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In reply, please refer to:  
File:

### House Committee on Health

### SB 2811, SD 2, RELATING TO PHARMACIES

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

March 16, 2010  
9:30am

- 1 **Department's Position:** We respectfully oppose the bill's amendment of HRS Chapter 328.
- 2 **Fiscal Implications:** The administrative costs of enforcement are as yet unquantified.
- 3 **Purpose and Justification:** In part, this bill amends HRS Chapter 328 to require that prescription  
4 records shall be maintained electronically.
- 5 We defer to the Department of Commerce and Consumer Affairs' Board of Pharmacy regarding  
6 the proposed change to HRS Chapter 461, which in part requires pharmacies to have the capacity to  
7 receive and transmit electronic prescriptions. There is a difference between recordkeeping and sending  
8 and receiving prescriptions.
- 9 This bill will impact every medical practitioner, pharmacist, and medical oxygen distributor that  
10 dispenses prescription drugs by taking away their option to electronically keep prescription records and  
11 making it mandatory. Previous committee reports find that this measure will improve patient safety.  
12 However, it is still unclear exactly how the maintenance of this data in electronic form will improve  
13 patient safety when there is no requirement for compatibility with other health care providers' electronic  
14 data capturing systems.

1 Current requirements found in HRS 328-17.7 simply require those that dispense prescription  
2 drugs to capture certain data as it pertains to what drug was dispensed, the strength, dosage form,  
3 quantity, directions for use, date prescribed, date dispensed, dates of subsequent refills, who prescribed  
4 the drug, who dispensed the drug, and who received the drug.

5 In short, it is a record which identifies what occurred and who was involved in the dispensing of  
6 a prescription drug. It is not, however, the *prescription order* issued by the practitioner.

7 Although we generally support the greater use of electronic records in health care, and while  
8 some pharmacies may already have all or part of their records in an electronic form, the Department  
9 believes mandating electronic recordkeeping will not by itself inherently increase public safety.  
10 Prescription records are required to be preserved and legible for at least five years. Both a properly  
11 maintained manual system and an electronic recordkeeping system can meet this requirement.

12 We acknowledge that an electronic recordkeeping system could provide information faster and  
13 perhaps more efficiently; however smaller pharmacies without a current electronic recordkeeping  
14 system would be financially burdened by having to purchase new software/hardware to meet the  
15 proposed amendments. We do not believe public safety or the security of patient information would be  
16 negatively impacted as long as a manual or electronic system meets the current requirements of HRS  
17 Chapter 328, Section 328-17.7.

18 As a practical matter, if electronic recordkeeping systems become mandatory, specific database  
19 formats would need to be selected to ensure compatibility between pharmacies and the physicians  
20 submitting electronic prescriptions, and to ensure prescription records include prescription information  
21 as well as information required by HRS Chapter 328, Section 328-17.7.

22 We acknowledge the effective date of July 1, 2050, in encouraging further discussion on this  
23 measure. Adequate time should be given to allow pharmacies with manual recordkeeping systems to  
24 switch to electronic recordkeeping, and also comply with the proposed change to be able to receive

1 electronic prescriptions under Chapter 461. The acquisition and implementation of a significant  
2 computer system can take time, especially if good planning is used and if the user's system must interact  
3 with other parties' systems.

4 We ask that the bill be held.

5 Thank you for the opportunity to testify.

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**MEMORANDUM**

**TO:** Representative Ryan I. Yamane  
Chair, Committee on Health  
*Via Email: [HLTestimony@Capitol.hawaii.gov](mailto:HLTestimony@Capitol.hawaii.gov)*

**FROM:** Mihoko E. Ito

**DATE:** March 15, 2010

**RE:** **S.B. 2811, SD2- Relating to Pharmacies**  
**Hearing: Tuesday, March 16, 2010 at 9:30 a.m.**

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Dear Chair Yamane and Members of the Committee:

I am Mihoko Ito, an attorney with Goodsill Anderson Quinn & Stifel, testifying on behalf of Walgreen Co. (“Walgreens”). Walgreens operates and offers immunization services in all 50 states, the District of Columbia and Puerto Rico. In Hawai‘i, Walgreens now has 9 stores on the islands of Maui and Oahu.

Walgreens **submits comments** regarding S.B. 2811, SD2, which requires all pharmacies and remote dispensing pharmacies to have the capacity to accommodate electronic prescriptions, and requires all pharmacies and dispensing pharmacies to maintain prescription records electronically.

**Walgreens supports the amendment made in the Senate to “accept and transmit prescription information electronically or by facsimile. . .”**

Walgreens generally supports the use of technology to improve the safety and well-being of its patients. However, the requirement for providers to transmit prescriptions only by electronic means cannot be accomplished within the present system. Walgreens is capable of transmitting electronic prescriptions within its own system, but to transmit prescription information from a Walgreens pharmacy to a provider outside of its system, Walgreens’ present practice is to do so by facsimile. This facsimile method is

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common practice, because different providers have systems that, due to their different technologies, cannot communicate directly with one another and are not capable of handling electronic transmission.

Because there are technological limitations to requiring electronic transmission of prescriptions in the true electronic format in which they are received via a physicians e-prescribing system, at this time, Walgreens respectfully requests that language relating to the transmission of prescription information by facsimile be retained.