



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

April 1, 2009

MEMORANDUM

TO: Honorable Marcus R. Oshiro, Chair
House Committee on Finance

FROM: Lillian B. Koller, Director

SUBJECT: **S.B. 568, S.D. 2, H.D. 1 – RELATING TO ELECTRONIC PRESCRIPTIONS**

Hearing: Wednesday, April 1, 2009, 2:00 p.m.
Conference Room 308, State Capitol

PURPOSE: The purpose of this bill is to establish the electronic prescription task force to develop a plan to implement an electronic prescription drug program not later than 7/1/11.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) supports the intent of this bill, provided its passage does not adversely impact nor replace the priorities in the Executive Biennium Budget.

Electronic prescribing is an excellent first step, but implementing an informatics infrastructure will require widespread adoption of electronic health records (EHR), health information exchange, master patient index for interoperability, and incentives to share clinical information for true inter-connectedness. The American Recovery and Reinvestment Act of 2009 (ARRA) provides funding to support implementation of health information technology (HIT), and maximizing this funding will require expediency.



DHS is currently promoting HIT through two transformation grants it has received. The first is developing a web-based registry of EPSDT data so any provider can view what services are due for the children they see. The second is with the University of Hawaii to develop a low-cost open source EHR that includes an e-prescribing module.

HIT is the essential component for improving quality of care while also making it more affordable. Quality of care is improved by the use of registries for proactive care for prevention and chronic disease management and by decision support and reminders. Patient safety is improved by checking for adverse reactions and drug-drug interactions through electronic prescribing, as well as avoiding the incorrect filling of a nearly illegible hand-written prescription. And efficiency is improved by not needing to spend time locating or filing paper charts, and by decreasing duplication of imaging, laboratory, or other testing since the original results would be readily available.

DHS fully supports HIT as the future way to pay for health outcomes rather than processes of care. HIT allows the sharing of meaningful clinical information instead of the crude administrative data of claims that are designed for payment. For example, it's much more important to know if a diabetic's blood sugar is under control rather than knowing that you paid for the test. Reforming payment methodology to reimburse based on patient-oriented outcomes will allow value-based purchasing, reduce waste, and likely allow for increased payment rates.

In summary, DHS strongly supports electronic prescribing, but its implementation should be coordinated within the broader framework of establishing a Statewide HIT infrastructure.

DHS defers to the Department of Health regarding the cost and implementation of this bill.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Finance

SB 568, SD 2, HD 1, RELATING TO ELECTRONIC PRESCRIPTIONS

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

**April 1, 2009
2:00 pm**

1 **Department's Position:** The Department favors the use of e-prescriptions, but opposes the added
2 duties and expenses in the bill in these difficult economic times.

3 **Fiscal Implications:** As yet unquantified funds to support the proposed task force.

4 **Purpose and Justification:** This bill seeks to create a task force to develop a plan to establish and
5 implement the use of an electronic prescription drug program by pharmacists, physicians, and others
6 authorized to prescribe or dispense prescription drugs in the State by July 1, 2011.

7 The Department supports the collaborative work of stakeholders in this measure; however we
8 have serious reservations about providing resources to support this measure as currently written.

9 Electronic prescriptions are already allowed under state law and are already being utilized by
10 pharmacists and practitioners statewide. HRS Chapter 489E allows electronic transactions to occur in
11 the State, and HRS Chapter 328 allows pharmacists to accept electronic prescriptions from prescribing
12 practitioners. We view the intent of the bill as fostering the greater use of e-prescriptions, rather than
13 allowing its use.

1 If the bill advances, it should contain the option of recruiting expertise from other agencies and
2 stakeholders not currently indicated and we recommend incorporating language from SB 568, SD 2 as
3 follows:

4 “(11) Other state agencies and interested stakeholders, as deemed appropriate by the
5 director of health or the director’s designee.”

6 We must object to providing resources to support this task force when our budget is under such
7 great pressure. Personnel and financial resources would be better utilized in other areas.

8 Thank you for the opportunity to testify.

POLICY ADVISORY BOARD FOR ELDER AFFAIRS (PABEA)
NO.1 CAPITOL DISTRICT
150 SOUTH HOTEL STREET, SUITE 406
HONOLULU, HAWAII 96813

TO: House Committee on Finance

March 31, 2009

Fax 586-6001

FROM: Bruce McCullough
Legislative Committee, PABEA

FOR: COMMITTEE ON Finance
Rep, Marcus R. Oshiro, Chair
Rep. Marilyn B. Lee Vice Chair

RE: SB 568 SD2 HD1 Relating to Electronic Prescription Task Force

DATE: Wednesday, April 1, 2009

TIME: 2:00 PM

PLACE:RM 308

I am offering testimony on behalf of PABEA, which is a State appointed Board tasked with advising the Executive Office on Aging (EOA). My testimony does not represent the views of the EOA, but of the board.

PABEA is in strong support of this proposed legislation.

This bill is a good step forward toward establishing a first class electronic prescription program for our state. The program should be modeled after the successful plan in the State of Minnesota.



Testimony of
Phyllis Dendle
Director of Government Relations

House Committee on Finance
The Honorable Marcus R. Oshiro, Chair
The Honorable Marilyn B. Lee, Vice Chair

April 1, 2009
2:00 pm
Conference Room 308
Agenda #5

SB 568 SD2 HD1 RELATING TO ELECTRONIC PRESCRIPTIONS

Chair Oshiro and committee members; thank you for this opportunity to provide testimony on this bill which creates a task force to develop a plan to establish and implement the use of an electronic prescription drug program.

Kaiser Permanente Hawaii supports the bill and we also request to be appointed to the task force.

Kaiser Permanente Hawaii was an early leader in implementing an electronic medical record system that permitted us to manage our prescriptions electronically. Because of our experience and our unique structure we request to be specifically included on the task force. We are not a member of the Hawaii Association of Health Plans therefore will have no representation on the taskforce unless so designated.

Thank you for your consideration.



March 31, 2009

Representative Marcus Oshiro
Chair, House Committee on Finance
Hawaii State Capitol, Room 306

Re: S.B. 568, S.D.2, H.D.1 – Relating to Electronic Prescriptions

Hearing: Wednesday, April 1, 2009 at 2:00 p.m.

Dear Chair Oshiro and Members of the Committee on Health:

I am Mihoko Ito, an attorney with Goodsill Anderson Quinn & Stifel, testifying on behalf of Walgreen Co. ("Walgreens"). Walgreens operates more than 6,600 locations in 49 states the District of Columbia and Puerto Rico and utilizes leading-edge technology to ensure the safety and well-being of its patients.

Walgreens **supports the intent** of S.B. 568, S.D.2, H.D.1 which establishes an electronic prescription task force to develop a plan to implement an electronic prescription drug program not later than 2011.

Electronic Prescribing ("e-Prescribing") is the use of a secure automated data entry system to generate a prescription, rather than writing it on paper. The benefits of e-Prescribing include the following:

- Improved patient safety through the generation of legible prescriptions that have been checked for drug-drug interactions, drug-allergy interactions and drug-disease interactions;
- Benefits to pharmacy benefit managers and employers through better adherence to the plan formulary; and
- Streamlined communication between the pharmacist and the prescriber that reduces calls for clarifications and improved pharmacy performance through streamlined prescription dispensing and fewer errors.

These benefits have been realized within the pharmacy industry, with over 70% of community pharmacies adopting e-prescribing protocols (Source: National Association of Chain Drug Stores or "NACDS").

e-Prescribing technology has been made easy to use, through user-friendly interfaces and handheld wireless devices. This technology can also hold information on medical records and third party transactions.



e-Prescribing Benefits Patients

Of the 1.5 million Americans that are injured by medical errors each year, 25% of these are considered preventable. For this reason, the Institute of Safe Medication Practices calls for universal adoption of e-prescribing practices to reduce medical errors and adverse drug events (2006). In addition, e-prescribing may reduce the cost of patient medications as prescribers are able to check their drug choices against the pharmacy benefit manager's or insurer's formulary, which can ensure reduced drug costs for both the employer and the patient.

e-Prescribing Benefits Prescribers

Only 6% of office based physicians are e-prescribers today. However, the benefits of e-prescribing will ultimately outweigh the cost of fully implementing an e-prescribing system. Increased accuracy and safeguards can lead to increased safety within established prescribing practices. One industry estimate suggests that pharmacies make more than 150 million calls each year to prescribers to clarify hand-written prescriptions, reducing the number of call-backs can lead to less inefficiencies in the prescriber work-flow. As the number of prescribing errors decreases, prescribers may find financial benefits due to reduced malpractice claims. Indeed, insurers may well offer benefits to prescribers such as discounted premiums for implementation of e-prescribing systems.

Payors Should Incentivize e-Prescribing

Payors are a major beneficiary of e-prescribing practices, as patients are better able to adhere to the plan formularies. Payors will also benefit from the ability to track patient compliance to physician orders through medication orders. The federal Centers for Medicare and Medicaid Services or "CMS" has seen these benefits and has provided over \$100 million to state Medicaid programs to encourage e-prescribing.

For the foregoing reasons, Walgreens supports this bill and asks for your favorable consideration.

Thank you very much for the opportunity to testify.