

**Testimony of the Board of Pharmacy**  
**Before the**  
**Senate Committee on Commerce and Consumer Protection**  
**Thursday, February 20, 2025**  
**9:30 a.m.**  
**Conference Room 229 and Videoconference**  
**On the following measure:**  
**S. B. 1279 S.D.1, RELATING TO PHARMACISTS**

Chair Keohokalole and Members of the Committee:

My name is James Skizewski, Executive Officer for the Board of Pharmacy (Board). The Board will meet on February 27, 2025 and take a position on this measure at that time. For now, the Board offers the following comments.

The purpose of this bill is to authorize a registered pharmacist under contract with a covered entity for purposes of the Federal 340B Drug Pricing Program to supervise via telehealth the filling or receipt of a prescription in certain circumstances.

This measure is similar to House Resolution 124, which was adopted in 2024 to demonstrate a method of expanding the accessibility and affordability of prescription drugs to vulnerable populations and rural communities throughout the state. In response to House Resolution 124, the Board was required to file a report on the Lanai Community Health Center Pilot Project (LCHC), which allowed the use of telepharmacy as described in the bill.

In the report, the Board acknowledged the potential positive impacts of telepharmacy on the consumers of this State, including increased access to healthcare, particularly in rural areas, and expanding potential benefits of pharmacies which participate in the federal 340B Drug Pricing Program. Through numerous extensions and expansions of the LCHC pilot project, the Board has supported LCHC and exemplified its willingness to facilitate the investigation of a telepharmacy initiative. In addition, the Board has provided comment on draft legislation related to the allowances made under the LCHC project, and noted concerns it may have with the surrounding processes.

However, the Board also identified that without proper implementation and assurances, the level of care being provided to patients through telepharmacy may not be equal to what is currently provided in face-to-face interactions with pharmacists in a pharmacy setting. In regard to the LCHC pilot project, the Board received testimony from a pharmacy on Lanai which is willing to work with the health center to provide a physical location for patients to receive services from a pharmacist in person, who is readily available during pharmacy business hours. Utilizing telepharmacy as designed in this project required patients to schedule a time to speak with an off-island pharmacist during limited time periods. This process created additional barriers and potential delays to medication counseling that do not currently exist. The Board does not believe that telepharmacy as represented in the project was in the best interest of the patient.

The Board further notes remote dispensing under certain circumstances as provided in Hawaii Revised Statutes section 461-10.5 was repealed, via Act 184, of the 2013 Legislative Session. The primary purpose of the repeal was to address the location of remote dispensing pharmacies near retail pharmacies, which created operational challenges for retail pharmacies.

Thank you for the opportunity to testify on this bill.



**Testimony to the Senate Committee on Commerce and Consumer Protection  
Thursday, February 20, 2025; 9:30 a.m.  
State Capitol, Conference Room 229  
Via Videoconference**

**RE: SENATE BILL NO. 1279, SENATE DRAFT 1, RELATING TO PHARMACISTS.**

Chair Keohokalole, Vice Chair Fukunaga, 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, Senate Draft 1, RELATING TO PHARMACISTS.

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

This bill, as received by your Committee, would 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.

**Testimony on Senate Bill No. 1279, Senate Draft 1**  
**Thursday, February 20, 2025; 9:30 a.m.**  
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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, Senate Draft 1**  
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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](mailto:eabe@hawaiiipca.net).



Senate Committee on Commerce & Consumer Protection  
Senator Jarrett Keohokalole, Chair  
Senator Carol Fukunaga, Vice Chair

Hearing Date: Thursday, February 20, 2025

**ACS CAN SUPPORTS SB 1279 SD1: RELATING TO PHARMACISTS**

Cynthia Au, Government Relations Director – Hawaii Guam  
American Cancer Society Cancer Action Network

Thank you for the opportunity to **SUPPORT** SB 1279 SD1: Relating to Pharmacists. This bill authorizes a registered pharmacist under contract with a covered entity for purposes of the federal 340B Drug Pricing Program to supervise via telehealth the filling or receipt of a prescription in certain circumstances.

The American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, non-partisan advocacy affiliate of the American Cancer Society advocates for public policies to reduce the cancer burden for everyone. ACS CAN supports telepharmacy as a method of expanding the accessibility and affordability of prescription drugs to vulnerable populations and rural communities throughout the state. Everyone should have equitable access to prescription medications.

The intent of the bill is to put into law Lanai Community Health Center's (LCHC's) Telepharmacy Project which ended on June 1, 2024 so patients have access to timely affordable prescription medications. Currently, almost 80 percent of the population of Lanai relies on LCHC for primary care services but might have to wait for certain prescription medications to be received by mail. Federal qualified health centers are federally funded nonprofit health centers or clinics that serve medically underserved areas and populations.

Thank you again for the opportunity to provide testimony in SUPPORT on this important matter. Should you have any questions, please do not hesitate to contact Government Relations Director Cynthia Au at 808.460.6109, or [Cynthia.Au@Cancer.org](mailto:Cynthia.Au@Cancer.org).



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**The State Legislature**  
**Senate Committee on Commerce and Consumer Protection**  
**Thursday, February 20, 2025**  
**Conference Room 229, 9:30 a.m.**

TO: The Honorable Jarrett Keohokalole, Chair  
FROM: Keali'i Lopez, State Director, AARP Hawai'i  
RE: Support for S.B. 1279 SD1 – Tele Pharmacy

Aloha Chair Keohokalole and Members of the Committee:

My name is Keali'i Lopez, and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 135,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families.

**AARP supports S.B. 1279, SD1 which authorizes a registered pharmacist under contract with a covered entity for purposes of the federal 340B Drug Pricing Program to supervise via telehealth the filling or receipt of a prescription in certain circumstances.**

This bill will directly benefits consumers, especially those on the neighbor islands including kupuna. The Lanai Community Health Center's tele pharmacy pilot project successfully demonstrated a prototype for other remote communities or areas facing health provider shortages throughout the state. Under the Lanai model, a licensed pharmacist located on the island of Maui was able to supervise Lanai Community Health Center staff via tele health technology with the filling and dispensing of prescriptions to patients at the LCHC campus. This allowed Lanai patients to receive their prescriptions and refills more quickly than if they had needed to wait for the medications to arrive through the mail.

Covered entities under the federal 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.

The passage of this bill will allow tele-pharmacy services such like Lanai Community Health continue to serve the island residents. Thank you very much for the opportunity to testify in support of SB 1279, SD1.

**SB-1279-SD-1**

Submitted on: 2/15/2025 10:48:42 AM

Testimony for CPN on 2/20/2025 9:30:00 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 support the passage of SB1279 SD1. Mahalo.

**SB-1279-SD-1**

Submitted on: 2/16/2025 4:17:30 PM

Testimony for CPN on 2/20/2025 9:30:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ruth Love	Individual	Support	Written Testimony Only

Comments:

I would like a clarification as to whom this bill considers a medically undeserved population.

Thank you,

Mrs Ruth Love

**2025 Hawaii  
Leadership Board**

Travis Kikuchi, *Chair*  
*Senior Vice President*  
*Central Pacific Bank*

Lori McCarney, *Immediate*  
*Past Chair Community*  
*Advocate*

Tricia Medeiros, *Past Chair*  
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*The Plaza Assisted Living*

Gina Fujikami, *MD*  
*The Queen's Medical*  
*Center*

Kai Ohashi,  
*Financial Advisor Edward*  
*Jones*

Michael Robinson,  
*Vice President Hawaii Pacific*  
*Health*

Kimberly Soares, *Vice*  
*President Atlas Insurance*

Gino Soquena,  
*Executive Director*  
*Hawaii Building and*  
*Construction Trade Council*

Gordon Takaki, *Past*  
*President Hawaii Island*  
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Cary Tanaka,  
*Past President*  
*Island Insurance*  
*Companies*

Caroline Witherspoon,  
*President Becker*  
*Communications*

LJ R. Duenas,  
*Executive Director*  
*Alzheimer's Association*

**Testimony to the Senate Committee on Commerce and Consumer  
Protection**

**Thursday, February 20, 9:30 AM Hawaii State Capitol, Conference  
Room 229, and Videoconference**

**RE: SB1279 SD1 – RELATING TO PHARMACISTS**

Chair Keohokalole and Members of the Committee,

Thank you for the opportunity to testify on the critical issue of standardizing cognitive assessment tests. My name is Coby Chock, Director of Public Policy and Advocacy for the Alzheimer's Association. I write in strong support of SB1279 SD1, Relating to Pharmacists, which will ensure access to prescription drugs in geographically isolated areas.

People living with dementia and Alzheimer's, along with their caregivers, rely heavily on these prescriptions to manage the symptoms of the disease. These medications are essential for maintaining their cognitive function, managing behavioral symptoms, and improving their overall quality of life. Without easy access to necessary medications, their health and well-being can significantly deteriorate, leading to increased hospitalizations and a higher burden on healthcare systems.

Geographically isolated areas often face unique challenges, including limited healthcare facilities and longer travel times to access medical services. This bill will help bridge the gap in healthcare access by allowing registered pharmacists to oversee the filling and receipt of prescriptions via telehealth. This provision ensures that individuals in remote locations can obtain the medications they need without undue hardship. By supporting this bill, we can provide much-needed relief to those affected by Alzheimer's and dementia, allowing them to live more comfortably and with dignity.

We urge you to support this bill and help improve the lives of individuals affected by Alzheimer's and dementia. Mahalo for the opportunity to testify in support! If you have questions, please contact me at 808-451-3410 or [ckchock@alz.org](mailto:ckchock@alz.org)



Coby Chock  
Director of Public Policy and Advocacy  
Alzheimer's Association - Hawaii

Feb. 20, 2025 9:30 a.m.  
Hawaii State Capitol  
Conference Room 229 and Videoconference

**To: Senate Committee on Commerce and Consumer Protection**

**Sen. Jarrett Keohokalole, Chair**

**Sen. Carol Fukunaga, Vice-Chair**

**From: Grassroot Institute of Hawaii**

**Ted Kefalas, Director of Strategic Campaigns**

COMMENTS IN SUPPORT OF SB1279 SD1 — 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 [SB1279 SD1](#), which would allow pharmacists serving certain eligible facilities and patients to supervise via telehealth the filling or receipt of prescriptions in certain circumstances.

The expanded use of telehealth that would be enabled by this bill unfortunately would be limited to pharmacists under contract with and helping patients at facilities designated as helping medically underserved communities as defined by federal law. But even with that limitation, SB1279 SD1 would represent an important step forward for telehealth in Hawaii.

Greater use of telehealth involving pharmacists would be an easy, practical way to mitigate the problems related to healthcare access and staffing shortages that have had a significant effect on healthcare in Hawaii. These issues are especially prevalent in rural areas and the underserved communities addressed in this bill.

We hope this bill will be the first of many to expand the use of telehealth in Hawaii.

Thank you for the opportunity to testify.

Ted Kefalas  
Director of Strategic Campaigns  
Grassroot Institute of Hawaii

**LATE**



LĀNA'Ī COMMUNITY HEALTH CENTER

**LATE**

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*The Community is our Patient -- men, women, children, uninsured, insured!*

February 19, 2025

**VIA UPLOAD TO:**

Hawaii State Legislature

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

To the Attention and Direction of Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

May it be known that Lanai Community Health Center, (LCHC), is located on the island of Lānaʻi, the smallest of the major Hawaiian Islands, spanning 140 square miles. The island has a history marked by transitions, as it has been purchased by various owners over time. Each transition brought changes in economic focus and lifestyle, significantly impacting the island's residents—a trend that continues today. These changes have shaped the current community, which is an eclectic mix of ethnicities and cultures, making Lānaʻi unique among rural communities in the U.S. A significant portion of the population is foreign-born (32%), with many immigrants, particularly from the Philippines, relocating to Lānaʻi through family sponsorships. Additionally, 10.3% of households face linguistic isolation (Hawaiʻi Department of Health, "State of Hawaiʻi Primary Care Needs Assessment Data Book, 2012").

LCHC's target population includes everyone on Lānaʻi, with a special focus on those living at or below 200% of the federal poverty level (33.6% of LCHC patients in 2017) and the underinsured or uninsured (12.7% of LCHC patients in 2017 were uninsured). LCHC provides culturally sensitive services, offering written and oral translations as needed, and no one is turned away due to an inability to pay. LCHC serves individuals of all ages, ethnicities, genders, and residency statuses—whether they are long-time residents, part-time residents, or newcomers. As a nonprofit organization and Federally Qualified Health Center (FQHC) with 330e status awarded in September 2007, LCHC has been providing clinical services since August 2008.

This health center receives funding from the U.S. Department of Health and Human Services (HHS) and holds Federal Public Health Service (PHS) deemed status concerning certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

The Health Center is centrally located at 333 Sixth St. in Lānaʻi City, where 95% of the island's population resides.

Lanai Community Health Center, FULLY AND UNEQUIVOCALLY **SUPPORTS** Senate Bill No. 1279, Senate Draft 1, RELATING TO PHARMACISTS.

Lanai Community Health Center, without encumbrance and in unanimous support from the Board of Directors, urges and pleads the Hawaii State Legislature to **SUPPORT** Senate Bill No. 1279, Senate Draft 1, RELATING TO PHARMACISTS.

This bill, in spirit and intent, has direct correlation to support the mission of Lanai Community Health Center, as made evident in past practice by our approval pursuant to §461-4.5 HRS, to conduct and pilot a demonstration project in telepharmacy.

Whereas 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; is imperative to Lanai Community Health Center. In the similitude of the regulatory standards and principles of patient choice, LCHC freely elects to serve our community, especially those underserved and those underinsured to receive this life altering ability to engage



*The Community is our Patient -- men, women, children, uninsured, insured!*

with telepharmacy: LCHC has made evident and proved the feasibility and prudence in compliance this is an optimal solution.

Under the aforementioned project design, 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.

May it be known despite LCHC's overwhelming 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.

Whilst LCHC supports this Bill unequivocally, the support is not self-satisfying: LCHC has a vested commitment to our community and to the larger community of Hawaii. LCHC has piloted this program to demonstrably show that other rural areas, such as Hana, Maui, or Kaunakakai, Molokai can sustain a program in similitude.

LCHC has remained a trailblazer in the realm of tele-health, and this is beyond mere proxy or extension—this integral Bill would allow us as a covered entity under the 340B Program to operate a pharmacy via telepharmacy.

It is with fervent intent, inclusive of all listed in re, LCHC beseeches your favorable consideration of this measure, and your ability to bring this measure to ratification.

LCHC appreciates the opportunity and civic delegation to testify. Should you have any questions, or can LCHC be able to provide further clarity in this matter, please do not hesitate to contact the undersigned via the method so listed in signature.

Sincerely,

Jacey Laborte  
Executive Director  
jlaborte@lanaihealth.org  
808-649-5407