



SENATE COMMITTEE ON COMMERCE AND CONSUMER PROTECTION

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair

**S.C.R. NO. 17 REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND
FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE
COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS**

Hearing: Thursday, March 16, 2023, 10:00 a.m.

The Office of the Auditor offers the following comments on S.C.R. No. 17, which requests the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

Pursuant Section 23-51, Hawai'i Revised Statutes, before any legislative measure that mandates health insurance coverage for specific health services, specific diseases, or certain providers of health care services as part of individual or group health insurance policies, can be considered, there shall be a concurrent resolution passed requesting the auditor to prepare and submit to the legislature a report that assess both the social and financial effects of the proposed mandate coverage. In addition, the concurrent resolution shall designate a bill introduced in the legislature must include, at minimum, the following information identifying the (1) specific health service, disease, or provider that would be covered; (2) extent of the coverage; (3) target groups that would be covered; (4) limits of utilization, if any; and (5) standards of care.

S.C.R. No. 17 identifies an unspecified bill that would mandate health insurance coverage for services provided by pharmacists within their scope of practice.

Thank you for considering our testimony related to S.C.R. No. 17.



March 16, 2023

The Honorable Jarrett Keohokalole, Chair
The Honorable Carol Fukunaga, Vice Chair
Senate Committee on Commerce and Consumer Protection

Re: SCR 17 – Requesting the Auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

Dear Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

Hawaii Medical Service Association (HMSA) is in support of SCR 17, which requests the State Auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

HMSA strongly supports increasing access to basic health care, especially in areas designated as medically underserved. We also acknowledge that pharmacists with the appropriate education and post-graduation residency training have a skill set that gives them the ability to educate patients and provide medical services within their scope of practice.

We support SCR 17 because before mandating coverage, it will provide the information needed to help to clarify:

- Specific health service, disease, or provider that would be covered, including health conditions with a demonstrated gap in medication therapy management;
- Financial impact to total cost of care;
- An assessment of the entire population as this bill would impact commercial, Medicare and Medicaid members;
- The potential for utilization to exceed current recommendations or medical necessity;
- The ability for services to be performed to the same standard as other healthcare providers; and
- The ability for service to be integrated and directed by patient's primary care provider.

Thank you for the opportunity to offer our support of this measure.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations

Testimony of the Board of Pharmacy

**Before the
Senate Committee on Commerce and Consumer Protection
Thursday, March 16, 2023
10:00 a.m.
Conference Room 229 and Videoconference**

**On the following measure:
S.C.R. 17, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL
ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE
FOR SERVICES PROVIDED BY PHARMACISTS**

Chair Keohokalole and Members of the Committee:

My name is James Skizewski, and I am the Executive Officer of the Board of Pharmacy (Board). The Board voted unanimously to support measure S.B. 693, which mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans in the State beginning January 1, 2024. As Hawaii Revised Statute section 23-51 requires a social and financial audit, the Board also supports this concurrent resolution.

The purpose of this concurrent resolution is to request the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

The Board would like to stress the challenges the State currently faces regarding the shortage of healthcare providers, especially in rural areas of the neighbor islands. Pharmacies are geographically dispersed throughout the community with extended hours of operation, making access to health care provided through pharmacies convenient for patients in each locality. Patients have established relationships of trust with and recognize pharmacists as healthcare professionals. S.B. 693 will aide in the development of access to quality health care across the State, most importantly in underserved rural areas of Hawaii.

The Board would like to further emphasize that this measure will only mandate reimbursements of pharmacists practicing within their scope. Pharmacists provide services such as: dispensing emergency contraception, performing immunizations, ordering routine drug therapy related tests, consultations, and prescribing and

dispensing opioid antagonists. In response to the COVID-19 pandemic, pharmacists aided in ordering and administering COVID-19 tests and vaccines in pharmacies across the State, safely expanding patient access to care.

S.B. 693 will help ensure pharmacists are able to continue to serve their communities and maintain the access to quality health care across the State. Other States that have enacted similar legislation include, but are not limited to, California, Colorado, Idaho, Nevada, Ohio, Oregon, Texas, Virginia, Washington, and Wisconsin.

Thank you for the opportunity to testify on this concurrent resolution.



LATE

Testimony presented before the
House Committee on Health and Homelessness
Thursday March 16, 2023

Dr. Corrie L. Sanders on behalf of
The Hawai'i Pharmacists Association (HPhA)

Honorable Chair Keohokalole, Vice Chair Fukunaga, and members of the committee,

The Hawai'i Pharmacists Organization (HPhA) supports of SCR17 that calls for an audit for SB693 that mandates reimbursement for services provided by registered pharmacists practicing within their scope of practice under the medical benefit by both private and public health plans. The current lack of a payment pathway for our profession significantly hinders pharmacists from providing services outside of medication dispensing, despite having years more training in pharmacotherapy and medication management than any other healthcare profession.

We will omit a broad explanation for the background and implications as explained in previous testimony given that SB693 passed out of the Consumer Protection on February 7, 2023 without reservation or opposition.

Pharmacists are trained to be part of a healthcare team, not an after-thought to the system utilized largely to dispense medications, administer vaccinations, and fill gaps in care when tied to specific metrics. The University of Hawai'i at Hilo Daniel K. Inouye School of Pharmacy was established to train and retain local talent, yet we have not created a model that reimburses for many services instilled within the pharmacy curriculum during four years of doctorate level training. By realigning financial incentives and recognizing pharmacists under the medical benefit similar to any other healthcare provider, there will be greater access to the vital services pharmacists are trained to provide. Without such pathway, other healthcare professionals will continue to serve in place of pharmacists as medication experts despite significant gaps in education and training.

Physicians in Hawai'i do not have the financial resources to cover their own practices, let alone consider expansion. The capitated reimbursement model is intended for 'many hands to make light work,' and yet, there remains only a single revenue stream. In order for many hands to successfully make light work, there need to be additional revenue streams to reflect the value of the hands that are serving our patients with the highest quality care possible. The economic and administrative challenges that have been reported repeatedly by physicians year after year indicate that the financial structure of a one revenue source system restricts, rather than supports, access to care. We are detracting from what seems to be an innovative care model by financially handcuffing pharmacists and only allowing selective providers a fiscal means to leverage their expertise. There is existing statute¹ that outlines other health care professionals' services be covered by commercial health plans in the state and given this precedent we ask that pharmacists be treated in the same manner.

1 Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project December 2022

2 Community First 2022_July 2022 Access to Care Report

3 Hawaii Statute [§431:10A-125]

4. Murphy EM, et al. Journal of the American Pharmacists Association. 2020

As providers with doctorate degrees, the expectation is for pharmacists to be of value to the team. The current reimbursement model does not give pharmacists a chance to prove value as we are first a financial liability. We have positioned ourselves in the setting of a healthcare crisis nearing a provider shortage of nearly 800 physicians² where approximately half of providers have considered retiring or leaving medicine (53%), reducing their patient hours (52%), or moving to the mainland (49%).³ Now is the time to financially incentivize the most accessible profession in the workforce. The pharmacy profession has evolved far beyond a dispensing and vaccinating role, but we will remain there for years to come until statute allows pharmacists to contribute at our trained potential by mandating creation of a standardized payment pathway.

We are advocating for a payer agnostic assessment and an audit strategy that shows no favoritism towards one billing model over another. In fact, some insurers have internally created this pathway for pharmacists for specific services. We are seeking uniformity so that pharmacists can provide care to a diverse population of patients spanning all areas of need. This payer agnostic proposal plays a significant role in the widespread testimony support for SB693 from The University of Hawaii, large healthcare systems, neighbor island physician groups, local independent pharmacies, chain pharmacies, healthcare advocacy groups, national pharmacy organizations and hundreds of individual testimonies over the course of the last month.

Should we slice up the market between public and private plans, we will create inconsistencies that are confusing to patients, providers and pharmacists alike by creating a convoluted payment model that results in continued statute modifications for years to come. There is no other provider in the state whose ability to bill under the medical benefit is limited in this way, and as the most accessible healthcare professionals it should not start with pharmacists. Do not allow this bill to become so disjointed that we lose sight of patient care and continue to perpetuate existing health disparities with an unsustainable reimbursement model that serves as yet another hinderance to the pharmacy profession.

The pharmacy profession has drastically evolved over the past twenty years and it's time for Hawai'i statute to reflect this evolution in knowledge and skill. Payment for pharmacist clinical services delivered by under the medical benefit is the missing piece to allow pharmacists to contribute to a true team-based care model amid a healthcare crisis. Not only is SB693 needed for pharmacists to be financially leveraged to utilize our training as medication experts, SB693 is necessary to provide the quality of care that our patients and ohana deserve.

Lastly, amidst the current unprecedented healthcare crisis in Hawai'i, HPhA feels the ideal implementation process is to pass SB693 alongside SCR17. Given the delayed effective date of 7/1/2024 for SB693, we advocate not to delay implementation further should the Office of the Auditor deem SB693 to be socially and financially appropriate by two weeks prior to the 2024 legislative session. HPhA is happy to work alongside all stakeholders, including the Office of the Auditor, to serve as a resource for implementation and leverage pharmacy experts across the country that have successfully integrated similar legislation across health plans.

We do have concerns that the audit will not properly assess return on investment that results in care from pharmacists or pharmacist integrated care teams. Such returns are instrumental in evaluating a value-based care model. HPhA would like to amend SCR17 to include verbiage that mandates not only the short term assessment of pharmacists being added as providers under the medical benefit, but how pharmacists improve metrics to the healthcare system over time. Examples of these services may include, but are not limited to, hospitalizations, readmission rates, medication cost, patient satisfaction scores, and medication adherence. By investing in the pharmacist, both health systems and health plans see a financial return with more controlled chronic conditions and decreased acute care needs.⁴



HPhA proposes the following amendment:

“Be it further resolved, that the Auditor is to report a projected return on investment of a pharmacist that includes relevant clinical metrics specific to the practice setting of the pharmacist that is reflective of a value based care model.”

On behalf of The Hawai'i Pharmacists Association, mahalo for this opportunity to testify.

Very Respectfully,



Corrie L. Sanders, PharmD., BCACP, CPGx
President, Hawai'i Pharmacists Association

1 Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project December 2022

2 Community First 2022_July 2022 Access to Care Report

3 Hawaii Statute [§431:10A-125]

4. Murphy EM, et al. Journal of the American Pharmacists Association. 2020



UNIVERSITY OF HAWAII SYSTEM

‘ŌNAEHANA KULANUI O HAWAII

Legislative Testimony

Hō'ike Mana'o I Mua O Ka 'Aha'ōlelo

Testimony Presented Before the
Senate Committee on Commerce and Consumer Protection
Thursday, March 16, 2023 at 10:00 a.m.

By

Bonnie Irwin, Chancellor

and

Miriam Mobley Smith, Interim Dean

Daniel K. Inouye College of Pharmacy

University of Hawai'i at Hilo

SCR 17 – REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS

Chair Keohokalole, Vice Chair Fukunaga, and Members of the Committee:

Thank you for the opportunity to submit testimony on SCR 17. The University of Hawai'i at Hilo (UH Hilo) supports SCR 17, requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR 17 is a necessary step needed to pass SB 693 that mandates reimbursement for services provided by pharmacists within their state scope of practice by private and public health plans in Hawai'i. Services will be reimbursed under the medical benefit using current procedural terminology (CPT) codes similar to those used by other health care professionals (physicians, advanced practice registered nurses, physician assistants, etc.) providing outpatient services.

Under Medicaid, it is intended for pharmacists to be able to render and be reimbursed for services provided to both Medicaid fee-for-service and managed care beneficiaries. It is intended that reimbursement for pharmacist services would apply to the managed care organizations medical loss ratio and not their administrative costs similar to other health care professionals, like physicians, advanced practice nurses, physician assistants, etc. Mandating pharmacy services reimbursement can clarify expectations and prevent confusion for pharmacists, patients and health plans.

It is intended for pharmacists to be able to render and be reimbursed for services provided via telehealth or in-person in the pharmacy, office, home, walk-in retail health clinic, federally qualified health center, rural health clinic, skilled nursing facility, assisted living facility, or other place of service not identified here.

This legislation will align with and not change the pharmacist state scope of practice.

BENEFIT OF LEGISLATION

A variety of stakeholders that will benefit from this legislation, including patients, health plans, and pharmacists.

Patients. Within the next 10 years, the U.S. could see a shortage of over 55,000 primary care physicians.¹ In Hawai'i there are 31 areas that are designated as health professional shortage areas.² All Hawai'i counties include areas designated as "medically underserved" with limited access to healthcare. There were over 2,600 pharmacists in Hawai'i who stepped up to provide high level health care services during the COVID-19 pandemic and are ready to provide valuable healthcare services to communities that have limited access to care. By realigning financial incentives and reimbursing pharmacists for their services similar to other health care professionals there will be greater access to the vital health care services pharmacists provide. Pharmacists are currently permitted to provide a variety of patient care services including hormonal contraception, Paxlovid™ for COVID-19, naloxone education, tobacco cessation, and medication management. However, patients may have little access to these services because a payment pathway is lacking. Extensive published evidence, such as the hundreds of studies highlighted in the Report to the U.S. Surgeon General: Improving Patient and Health System Outcomes through Advanced Pharmacy Practice showcase the positive therapeutic outcomes for patients that come when pharmacists are more involved in their care.³

Public and Private Health Plans. Exhaustive published literature has shown there is a significant return on investment and long-term cost savings when pharmacists are more involved in the provision of patient care. Compilation of studies have found themes in these cost savings, including "decreased total health expenditures, decreased unnecessary care (e.g., fewer hospitalizations, emergency department [ED] visits, and physician visits), and decreased societal costs (e.g., missed or nonproductive workdays)."⁴ By investing in the pharmacist, health plans will see a return on their investment in increased access to medical services throughout the state, decreased health care expenditures, more controlled chronic conditions, and decreased hospitalizations.

Pharmacists. As the only College of Pharmacy in the State of Hawai'i, our mission is to educate pharmacy practitioners and leaders who will improve health in Hawai'i and throughout the Pacific through education, research and service. We prepare our student pharmacists to serve patients in pharmacies and as members of

¹ Association of American Medical Colleges. 2019 UPDATE The Complexities Of Physician Supply And Demand Projections From 2017 To 2032. Available at: https://aamcblack.global.ssl.fastly.net/production/media/filer_public/31/13/3113ee5c-a038-4c16-89af-294a69826650/2019_update_-_the_complexities_of_physician_supply_and_demand_-_projections_from_2017-2032.pdf Accessed 3/11/20.

² Kaiser Family Foundation. Primary Care Health Professional Shortage Areas (HPSAs). Timeframe: as of September 30, 2019. Available at: <https://www.kff.org/other/stateindicator/primary-care-health-professional-shortage-areas/pas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed 3/11/2020

³ Giberson S, Yoder S, Lee MP. Improving Patient and Health System Outcomes through Advanced Pharmacy Practice. A Report to the U.S. Surgeon General. Office of the Chief Pharmacist. U.S. Public Health Service. Dec 2011.

⁴ Murphy EM, Rodis JL, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. *Journal of the American Pharmacists Association*. 2020;e116ee124. <https://doi.org/10.1016/j.japh.2020.08.006>.

interprofessional health care teams. However, a great number of our students, upon graduation, will be employed as pharmacists in pharmacy and health care settings where the current business models of those practices are financially unsustainable. As pharmacists' roles have evolved to encompass a greater focus on the provision of services, a reimbursement methodology has not been created for pharmacists providing these services in addition to the primary way they generate revenue, by dispensing medications. For example, it is difficult for pharmacists to be integrated into primary health care clinics without the clinics' ability to submit reimbursement claims for services provided by those pharmacists. In addition, the practices of other entities in the drug supply chain, such as pharmacy benefit managers (PBMs), have prevented the dispensing of medications alone to sustainably generate revenue for the variety of services pharmacists provide to their communities. This has resulted in pharmacies closing, often those concentrated in racial and ethnic minority⁵ and rural communities⁶, dramatically limiting patient access to care. The pandemic has exacerbated this problem as there have been reports across the country of pharmacies closing and patients not being able to fill their medications.⁷

The lack of access to pharmacist services disproportionately affects Hawai'i patient populations in the most isolated areas of the state. Aligning the pharmacist reimbursement practices with the provision of their services, comparable to other health care professionals will allow many of these cornerstones of communities to remain open and providing vital care to their patients. Pharmacists work closely with other health care providers to enhance quality of care delivery to all patients and improve their health care outcomes. Mandating reimbursement for pharmacy services is an important step toward those goals.

Thank you for the opportunity to testify in strong support of SCR 17.

⁵ Guadamuz JS, Wilder JR, Mouslim MC, et al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021;40(5). <https://doi.org/10.1377/hlthaff.2020.01699>

⁶ Hawryluk M. Large parts of rural America are becoming drugstore deserts. These small towns found an escape. *The Washington Post*. Published December 15, 2021. Available at <https://www.washingtonpost.com/business/2021/12/03/drugstore-desserts-rural-america/>. Accessed December 21, 2021.

⁷ Richardson M. The Pillbox Pharmacy, a Kaimuki fixture for 46 years, to close its doors. *Hawaii News Now*. Published September 4, 2020. Available at <https://www.hawaiinewsnow.com/2020/09/04/pillbox-pharmacy-plans-shut-down-after-years/>. Accessed March 1, 2021.

Thursday, March 16, 2023 at 10:00 AM
Via Video Conference; Conference Room 219

Senate Committee on Commerce and Consumer Affairs

To: Senator Jarrett Keohokalole, Chair
Senator Carol Fukunaga, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: **Testimony in Support of SCR 17
Requesting The Auditor To Conduct A Social And Financial Assessment Of
Proposed Mandatory Health Insurance Coverage For Services Provided By
Pharmacists**

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

HPH writes in SUPPORT of SCR 17 which requests the Auditor to conduct a social and financial assessment of health insurance coverage for services provided by pharmacists.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas and the neighbor islands. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare communities.

Through the COVID-19 pandemic pharmacists have demonstrated how invaluable their services are. Pharmacists practicing at local pharmacies in every community are more accessible and provide a wide range of health care services. Pharmacists have the education and training needed to provide a number of services beyond the dispensing of medications. Additionally the practice of pharmacy has evolved to encompass a greater focus on the provision of those services. As such, pharmacists should be reimbursed for the patient care they provide.

Additionally, as a health care provider committed to aims of value based and team-based care, the measure will help establish an economic model to make those aspirations viable. We therefore ask the legislature to support these efforts and create an opportunity to strengthen the health care workforce and achieve a more sustainable health care system.

Thank you for the opportunity to testify.



**Testimony to the Senate Committee on Commerce and Consumer Protection
Thursday, March 16, 2023; 10:00 a.m.
State Capitol, Conference Room 229
Via Videoconference**

RE: SENATE CONCURRENT RESOLUTION NO. 017, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSING MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY 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 Concurrent Resolution No. 017, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSING MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY 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 Concurrent Resolution, as received by your Committee, would fulfill the statutory requirements of Sections 23-51 and 23-52, Hawaii Revised Statutes, by requesting the Auditor to conduct a social and financial study on the impacts of mandating health insurance coverage for services provided by pharmacists.

Due to significant and longstanding shortages in Hawaii's health care work force, most primary care providers have had to find new ways of delivering services to meet the ever present needs of patients. This has especially been the case in dealing with chronic diseases such as asthma, diabetes, and heart maladies to name a few.

Testimony on Senate Concurrent Resolution No. 017

Thursday, March 16, 2023; 10:00 a.m.

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FQHCs have found patient education and constant interaction between providers and patients to be extremely effective in improving health care outcomes. Because of physician shortages, FQHCs have begun to rely on teams consisting of a physician, advanced practice registered nurse, pharmacist, and medical assistants to oversee the patient's management of chronic diseases. Each professional has a specific role that complements the activities of others. In this arrangement, the pharmacist does more than merely dispense medication.

For example, in diabetes management, the pharmacist meets with the patient to explain when and how to use diagnostic tools such as glucose monitors, and instructs the patient on the use of injectable medications. These activities supplement and reinforces the therapeutic treatments that are conducted by the physician and advanced practice nurse. The medical assistants provide logistical and other support services needed by the patient and partner providers.

In the case of pharmacists, because these types of services are currently not eligible for insurance reimbursement, FQHCs have had to find other resources to offset these costs. As such, there are limits to the number of patients who can be serviced in this manner. Yet, due to the benefits demonstrated in patient outcomes, it is clear that this approach works, and will be how health care is provided moving forward.

Because of this, 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.

To: Chair Keohokalole, Vice Chair Fukunaga and members of the committee,

In support of SCR17 - My name is Jodi Nishida, PharmD, MHP and I'm the owner/operator of The Keto Prescription Clinic in Kailua, HI. Two years ago, I went through a very unfortunate event that I'd like to share with you. I have a very effective and valuable practice to the people of Hawaii. I teach patients how to do low carb CORRECTLY and am an *accredited* Metabolic Health Practitioner with the Society of Metabolic Health Practitioners (www.smhp.org). Because of the way Hawaii state law is written, I have to operate within the parameters of what's called a collaborative practice agreement with an MD. It's the only way I can legally bill insurance for my services. I see a patient, the MD signs off on my chart note, we send it to the insurance companies for reimbursement, my reimbursement gets deposited into the MD's bank account, he/she then cuts me a check for the amount.

Jodi sees patient → Supervising MD signs off on chart note → Note is submitted to insurance for reimbursement → Jodi's reimbursement is deposited into MD's bank account → MD cuts Jodi a check

The physician who I was with prior, a gastroenterologist, decided not to cut me a check one day. We had agreed to monthly payouts and from November 2020 – June 2021, Dr. Russell Yang withheld my income. At first he claimed it was due to spreadsheet reconciliation issues with the billers. Later, it turned into him avoiding me in the office completely. I hired an attorney and went to the police. I was told that because the dollar amount was just shy of \$100,000, I was unable to file criminal theft charges. My attorney advised against pressing charges after we sent several letters to him only to get a reply from the top law firm in the continental US. It was clear that he had no intention of giving me the money earned for my services. In 2021, I almost lost my house. Additionally, patients continued to receive copay bills from him for services rendered by me, not him. It was devastating on multiple fronts.

The reason I'm sharing this with you is not to rehash the pain of the past, but to show you what can happen when we are at the mercy financially of a crooked MD. I never would've guessed that this particular doctor would end up doing this to me. We had a great professional relationship and were doing great things for patients. Losing the ability to perform colonoscopies during COVID affected his income significantly, which is why I believe he stole from me in late 2020, early 2021.

It's vital that this Bill is passed. Pharmacists possess valuable skill sets that improve patient care especially for conditions like diabetes, asthma, cardiovascular disease, avoiding and managing drug interactions and side effects. We are truly the medication experts in healthcare. I am humbly including data from my clinic and testimonials from some of my patients including one in Hilo. We see patients on all islands.

Thank you for your time and attention,

Jodi Nishida, PharmD, MHP

www.theketoprescription.com

The Keto Prescription Clinic

We are a pharmacist owned and operated practice specializing in low carbohydrate education and de-prescribing medications. Jodi Nishida, PharmD, MHP works in collaboration with Maria Markarian, DO who is an interventional cardiologist. Together they focus on improving and reversing metabolic syndrome, preempting heart attacks and strokes, and improving all disease states related to metabolic health. Here is our data from June-December 2022.

Disease States Impacted Positively

GENERAL	METABOLIC SYNDROME
Autoimmune Conditions: Rheumatoid Arthritis, Psoriatic Arthritis, Lupus, Fibromyalgia, Sjogren's Syndrome	Hypertension
Neurological Conditions: Migraine Headaches, Alzheimer's Disease, Previous Stroke, TIA, Multiple Sclerosis, Restless Legs Syndrome	Type 2 Diabetes and Gestational Diabetes: Including chronic kidney disease and nephropathy, neuropathy, retinopathy, frequent symptomatic hypoglycemia
GI Conditions: Acid Reflux, Bloating, Gas, Heartburn, Gastritis, IBS, Crohn's Disease, Chronic Constipation, Dumping Syndrome, Chronic Diarrhea, Diverticulitis, Fatty Liver	High Cholesterol
Psychiatric Conditions: ADHD, Anxiety, Depression, Bipolar Disorder	Cardiovascular Disease: Including history of heart attack, stent placement, stroke, TIA, calcification of arteries
Hormonal Imbalances: Thyroid, Low Testosterone, PCOS, Infertility, Perimenopause, Severe PMS	Obesity

Hemoglobin A1c Reductions in Diabetes

WE FOLLOWED 160 DIABETES PATIENTS

23 patients saw a reversal of their diabetes measured by an A1c <5.7% & fasting insulin level <10.

50 patients saw an improvement in their A1c and are still being followed in our program.

87 patients are pending and due for an A1c with their primary care physician in early 2023.

Medications Decreased or Discontinued

Generic Name of Medication + Annual Cost Savings	Disease States	
Semaglutide Injection (Ozempic) - \$12636 Empagliflozin/Metformin - \$8100 Insulin Degludec Injection - \$3592 Insulin Lispro Injection - \$4212 Liraglutide Injection - \$15384 Insulin Isophane Injection - \$1144	Glipizide ER - \$182 Empagliflozin - \$8136 Metformin 500mg - \$240 Insulin Glargine Injection - \$2797 Semaglutide Tablets - \$13248 Semaglutide (Wegovy) - \$19524	Diabetes Obesity
Amlodipine - \$506 Irbesartan/HCTZ - \$528 Lisinopril/HCTZ - \$208 Carvedilol - \$258 Nifedipine - \$344	Valsartan - \$847 Hydrochlorothiazide - \$107 Lisinopril - \$95 Losartan - \$618 Irbesartan - \$1878	Hypertension Heart Failure Arrhythmias
Atorvastatin - \$1524 Icosapent Ethyl - \$2616	Rosuvastatin - \$4080	High Cholesterol Hypertriglyceridemia
Methotrexate - \$607 Megestrol - \$232 Bupropion - \$1416 Esomeprazole - \$304 Albuterol HFA - \$1080 Hydroxychloroquine - \$583	Trifluoperazine - \$385 Tamoxifen - \$917 Omeprazole - \$768 Sertraline - \$229 Testosterone Cypionate - \$360 Pantoprazole - \$1044	Rheumatoid Arthritis Breast Cancer Depression/Anxiety Acid Reflux Asthma Low Testosterone Endometrial Cancer

Summary

- ◆ In our clinic, the pharmacist spends 30-45min with each patient during appointments. She is responsible for all nutritional counseling, medication evaluation, diabetes monitoring, and follow up on lab results. Over 90% of our patients experience significant weight loss, lose significant inches of their body, and see improvement in all metrics including lab results. Our data shows improvement in disease states and health as opposed to the traditional model of adding medications at each appointment.
- ◆ From June - December 2022, our estimated cost savings to the healthcare system was \$132,774.28. This represents prescription medication costs only and does not include costs saved on diabetic testing supplies, routine labs, office visits, or urgent care/ED/hospitalizations for side effects or uncontrolled disease state sequelae.

January 27, 2023

To Whom It May Concern:

My Name is Ivania "Kanoelani" Paulino, I am a patient of Dr. Jodi Nishida, I will be one (1) year with her come April this 2023. I receive absolute dedication and honesty with her and I truly believe that she is a priceless asset to me, she has and still is teaching me to take care of myself in the most healthiest way possible. I appreciate her honesty and never buttering things up.

Dr. Nishida is currently helping and educating me with how to live life to its fullest with healthy eating, exercise, self-care, and being accountable for all I do. We are working on getting off my diabetes, cholesterol, and high blood pressure medication. Since I've been in her care through the Keto Prescription I am so happy to have gotten my A1c down to a 6.5 vs I believe almost a 10.

The quality of services she provides with one on one telehealth calls, I'm not just an appointment time, she genuinely makes the time and cares about my health and well-being, Dr. Jodi, Dr. Markarian and their staff are there when I have questions and answering or guiding me in a timely manner, providing great information with foods, medication, her videos on FB are really great information. She goes above and beyond sometimes she provides more information than my other doctors (this is not to say they aren't doing their job) it's just the amount of information she provides and the facts to back everything up is just amazing. When I'm feeling distracted due to life, work, or just the everyday rat race, she reassures me and makes sure I'm ok.

As for my medications, it will slowly disappear. I am currently awaiting approval for a major procedure coming up and keeping up on my diabetes medication just for now will be vital I believe. When my next lab work comes up and it's keeping steady, I'm sure that the medications will be going away along with my high blood pressure, and cholesterol. My blood pressure has been low for quite sometime but I am feeling good and not light headed. My cholesterol level has been great as well.

I'm still on my journey with so much more to learn from her, like I mentioned earlier, my A1c is just amazing! I haven't had my A1c this low in over 22 years. My lifestyle both in eating the right types of foods and putting exercise in has been something I never thought I'd accomplished.

I am learning that this journey is about me and the difference I am making for my personal goals, as long as I keep that focus and know what the end result is Dr. Jodi is my gold medal and I would highly recommend her and her staff to anyone in a heartbeat! You have to want it in order to succeed in anything you put your mine to and I am grateful that a friend of mine recommended her, I wish I knew about her earlier.

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino

01/27/2023

Dear Senators and State Representatives,

Shouldn't healthcare be something at the forefront and be pre-approved without any restrictions or problems? With so many health issues and possible underlying health conditions due to family health history, I've always wanted to have my personal healthcare and insurance taken care of and operating with little to no issues so that I could make better health a priority. This took years to happen until I was able to meet and be taken as a patient of Dr. Jodi Nishida. My wife and I wanted to start controlling and taking charge of our health in a sustainable and successful way. As a patient of Dr. Nishida's on a proper Medical Ketogenic Diet, I was received and treated with Aloha. I actually was not treated or judged in any way because of health issues. I was treated as myself that wanted to get better and be able to sustain what I was learning and embrace all the consistent support.

I came to Dr. Nishida with a goal in mind to get healthy and try to reduce my body weight and keep it off. When being under Dr. Nishida's care I knew of health issues like Sleep Apnea and Gout. What I didn't know was that my liver was inflamed and that I had Stage 3 liver disease and prediabetes. Medication and dietary changes should have been prescribed way before seeing Dr. Nishida. Dr. Nishida uses great tactile visuals in her teaching of proper Keto along with great teaching strategies that makes all of the patients under her care confident in implementing what we are taught and able to self-sustain our Keto journey. With Dr. Nishida and her entire staff I was never treated as a number. I was treated as myself and encouraged to disclose and share personal celebrations and small setbacks and taught how can I move forward and be okay with falling off the "Keto Train" now and then.

To give a grade to the quality of care that I receive from Dr. Nishida is an A+. She has always exceeded all standards and expectations for every appointment, she's never rushed or cut any appointment short because of time. My big takeaway during appointments was feeling relieved and confident just with appointments alone that I have found a Doctor who "treats me like a human being who needs help and support." I am not being treated for a health condition, I am being treated Holistically so that further treatment will be operate full steam ahead and with focus. Handouts, tips, digital resources and names of stores and locations to find approved keto items are provided. I was absolutely mind blown hearing from a doctor that medication is not needed to target your health conditions so that it can turn back to normal but my conditions can be treated with food! Treatment from other doctors always felt impersonal and I felt like a number and a price tag. It was like they just wanted to prescribe drugs all the time and that was the only answer for treatment. If this initially didn't work they just continued with more and more medications. This was never the case with Dr. Nishida, she never turned to prescribed medications right away. Dr. Nishida's style of treatment has benefitted me on many levels; Apnea machine not needed, gout pills no longer needed, prediabetes cured with foods, and size of liver normalized with normal enzyme levels. I am self-improving but still need a lot of work. I am confident and look forward to more health goals all because of the treatment style of Dr. Nishida. As an Educator for the DOE, I hope this bill will fix the current process to reimburse pharmacists for their valuable services. Oahu's pharmacists should be reimbursed directly for patient care and not be forced to go through a second or third party where they can be stolen from. The State Of Hawaii needs more Doctors like Jodi Nishida who care more about people's health instead of just a price tag, and treat and serve the people of Oahu so that they can be self-sufficient and sustaining.

Best Regards, Ikaikaokalani D. Bicoy

January 25, 2023

Dear Representatives and Senators,

Of the many doctors I've seen for the various health concerns I live with, Dr Jodi Nishida is recognized by her success in reversing disease and I have always learned more about what I must do to improve my health.

She spent a full hour getting my medical and lifestyle history as well as teaching me what the food I eat does in my body and the history of ketosis and why it works to improve blood sugar and decrease fat storage and cholesterol for those who eat a clean keto diet properly.

Dr Jodi Nishida has educated and empowered me through office visits, very clear handouts to support clean keto specifically for me and online private Facebook interactive posts on clean keto and there I also learn from questions other patients have and answers Dr Jodi Nishida provides.

There is no other doctor I know of who spends so much time and resources supporting patient care. What I've learned from being a patient of Dr Jodi's is that the food I'm eating and how I am exercising is the way I control my health state. I had been diagnosed with Congestive Heart Failure, Fatty Liver Disease, Mitral Valve Prolapse, Metabolic Syndrome, Major Depression, Multiple Sclerosis, Fibromyalgia, Osteopenia, Macular Degeneration, Obesity and Chronic Migraines. After becoming a patient of Dr Jodi Nishida's, I have been healed of Congestive Heart Failure, Fatty Liver Disease and Metabolic Syndrome. She has done more to bring health and healing to me than nearly 60 years of seeing other physicians.

I finally understand how to provide my body with the best nutrition and have learned that food that is good for me actually tastes delicious!

Very Truly Yours,

Turning 60 in May of 2023

January 27, 2023

Dear Senators and Representatives,

I am writing today to urge you to support the proposed bill that reimburses pharmacists directly for their patient care services. It is essential that you pass the bill to fix the current process to prevent further loss for pharmacists.

Obesity, borderline high blood pressure, joint pain and stress have directly affected the quality of my life and I have been in search of someone to help guide me to improve myself. Dr. Jodi Nishida has provided valuable and accurate information to help introduce me to a clean keto lifestyle.

Multiple appointments were conducted to analyze my diet, activity level, stress levels, and just life itself. We spent many hours discussing the things that were working and brainstorming how we can improve things that weren't. In addition, she has provided valuable food lists that she developed, tactile visuals of the conversion of sugar into my body, online support, and online group support to help me get to my goals. There were a lot of tears and laughter at each appointment which is extremely rare compared to my regular primary care physician. The quality of care that I receive from Dr. Jodi Nishida is beyond belief. She is very genuine and compassionate and it shows in her welcoming spirit.

Change is very difficult. I didn't expect to hear that the dietary guidelines that I was taught throughout my life are completely wrong. Also, losing inches is ideal and sought after than losing pounds. With the guidance, dedication, and encouragement from Dr. Jodi Nishida, I have lost more than 40 pounds and 62 inches off of my body. My lab values and blood pressures have been normal, I no longer have insulin resistance, my joints are not as painful when doing physical activity, I have more energy and mental clarity, and I am slowly weaning off of my thyroid medication. Please show your support and I urge you to vote yes for this bill. I would greatly appreciate your response on this legislation.

Sincerely,

Arlene U. P. Bicoy

January 27, 2023

To Our Representatives and Senators:

In December 2020, I was diagnosed with sleep apnea and was prescribed a CPAP machine to use while sleeping. I was overweight with high blood pressure, a fatty liver and high cholesterol. I was on medicine for acid reflux, high blood pressure and high cholesterol. I've tried hypnosis to lose weight, which worked for a month or so but didn't last. I felt like my primary care physician would only prescribe medicine instead of trying to help me understand the causes of my issues or other ways to remedy the issues without taking medicine.

One day, I was scrolling through social media and saw an ad for the Keto Prescription and was surprised that it was a local doctor on Oahu. I was a little skeptical about the ad but just gave it a try. I filled out the paperwork and was scheduled for my first appointment with Dr. Markarian, who cleared me for my first appointment with Dr. Jodi.

Dr. Jodi was dumbfounded at how many issues I had being only 39 years of age. She was surprised that I wasn't prediabetic due to my latest lab tests. She explained to me what my fatty liver meant, and I told her that I didn't realize that it was that bad because my PCP made it seem like it wasn't anything to worry about. Dr. Jodi and I spent time going over my bowel movements, my daily activities, diet, etc. We came up with a plan and scheduled bi-weekly then monthly appointments thereafter. My first appointment scared me, which was the kick in the butt I needed to start living healthier and making better choices for me and my family.

My husband and I embarked on this journey together with Dr. Jodi. After learning about the foods that we normally consumed and how we could change our diets to healthier choices, we have both lost a significant amount of weight. I lost 30 lbs. over the last five months and my husband lost 39 lbs. during the same time frame. Although we may consume not approved keto food occasionally, we are educated enough now to be able to get back on track with our healthy choices.

By following Dr. Jodi's plan, I was able to reverse my fatty liver. My lab tests are all back to normal and I feel happier and have more energy throughout the day. I don't rely on caffeine or energy drinks and just feel healthier overall. I get extremely excited when people notice how much thinner I look after starting my keto prescription.

Dr. Jodi and other pharmacists who put their efforts into educating the people of Hawai'i into living a healthier lifestyle should be able to be reimbursed directly for their patient care services. They should not have to rely on other doctors.

Sincerely,

Alisha K. Medeiros

(808) 217-0011

221 Lahaina Street

Hilo, HI 96720

GREGORY E. HUNGERFORD, D.C.

66-560 Kamehameha, Hwy. Ste. 5, Haleiwa, HI 96712

Office 808-780-2601 Fax 808-748-0275

Aloha,

I have been a patient of Dr. Jodi Nishida since 2021. I was referred by my PCP Dr. Yarawamai from Straub for weight loss, high blood pressure, and an autoimmune disease caused by pneumonia. Dr. Nishida is very knowledgeable and conveys information clearly and concisely. I was presented with charts and handouts detailing healthy foods and which ones to avoid. Through her care, I was able to achieve a healthy weight as well as discontinue my high blood pressure medication. Throughout my life, I have had multiple severe injuries including, football, soccer, wrestling, surfing, and 11 motor vehicle accidents which have improved symptomatically and functionally because of her care. She takes the time to make sure the information is understood and welcomes questions. I have seen many doctors over my lifetime and Dr. Nishida is top-notch. She is passionate and motivated, and it shows in her work ethic. As a chiropractor, I see patients in all manner of health conditions. Some of these patients suffer from obesity, rheumatoid arthritis, high cholesterol, diabetes, and general bad health from poor dietary habits. I have and will continue referring patients to her for her expertise even though my office is on the other side of the island. She is worth the drive.

Mahalo,

Gregory E Hungerford, DC

January 27, 2023

To Whom It May Concern:

My Name is Ivania "Kanoelani" Paulino, I am a patient of Dr. Jodi Nishida, I will be one (1) year with her come April this 2023. I receive absolute dedication and honesty with her and I truly believe that she is a priceless asset to me, she has and still is teaching me to take care of myself in the most healthiest way possible. I appreciate her honesty and never buttering things up.

Dr. Nishida is currently helping and educating me with how to live life to its fullest with healthy eating, exercise, self-care, and being accountable for all I do. We are working on getting off my diabetes, cholesterol, and high blood pressure medication. Since I've been in her care through the Keto Prescription I am so happy to have gotten my A1c down to a 6.5 vs I believe almost a 10.

The quality of services she provides with one on one telehealth calls, I'm not just an appointment time, she genuinely makes the time and cares about my health and well-being, Dr. Jodi, Dr. Markarian and their staff are there when I have questions and answering or guiding me in a timely manner, providing great information with foods, medication, her videos on FB are really great information. She goes above and beyond sometimes she provides more information than my other doctors (this is not to say they aren't doing their job) it's just the amount of information she provides and the facts to back everything up is just amazing. When I'm feeling distracted due to life, work, or just the everyday rat race, she reassures me and makes sure I'm ok.

As for my medications, it will slowly disappear. I am currently awaiting approval for a major procedure coming up and keeping up on my diabetes medication just for now will be vital I believe. When my next lab work comes up and it's keeping steady, I'm sure that the medications will be going away along with my high blood pressure, and cholesterol. My blood pressure has been low for quite sometime but I am feeling good and not light headed. My cholesterol level has been great as well.

I'm still on my journey with so much more to learn from her, like I mentioned earlier, my A1c is just amazing! I haven't had my A1c this low in over 22 years. My lifestyle both in eating the right types of foods and putting exercise in has been something I never thought I'd accomplished.

I am learning that this journey is about me and the difference I am making for my personal goals, as long as I keep that focus and know what the end result is Dr. Jodi is my gold medal and I would highly recommend her and her staff to anyone in a heartbeat! You have to want it in order to succeed in anything you put your mine to and I am grateful that a friend of mine recommended her, I wish I knew about her earlier.

I thank you for taking time to read my testimonial.

Respectfully,



Ivania Kanoelani Paulino

February 5, 2023

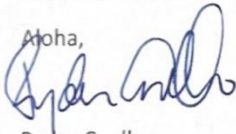
Dearest Dr. Jodi,

I am grateful to you and would like to share my experience in support of your efforts to make us healthier.

1. In July of 2022, I first met with you to discuss my desire to "get off my meds" which I have been on for over 20 years! Pills seemed to be the only way to deal with my chronic illnesses of high blood pressure, gout, type 2 diabetes and high cholesterol. Since I have medical insurance, copays are minimal and its pretty easy to get a prescription for a higher dosage or new meds. After my initial visit with you, I did the cardiogram and began my journey to get healthy and get off all my meds!
2. During my follow-up appointments, your expressed genuine concern and sharing of information has been sincere and useful to keep me on track. Every visit sets a new set of goals to work towards the ultimate goal of a healthy lifestyle. Your Facebook Group and latest meal prep program are awesome support for all of us to turn to when we need it. Besides the informational handouts about the right foods to eat and proportions/ratios, the "approved" shopping list off the FB group is the most useful resource to me. As I and I'm sure everyone carries around their phone everywhere nowadays, a few clicks and I have access to the information as I am grocery shopping.
3. Since starting I have lost 30 pounds and have reduced a few of my meds. I feel better and the my keto-lifestyle, inspired by you, has influenced my immediate family as well as those I work with, as eating and sharing meals is such an integral part of our local culture;

Thank you for all that you do for those that want to truly live healthy and let me know if there is anything more that I can do to support you.

Aloha,



Ryder Coelho

February 9, 2023

Aloha, my name is Raelene Shimokawa, and I am a patient of Dr. Jodi Nishida from December 18, 2020. I sought her help after my primary care physician (PCP) advised me to go on medication to lower my high cholesterol. I am 5'1" & was 130 lbs. Knowing the negative side effects of these drugs I began my health journey with Dr. Jodi.

Dr. Jodi educated, listened, & guided me into better health. Each visit, she spent roughly 30 minutes listening & teaching me what foods to eat, how much, why we should eat, & the consequences of unhealthy choices. I didn't feel overwhelmed or rushed during my visits. I saw Dr. Jodi about once a month until July 2021 & my most recent October 2022.

At each of my once a month visits she would give me handouts that taught me what kinds of foods were the better choice, how to eat these foods the healthy way with healthy fats, & educated me on how to read food ingredients labels. Not knowing what are unhealthy ingredients (fats, carcinogenic, inflammatory, etc.) we can easily be fooled by deceptive marketing strategies. Such as: foods labeled as "healthy", "keto", "low/no fats" ~ the ingredients used are very unhealthy.

This was the first time in my life (almost 50 yrs old), that I'd lost 20 pounds. I felt better, had more energy, & my cholesterol numbers had gone down. No need for medication! This was the main reason why I sought Dr. Jodi - I wanted to do things naturally & control what I can.

Her knowledge & guidance is invaluable. It's very sad what society has been taught about food ~ what is healthy & unhealthy. Medication isn't the answer. We need to educate & guide people into better health. We shouldn't be making money off of sick people & masking the problems.

I am very grateful for Dr. Jodi & for her love & passion that she has in trying to help others. We need more people like her to step up & speak up for truth.

DATE: March 16, 2023

TO: Senator Jarrett Keohokalole
Chair, Senate Committee on Commerce and Consumer Protection

FROM: Mihoko Ito / Tiffany Yajima

RE: **SCR 17 – Requesting the Auditor to Conduct a Social and Financial Assessment of Proposed Mandatory Health Insurance Coverage for Services Provided by Pharmacists.**
Hearing Date: Thursday, March 16, 2023 at 10:00 a.m.
Conference Room: 229

Dear Chair Keohokalole, Vice Chair Fukunaga, and members of the Committee on Commerce and Consumer Protection:

We submit this testimony on behalf of Walgreen Co. (“Walgreens”). Walgreens operates stores at more than 9,000 locations in all 50 states, the District of Columbia, and Puerto Rico. In Hawaii, Walgreens has 17 stores on the islands of Oahu and Maui.

Walgreens **supports** SCR 17, which requests the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

While the current practice of pharmacy allows registered pharmacists to provide direct patient care, pharmacists currently are unable to bill for their services.

Today, pharmacists provide direct patient care based on scope of practice regulations and deliver care beyond the traditional practice of dispensing prescription medications. Pharmacists routinely provide services such as CLIA-waived testing, testing for COVID-19, the ordering and dispensing of emergency contraception, and performing immunizations, wellness screenings, routine laboratory tests, and routine drug therapy-related patient assessment procedures.

Pharmacists are convenient, accessible and frequent direct points-of-contact for patients, especially for those with chronic conditions requiring complex medication therapies. Direct reimbursement to pharmacies would serve patient interests by improving quality of life and health outcomes in a cost-effective manner. Based on the above, we urge the committee to pass this measure.

Thank you for the opportunity to submit testimony in support of this measure.

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Consumer Protection Committee

My name is Gerry Fujii and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Gerry Fujii

Doctor of Pharmacy

TESTIMONY RE: SCR BILL NO. 17, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS

TO: The Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Consumer Protection Committee

My name is Dr. Christopher Tan. I have been a Critical Care Pharmacist for the last 27 years, 12 years at Queens Medical Center, and 15 years at Tripler Army Medical Center. I have a Doctor of Pharmacy degree and hold Board Certification in Pharmacotherapy (BCPS). I appreciate the opportunity to submit testimony in support of SCR BILL NO. 17, requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists

Credentialed pharmacists (i.e. Clinical Pharmacists) at Tripler have unique privileges that allow them to have prescriptive authority in their specialty areas. For example, during our morning interdisciplinary rounds in the intensive care unit (ICU), I collaborate with the providers to develop a pharmaceutical care plan for all patients. These tasks include among other things “fine tuning” the medication doses to minimize adverse effects, being an antibiotics steward (ensuring broad spectrum antibiotics are narrowed as soon as cultures are available and that they are used according to established guidelines), and preventing medication errors by conducting medication reconciliation during patient’s admission and before they step down from the ICU. Unfortunately, many clinical services that Clinical Pharmacists provide, however helpful or wonderful, are always secondary to their distributive duties. In many hospitals, these clinical services are deemed to be “optional” and are always the first to be pulled if there is pharmacy staffing or budget issues.

SCR 17, if passed, would provide a revenue source for the hospital and would help justify the existence of Clinical Pharmacists. They will now be able to utilize their education and training to the best of their abilities. I believe that all providers, including pharmacists, should practice using the fullest scope of their statutorily granted authority. This will increase access to care and improve the quality of medical services in Hawai‘i.

Every day, I work collaboratively with physicians, directing treatment plans, making recommendations and care decisions. I make sure every patient gets the right medications that do no harm. I ensure every patient gets better all without direct reimbursement. Should this bill pass, I will be able to provide more clinical services because I won’t have to spend as much time trying to convince administrators the benefits of having a Clinical Pharmacist.

I respectfully and strongly recommend the Committee pass SCR 17. Thank you for the opportunity to testify.

Sincerely,

Christopher Tan Pharm.D., BCPS

SCR-17

Submitted on: 3/13/2023 4:12:08 PM

Testimony for CPN on 3/16/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Janelle Siu Oshiro	Individual	Support	Written Testimony Only

Comments:

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

TO THE HONORABLE CHAIR KEOHOKALOOLE, VICE CHAIR FUKUNAGA, AND MEMBERS OF THE CONSUMER PROTECTION COMMITTEE:

My name is Janelle Siu Oshiro, clinical pharmacist at Queen’s Medical Center West Oahu and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai’i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare communities.

SB 693 would provide coverage for licensed pharmacists’ services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai’i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in the inpatient hospital setting with services to outpatient care teams as well (i.e. cardiology). Some examples of services that we currently provide without direct reimbursement are chronic disease state management (i.e. anticoagulation), medication reconciliation, chart review including medication profile review, fall risk assessment, patient education, drug monitoring and/or adjustments, and laboratory tests. Additional services we

would be able to provide with financial leverage created by this bill would be transitions of care services, additional specialty care services, and telehealth.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are MTM reviews, immunizations, additional chronic disease state management (i.e. diabetes, hypertension, hyperlipidemia).

I respectfully and strongly urge the Committee to see fit to pass SCR 17. Thank you for the opportunity to testify.

Sincerely,

Janelle Siu Oshiro, PharmD

SCR-17

Submitted on: 3/13/2023 4:58:24 PM

Testimony for CPN on 3/16/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leila Chee	Individual	Support	Written Testimony Only

Comments:

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To The Honorable Chair Keohokalole, Vice Chair Fukunaga and Members of The Consumer Protection Committee:

My name is Leila Chee, Student Pharmacy Intern at Albertsons Safeway Pharmacy and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I currently practice in the community pharmacy setting with plans to intern in clinical settings. Some examples of services that pharmacists provide without direct reimbursement include telehealth, and counseling on medications, administration of inhalers, smoking cessation, diet, and exercise. With financial leverage created by this bill we would be able to

expand vaccination services, conduct diabetes prevention programs, opioid abuse consultations, and more. Pharmacists have also taken on the role of prescribing Paxlovid for COVID-19, Naloxone for opioid overdose, hormonal birth control and the emergency contraceptive pill.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are medication therapy management. Many times medication and medical history gets lost in translation. It is important to run this extensive search, because we need to be sure that there are no drug interactions, duplicated medications, and that each medication is efficiently and safely administered per the correct indications. By doing so we can assure adherence, improvement of condition and our patient's quality of life. I believe that provider status will help our community by providing them with more access to be cared for by pharmacists. Our main priority is to support our community in getting better by making patient's feel safe and comfortable with discussing their health.

I respectfully and strongly urge the Committee to see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Leila Chee

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists

March 16, 2023 at 10:00 am

By Camlyn Masuda

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Consumer Protection Committee

My name is Camlyn Masuda and I am an Associate Specialist and Clinical Pharmacist with the University of Hawai'i at Hilo Daniel K Inouye College of Pharmacy. I appreciate the opportunity to submit testimony in support of SB693, A Bill to Mandate Reimbursement for Pharmacists' Services. My testimony does not represent the views of the University of Hawai'i at Hilo.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare communities.

SB693 would provide coverage for licensed pharmacists' services under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in family medicine/primary care setting, where we take care of people from the time they are conceived until they are elderly. A majority of the people that I manage are of low income or have Medicaid/Quest (state funded medical insurance for people with low income or disabled). Some examples of services that I currently provide without direct reimbursement are teaching people on how to use medications that require the use of devices, such as insulin, which is an essential medication for people with certain types of diabetes and inhalers which help people with conditions such as asthma or chronic obstructive pulmonary disorder breath better and prevents them from being hospitalized. Within the current scope of practice for pharmacists in the State, I also adjust the dose of medications if it is needed, order and review blood tests needed to ensure the medication is working or not at risk for causing side effects. I do this all within a doctor's office setting. The services I provide are an extension of the doctor, as doctors only have 15 minutes to see a person, which is not enough time to fully discuss the medications on how they work and possible side effects. After the doctor sees the person, then I will see the person to give them a better understanding of the medications and assist in determining what medications would be the lowest cost for the person (based on which drug is covered and researching coupons or patient assistance programs). Providing this type of service has shown to increase adherence to medications. SB693 will provide the financial leverage to bill for these services, which would help fund additional positions like mine in primary care doctor's office throughout the state.

Lack of reimbursement also prevents pharmacists from working to the full scope of practice allowed by Hawai'i laws. Pharmacists are allowed to prescribe oral contraceptives and oral treatment for COVID19 however have not done so because there is no reimbursement stream for the service. This service would improve access for people living in rural areas who do not live close to their primary care physicians, nurse practitioners or need these medications when the clinics are closed.

I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

A handwritten signature in cursive script that reads "Camlyn Masuda".

Camlyn Masuda, PharmD, CDCES, BCACP
Associate Specialist, Dept. of Pharmacy Practice
Daniel K. Inouye College of Pharmacy
University of Hawai'i at Hilo
Assistant Clinical Specialist, Dept. of Family Medicine and Community Health
University of Hawai'i at Mānoa-John A. Burns School of Medicine
Clinical Scholars Alumni
677 Ala Moana Blvd. Ste 1025A
Honolulu, HI 96813
Email: camlynm@hawaii.edu

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Consumer Protection Committee:

My name is Kiera Javillonar, a P3 at The Daniel K. Inouye College of Pharmacy, and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee to see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Kiera Javillonar

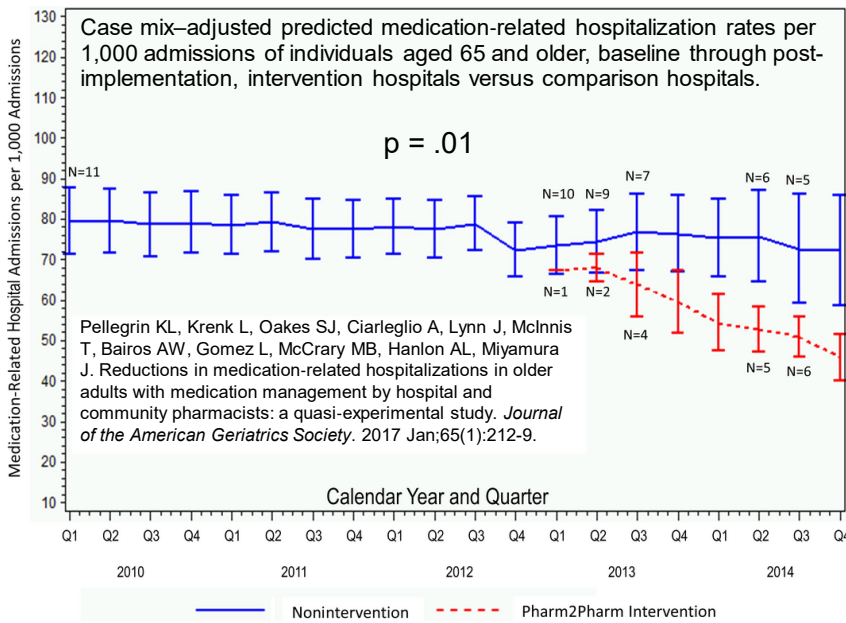
A handwritten signature in black ink that reads "Kiera Javillonar". The signature is written in a cursive, flowing style.

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

TO: To the Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Consumer Protection Committee:

My name is Karen Pellegrin, and I have served as a senior faculty member at the Daniel K. Inouye College of Pharmacy at UH Hilo since 2008. I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans. This mandate will help **improve the quality of patient care** and **reduce the total cost of care** in Hawaii because **pharmacists are the only members of the care team with expertise to perform comprehensive medication management which reduces hospitalizations from medication harm.**

Through a federal award led by our college, we reimbursed pharmacists for identifying patients at risk of medication harm and for managing their medications across prescribers and across dispensing pharmacies in hospitals and community settings in all four counties in Hawaii. More than 2,000 patients received these services statewide. Results of this project, which have been published in peer-reviewed scientific journals, demonstrated a **264% return on investment in the pharmacists** we paid to perform these services¹. As shown in the chart below, the 6 communities in Hawaii that implemented this pharmacist-led model had significantly lower medication-related hospitalizations among older adults compared to the 5 communities that did not implement this model.



Annual Pharm2Pharm costs of...
Pharmacists = **\$1.8M**
Avoided medication-related hospitalizations = **\$6.6M**

Senate Bill No. 693 would provide financial compensation that would allow licensed pharmacists to provide these services in Hawai'i under the medical benefit of private and public health plans. I respectfully and strongly urge the Committee to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Karen L. Pellegrin, PhD, MBA

¹ <https://agsjournals.onlinelibrary.wiley.com/doi/pdfdirect/10.1111/jgs.14518>

Testimony for SCR17, Requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists.

To the Honorable Chair Keohokalole Vice Chair Fukunaga and members of the Consumer Protection Committee,

My name is Ross Tanaka, Pharmacist Queens Medical Center West Oahu and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

My team and I currently practice in the hospital setting. Some examples of services that we currently provide without direct reimbursement are providing recommendations to prescribers based on current practice guidelines along with our facility's antimicrobial stewardship recommendations and helping update antibiotic regimens based on culture results for patients who have been discharged from our emergency department. Additional services we would be able to provide with financial leverage created by this bill would be other public health services such as tobacco cessation counseling and other teaching services for patients who are hospitalized.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are difficulties in creating continuity of care which could be assisted with pharmacist's intervention (e.g. catching duplicate therapies created by polypharmacy, providing thorough counseling of patient's entire med list including a personalized schedule/plan for administering meds)

I respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,

Ross Tanaka

Ross Tanaka

SCR-17

Submitted on: 3/14/2023 8:48:24 AM

Testimony for CPN on 3/16/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kelli Aoki	Individual	Support	Written Testimony Only

Comments:

Testimony for SCR17, requesting the auditor to conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists

To the Honorable Chair Keohokalole, Vice Chair Fukunaga, and members of the Consumer Protection Committee,

My name is Kelli Aoki, pharmacist, and I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers, there are other steps which can be taken to fully utilize existing resources in Hawai'i. One such resource are the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans, enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

I respectfully and strongly urge the Committee see fit to pass SCR17 in order to move forward with implementation of SB693. Thank you for the opportunity to testify.

Sincerely,
Kelli Aoki, PharmD, BCPS

SCR-17

Submitted on: 3/14/2023 10:13:25 AM

Testimony for CPN on 3/16/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kerri Okamura	Individual	Support	Written Testimony Only

Comments:

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Committee of Commerce and Consumer Protection

I appreciate the opportunity to submit testimony in support of SCR17 that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

Thank you for the opportunity to testify.

Sincerely,

Kerri Okamura, R.Ph.

TESTIMONY RE: Resolution SCR17, REQUESTING THE AUDITOR TO CONDUCT A SOCIAL AND FINANCIAL ASSESSMENT OF PROPOSED MANDATORY HEALTH INSURANCE COVERAGE FOR SERVICES PROVIDED BY PHARMACISTS.

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Consumer Protection Committee:

My name is Faith Hicks. I am a Pharmacy Practice Instructor at the Daniel K Inouye College of Pharmacy and a Relief Pharmacist at KTA Pharmacy, our local Independent Pharmacy on Big Island. I am grateful for the opportunity to submit testimony in support of Resolution SCR17.

The state of Hawai'i is currently facing a shortage of healthcare providers. Given that each county of Hawai'i is a medically underserved area, it is imperative that we face this disparity head on to provide the best care to our communities by fully utilizing all the resources at our disposal. Pharmacists are a valuable resource in the community and are readily accessible and available to all patients. During the pandemic, pharmacies remained open and provided administration of COVID tests and vaccinations to the public during the pandemic. Pharmacists also assessed labs, ordered and dispensed COVID treatments, like Paxlovid, to patients who tested positive for the virus. Pharmacists provided these services in addition to their daily dispensing duties and non-COVID related patient care services.

SCR17 will allow licensed pharmacists to receive financial compensation under private and public health plans to enable Pharmacists to continue to provide patient care services in the community. Our aim is to continue to work together alongside other healthcare professionals and increase the quality of access to medical services throughout the state of Hawai'i.

I currently practice in an Independent Community Pharmacy setting. Some examples of services that I and the other pharmacists currently provide without direct reimbursement are Medication Therapy Management, Diabetes Prevention Programs, Drug Therapy Education & Consultations, Administration of ACIP recommended vaccinations to adults and pediatrics age 3 and above. We carry out home visits to the majority of Care Homes on Big Island and provide Flu and COVID vaccines to elderly and disabled patients. We have hosted many mass clinics open to the public where we have administered thousands of flu and COVID vaccines to the members of the community. With financial leverage created by this bill, we could extend our reach to more patients and communities on the island. We would not be limited in the number of people we could provide services to do to lack of supplies, manpower and/or resources.

I respectfully and strongly urge the Committee to pass SCR17 for the well-being of the public we all serve. Thank you for the opportunity for my testimony to be heard.

Sincerely,

A handwritten signature in black ink, appearing to read 'Faith E Hicks', written in a cursive style.

Faith E Hicks, Pharm D.

SCR-17

Submitted on: 3/14/2023 11:40:48 PM

Testimony for CPN on 3/16/2023 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Wesley Sumida	Individual	Support	Written Testimony Only

Comments:

March 14, 2023

To the Honorable Chair Keohokalole, Vice Chair Fukunaga and members of the Commerce and Consumer Protection Committee

My name is Wesley Sumida and I am a pharmacist and Associate Professor at the Daniel K. Inouye College of Pharmacy. I appreciate the opportunity to offer my testimony as an individual in **strong support** of **SCR17** that requests the auditor conduct a social and financial assessment of proposed mandatory health insurance coverage for services provided by pharmacists. SCR17 is a necessary step needed to pass SB693 SD1 that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice by private and public health plans.

Hawai'i continues to face a shortage of healthcare providers, particularly in rural areas. Each county within the State contains a region that is a medically underserved area. While stakeholders across the healthcare community are working together to attract and retain qualified providers in the state, there are other steps which can be taken to fully utilize existing resources. One such resource is the pharmacists already practicing in our local healthcare community.

SB693 SD1 would provide financial compensation for licensed pharmacists under the medical benefit of private and public health plans enabling pharmacists to continue providing healthcare services in Hawai'i. I believe that ensuring providers already practicing within our communities are properly leveraged to utilize the fullest scope of their statutorily granted authority will only serve to increase quality of and access to medical services throughout the State.

Pharmacists are considered drug therapy experts among health care professionals. They provide consultation, education and other patient care services in their various practice sites such as acute care settings, ambulatory clinics, long term care facilities and in community pharmacy settings. Many pharmacists practice in inter-disciplinary team settings with physicians, nurses, psychologists, dieticians, and social workers, to name a few, to provide safe, effective and cost-efficient drug therapy. Numerous services are provided directly to patients such as medication therapy management for chronic disease management and assessment and counseling for complex medication regimens. Support for this bill will allow for reimbursement of valuable services that promote best patient care practices and care access.

I respectfully and strongly urge the Committee to pass SCR17 in order to move forward with implementation of SB693 SD1.

Thank you for this opportunity to testify.

Sincerely,

Wesley Sumida, Pharm.D., BCPS