

STATE OF HAWAII | KA MOKU'ĀINA 'O HAWAI'I  
OFFICE OF THE DIRECTOR  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

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## Testimony of the Department of Commerce and Consumer Affairs

Before the  
Senate Committee on Health and Human Services  
Monday, February 13, 2023  
1:00 p.m.

State Capitol, Conference Room 225 and via Videoconference

On the following measure:  
**S.B. 693, RELATING TO PHARMACISTS**

Chair San Buenaventura and Members of the Committee:

My name is Gordon Ito, and I am the Insurance Commissioner for the Department of Commerce and Consumer Affairs' (Department) Insurance Division. The Department offers comments on this bill.

The purpose of this bill is to mandate 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.

The new sections of HRS chapter 431, article 10A and chapter 432, article 1, created in Sections 2 and 3 of the bill, respectively, include subsections (a) that provide in part that health plans “shall recognize pharmacists licensed pursuant to chapter 461 as **participating providers**[.]” (page 2, lines 9 to 11 and page 3, lines 8-9) (emphasis added)). The term “participating provider” seems as if it could be reasonably interpreted to mean a provider who has contracted with a health plan. However, the subsections

(b) include the definition “participating registered pharmacist’ means a pharmacist licensed pursuant to chapter 461 who has contracted with the” health plan (page 2, lines 17 to 20 and page 3, lines 15 to 18). With this “participating registered pharmacist” definition defined by the existence of a contract, it is unclear what is meant by “participating provider”. This issue may lead to confusion and statutory interpretation issues.

For the Committee’s information, Hawaii Revised Statutes section 23-51 provides, in part, that “[b]efore 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, [*sic*] can be considered, there shall be concurrent resolutions passed requesting the auditor to prepare and submit to the legislature a report[.]”

Thank you for the opportunity to testify on this bill.

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



CATHY BETTS  
DIRECTOR  
KA LUNA HO'OKELE

JOSEPH CAMPOS II  
DEPUTY DIRECTOR  
KA HOPE LUNA HO'OKELE

STATE OF HAWAII  
KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF HUMAN SERVICES**  
KA 'OIHANA MĀLAMA LAWELAWE KANAKA  
Office of the Director  
P. O. Box 339  
Honolulu, Hawaii 96809-0339

February 11, 2023

TO: The Honorable Senator Joy A. San Buenaventura, Chair  
Senate Committee on Health & Human Services

FROM: Cathy Betts, Director

SUBJECT: [SB 693](#) – RELATING TO PHARMACISTS.

Hearing: February 13, 2023, 1:00 p.m.  
Conference Room 225 & Videoconferencing, State Capitol

**DEPARTMENT'S POSITION:** The Department of Human Services (DHS) offers comments and requests an extended effective date.

**PURPOSE:** The purpose of the bill is to mandate 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.

DHS supports adding pharmacists as providers practicing within their scope of practice. Indeed, pharmacists are already in the Hawaii State Plan as able to provide and bill for services within their scope of practice, such as vaccinations. DHS offers comments on Sections 4, 5, 6, and 8, which reference the Hawaii Medicaid program.

Section 4 adds pharmacists to the list of health care professionals at a federally qualified health center (FQHC) or rural health center (RHC) whose services may be included in the prospective payment system per section 346-53.64, Hawaii Revised Statutes (HRS). Currently, the Hawaii State Plan mirrors the statute. Therefore, the Med-QUEST Division must submit a State Plan Amendment (SPA) request to the Centers on Medicare & Medicaid Services to

accommodate this change. We do think that it is allowable to add pharmacists to the list of eligible FQHC or RHC health care professionals.

Section 5 adds pharmacists to the list of individual practitioners subject to the Hawaii Medicaid Fee Schedule. The latter is for services provided in the fee-for-service delivery system and as a reference for the Medicaid managed care plans. Currently, Hawaii's Medicaid recognizes individual pharmacists. However, if the intent is for the pharmacists to be able to bill for their Medicaid-covered services as independent providers instead of via the billing provider (the affiliated pharmacy), there would be significant changes to the regulatory (State Plan) and administrative and operational processes. In order to implement these changes, we would request an extended effective date. DHS will also research the costs required to make the logistical and system changes, and provide that information as this bill is considered.

Section 6 of the bill expands the listed providers who can provide their services using telehealth to include pharmacists licensed under Chapter 461, HRS. Although the state law notes that the list of providers is not limited to those named, there are no barriers to listing them. The use of telehealth is, of course, to be clinically appropriate to the service provided and within the provider's scope of practice.

Section 8 requires DHS to submit any State Plan Amendment (SPA), or waiver needed to implement the changes. As noted earlier, several provisions will necessitate State Plan changes. Section 8 also requires that such SPAs be submitted by an unspecified date. Given federal public notice requirements and the time needed to draft and discuss the provisions with CMS, we would request an effective date that gives DHS at least six months from the bill's passage to submit any necessary SPAs to implement this measure.

Thank you for the opportunity to provide comments on this measure.



**SanHi**

GOVERNMENT STRATEGIES

A LIMITED LIABILITY LAW PARTNERSHIP

DATE: February 12, 2023

TO: Senator Joy San Buenaventura  
Chair, Senate Committee on Health Human Services

FROM: Mihoko Ito / Tiffany Yajima

RE: **S.B. 693 – Relating to Health**  
**Hearing Date: Monday, February 13, 2023 at 1:00 p.m.**  
**Conference Room: 225**

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Dear Chair San Buenaventura, Vice Chair Aquino, and members of the Committee on Health and Human Services:

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 **strongly supports** S.B. 693, which would recognize the practice and services provided by registered pharmacists for insurance coverage purposes. 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 strong support of this measure.

## **Testimony of the Board of Pharmacy**

**Before the  
Senate Committee on Health and Human Services  
Monday, February 13, 2023  
1:00 p.m.  
Conference Room 225 and Videoconference**

**On the following measure:  
S.B. 693, RELATING TO PHARMACISTS**

Chair San Buenaventura 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 this measure.

The purpose of this bill is to mandate 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.

The Board would like to stress 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 locale. Patients establish and maintain trusted relationships with their pharmacist and clearly recognize them as healthcare professionals. This measure will aide in 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 assisted in ordering and administering COVID-19 tests and vaccines in pharmacies across the State, safely expanding patients access to care.

This measure will help ensure pharmacists are able to continue to serve their communities and maintain the communities' access to quality health care across the State. Other States that have enacted similar legislation include, but are not limited to,

Testimony of the Board of Pharmacy

S.B. 693

Page 2 of 2

California, Colorado, Idaho, Nevada, Ohio, Oregon, Texas, Virginia, Washington, and Wisconsin.

Thank you for the opportunity to testify on this bill.



Testimony presented before the  
Senate Health and Human Services Committee  
Monday, February 13, 2023

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

Honorable Chair San Buenaventura, Vice Chair Aquino and members of the committee,

The Hawai'i Pharmacists Organization (HPhA) stands in strong support of SB 693 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 more years of training in pharmacotherapy and medication management than any other healthcare profession.

Pharmacists graduate with a Doctor of Pharmacy (PharmD) that requires a minimum of six years to complete. Pharmacists may then complete two years of post-graduate residency programs or become nationally board certified in various specialties. Specialty care areas include, but are not limited to, ambulatory care, oncology, pediatrics, geriatrics, infectious disease, cardiology, psychiatry, emergency medicine and critical care.

The current antiquated payment structure for pharmacists is completely reliant upon a medication dispensing model under the pharmacy benefit that has become unsustainable. In the retail pharmacy setting, Pharmacy Benefit Managers (PBMs) have continued to reduce medication reimbursement rates. Often times reimbursement is so low that community pharmacies are losing money to dispense medications after accounting for baseline business expenditures. By relying exclusively on billing the pharmacy benefit, locally owned pharmacies are unable to generate sustainable revenue streams to remain in business. SB 693 would allow community pharmacies to bill for services that lie within a pharmacist's scope of practice to create additional income, continue to serve patients, and increase access to care.

Healthcare systems and health plans that employ pharmacists have the luxury of relying upon long-term financial returns to justify the presence of a pharmacist on the care team. There is extensive literature to show themes in cost savings, including "decreased total health expenditures, decreased unnecessary care (fewer hospitalizations, emergency department visits and physician visits), and decreased societal costs (missed or nonproductive workdays)."<sup>1</sup> 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.

Despite the established long-term benefit of pharmacist integrated team-based care, many independent provider clinics and small healthcare systems cannot 'front' the cost of a pharmacist and rely upon the delayed financial return. SB 693 would allow for pharmacists to bill based upon time and complexity of care resulting in standard reimbursement speeds. In these settings, pharmacists could bill for clinical services within a specialty area or assist

<sup>1</sup> 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>

with chronic disease state management alongside a primary care provider under a collaborative practice agreement. This would allow for expanded physician panels and provide immediate financial incentive to have a medication expert creating a well-rounded care team.

In detailed testimonies from pharmacists and physicians across the state, you will read about the wonderful ways pharmacists positively contribute to population health outcomes. What will not be as apparent are the services that have been granted to pharmacists that do not financially ‘make sense’ to provide. In 2017 in Hawai’i, pharmacists were granted the ability to prescribe and dispense oral hormonal contraception after meeting additional training and documentation requirements. In 2022, pharmacists were given the authority from the federal government to prescribe and dispense a medication called Paxlovid to treat COVID-19 to keep sick patients from seeking hospital care. Both these services appear to reduce barriers to care and improve population outcomes utilizing the most accessible healthcare professionals, but neither are locally implemented because the lack of medical reimbursement would result in a financial loss.

By realigning financial incentives and reimbursing pharmacists for their services under the medical benefit, there will be greater access to the vital health services pharmacists are capable of providing. Without a medical billing pathway, other health care providers will continue to serve in place of pharmacists as medication experts despite significant gaps in education and training. Our community pharmacies will continue to struggle to make ends meet and patients will see further reductions in access to trusted healthcare professionals.

The landscape of healthcare in Hawai’i raises concerns for the entire medical community and State at large. Hawaii’s provider shortage of over 700 physicians continues to expand while all five counties struggle to access patients in designated medically underserved areas. The administrative burden on physicians is growing, reimbursements are shrinking, and support staff are leaving healthcare altogether. HPhA strongly believes the pharmacy profession is being underutilized and urges you to consider creation of a payment pathway that reflects the robust clinical knowledge and skills a pharmacist can provide outside of drug dispensing. This will expand pharmacy services in the community and incentivize pharmacists to remain in Hawai’i and practice at the top of their licenses.

Payment for pharmacist clinical services under the medical benefit is the missing piece to create true team-based collaboration. SB 693 is needed for pharmacists to be financially leveraged to utilize our knowledge and training as medication experts. But more importantly, SB 693 is necessary to provide the level of care that our patients and ohana deserve.

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

Very Respectfully,

A handwritten signature in black ink that reads "Corrie L. Sanders". The signature is written in a cursive, flowing style.

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



1001 Bishop Street | Suite 625 | Honolulu, HI 96813-2830  
1-866-295-7282 | Fax: 808-536-2882  
aarp.org/hi | [aarphi@aarp.org](mailto:aarphi@aarp.org) | [twitter.com/AARPHawaii](https://twitter.com/AARPHawaii)  
[facebook.com/AARPHawaii](https://facebook.com/AARPHawaii)

**The State Legislature**  
**The Senate Committee on Health and Human Services**  
**Monday, February 13, 2023**  
**1:00 p.m.**

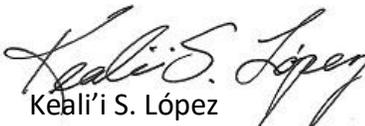
TO: The Honorable Joy San Buenaventura, Chair  
RE: Support for S.B. 693 Relating to Pharmacists

Aloha Chair San Buenaventura and Members of the Committee:

My name is Keali'i Lopez and I am the State Director for AARP Hawai'i. AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of nearly 38 million nationwide and nearly 140,000 in Hawaii. We advocate at the state and federal level for the issues that matter most to older adults and their families, including telehealth. **AARP supports 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.

Hawaii should allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills where evidence indicates services can be delivered safely and effectively. This includes allowing and expecting different professions to share overlapping scopes of practice. There are areas in Hawaii where physician shortages limit access to care and where other practitioner types such as pharmacists can lead to more efficient delivery of care. People go to neighborhood pharmacy to have their medications filled and often seek consultation with their pharmacist who can answer questions about the medications and help patients take their medications safely and appropriately. Pharmacists provide an essential and complementary service that can help bridge the gaps created by the physician shortage and should be compensated appropriately for the valuable clinical service that they provide to patient care. Thank you very much for the opportunity to testify in support of SB 693.

Sincerely,

  
Keali'i S. López  
State Director



The absence of recognition as providers by insurance companies has made it difficult for pharmacists to be reimbursed and for patients to receive the services they could furnish. SB 693 will enhance patient access to pharmacists-provided patient care services by providing compensation to pharmacists for delivered care. Over 90% of Americans live within five miles of a community pharmacy.<sup>4</sup> More than any other segment of the pharmacy industry, independent community pharmacists are often located in the most underserved rural and urban areas. They are frequently the most accessible healthcare providers in many communities and are critical for the provision of immunizations and other preventative care services in the community.

Commented [JK2]: Compensation, maybe? Benefits seems like a gift or hand out to pharmacists.

Increased utilization of pharmacists' services has improved patient outcomes and reduced overall healthcare costs. Systematic reviews have indicated positive returns on investment when evaluating broader pharmacist services, with up to \$4 in benefits for every \$1 invested in clinical pharmacy services.<sup>5</sup> If the goal is increasing patient access, supporting a healthier Hawaii, and saving health care dollars, pharmacists must be compensated for practicing at the top of their licenses.

NCPA strongly supports the Hawaii Pharmacists Association in their advocacy for this bill. We appreciate the bill's sponsor, Senator Lee, for championing this important issue and urge approval from this committee.

If you have any questions about the information contained in this letter or wish to discuss the issue in greater detail, please do not hesitate to contact me at [belawoe.akwakoku@ncpa.org](mailto:belawoe.akwakoku@ncpa.org) or (703) 600-1179.

Sincerely,



Belawoe Akwakoku  
State Government Affairs Manager  
National Community Pharmacists Association

<sup>4</sup> NCPDP Pharmacy File, ArcGIS Census Tract File, NACDS Economics Department.

<sup>5</sup> Avalere. Exploring Pharmacists' Role in a Changing Healthcare Environment. May 21, 2014, available at: <https://avalere.com/insights/exploring-pharmacists-role-in-a-changing-healthcare-environment>.

The Honorable Chair San Buenaventura, Vice Chair Aquino and the Health and Human Services Committee

In support of SB693 - 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](http://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](http://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
<b>Autoimmune Conditions:</b> Rheumatoid Arthritis, Psoriatic Arthritis, Lupus, Fibromyalgia, Sjogren's Syndrome	<b>Hypertension</b>
<b>Neurological Conditions:</b> Migraine Headaches, Alzheimer's Disease, Previous Stroke, TIA, Multiple Sclerosis, Restless Legs Syndrome	<b>Type 2 Diabetes and Gestational Diabetes:</b> Including chronic kidney disease and nephropathy, neuropathy, retinopathy, frequent symptomatic hypoglycemia
<b>GI Conditions:</b> Acid Reflux, Bloating, Gas, Heartburn, Gastritis, IBS, Crohn's Disease, Chronic Constipation, Dumping Syndrome, Chronic Diarrhea, Diverticulitis, Fatty Liver	<b>High Cholesterol</b>
<b>Psychiatric Conditions:</b> ADHD, Anxiety, Depression, Bipolar Disorder	<b>Cardiovascular Disease:</b> Including history of heart attack, stent placement, stroke, TIA, calcification of arteries
<b>Hormonal Imbalances:</b> Thyroid, Low Testosterone, PCOS, Infertility, Perimenopause, Severe PMS	<b>Obesity</b>

## 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	<b>Diabetes</b> <b>Obesity</b>
Amlodipine - \$506 Irbesartan/HCTZ - \$528 Lisinopril/HCTZ - \$208 Carvedilol - \$258 Nifedipine - \$344	Valsartan - \$847 Hydrochlorothiazide - \$107 Lisinopril - \$95 Losartan - \$618 Irbesartan - \$1878	<b>Hypertension</b> <b>Heart Failure</b> <b>Arrhythmias</b>
Atorvastatin - \$1524 Icosapent Ethyl - \$2616	Rosuvastatin - \$4080	<b>High Cholesterol</b> <b>Hypertriglyceridemia</b>
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	<b>Rheumatoid Arthritis</b> <b>Breast Cancer</b> <b>Depression/Anxiety</b> <b>Acid Reflux</b> <b>Asthma</b> <b>Low Testosterone</b> <b>Endometrial Cancer</b>

### 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

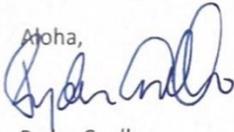
Dearest Dr. Jodi,

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.



# 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 Health and Human Services  
Monday, February 13, 2023 at 1:00 p.m.

By

Bonnie Irwin, Chancellor

and

Miriam Mobley Smith, Interim Dean  
Daniel K. Inouye College of Pharmacy  
University of Hawai'i at Hilo

#### SB 693 – RELATING TO PHARMACISTS

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Thank you for the opportunity to submit testimony on SB 693. The University of Hawai'i at Hilo (UH Hilo) supports SB 693, which will mandate 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.<sup>1</sup> In Hawai'i there are 31 areas that are designated as health professional shortage areas.<sup>2</sup> All Hawai'i counties include areas designated as "medically underserved" with limited access to healthcare. There were over 2,600 pharmacists in Hawaii 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.<sup>3</sup>

**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)."<sup>4</sup> 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 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

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<sup>1</sup> 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](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.

<sup>2</sup> 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-areashpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed 3/11/2020

<sup>3</sup> 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.

<sup>4</sup> 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>.

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 minority<sup>5</sup> and rural communities<sup>6</sup>, 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.<sup>7</sup>

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 SB 693.

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<sup>5</sup> 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>

<sup>6</sup> 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.

<sup>7</sup> 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.



February 12, 2023

[submitted electronically via: [capitol.hawaii.gov](http://capitol.hawaii.gov)]

The Honorable Joy A. San Buenaventura  
Chair, Committee on Health and Human Services  
415 South Beretania Street  
Honolulu, HI 96813

Dear Chair San Buenaventura, Vice Chair Aquino, and members of the Committee on Health and Human Services:

The American Pharmacists Association (APhA) appreciates the opportunity to submit proponent testimony on [Senate Bill \(SB\) 693](#) (Senator Lee). SB 693 will allow for the reimbursement of 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. Realigning financial incentives in our health care system to allow for health plan reimbursement under the medical benefit of services provided by pharmacists ensures patients have more time with their most accessible health care professional, their pharmacist. It also properly aligns the current role of the pharmacist, with their extensive education and training, to practice at the top of their license.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care and enhance public health. In Hawai'i, with 900 licensed pharmacists and 1,470 pharmacy technicians, APhA represents the pharmacists and students that practice in numerous settings and provide care to many of your constituents. As the voice of pharmacy, APhA leads the profession and equips members for their role as the medication expert in team-based, patient-centered care. APhA inspires, innovates, and creates opportunities for members and pharmacists worldwide to optimize medication use and health for all.

We also support the submitted testimony from the Hawai'i Pharmacists Association.

Substantial published literature clearly documents the proven and significant improvement to patient outcomes<sup>1</sup> and reduction in health care expenditures<sup>2</sup> when pharmacists are optimally leveraged as the medication experts on patient-care teams. The expansion of programs that increase patient access to health care services provided by their pharmacist in Hawai'i is aligned with the growing trend of similar programs in other states, such as: California, Colorado, Idaho, Kentucky, Minnesota, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, and others. In states where such programs have already been implemented, we are observing health plans recognizing the value of the pharmacist and investing in the services they provide in order to capitalize on the positive therapeutic and economic outcomes associated with pharmacist-provided care.<sup>3</sup>

Given the unique patient population and barriers to care due to the primary health care worker shortage<sup>4</sup> in Hawai'i, we strongly believe considering a payment model that includes reimbursement for pharmacists' services is the missing piece to allow other professionals to utilize pharmacists as the medication experts we are. As the most accessible healthcare professionals, pharmacists are a vital provider of care, especially for those living in underserved and remote communities. Patient access to pharmacist-provided care can address health inequities while reducing hospital admissions, increasing medication adherence, and decreasing overall healthcare expenditures by recognizing and covering the valuable health care services pharmacists provide, similar to Hawai'i's recognition of many other health care providers.

As you may be aware, many of Hawai'i's neighborhood pharmacies, especially those in rural communities<sup>5</sup>, are closing as a result of the unsustainable reimbursement model in the drug supply chain enhancing health care disparities. Without immediate changes, the current payment model is putting many independent pharmacies out of business and creating "pharmacy deserts" in minority and underserved communities, where the neighborhood pharmacy may be the only health care provider for miles.<sup>6</sup>

The creation of programs that allow for the direct reimbursement of services provided by pharmacists through Med-Quest, Medicaid Managed Care Organizations, and private health plans opens additional revenue opportunities for these pharmacists to maintain their practice and provide valuable health care services that are necessary for many Hawai'i communities. It is also important to note these programs are not expected to raise costs for health plans, as published literature has shown pharmacist-provided care

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<sup>1</sup> 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. Available at: [https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>2</sup> Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

<sup>3</sup> CareSource Launches Pharmacist Provider Status Pilot. Published August 4, 2020. Available at <https://www.caresource.com/newsroom/press-releases/caresource-launches-pharmacist-provider-status-pilot/>

<sup>4</sup> Counties with the biggest primary health care worker shortages. NursingEducation. Published August 25, 2021. Available at <https://nursingeducation.org/counties-with-the-biggest-primary-health-care-worker-shortages/>.

<sup>5</sup> 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/>

<sup>6</sup> Guadamuz, Jenny. Et. al. Fewer Pharmacies In Black And Hispanic/Latino Neighborhoods Compared With White Or Diverse Neighborhoods, 2007–15. *Health Affairs*. May 2021, available at: <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01699>

results in cost savings and healthier patients.<sup>7,8</sup> This strong return on investment supports why many other states that have established comparable programs. For example, Oregon, identified in their fiscal legislative analysis that the creation of a similar program that would permit pharmacists to engage in the practice of clinical pharmacy and provide patient care services to patients, would have “minimal expenditure impact on state or local government.”<sup>9</sup>

For these reasons, APhA strongly supports SB 693 and respectfully requests your “AYE” vote. If you have any questions or require additional information, please do not hesitate to contact E. Michael Murphy, PharmD, MBA, APhA Advisor for State Government Affairs by email at [mmurphy@aphanet.org](mailto:mmurphy@aphanet.org).

Sincerely,



E. Michael Murphy, PharmD, MBA  
Advisor for State Government Affairs  
American Pharmacists Association

cc: Senator Henry J.C. Aquino, Vice Chair  
Senator Sharon Y. Moriwaki  
Senator Maile S.L. Shimabukuro  
Senator Brenton Awa

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<sup>7</sup> 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. Available at:

[https://www.accp.com/docs/positions/misc/improving\\_patient\\_and\\_health\\_system\\_outcomes.pdf](https://www.accp.com/docs/positions/misc/improving_patient_and_health_system_outcomes.pdf)

<sup>8</sup> Murphy EM, Rodis, JR, Mann HJ. Three ways to advocate for the economic value of the pharmacist in health care. Journal of the American Pharmacists Association. August 2020. Available at:

<https://www.sciencedirect.com/science/article/abs/pii/S1544319120303927>

<sup>9</sup> FISCAL IMPACT OF PROPOSED LEGISLATION Measure: HB 2028 A. Seventy-Eighth Oregon Legislative Assembly – 2015 Regular Session. Available at <https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureAnalysisDocument/28866>.

TESTIMONY RE: SENATE BILL NO. SB693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO Honorable Chair San Buenaventura, Vice Chair Aquino, AND MEMBERS OF THE COMMITTEE:

My name is Ivie Kumura, Ambulatory Clinical Pharmacist with Kaiser Permanente, and with the Hawaii Pharmacist Association. I appreciate the opportunity to submit testimony in support of SENATE Bill No. SB693 A Bill to Mandate Reimbursement for Pharmacy Services.

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.

We 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. We 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 ambulatory care setting and precept students attending the Daniel K. Inouye Pharmacy School. Some examples of services that we currently provide without direct reimbursement are Medicare (CMS) Medication Therapy Management comprehensive medication review, diabetes management, adherence services, anticoagulation services, assistance with tapering of opioid prescription, naloxone availability to patients all under collaborative agreement with authorized providers. Additional services we would be able to provide with financial leverage created by this bill would be SB693.

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

Sincerely,

Ivie H Kumura, RPh, Pharm.D, BCPS

**LATE**

**SB-693**

Submitted on: 2/12/2023 10:45:40 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Patrick Uyemoto	Testifying for Times Pharmacy	Support	Written Testimony Only

Comments:

**Testimony in Support of SB693**

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

Times Pharmacy strongly supports SB693 which would help reimburse pharmacists for their services. 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. We 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,

Patrick Uyemoto, Pharm.D.

Director of Pharmacy

Times Pharmacy

Monday, February 13, 2023 at 1:00 PM  
Via Video Conference; Conference Room 225

**Senate Committee on Health and Human Services**

To: Senator Joy San Buenaventura, Chair  
Senator Henry Aquino, Vice Chair

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

Re: **Testimony in Support of SB 693  
Relating to Pharmacists**

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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 SB 693 which would mandate reimbursement by private and public health plans in the State for services provided by participating registered pharmacists practicing within the scope of their practice. This measure would provide insurance 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.

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. The practice of pharmacy has evolved to encompass a greater focus on the provision of 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 bill 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.



## THE QUEEN'S HEALTH SYSTEM

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To: The Honorable Joy San Buenaventura, Chair  
The Honorable Henry Aquino, Vice Chair  
Members, Senate Committee on Health & Human Services

From: Jace Mikulanec, Director, Government Relations, The Queen's Health System

Date: February 13, 2023

Re: Comments on SB 693: Relating to Pharmacists

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The Queen's Health System (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 10,000 affiliated physicians, caregivers, and dedicated medical staff statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's supports the intent of SB 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. We believe this measure will ultimately provide greater access to health care services, particularly for our neighbor island patients; QHS hospitals, Molokai General Hospital and North Hawaii Community Hospital, serve rural communities that have limited access to care in many cases.

Allowing reimbursement to registered pharmacists to safely provide certain health care services is a cost-effective measure that brings us closer to meeting the health care needs of our community and helps strengthen the integrated care team model that has proven so effective for many of our most vulnerable patients.

Thank you for the opportunity to testify on this measure.

*The mission of The Queen's Health System is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

TESTIMONY RE: SB693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR SAN BUENAVENTURA, VICE CHAIR AQUINO, AND MEMBERS OF THE COMMITTEE:

My name is Tashya Whitehead, MD, a physician with the Queens Health System, and I appreciate the opportunity to submit testimony in support of SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

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 outpatient (ambulatory) setting. Some examples of services that our clinical pharmacists currently provide without direct reimbursement are medication counseling, medication checks, medication reconciliations, medication adjustments. They will even do home visits to help patients with their medications! Having worked alongside our clinical pharmacists, they spend time explaining and talking to patients about their medications and check in frequently to make sure the medications are working and being taken appropriately. By having our amazing clinical pharmacists do this, I have more time to spend with my patients in the office, since I do not have the time in the day to see a full panel of patients and also have several in-depth conversations about medications with patients. Our patients absolutely love being able to have these interactions with our clinical pharmacists, and I feel that it is an invaluable service to our patients.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Tashya Whitehead', written in a cursive style.

Tashya Jayasuriya Whitehead, MD

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR SAN BUENAVENTURA, VICE CHAIR AQUINO, AND MEMBERS OF THE COMMITTEE:

My name is Lily Van and I am a clinical ambulatory care pharmacist and I appreciate the opportunity to submit personal testimony in **support** of Senate Bill No. 693 A Bill to Mandate Reimbursement for Pharmacy Services.

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 strongly 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 outpatient ambulatory care setting. I work alongside physicians, nurse practitioners, nurses, dietitians, psychologists and medical assistants to ensure that our patient populations truly benefit from the team-based patient-centric model of care that is being taught in medical programs.

As an outpatient ambulatory care pharmacist, my training not only included a 4-year post-graduate doctoral degree, but a two-year pharmacy residency where I worked and trained alongside physicians and medical residents as well.

In my current role, I am the pharmacology expert in our outpatient clinic seeing on average 10-15 patients daily myself. These patients come to me through a referral from their primary care provider or specialist with a diagnosis, but a need for additional pharmacy support for their therapeutic regimen. In many cases, my ability to provide the extra layer of follow up in tandem with their provider allows the patient to meet their health goals more quickly. It also allows the physicians on my team the flexibility to expand their panels in order to see more patients. Right now, many patients in my clinic wait 1-2 months to see their provider. Having a pharmacist on the team to help with follow up appointments allow us to expand access to care and free up time on the providers' schedules. I see patients for a variety of disease states including support for diabetes care, hypertension, smoking cessation, COPD/asthma, polypharmacy, etc. My role is to not replace their provider, but to work as a team member with the patient at the center of everything we do. Many of my patients reside on our outer islands with limited access to healthcare, so optimizing this team-based model of care ensures that we keep patients out of our hospitals and protects our communities' access to care. With the financial leverage created by this bill, I recognize that my team would be able to financially expand and sustain the pharmacy services we have already started.

As a preceptor at the College of Pharmacy and director of a pharmacy residency program in our state, I recognize how difficult it is to keep our healthcare graduates here. I was born and raised here in Honolulu, but left the state to attend college and receive my residency training. I subsequently worked in Washington, where I did have the privilege of billing for reimbursement of my clinical services. I saw how the profession of pharmacy was able to flourish alongside their healthcare colleagues, and I saw the direct benefit and appreciation in my patients' eyes. The decision to leave that forward-thinking and advanced model of healthcare to return to my home state was not a decision I took lightly. However, I know that our communities deserve the best healthcare that we can provide and I feel strongly that having the leverage for pharmacists to bill for their services will allow our healthcare teams to grow and sustain the best patient-centric models possible.

Those of us who were born and raised here on the islands want to return to serve the communities that raised us. Allowing for reimbursement of these cognitive pharmacy services will not only allow healthcare systems to create more sustainable team based models for our graduates, but it will more importantly maintain access to high quality patient centric care in our communities. I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to provide written testimony.

Sincerely,

Lily Van, PharmD, BCACP, CDCES

## Senate Committee for Health and Human Services

To the Honorable Chair San Buenaventura , Vice Chair Aquino and Members of the Senate Committee for Health and Human Services

My name is Carolyn Ma, I am a Doctor of Pharmacy and Distinguished Fellow of the National Academies of Practice (FNAP) In February of 2022, I retired from my role as the Dean for the University of Hawai'i at Hilo Daniel K. Inouye College of Pharmacy. My written testimony strongly supports SB 693 Relating to Pharmacists, a bill that mandates reimbursement for services provided by participating registered pharmacists practicing within their scope of practice.

The Daniel K. Inouye College of Pharmacy has a successful model of embedding a faculty clinical pharmacist in family medicine physician practices. This model, known throughout many academic medicine patient clinics, the Kaiser HMO system, and the Veterans Administration, is known to decrease overall cost of patient care by reducing drug complications, adverse reactions, improve patient's medication adherence, and improve disease management outcomes. Pharmacists provide valuable and cost saving interventions especially in medication centric diseases. <sup>1</sup>

Pharmacists' partner with prescribers to address the multitude of insurance issues that accompany a supposedly simple writing of a prescription such as gaining prior authorizations, and ensure all drug interactions are handled appropriately. Legislation has helped the state's progress with more advanced pharmacist practice acts. The community pharmacist has increased their clinical roles for direct patient care through collaborative agreements with physicians and nurse practitioners. Their role as immunizers, advocates for women's health, and point of care testing have helped to transition the pharmacist to 'in front of the counter' as opposed to the stereotypical back of the counter role. <sup>1</sup>

Numerous studies show that a pharmacist caring for a patient with chronic diseases such as diabetes, cardiovascular disease, asthma will yield outcomes of better patient medication adherence, a safer side effect profile, avoid readmission or costly disease progression.<sup>2-4</sup> This then leads to a lower cost of a patient's overall care from a team-based model where not only one intervention but rather a team of interprofessional interventions provides value. This is the model utilized by the Kaiser HMO and VA systems, where the pharmacists' salaries are incurred in the operational cost of the clinic with overall outcome value based on the total care of the patient.

For those pharmacists not employed in an HMO or VA setting, these types of valuable services are provided but often not reimbursed due to the fact that pharmacists are not approved as providers in the Centers for Medicare and Medicaid Services (CMS).

Given the massive shortage of primary health care providers in this State, the clinical expertise that clinical pharmacists can provide would add value and cover gaps in care. This bill will help to compensate pharmacists in this valuable role.

Mahalo for the opportunity to provide testimony to support SB 693.

#### References

1. Ma, Carolyn. Panic or Panacea, Changing the Pharmacist's Role in Pandemic COVID-19. *Hawaii J Health Soc Welf.* 2020;79(7):234-235.
2. Chisholm-Burns MA, Kim Lee J, Spivey CA, et. al. US pharmacists' effect as team members on patient care: systematic review and meta-analyses. *Med Care.* 2010 Oct;48(10):923-33.
3. Prudencio J, Cutler T, Roberts S, et. al. The effect of clinical pharmacist-led comprehensive medication management on chronic disease state goal attainment in a patient-centered medical home. *Journal of Managed Care & Specialty Pharmacy.* 24. 423-429. 10.18553/jmcp.2018.24.5.423.
4. Helling DK, Johnson SG. Defining and advancing ambulatory care pharmacy practice: it is time to lengthen our stride. *Am J Health Syst Pharm.* 2014 Aug 15;71(16): 1348-56.

**SB-693**

Submitted on: 2/10/2023 6:02:24 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

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

Comments:

**TESTIMONY RE: SENATE BILL NO. SB693 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES**

**TO THE HONORABLE CHAIR SAN BUENAVENTURA, VICE CHAIR AQUINO AND THE HEALTH AND HUMAN SERVICES COMMITTEE:**

**My name is Leila Chee, Pharmacy Student and Intern. I appreciate the opportunity to submit testimony in support of Senate Bill No. SB693, A Bill to Mandate Reimbursement for Pharmacy Services.**

**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 SB693. Thank you for the opportunity to testify.**

**Sincerely,**

**Leila Chee**

TESTIMONY RE: SENATE BILL 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR THE HONORABLE CHAIR BELATTI, VICE CHAIR TAKENOUCHI, AND MEMBERS OF THE HEALTH AND HOMELESSNESS COMMITTEE:

My name is Logan Jones of the Daniel K Inouye College of Pharmacy and Pharmacy Intern at Costco in Kailua-Kona and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

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 who alongside many other healthcare professionals rose up and took a large role in vaccination of individuals against COVID-19.

SB 693 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. As a P1 Student Pharmacist, I know that I strongly desire to provide healthcare services within the State at the top of my license and PharmD education when I complete my studies in 2026.

My team and I at Costco currently practice in the community setting. Some examples of services that we currently provide without direct reimbursement are vaccinations. Additional services we would be able to provide with financial leverage created by this bill would be Medication Therapy Management and Counseling and device use counseling such as insulin pens.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are rotations at The East Hawaii Health Clinic at the Hilo Medical Center with a faculty member practicing Ambulatory Care. Pharmacists in Ambulatory Care perform in depth Medication Therapy Management for patients with chronic conditions such as diabetes, hypertension or high blood pressure, and dyslipidemia or abnormal blood cholesterol levels. These services have billing limitations for organizations employing such pharmacists.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

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

Logan Jones

Student Pharmacist

Daniel K Inouye College of Pharmacy

**SB-693**

Submitted on: 2/10/2023 6:13:13 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Chase Ibia	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR SAN BUENAVENTURA, VICE CHAIR AQUINO AND MEMBERS OF THE HEALTH AND HUMAN SERVICES COMMITTEE:

My name is Chase Ibia and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

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.

SB 693 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 am currently a student pharmacist that also works in the retail setting. Some examples of services that we currently provide without direct reimbursement are medication counseling, immunization delivery, completion of comprehensive medication reviews, and prescription of certain medications (with additional training). With the additional financial leverage that would come with the passing of this bill, pharmacists in the retail setting could also fill a larger clinical role, and can help to alleviate the great stress that is on the primary-care system in Hawai'i.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Chase Ibia

TESTIMONY RE: SB 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO HONORABLE CHAIR SAN BUENAVENTURA, VICE CHAIR AQUINO, AND MEMBERS OF THE 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 SB 693, A Bill to Mandate Reimbursement for Pharmacists' Services.

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 SB 693. Thank you for the opportunity to testify.

Sincerely,

Janelle Siu Oshiro, PharmD

**SB-693**

Submitted on: 2/11/2023 5:21:11 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Patrice Morita	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR JOY SAN BUENAVENTURA, VICE CHAIR HENRY AQUINO, AND MEMBERS OF THE COMMITTEE:

My name is Patrice Morita, post-graduate year 1 pharmacy resident and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

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 am currently training and practicing in the outpatient ambulatory care setting in a team-based model of care. Our inter-disciplinary team consists of physicians, nurse practitioners, nurses, pharmacists, medical assistants, psychologists and dietitians. In this setting, ambulatory care pharmacists work to support and collaborate with providers to optimize patient care. In the short 6 months that I have been training in this area of pharmacy, I have seen firsthand the significant and positive impact a pharmacist can have on a patient's overall wellbeing. Pharmacists help to support providers in optimizing chronic disease state management by providing patients with close follow up and support. I help to provide close follow up for patients with disease states such as diabetes, hypertension, hyperlipidemia, and smoking cessation. I also serve patients by administering vaccinations, providing medication counseling, and medication therapy management. These services are all services within a pharmacists' current scope of practice.

Allowing pharmacists to submit for reimbursement for these services will help to increase patients' access to care.

I was born and raised here in Hawai'i. I would love to have the opportunity to live, work, and start a family here, but the job opportunities are fairly limited. Providing pharmacists with the ability to bill for services would also help to increase job opportunities for pharmacists, including new practitioners.

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

Sincerely,

Patrice Morita, PharmD

**SB-693**

Submitted on: 2/11/2023 2:41:00 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Ronald Taniguchi, Pharm.D.	Individual	Support	Written Testimony Only

Comments:

Pharmacists practicing within their scope of practice should be reimbursed by insurers for the same patient care services rendered and reimbursed for as other recognized providers. Mahalo!

TESTIMONY RE: SB BILL NO. 693, RELATING TO PHARMACISTS, A BILL TO  
MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO: The Honorable Chair San Buenaventura, Vice Chair Aquino and members of the  
Health and Human Services 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 Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

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.

SB 693, 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 SB 693. Thank you for the opportunity to testify.

Sincerely,

Christopher Tan Pharm.D., BCPS

Kevin L. Johnson, Kapolei, Hawai'i

**The State Legislature  
Senate Committee on Health and Human Services  
Monday, February 13, 2023, Conference Room 225, 1:00 p.m.**

TO: The Honorable Joy A. San Buenaventura, Chair  
RE: Support for S. B. 693 Relating to Pharmacists

My **support of S.B. 693** comes from nearly 40 years of pharmacy practice. Throughout my career, I found pharmacists to be the most underutilized practitioners in our healthcare system. To become licensed, a pharmacist must attend six years of post-secondary education, four of which are extensively pharmacologically focused. They often go on to residencies for one or two years.

Medications, when used properly, are the most cost effective tool in our healthcare arsenal. Unfortunately, drug regimens can be confusing, sometimes require monitoring and very often are inconvenient and even uncomfortable. Comprehensive counseling by a pharmacist, often identifies issues that can make things easier, improving compliance and thus improving outcomes.

I was an asthma educator at one point in my career. The patients we dealt with were taught how to properly use their inhalers (you'd be surprised how many had never been shown), and the incorporation of available tools for self monitoring, thus preventing major attacks and hospitalizations. Our patients decreased their emergency room visits and some were able to maintain better control on fewer medications. We had grants to pay for this service but were unable to bill insurance, Medicare or Medicaid.

Pharmacy reimbursement is tied to a product and the current margins allowed by the health insurance industry, do not allow for comprehensive medication counseling. Without the ability to bill for this service, we waste a valuable medical resource. Your **support of S. B. 693** will help fill that need.

Sincerely,

*Kevin L. Johnson*

**SB-693**

Submitted on: 2/12/2023 8:27:35 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Crystal Tsuda	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: [HB 1221/SENATE] BILL NO. [693], A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO The Honorable Chair San Buenaventura, Vice Chair Aquino AND MEMBERS OF THE COMMITTEE:

My name is Crystal Tsuda, pharmacist and I appreciate the opportunity to submit testimony in support of Senate Bill No. [693], A Bill to Mandate Reimbursement for Pharmacy Services.

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.

[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. This is also critical bill to ensure the safety and quality provided to patients.

I respectfully and strongly urge the Committee see fit to pass [SB 593]. Thank you for the opportunity to testify.

Sincerely,

[NAME/SIGNATURE]

TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO THE HONORABLE CHAIR SAN BUENAVENTURA, VICE CHAIR AQUINO AND THE HEALTH AND HUMAN SERVICES COMMITTEE:

My name is Ross Takara and I am a pharmacist working at an integrated health care delivery system and I offer this testimony in an individual capacity. I am a board-certified ambulatory care pharmacist and have provided direct patient care as a clinical pharmacist from 2005 to 2009 in primary care. I am now working in an administrative position and can speak to the value of the pharmacist working collaboratively on an interdisciplinary team. I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

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.

SB 693 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 an integrated health care delivery system that is not reliant on reimbursement for pharmacists to provide clinical services in our business model. We have been fortunate to work in partnership and collaboration with our medical group (i.e. physicians) to provide a wide array of clinical pharmacy services that includes chronic disease medication management in primary care as well as working with specialty care in areas like oncology, nephrology, infectious disease, geriatrics, etc. The value of clinical pharmacy services within our organization is well recognized and utilized in our health care delivery model across all the markets we serve (including California, Oregon, Washington, Colorado, Georgia, Virginia, D.C., and Maryland).

I helped to lead the rollout of clinical pharmacists working under collaborative practice agreements with primary care providers to provide medication management of chronic diseases such as diabetes, high blood pressure and cholesterol. I included below graphs that clearly show the significant impact and improvement on these surrogate measures per publicly reported NCQA/HEDIS results for our members with commercial and Medicare insurance. Prior to the pharmacists working collaboratively with our physicians, our organization was ranked in the 50<sup>th</sup> percentile for the measures on diabetes, high blood pressure and cholesterol control. The implementation of clinical pharmacy services in primary care resulted in our organization achieving 90<sup>th</sup> percentile ranking on all these measures and for several of them was ranked in the top 10 nationally. The improvement in these clinical surrogate measures have resulted in improved outcomes by reducing the incidence of heart attack, stroke and complications of diabetes.

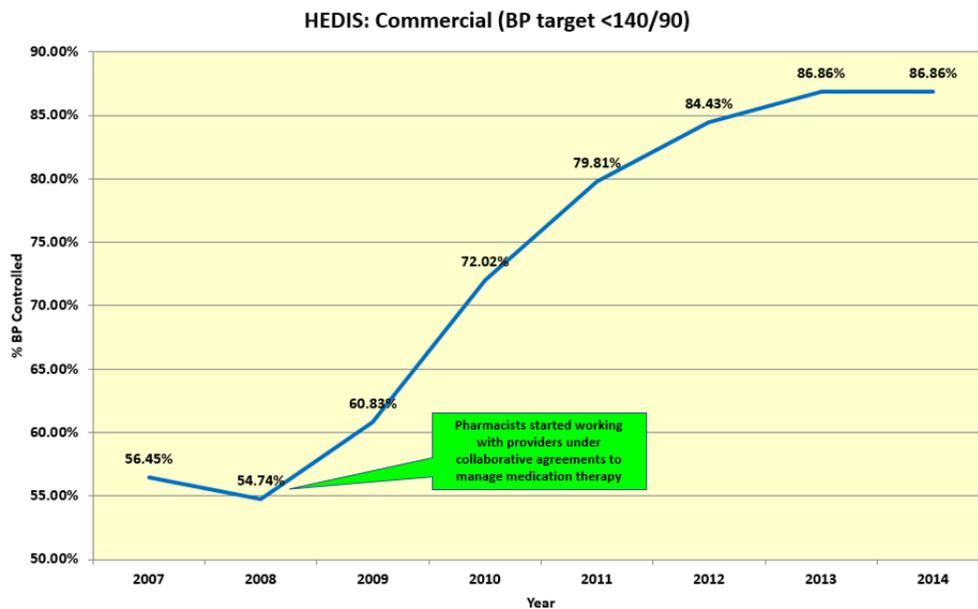
This bill will not impact our organization directly, however, I strongly feel that pharmacists can help fill the gap and enhance the care to the community and improve health outcomes by optimally managing medication therapy. This bill will enable pharmacists outside of our organization and in other health care systems and pharmacy settings to provide clinical services that our community needs and deserves.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

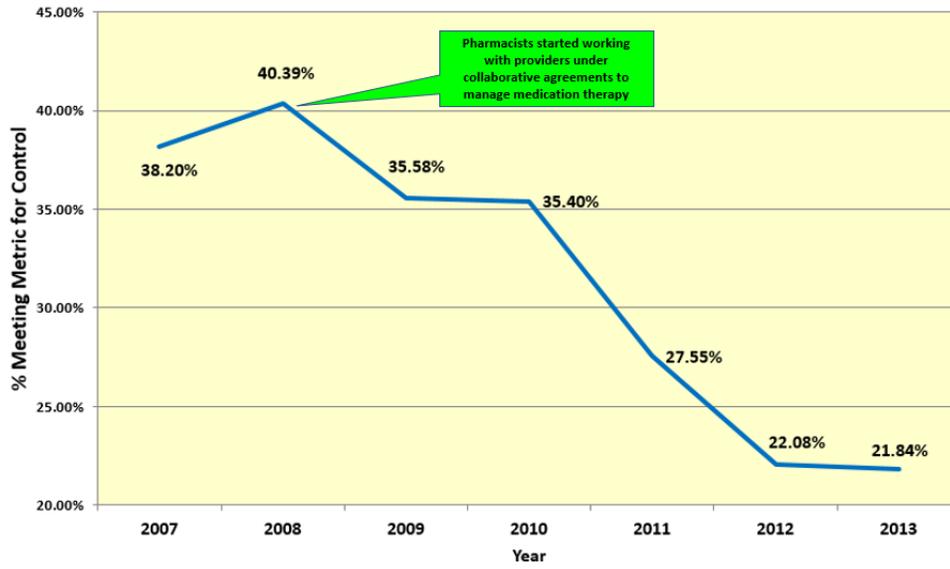
Sincerely,

Ross T. Takara, R.Ph, Pharm.D, BCACP

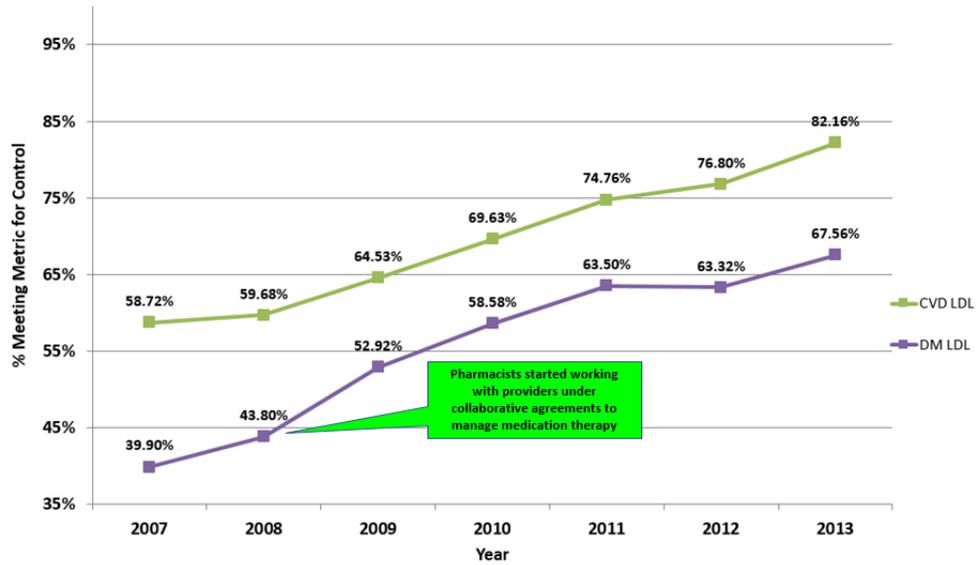
NCQA/HEDIS Results for Our Organization on Diabetes, High Blood Pressure (BP), and Cholesterol (LDL) Control



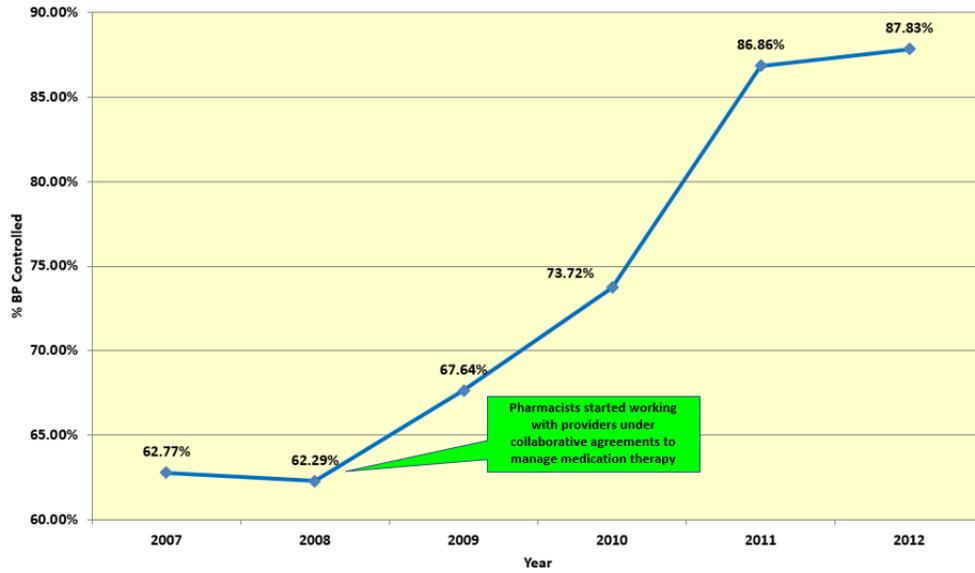
### HEDIS: Commercial (Diabetes: HbA1c >9%)



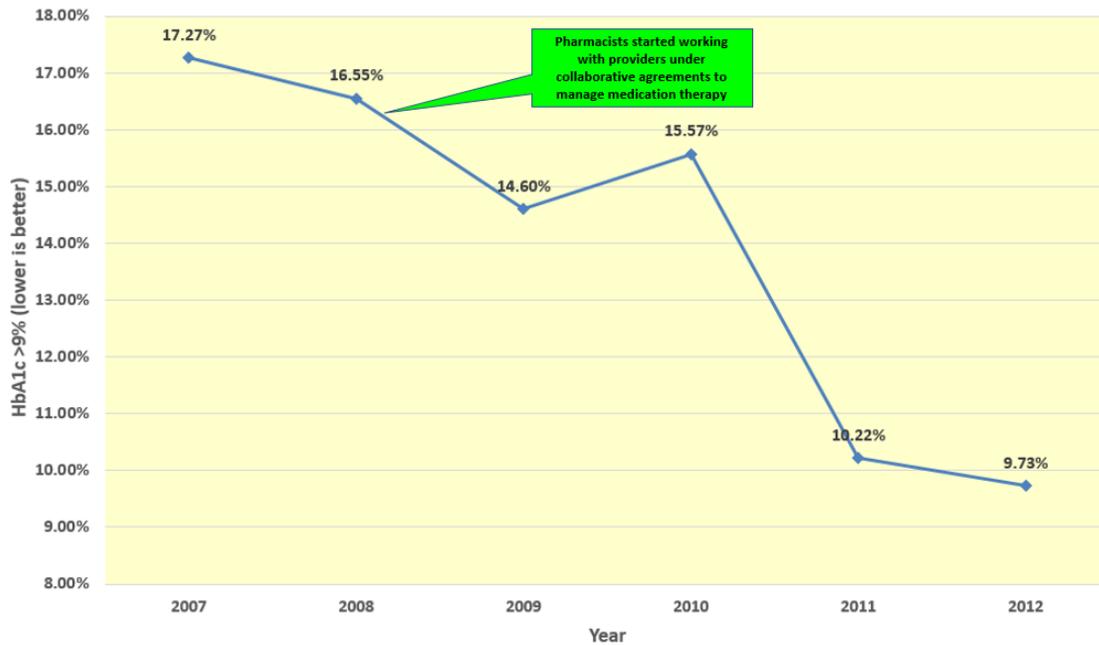
### HEDIS: Commercial (LDL target <100)



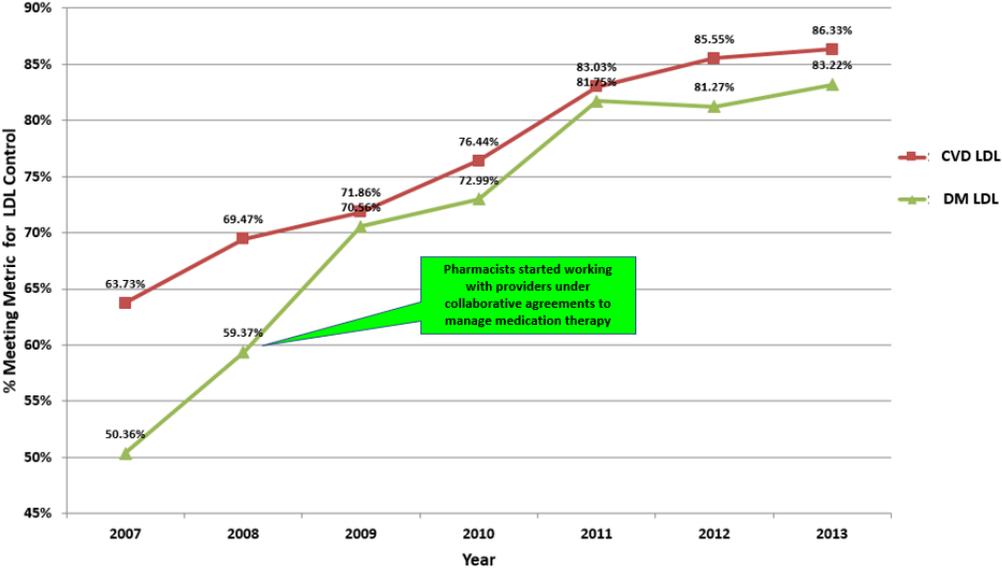
HEDIS: Medicare (BP target <140/90)



HEDIS: Medicare (Diabetes: HbA1c >9%)



### HEDIS: Medicare (LDL at target <100)



Pharmacists started working with providers under collaborative agreements to manage medication therapy

Date: February 12, 2023

To: Senator Joy A. San Buenaventura, Chair  
Senator Henry A.C. Aquino, Vice-Chair  
Members of the Committee on Health & Human Services

From: Mark Mierzwa, PharmD, BCPP

Re: **SUPPORT for SB 693** Relating to Pharmacists

Hrg: Monday, February 13, 2023, 1:00 PM, Rm 225

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My name is Mark Mierzwa. I am testifying as an individual. I am a clinical practicing pharmacist, and I thank you for considering this testimony **SUPPORTING SB 693**, which would mandate registered pharmacists be reimbursed for the services they provide within the scope of their licensure by both public and private health plans.

Our healthcare system is facing a crisis. Our healthcare workforce does not adequately meet the health needs of our communities, particularly in the more rural and remote areas. There has been a mass exodus from healthcare careers, and we, as a community, need to implement policies that will help to address medical needs.

Statewide, people are implementing innovative ways to attract and retain healthcare workers. We must also ensure that the practicing healthcare workers are utilized to their full capacity. Pharmacists are already serving our communities and can be used to increase engagement with those requiring certain services. We must ensure that pharmacists practice to the full scope of their licensure and are compensated.

SB 693 will increase points of access to medical care throughout the state by financially compensating pharmacists for their services. Under the scope of their licensure, pharmacists can provide a variety of education for patients, such as how to check blood sugar, how to take medications safely, and medication utilization techniques. Patients who engage with a pharmacist upon hospital discharge are less likely to be readmitted.

As a clinical practicing pharmacist, I have personally worked with patients regarding medication side effects, proper administration techniques, and appropriate medication usage. Through these services, there is much higher medication compliance, decreasing the chance of a patient being readmitted. To have a strong continuum of care, we should ensure that community pharmacists can carry on this work. Our state should be utilizing this medical resource.

Mahalo for considering this measure,

**Mark Mierzwa**

Mark Mierzwa, PharmD, BCPP  
Director of Pharmacy  
Hawai'i State Hospital

**SB-693**

Submitted on: 2/12/2023 9:34:13 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Wesley Sumida	Individual	Support	Written Testimony Only

Comments:

February 12, 2023

*The Honorable Chair San Buenaventura, Vice Chair Aquino and members of the Health and Human Services 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 SB 693, A Bill For An Act Relating To Pharmacists.

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 for valuable services that promote best patient care practices and care access.

Thank you for allowing me to testify.

Sincerely,

Wesley Sumida, Pharm.D., BCPS

**SB-693**

Submitted on: 2/12/2023 11:09:28 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Dayna Wong-Otis	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: SB693 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To The Honorable Chair San Buenaventura, Vice Chair Aquino and the Health and Human Services Committee:

My name is Dayna Wong-Otis and I am a pharmacist in Hawaii. I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacists' Services.

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.

I currently practice in the community pharmacy setting. Some examples of services that we currently provide without direct reimbursement are chronic care management and medication synchronization. Additional services we would be able to provide with financial leverage created by this bill would be tobacco cessation services and remote physiological monitoring in collaboration with the patient's healthcare team.

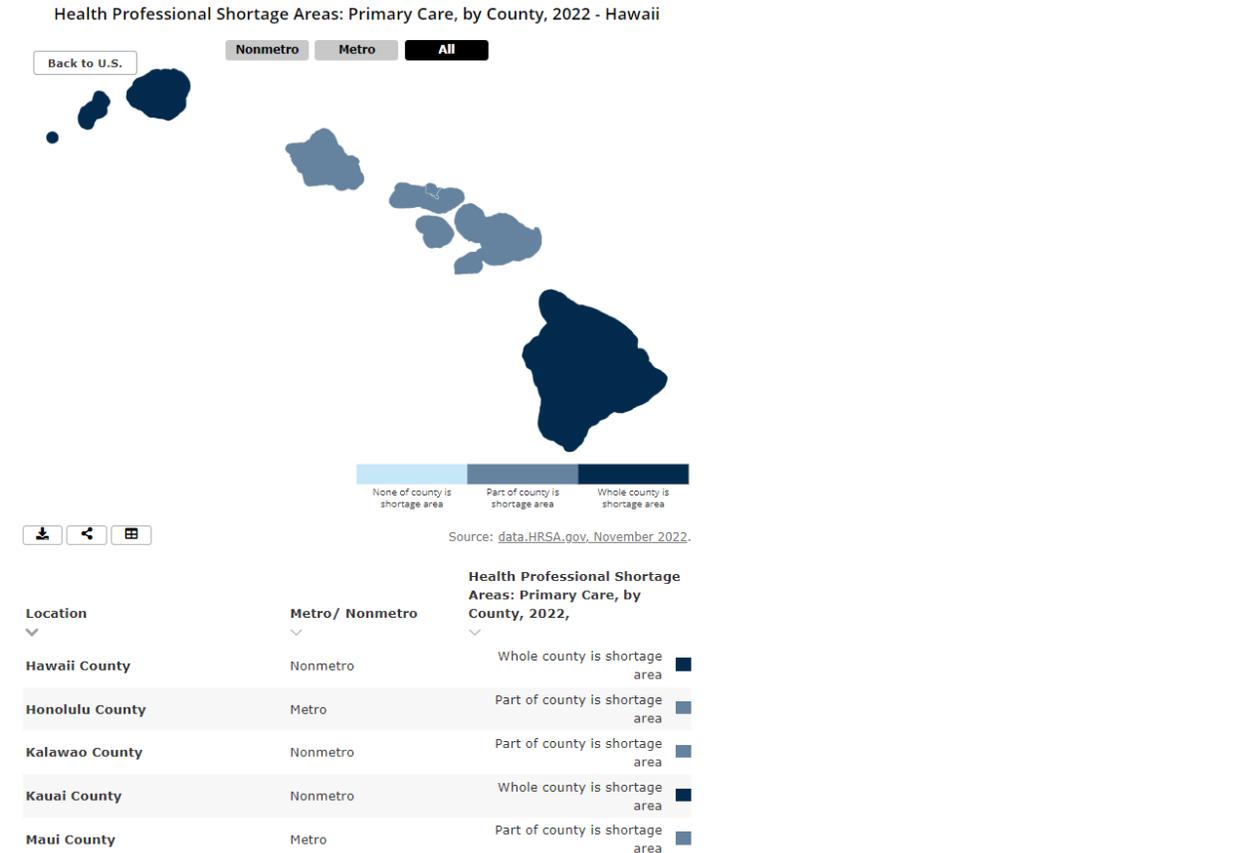
I respectfully and strongly urge the Committee see fit to pass SB693. Thank you for the opportunity to testify.

Sincerely,

Dayna Wong-Otis, PharmD, CDCES

To Whom This May Concern:

Hope this letter finds you well! My name is Steven Nishimoto, and I'm a Clinical Pharmacist Practitioner (CPP) at the Department of Veterans Affairs Pacific Islands Healthcare System (VA PIHCS). I'm writing to you to advocate for the upcoming SB693 that allows pharmacist provider status in the state of Hawaii. As you may know, there is a healthcare provider shortage plaguing the entire state (either wholly or partially at every county):



[Map of Health Professional Shortage Areas: Primary Care, by County, 2022 - Rural Health Information Hub](#)

Pharmacists are the most accessible healthcare providers and can aid in providing imperative healthcare services, bridging this unfortunate gap. This bill will allow reimbursement for services many pharmacists already provide. By allowing provider status, pharmacists can focus on direct patient care without the woes of financial worries (e.g. getting funding through other means such as grants). This would allow us to increase both quality and access to care.

I'm very fortunate to work at the VA, where CPPs already have a scope of practice. We work directly with the providers (e.g. MDs, DOs, APRNs) and autonomously manage veterans' chronic conditions such as high blood pressure, high cholesterol, and diabetes. This provider status and scope of practice allows pharmacists to utilize their expertise with medication management and ease the burdens of the other VA providers; this is a win-win situation! Here are some infographics that the VA uses to advertise CPPs' unique strengths:

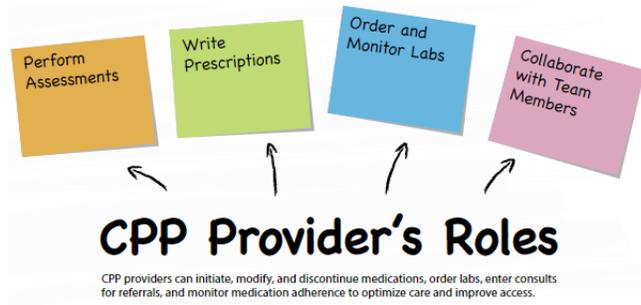
## Clinical Pharmacist Practitioners (CPP) are Advanced Practice Providers

In VA, Clinical Pharmacist Practitioners (CPP) are Advanced Practice Providers who:

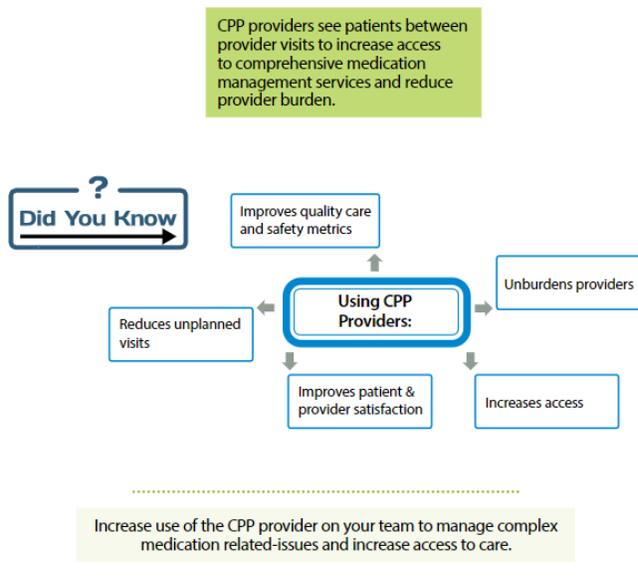
- Increase access to care
- Improve clinical quality measures
- Enhance provider, team, and Veteran satisfaction in a myriad of practice settings.

They work autonomously under a global scope of practice or privileges that grants them prescriptive authority to provide comprehensive medication management services.

Figure 5. Clinical Pharmacist Practitioner (CPP)



CPP providers are well trained and highly capable members of the healthcare team (e.g., PACT, mental health, acute care) with many having a Doctor of Pharmacy degree and most having 1–2 years of post-graduate clinical residency training and board certification.



I've had the privilege to serve veterans in Kona from 2017-2021 and now state-wide. I still think about my time on the big island, and how my position was truly needed. Resources were very limited there, and our primary care providers were already overburdened with enormous patient panels. They did their best, as many veterans had nowhere else to turn to for care, but they still needed help. They created my new primary care CPP position in 2017 and hit the ground running. I worked diligently with

the providers and veterans to get patients' blood sugars and blood pressure well controlled, medically optimize veterans with heart failure to protect them, and other imperative services.

One veteran comes to mind, who I initially saw in my diabetes clinic. His blood sugar was significantly high along with being obese. I persistently worked on fine-tuning his medications, also referring him to a weight management program. As I rolled with the initial resistance, we slowly saw his weight and blood sugar decrease. After a year, he lost over 100lb and graduated from a laundry list of medications to around 3 medications for his heart and a few supplements. I was proud of this veteran for making many changes to improve his health – saving his life.

I wish all of our Hawaii pharmacists had the opportunity to offer such profound and needed services. Yet, current legislations hinder us from doing so. With this bill, it will push our local healthcare system in the right direction – to actually let pharmacists use the top of their degree and take care of our 'ohana.

Again, I would like to express my support for SB693. Thank you for taking the time to read my heartfelt message, and I hope for your support on this legislation.

Mahalo,

**Steven Nishimoto, PharmD, BCACP**

Academic Detailer, Clinical Pharmacist Practitioner

Pronouns: He/Him – [What's this?](#)

February 11, 2023

TO: The Honorable Chair San Buenaventura, Vice Chair Aquino and the Health and Human Services Committee

Regarding: SB693

My name is Joy Matsuyama, and I am a registered pharmacist in Hawaii and am currently a Health-System Director on the Hawaii Pharmacist's Association (HPhA) Board as well as the Chair of the Hawaii Academy of Health-System Pharmacists (HAHSP). I graduated from the University of Washington School of Pharmacy in Seattle, Washington with both my BS in Pharmacy and Doctorate in Pharmacy. I completed a general residency at the University of Washington and Harborview Medical Centers as well as a specialty residency in Geriatrics at the VA Medical Center in Boise, Idaho. I am Board Certified in Pharmacotherapy (BCPS). Throughout my pharmacy career I used my training and education to provide cognitive services first at the VA Medical Center Clinics in Boise tailoring veteran's outpatient medication regimens, then in academia at Idaho State University's College of Pharmacy and St Alphonsus Regional Medical Center in Boise, Idaho, teaching pharmacy students internal medicine and participating on the Medical Center's Nutrition Support team caring for the nutritional needs (intravenous nutrition) of the critically ill, surgical and other patients. I returned home to Hawaii to be the Pharmacy Coordinator for Education and Competency at the Queen's Medical Center training the hospital pharmacists, then the System Clinical Coordinator at Hawaii Pacific Health and most recently was the Pharmacy Director at Straub Medical Center an affiliate of Hawaii Pacific Health.

I am in full support of SB 693 which is requesting registered pharmacists in the state of Hawaii receive reimbursement for services (Medication therapy management, comprehensive medication management, etc...) which is in our current scope of practice. Pharmacists are asking to be recognized as healthcare providers by insurance agencies along with other providers we work side-by-side with (physicians, nurses, etc...) so we can get paid for non-dispensing services. In the past, pharmacists were seen more commonly as medication dispensers but, with the move to the universal Doctor of Pharmacy degree from all colleges of pharmacy, pharmacists are trained to select and manage appropriate medications, dosages, and regimens based on the patient population being treated. No matter what setting a registered pharmacist is working (Retail, Hospital, Clinics, Nursing homes, etc...) they have the skills to optimize medication regimens while working collaboratively with physicians, patients and others on the healthcare team to improve patient care. These cognitive services, which they have spent 4 years (similar to Medical and Dental School students) in doctoral training with many completing an additional one-year general residency, and maybe an additional one year in a specialized residency (geriatrics, cardiology, critical care, etc...) with some even completing 2 year fellowships, should be reimbursed.

In my previous role as a Director of Pharmacy at a Health-System, I oversaw approximately 50 staff, which included clinical pharmacists, pharmacy technicians, pharmacy billers, and pharmacy buyers. The Pharmacy Department provided pharmacy services to the hospital, operating rooms, emergency room and over 70 ambulatory care clinics. We were able to provide clinical pharmacy services throughout the health-system. Pharmacists were on teams on each of the hospital floors and in the intensive care unit (ICU), there was a pre-op pharmacist in the pre-op clinic who saw patients before surgery and educated patients on medications to stop prior to surgery, an emergency room (ER) pharmacist in the ER who helps the ER team with medication-related issues, an oncology pharmacist in the oncology clinic who helps providers with chemotherapy regimens, and several anticoagulation clinic pharmacists in the

Anticoagulation Clinic who help patients keep their INRs in range so they won't bleed or clot due to their blood thinner. Though my pharmacy team was robust I experienced difficulty getting the needed pharmacy resources to assist the health care team and provide the patient support because pharmacists could not bill for their services. Basically, without reimbursement for services, pharmacist positions, or for that matter, any position is difficult to cost justify. The passing of SB693 would help expand the reach of pharmacists in the community and allow organizations to justify much needed positions.

It is time for pharmacists to be recognized as healthcare providers in Hawaii so we can be reimbursed for our services which are often being sought out, requested, and praised.

Thank you.

Sincerely,

Joy Matsuyama, PharmD, BCPS

**SB-693**

Submitted on: 2/12/2023 1:21:01 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kerri Okamura	Individual	Support	Written Testimony Only

Comments:

**TESTIMONY RE: SENATE BILL 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES**

The Honorable Chair San Buenaventura, Vice Chair Aquino and the Health and Human Services Committee

My name is Kerri Okamura, R.Ph. and I appreciate the opportunity to submit testimony in support of Senate Bill 693, A Bill to Mandate Reimbursement for Pharmacy Services.

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.

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.

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

Sincerely,

Kerri Okamura, R.Ph.

**SB-693**

Submitted on: 2/12/2023 2:10:03 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Kelli Aoki	Individual	Support	Written Testimony Only

Comments:

**TESTIMONY RE: SENATE BILL NO. 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES**

To the Honorable Chair San Buenaventura, Vice Chair Aquino and the Health and Human Services Committee,

My name is Kelli Aoki and I appreciate the opportunity to submit testimony in strong support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

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.

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.

I respectfully and strongly urge the Committee to see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,  
Kelli Aoki, PharmD, BCPS

**SB-693**

Submitted on: 2/12/2023 3:51:13 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Corinne Solomon	Individual	Support	Written Testimony Only

Comments:

I support this bill.

TESTIMONY RE: SB BILL NO. 693, RELATING TO PHARMACISTS, A BILL TO  
MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO: The Honorable Chair Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee

My name is Dr. Chad Kawakami. I am an Assistant Professor of Pharmacy Practice at The Daniel K. Inouye College of Pharmacy. I have a Doctor of Pharmacy degree and hold Board Certification in Pharmacotherapy (BCPS). I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.

Hawai'i continues to face a shortage of healthcare providers, particularly in the areas of mental health and geriatrics. Psychiatric and geriatric pharmacists are uniquely trained, and board certified in their area of specialty. Our kupuna and those who suffer from mental illness are two of the most vulnerable patient populations. Medications used incorrectly in these patients can cause significant harm to their health and quality of life. Pharmacists have the expertise to work with physicians to make sure medications are effective and do no harm. In this capacity, pharmacists have shown we can increase access to critically needed services.

SB 693 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 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 care for our kupuna and those who suffer from mental illness at Pali Momi Medical Center. 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 would be able to provide additional services to kupuna and those who suffer from mental illnesses. I will be able to have one-on-one appointments to help these patients manage their health problems alongside their geriatrician, psychiatrist, or primary care provider.

I respectfully and strongly recommend the Committee pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Chad Kawakami Pharm.D., BCPS

TESTIMONY RE: House BILL NO. SB693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR Belatti, Vice Chair Takenouchi and members of the Health and Homelessness Committee AND MEMBERS OF THE COMMITTEE:

My name is Mona Valentin, Pharmacy Ambulatory Manager/Queen's Medical Center and I appreciate the opportunity to submit testimony in support of House Bill No. SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

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 ambulatory and transitional setting. Some examples of services that we currently provide without direct reimbursement under collaborative practice agreements are anticoagulation management, diabetes management, and medication therapy management of various chronic conditions such as hypertension, cardiomyopathy, and hyperlipidemia. Additional services we would be able to provide with financial leverage created by this bill would be transitional pharmaceutical care which has proven to reduce re-hospitalization and over utilization of acute care services.

Additional experiences I've had related to a lack of reimbursement for pharmacist services are medication reconciliation medication education.

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

Sincerely,

Mona Liza R. Valentin

A handwritten signature in black ink, appearing to read 'Mona Liza R. Valentin', with a long, sweeping flourish extending to the right.

TESTIMONY RE: HB693 A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

TO CHAIR San Buenaventura, VICE CHAIR Aquino, AND MEMBERS OF THE Health and Human Services Committee:

My name is Megan Arbles, Pharm D., Director of Pharmacy Operations for KTA Super Stores on the Big Island and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacists' Services.

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 community, retail setting. Some examples of services that we currently provide without direct reimbursement are medication reconciliation, immunization screening and education, blood pressure screening and education, diabetes screening, and point-of-care testing. Additional services we would be able to provide with financial leverage created by this bill would be medication therapy management, chronic disease state management, oral contraception prescribing and dispensing, naloxone prescribing and dispensing, smoking cessation, behavioral counseling and interventions, and point-of-care testing and treatment.

Pharmacists are the most accessible healthcare providers, yet we are not able to provide care to our fullest potential due to the lack of reimbursement. Providing a payment pathway for pharmacists would improve the quality of and access to care. It is widely known that Hawaii's healthcare system is in need of more providers to provide healthcare services to ethnic minority and rural populations, which make up a vast majority of the State's demographic. SB 693 would create a long overdue payment pathway under the medical benefit of private and public health plans for services provided by pharmacists within their scope of practice.

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

Sincerely,

**LATE**

Megan Arbles  
Director of Pharmacy Operations  
KTA Super Stores  
50 E. Puainako Street  
Hilo, HI 96720

**SB-693**

Submitted on: 2/12/2023 10:06:51 PM

Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Derek Tengan	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: SB 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair San Buenaventura, Vice Chair Aquino and the Health and Human Services Committee

My name is Derek Tengan and I own five pharmacies on Oahu called 5 Minute Pharmacy. Appreciate the opportunity to submit testimony in **support of SB693**, A Bill to Mandate Reimbursement for Pharmacy Services.

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.

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 community setting. Some examples of services that we currently provide without direct reimbursement are medication management, long acting injectable medication administration, chronic disease counseling, and many others. Many community pharmacies are closing down and being acquired due to the unstable payor landscape. Creating direct reimbursement for services already provided will pave for a more sustainable model for community pharmacies.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Derek Tengan

5 Minute Pharmacy

**LATE**

**SB-693**

Submitted on: 2/12/2023 10:08:29 PM

Testimony for HHS on 2/13/2023 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Keri Oyadomari	Individual	Support	Written Testimony Only

Comments:

TESTIMONY RE: SB 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES

To the Honorable Chair San Buenaventura, Vice Chair Aquino and the Health and Human Services Committee

My name is Keri Oyadomari and I am a community pharmacist. I appreciate the opportunity to submit testimony in **support of SB693**, A Bill to Mandate Reimbursement for Pharmacy Services.

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.

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 community setting. Some examples of services that we currently provide without direct reimbursement are medication management, long acting injectable medication administration, chronic disease counseling, and many others. Many community pharmacies are closing down and being acquired due to the unstable payor landscape. Creating direct reimbursement for services already provided will pave for a more sustainable model for community pharmacies.

I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.

Sincerely,

Keri Oyadomari, Pharm.D.

**SB-693**

Submitted on: 2/12/2023 10:43:18 PM

Testimony for HHS on 2/13/2023 1:00:00 PM



Submitted By	Organization	Testifier Position	Testify
Hiromi Saito	Individual	Support	Written Testimony Only

Comments:

**TESTIMONY RE: SENATE BILL NO.SB 693, A BILL TO MANDATE REIMBURSEMENT FOR PHARMACY SERVICES**

**TO The HONORABLE CHAIR SAN BUENAVENTURA , VICE CHAIR AQUINO, AND MEMBERS OF THE COMMITTEE:**

**My name is Hiromi Saito, the Clinical Pharmacist in Waikiki Health, and I appreciate the opportunity to submit testimony in support of Senate Bill No. 693, A Bill to Mandate Reimbursement for Pharmacy Services.**

**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.**

**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/We] 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 federally qualified health center setting. Some examples of services that we currently provide without direct reimbursement are counseling of pharmacotherapy and disease management, providing the education of optimal and proper use of medications and medication delivery systems, medication therapy management services, remote monitoring of chronic conditions, assisting the medication access and eliminating possible unnecessary and/or duplicated medication therapy, and advocating patients and their family members to the third parties.**

**I respectfully and strongly urge the Committee see fit to pass SB 693. Thank you for the opportunity to testify.**

**Sincerely,**

**Hiromi Saito, Registered Pharmacist**

**LATE**

**SB-693**

Submitted on: 2/13/2023 8:09:17 AM

Testimony for HHS on 2/13/2023 1:00:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
lehua kay	Individual	Support	Written Testimony Only

Comments:

I appreciate the opportunity to submit testimony in support of SB693, A Bill to Mandate Reimbursement for Pharmacy Services.

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 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.

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

-Lehua Kay