Additional chart from DLIR Testimony

State	Brand Rate	State Fee Schedule Detail - Generic Rate	State	Brand Rate	Generic Rate
AZ	AWP - 5% + \$7.00	AWP - 15% + \$7.00	AK	AWP + \$5.00	AWP + \$10.00
CA	AWP - 17% + \$7.25	AWP - 17% + \$7.25	AL	AWP + 5% + \$8.92	AWP + 5% +\$11.58
DE	AWP - 18.2% + \$3.72	AWP - 25.6% + \$4.65	AR	AWP + \$5.13	AWP + \$5.13
KS	AWP - 10% + \$3.00	AWP - 15% + \$5.00	CO	AWP + \$4.00	AWP + \$4.00
MA	AWP - 16% +\$3.00	AWP - 16% + \$3.00	СТ	AWP + \$5.00	AWP + \$8.00
MI	AWP - 10% + \$3.50	AWP - 10% + \$5.50	FL	AWP + \$4.18	AWP + \$4.18
MN	AWP - 12% + \$3.65	AWP - 12% + \$3.65	GA	AWP + \$4.31	AWP + \$6.45
MT	AWP - 10% + \$3.00	AWP - 25% + \$3.00	HI	AWP + 40%	AWP + 40%
NC	AWP - 5%	AWP - 5%	ID	AWP + \$5.00	AWP + \$8.00
NM	AWP - 10% + \$5.00	AWP - 10% + \$5.00	KY	AWP + \$5.00	AWP + \$5.00
NY	AWP - 12% + \$4.00	AWP - 20% + \$5.00	LA	AWP + 10% + \$10.51	AWP + 40% + \$10.51
OH	AWP - 9% \$3.50	AWP - 9% + \$3.50	MS	AWP + \$5.00	AWP + \$5.00
ОК	AWP - 10% + \$5.00	AWP - 10% + \$5.00	ND	\$4.00 dispensing fee	\$4.00 dispensing fee
OR	AWP - 16.5% + \$2.00	AWP - 16.5% + \$2.00	NV	AWP + \$10.54	AWP + \$10.54
RI	AWP - 10%	AWP - 10%	PA	AWP + 10%	AWP + 10%
WA	AWP - 10% + \$4.50	AWP - 50% + \$4.50	SC	AWP + \$5.00	AWP + \$5.00
WY	AWP - 10% + \$5.00	AWP - 10% + \$5.00	TN	AWP + \$5.10	AWP + \$5.10
Federal	AWP - 15% + \$4.00	AWP - 40% + \$4.00	ТХ	AWP + 9% + \$4.00	AWP + 25% + \$4.00
Federal	AWP - 10% + \$4.00	AWP - 25% + \$4.00	VT	AWP + \$3.15	AWP + \$3.15
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	Work Injury Medical Association of Hawaii
WIMAH	Work Injury Medical Association of Hawaii
2909 Waialae Avenue #01 Honolulu, HI 96826	March 17, 2017
wimah808@gmail.com	To: Sen. Rosalyn Baker, Chair Sen. Clarence Nishihara, Vice-Chair Members of the Committee on Commerce, Consumer Protection and Health
BOARD OF DIRECTORS	Date: Friday, March 17, 2017 Time: 9:30 a.m. Place: Conference Room 229
Scott J. Miscovich, MD President and Director	Re: HB 1181 HD 2—Strongly Oppose
	Dear Honorable Chair Baker and Distinguished Committee Members
Gary Okamura, MD Vice President and Director	As one of the doctors in our community who still accepts injured workers I urge you to discard this measure as the anti-patient/anti-provider measure it will be.
Chris Taylor, MD Co-Secretary and Director	Reducing patient access to point-of-care dispensing is antithetic to best care practices and undermines the medical surveillance required for a number of reasons. Importantly, it insures that the patient gets the medication prescribed by the doctor under close supervision. Just last week I had a patient on crutches and in pain drive to four different pharmacies before finally getting his medication. This is not uncommon. The convenience and compassion of saving a mobility-challenged patient from another errand cannot be overstated.
Kerrey Taylor, DO, MBA Co-Secretary and Director	Regarding pricing, <u>since the statutory compromise of fees three years ago, today doctor-dispensed</u> <u>medicines are on a par with, pharmacy filled drugs.</u> There are industry reports indicating that pharmacies fill more costly brand medications than physician dispensers, because physician's dispensers tend to dispense lower cost generics than the pharmaciesWorking with the newly formed Work Injury Medical Association of Hawaii (WIMAH) we have established standards of dispensing with <u>formularies heavily</u>
Ira Zunin, MD Treasurer and Director	weighted with less expensive generics, have strongly discouraged using over-priced "compounded" topicals in favor of much more reasonable derm-applied agents and have professionally discouraged other non-WIMAH members dispensing doctors, thru the WIMAH peer review process, where possible gouging and/or impropriety are taking place.
Scott McCaffrey, MD Director	WIMAH members likewise embrace and are in compliance with recommendations from the Governor's Narcotics Taskforce with risk assessment screening, patient contracting and urinary drug screening to prevent both abuse and possible diversion of opioids to the street.
	Finally, I want to assure all legislators, payers and regulators that we are in constructive talks with key insurers at this time to address, not just responsible dispensing, but many other areas in the work comp process where constructive, mutual cooperation can overcome the conflict, inefficiencies and injustices that currently plague the system. We are front line witnesses that inefficiency and needless conflict are the true historic cost drivers in workers comp and that these can be overcome thru collaboration and Aloha.
WIMAH Tax ID	With this and all bills negatively affecting patients and doctors I ask for your support. <u>We need your help</u> <u>bringing more physicians into the underserved arena field of workers' comp</u> to make recruiting of new providers easier, not harder and to engage and bring back into the system some of the 90% of local physicians who currently opt out.
46-0870762	Finally, a functional workers' compensation system safety net is essential in saving those hurt in the line of duty from becoming additions to our homeless problem. Every day we are reminded of the potential tragic endpoint when those injured and impaired from work cannot return to productivity.
	Following please find the signatures of 140 injured workers that oppose HB1181.

Thank you very much, Scott McCaffrey, MD Past President, Current Board of Directors .





March 17, 2017

 To: The Honorable Rosalyn H. Baker, Chair The Honorable Clarence K. Nishihara, Vice-Chair And Members of the Senate Committee on Commerce, Consumer Protection, and Health
Date: March 17, 2017

Time: 9:30 AM

Place: Conference Room 229

Re: HB 1181 HD2 Relating to Workers' Compensation Prescription Drug Reimbursement

Chair Baker, Vice-Chair Nishihara, and Members of the Committee:

My name is Kris Kadzielawa and I am the Managing Director for Solera Integrated Medical Solutions. My company provides payment integrity services to workers' compensation and automobile insurance programs.

We Strongly SUPPORT this measure with amendments.

HB 808 seeks to limit physician dispensed drugs to 90 days following the injury. We would support a tighter limit of 10 days or even 3 days – like in Texas. This would allow an adequate amount of time for the injured worker to obtain their prescription drugs from a pharmacy.

We fully support the proposed AWP – 10% pricing for prescription drugs.

With pharmacies so abundant in our state, physician dispensing seems superfluous. We believe it is trying to solve a problem that doesn't exist. Instead, physician dispensing has brought extravagant prescription drug pricing to our market and thousands of bill disputes upon the Department of Labor and Hawaii employers. 96% of the bill disputes my company deals with are due to physician dispensed drugs. For the 14 years prior to physician dispensed drugs, we never had a single drug related dispute with any pharmacy or provider. Since physician dispensing entered the market, we have had hundreds.

The reason why there are so many Bill Disputes regarding Physician Dispensing is because of the following:

 Very pricy creams: Example: \$750 for a tube of 3% lidocaine which is of <u>lesser</u> strength than the 4% lidocaine you can buy over the counter at Longs for \$10. Several tubes of this can add thousands of dollars to an otherwise inexpensive claim.

- 2) Off label medication at high price: Example: Ondansetron a very strong medication to treat nausea for chemotherapy or radiation therapy patients, is being prescribed for nausea from taking pain killers or for nausea prevention after surgery to patients with no documented history of post op nausea. Never before had we seen this medication prescribed routinely postoperatively. Oftentimes the charge for the Ondansetron prescription is higher than the surgical procedure. 30 pills are billed at \$1,030.
- 3) The incentive for the dispensing physician is to prescribe/dispense the most expensive drug.

Thank you for the opportunity to testify on this measure.

Mahalo

Managing Director Solera Integrated Medical Solutions 841 Bishop Street, Suite 2250 Honolulu, Hawaii 96813

FRANK IZUTA M.D.

March 16, 2017

LATE

Sen. Rosalyn Baker, Chair Sen. Clarence Nishihara, Vice-Chair Members of the Committee on Commerce, Consumer Protection and Health

Dear Senator Baker, Senator Nishihara and the Members of the Committee on Commerce, Consumer Protection and Health,

I oppose HB1181 HD2 for several reasons.

First, the ability to dispense medication from a treating physician's office improves patient care. It insures the patient has the medication he or she needs to treat their condition and obviates the inconvenience of waiting in line at a pharmacy or worse, not being able to get the medication at all because of authorization snafus.

Secondly, I have repeatedly been told that the cost of medication dispensed by physician's offices is far higher than pharmacy filled prescriptions. I have asked insurers multiple times to show me the difference in cost between the most commonly prescribed medications. I specifically asked if they could forward me charges from a pharmacy and charges from my office so I could compare them. To date, that information has not been forthcoming and I can only conclude that the disparity is not as significant as they would have everyone believe. Yesterday, at the WIMAH conference multiple speakers stated that currently there really is no difference in the cost of medication dispensed at a physician's office or filled at a pharmacy. Despite dozens of workers compensation insurance company employees in attendance no one refuted or challenged the veracity of these statements.

Thirdly, treating an injured worker is not the same as going to your family physician for a cold or to get your blood pressure checked. In order to treat an injured worker successfully a physician needs some degree of proficiency in internal medicine, orthopedics, neurology, pain management, psychology, ergonomics and industrial health. It requires a familiarity with OSHA rules and regulations as they apply to an injured worker. A physician who does not understand the difference between first aid and medical treatment can do a great disservice to an employer by causing a claim to needlessly become an OSHA recordable event. There currently is no provision to compensate a physician for the additional time and paperwork required to manage a claim and treat an injured worker. It is the reason why fewer and fewer physicians are accepting worker's compensation cases. You only have to ask your constituents if this is true. Put yourself in and injured workers shoes, open the phone book, look under physicians in the Yellow Pages and dial some numbers. Try family practice, internal medicine, ear, nose and throat, general surgery, orthopedic surgery, plastic surgery, dermatology and neurology. Asked them if they will serve as the primary care provider for a workers compensation claim or if they even accept workers compensation patients. I truly believe you will be shocked at what you find. If the ability to dispense medication is limited and the compensation dispensed is reduced, more physicians will stop seeing injured workers because it simply is not economically feasible to do so.

Finally, over the past couple of years the insurers have become increasingly aggressive demanding that physicians write prescriptions that are filled by mainland mail order pharmacies. They have worked out a deal and get a percentage discount over what local pharmacies and physician's offices charge for medication. They will always be able to undercut what we charge because they do not have the overhead associated with doing business in Hawaii. Please do not allow mainland companies, who have no interest in helping our injured workers, to profit at the expense of our local pharmacies and physicians.

HB1181 HD2 will not help our injured workers, will not reduce costs, will further discourage physicians from treating injured workers and will ultimately result in poorer healthcare for our Worker's Compensation population.

Sincerely,

Frank Izuta M.D.

To: Sen. Rosalyn Baker, Chair Sen. Clarence Nishihara, Vice-Chair Members of the Committee on Commerce, Consumer Protection and Health



Date: Friday, March 17, 2017 Time: 9:30 a.m. Place: Conference Room 229

OPPOSITION TO HB 1181 HD2

My name is Cathy Wilson and I am an advocate for injured workers and the providers that take care of them. I would like to submit the following testimony in opposition to HB1181 HD2.

1) Problems With Limiting Physician Dispensed Medication

- There is no policy justification for forcing injured workers in Hawaii to get their medication from the pharmacy instead of their physician.
- Limiting injured workers' ability to obtain medication directly from their physician interferes with the doctor-patient relationship.
- When doctors dispense, patients can begin their medication treatment immediately.
- HB 1181 HD2 ignores the fact that workers' compensation is not like regular healthcare; filling a prescription at a pharmacy can be far more difficult.
 - Most pharmacies will deny filling prescriptions altogether if they do not have a confirmed claim number, which has taken the DLIR over 8 weeks to have assigned to the patient. {Guardian Study 2016] This causes longer delays before the employee returns to work.
 - Interfering with an injured worker's ability to fill a prescription through a physician can create significant additional hardships on the worker and does nothing to curtail costs.

2) Problems With Reducing the Reimbursement Rate

• In 2014, Act 231 changed the reimbursement rate for medications and created one fee schedule for "all forms of prescription drugs including repackaged and relabeled drugs." In doing so, the cost of physician dispensed medication was dramatically reduced.

- Physician dispensed medication and pharmacy dispensed medications currently have the same reimbursement fee schedule.
- Since the passage of Act 231, the percentage of medical payments in Hawaii attributable to medications is <u>less than 14%</u> of all medical payments.
 - National Council on Compensation Insurance (NCCI) projects the national average for pharmacy payments at 17%.
- We have a physician shortage here in Hawaii. There are even less physicians in Hawaii willing to take Workers' Comp patients due to the low reimbursements and increased administrative work compared to other patient types.
- How will reducing the reimbursement rate for physician dispensing help improve physicians willing to take these types of patients?

Mahalo for the opportunity to submit testimony in opposition to HB 1181 HD2.

Cathy Wilson





91-2135 Fort Weaver Road, Suite 170, Ewa Beach, HI 96706 Phone: (808) 676-5331 • Fax: (808) 671-2931

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91-2135 Fort Weaver Road, Suite 170, Ewa Beach, HI 96706 Phone: (808) 676-5331 • Fax: (808) 671-2931

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is infinjured worker in Hawaii, I oppose any legislation that jeopardizes or restricts my ability to receive interactions from my doctor in-office. Restrictions on point-of-care dispensing will make it more difficult, and create more obstacles, for injured workers like myself to receive the medication necessary to get back to work. I urge all members of the Hawaii Legislature to oppose such restrictive measures which only create additional obstacles and burdens for injured workers and their families.

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