

LATE

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

March 17, 2009

The Honorable Ryan Yamane, Chair
The Honorable Scott Nishimoto, Vice Chair

House Committee on Health

Re: SB 585 SD2 – Relating to Remote Dispensing

Dear Chair Yamane, Vice Chair Nishimoto and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SB 585 SD2.

This measure would expand the ability of individuals in remote areas to gain access to their prescription medications in their own community. Through the use of state-of-the-art telecommunications technology, pharmacists are able to dispense medications to patients at a distance. Telepharmacy will help expand access to quality health care to primarily rural and medically underserved areas.

Thank you for the opportunity to testify today.

Sincerely,

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

Jennifer Diesman
Assistant Vice President
Government Relations

LATE

HOUSE OF REPRESENTATIVES
THE TWENTY-FIFTH LEGISLATURE
REGULAR SESSION OF 2009

COMMITTEE ON HEALTH
Rep. Ryan I. Yamane, Chair
Rep. Scott Y. Nishimoto, Vice Chair

Rep. Della Au Belatti	Rep. John M. Mizuno
Rep. Joe Bertram, III	Rep. Maile S.L. Shimabukuro
Rep. Tom Brower	Rep. Lynn Finnegan
Rep. Mele Carroll	

DATE: Tuesday, March 17, 2009
TIME: 8:30 a.m.
PLACE: Conference Room 329
State Capitol
415 South Beretania Street

SB 585, SD2

Authorizes remote dispensing pharmacies to provide medications to patients with health insurance coverage; allows remote dispensing pharmacies to dispense controlled substances.

Good Morning Chair Yamane and members of the Committee on Health.

My Name is Kevin Glick, and I am a community pharmacist with 27 years experience in owning and operating pharmacies. Currently I own two community pharmacies on Kauai. **Along with 15 other independently owned community pharmacies across the state I am writing to urge this committee to hold this bill in committee to provide more time for community dialog.**

Initially SB585 was introduced to provide the ability to utilize remote dispensing on islands without a pharmacy such as Lanai. On initial examination this would seem a viable option for the provision of these services. We support the testimony of the Department of Public Services that if a Kiosk is put into operation, it must be closed down once a traditional pharmacy is in place.

The Kiosk is not required to have a pharmacist physically present, has a very restricted selection of medications with a limited inventory. It is for this reason the bill passed in 2008 had a 5 mile restriction for the placement of remote dispensing kiosks, in order to afford an opportunity for the establishment of a traditional pharmacy practice to provide for the complete needs of a resident population in a community.

SB585 was amended on the recommendation of Kaiser Foundation to allow for the operation of these remote dispensing kiosks without the restrictions wisely placed in the original bill from 2008.

This amended bill will allow for the dispensing of medications in any "facility" operated by an HMO to both their members and family members. Additionally the sunset provision has also been removed to allow this radical change in the practice of pharmacy law permanent status.

We know there is currently an access problem for Kaiser members who need medications in remote areas of both Oahu and the outer islands. In truth with the exception of Hana on Maui, Kalulapapa and Lanai, all substantial population areas are well served by pharmacies, both independently owned and medium to large chain stores such as Longs and Wal-Mart. Currently Kaiser has contracts with the majority of these pharmacies offering their members the widest possible range of hours of operation and selection of medications, both as part of Kaisers small restricted formulary as well as other frequently needed medications not available in Kaiser owned pharmacies. So in the event a physician orders a medication not on the Kaiser drug list, it will most likely be available from one of these contracted community pharmacies. Also please note that the hours of operation currently available to Kaiser members under this arrangement far exceeds what would be available with their proposed remote dispensing model.

The State of Hawaii has invested in the College of Pharmacy and an imminent graduation of Hawaii's first group of pharmacists, and the substantial investment we as a state have made to accomplish this. These graduates will greatly help the growth of qualified dispensing.

The term qualified or trained technician is used to describe the "human" technician proposed to be physically present during hours of operation. It has been completely overlooked that there is no current formal requirements for training and to verify the qualifications of these technicians. There is NO state requirement for training, or examination prior to being deemed "qualified" to render care to the HMO members. Without formalized training and licensure requirements, what responsibility really rests with these lay technicians to provide safe pharmaceutical care? Without a license to lose are they really responsible?

It is untrue that the remote dispensing system is comparable in safety and quality to the care rendered in a traditional pharmacy. The assertion is made that

the "video" link adequately provides for the observation and interaction between the patient and a pharmacist in a booth perhaps a hundred miles away. Even on its surface the statement is dangerous. For example:

- Can a pharmacist smell ketones on a diabetic's breath through a video link?
- If a person has a prescription refillable for a year for a blood thinner such as Coumadin, will the video image be clear enough to transmit minute bleeding in the patients eyes, or in the folds of their arms?
- These are but two examples of the observations made on a daily ongoing basis as part of a pharmacists profession. Through direct patient interaction during our clerkships, externships and internships with the assistance of learned clinicians pharmacists are taught the professional aspects of patient care. The minimum acceptable period for this training is 2000 directly observed hours before licensure as a pharmacist is granted.

Currently I am part of more than 15 independent pharmacists practicing across the State of Hawaii who are in the process of organizing ourselves into the Hawaii Community Pharmacists Organization. We believe that by creating a community based pharmacist organization we can best serve the needs safely in the state of Hawaii for patients in the community setting. As such we have also been developing a plan to provide the previously underserved areas of Hawaii with a traditional pharmacy practice. For the above reasons I ask that you hold this bill. Our organization will report back with solutions which adequately address these needs without placing the public's health and welfare at risk.