Diabetes and high blood pressure are leading causes of kidney failure in the state, accounting for 44% and 29% of cases, respectively.ⁱⁱ Native Hawaiians and Pacific Islanders have been reported to have the highest rates of ESRD in the United States.ⁱⁱⁱ These statistics underscore the critical need for enhanced prevention, early detection, and management strategies to address CKD in Hawaii.

Primary care providers in Hawaii are at the frontlines of prevention, early detection, and management of kidney disease but may lack time and resources to maintain consistent specialized diabetes endocrinology support. Establishing a medical education liaison to connect primary care physicians with endocrinologists will ensure that patients receive treatment and disease management strategies in step with specialized diabetes endocrinology best practices.

A medical liaison coordinating mentorship and educational support from diabetes specialists will help extend expert knowledge to communities statewide. JABSOM is the best fit to address this community's needs as it has established expertise in medical education and training Hawaii's healthcare workforce.

I respectfully urge the committee to pass HB1279. Thank you for your thoughtful consideration.

ⁱ Kidneyhi.org

ⁱⁱ Kidneyfund.org

ⁱⁱⁱ Ajkd.org



To: Committee on Higher Education and Committee on Education

Hearing Date/Time: Wednesday February 5, 2025 2:00 PM

Re: Testimony in Support of HB 1279

Dear Chair Garrett, Chair Woodson and Members of the Committees:

The Hawaii Health & Harm Reduction Center (HHRC) **supports HB 1279** which would establish a medical liaison position within the UH JABSOM to support programs that utilize a team of medical specialists to support primary care providers and other professionals through mentorship and guidance through a Project ECHO-type program.

HHRC's mission is to *reduce harm, promote health, create wellness and fight stigma in Hawaii and the Pacific*. We focus our efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBTQ and the Native Hawaiian communities.

HHRC has been involved in implementing three ECHO cohorts – two for hepatitis and one for substance use over the past three years. ECHO participants have consistently rated their experience high and have appreciated learning from others in the islands in a cohort model. Just recently, HHRC was established its on ECHO Project that will be launching later this year due to the effectiveness. We hope this bill will help ECHO efforts increase in the islands.

Thank you for the opportunity to testify.

Heather Lusk, Executive Director, Hawaii Health and Harm Reduction Center

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HB-1279

Submitted on: 2/4/2025 11:16:35 AM

Testimony for HED on 2/5/2025 2:00:00 PM

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

Comments:

As written, the language supporting the liaison position at JABSOM is likely to add a needless layer of bureaucracy and won't further the development of meaningful ECHO programs in the state. It is important to note that the *current* Med-Quest contract includes language that commits the contract vendors

1. to work collaboratively with Project ECHO® programs,
2. to promote Project ECHO® to providers, and
3. to support the evaluation of Project ECHO® programs.

These commitments have barely been manifest. For HB1279, an approach that builds on the existing contract language for Med-Quest providers could be more effective.

One way to reconcile a results-oriented approach with the existing bill and its focus on the liaison position is to repurpose the liaison role. I recommend shifting the bill's focus from direct program management to supporting and facilitating the *incentivized* ECHO model. Here's how you can amend the original bill to reflect this revised strategy:

1. Eliminate Direct Program Management from Liaison Duties:

Remove all language in the original bill that assigns the liaison direct responsibility for *organizing, implementing, or managing* ECHO programs. This includes removing or revising sections that refer to the liaison "organizing sessions," "coordinating communications *between healthcare providers and specialists*," and "developing and implementing strategies to expand the reach of participating programs."

2. Repurpose the Liaison as a *Facilitator and Data Analyst*:

Rewrite the liaison's responsibilities to focus on:

- **Supporting Contractor Performance:** The liaison becomes the point of contact for MedQuest contractors regarding ECHO, providing guidance on meeting performance metrics, connecting them with potential ECHO hubs, and helping them navigate the contracting process. This includes:
 - "Providing support and guidance to Med-QUEST contractors in meeting performance metrics related to Project ECHO."

- "Facilitating connections between Med-QUEST contractors and established Project ECHO hubs."
- "Assisting Med-QUEST contractors in navigating the contracting and reporting requirements for Project ECHO programs."
- **Data Collection and Analysis:** The liaison becomes responsible for collecting and analyzing data on ECHO program outcomes, including the performance metrics established in the Med-QUEST contracts. This data will inform Med-QUEST's decisions regarding contractor reimbursement and program improvement. This includes:
 - "Collecting and analyzing data on Project ECHO program outcomes, including performance metrics established in Med-QUEST contracts."
 - "Preparing reports on Project ECHO program effectiveness for Med-QUEST and the legislature."
- **Stakeholder Communication:** The liaison facilitates communication between contractors, ECHO hubs, Med-QUEST, and other stakeholders. This includes:
 - "Facilitating communication and collaboration among Med-QUEST contractors, Project ECHO hubs, and other stakeholders."
- **Resource Dissemination:** The liaison can disseminate information about best practices in ECHO implementation, available resources, and funding opportunities.

3. Amend the Appropriation:

The appropriation should be tied to the *revised* duties of the liaison, emphasizing their role in supporting the incentivized ECHO model. The language should reflect the shift in focus from direct program management to facilitation and data analysis.

4. Clarify Roles in the Bill:

The bill should clearly delineate the roles of:

- **Med-QUEST:** Responsible for setting performance metrics, contracting with providers, overseeing the program, and making reimbursement decisions based on data.
- **Contractors:** Responsible for meeting performance metrics related to ECHO, working with hubs, and reporting data to the liaison.
- **ECHO Hubs:** Responsible for developing and delivering ECHO programs.
- **Liaison:** Responsible for supporting contractors, collecting and analyzing data, facilitating communication, and providing reports.

Example Language for Revised Liaison Duties:

"§304A- Medical education; liaison. (a) ...

(b) The medical education liaison shall be responsible for *supporting and facilitating the implementation of Project ECHO programs through Med-QUEST contractors and analyzing data related to program outcomes*. The liaison's responsibilities shall include:

- (1) Providing support and guidance to Med-QUEST contractors in meeting performance metrics related to Project ECHO;
- (2) Facilitating connections between Med-QUEST contractors and established Project ECHO hubs;
- (3) Assisting Med-QUEST contractors in navigating the contracting and reporting requirements for Project ECHO programs;
- (4) Collecting and analyzing data on Project ECHO program outcomes, including performance metrics established in Med-QUEST contracts;
- (5) Preparing reports on Project ECHO program effectiveness for Med-QUEST and the legislature;
- (6) Facilitating communication and collaboration among Med-QUEST contractors, Project ECHO hubs, and other stakeholders; and
- (7) Disseminating information about best practices in ECHO implementation, available resources, and funding opportunities."

By making these changes, the original bill can be reconciled with a results-driven approach. The liaison position becomes a valuable asset in supporting the *incentivized* ECHO model, ensuring accountability and facilitating communication rather than becoming a redundant layer of program management.

Thank you for your consideration.

HB-1279

Submitted on: 2/4/2025 11:55:54 AM

Testimony for HED on 2/5/2025 2:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|--------------|--------------|--------------------|------------------------|
| Anika Martin | Individual | Support | Written Testimony Only |

Comments:

Dear Chair Garrett, Vice Chair Amato and members of the committee

As written, the language supporting the liaison position at JABSOM is likely to add a needless layer of bureaucracy and won't further the development of meaningful ECHO programs in the state. It is important to note that the *current* Med-Quest contract includes language that commits the contract vendors:

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2. to promote Project ECHO® to providers, and
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One way to reconcile a results-oriented approach with the existing bill and its focus on the liaison position is to repurpose the liaison role. I recommend shifting the bill's focus from direct program management to supporting and facilitating the *incentivized* ECHO model. Here's how you can amend the original bill to reflect this revised strategy:

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- - "Providing support and guidance to Med-QUEST contractors in meeting performance metrics related to Project ECHO."
 - "Facilitating connections between Med-QUEST contractors and established Project ECHO hubs."
 - "Assisting Med-QUEST contractors in navigating the contracting and reporting requirements for Project ECHO programs."
- **Data Collection and Analysis:** The liaison becomes responsible for collecting and analyzing data on ECHO program outcomes, including the performance metrics established in the Med-QUEST contracts. This data will inform Med-QUEST's decisions regarding contractor reimbursement and program improvement. This includes:
 - - "Collecting and analyzing data on Project ECHO program outcomes, including performance metrics established in Med-QUEST contracts."
 - "Preparing reports on Project ECHO program effectiveness for Med-QUEST and the legislature."
- **Stakeholder Communication:** The liaison facilitates communication between contractors, ECHO hubs, Med-QUEST, and other stakeholders. This includes:
 - - "Facilitating communication and collaboration among Med-QUEST contractors, Project ECHO hubs, and other stakeholders."
- **Resource Dissemination:** The liaison can disseminate information about best practices in ECHO implementation, available resources, and funding opportunities.

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- **ECHO Hubs:** Responsible for developing and delivering ECHO programs.
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Example Language for Revised Liaison Duties:

"§304A- Medical education; liaison. (a) ...

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- (2) Facilitating connections between Med-QUEST contractors and established Project ECHO hubs;
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By making these changes, the original bill can be reconciled with a results-driven approach. The liaison position becomes a valuable asset in supporting the *incentivized* ECHO model, ensuring accountability and facilitating communication rather than becoming a redundant layer of program management.

Thank you for your consideration.

LATE

HB-1279

Submitted on: 2/4/2025 5:59:04 PM

Testimony for HED on 2/5/2025 2:00:00 PM

| Submitted By | Organization | Testifier Position | Testify |
|----------------|--------------|--------------------|----------------------|
| Daniel Saltman | Individual | Support | Remotely Via Zoom |

Comments:

Dear Chair Garrett and House Committee on Higher Education Members,

As written, the language supporting the liaison position at JABSOM is likely to add a needless layer of bureaucracy and won't further the development of meaningful ECHO programs in the state. It is important to note that the current Med-Quest contract includes language stating that "The Health Plans shall support Project ECHO, in accordance with the Health Plan Manual, including but not limited to, paying its fair share of administrative costs to Project ECHO programs serving Hawaii providers, as approved by DHS." Additionally, the contract commits the contracted Health Plans

1. to work collaboratively with Project ECHO® programs,
2. to promote Project ECHO® to providers, and
3. to support the evaluation of Project ECHO® programs.

These commitments have barely been manifest. For HB1279, an approach that builds on the existing contract language for Med-Quest providers could be more effective.

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